INTRODUCTION
Oral Health is an integral part of General Health and well-being and is a fundamental human right without distinction of race, religion and political belief, economic and social condition. A healthy mouth enables an individual to talk, eat and socialize without experiencing active disease and discomfort. Health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Children spend most of their time in school (7-8 hours) and the school is an ideal place for learning and growing up. Oral Health status of an individual, special groups and general population depends on nutritional status and can be determined by various factors like life style, Dietary habits, socio-economic conditions, occupational environment and the quality of life is reduced due to loss of teeth and intraoral diseases. Poor oral health has proven to have unfavourable effects on general health and maintaining hygiene of one's own and also of the surroundings helps in creating a healthy environment for the whole society. Hence the current study was planned to provide the baseline data regarding Oral Health status and the factor effecting it with the aim of knowing their awareness level regarding Oral Health.

MATERIALS AND METHODS
The study was approved by Institutional Review Board and permission to conduct the study was given by the Ethical committee of the institution. The Study work was carried out in 8-14 years old school going Children in Meerut, District, Uttar Pradesh. Through Cluster sampling, the number of 500 children had been selected. Self structured questionnaire used by Al-Omiri MK, Al-Wahadni, Saeed KN. The data collected had been subjected for statistical analysis using Statistical Package for Social Sciences version 22.0 Chicago Inc.

RESULTS
The study was conducted to Assess the Oral hygiene KAP among 8-14 years old, School Going children in Meerut, Uttar Pradesh, India. About 500 children were selected both males and females through Cluster sampling. The children’s answered questionnaire regarding oral Hygiene KAP among school going children. Data collected regarding oral Hygiene KAP had been subjected for Statistical Analysis using SPSS Statistical Software 22.0 Chicago Inc. When comparing it was observed that statistically significant difference with P < 0.001 was found.

CONCLUSION: The overall level of oral health knowledge among the surveyed children was low.

KEYWORDS
In the present study regarding the oral health of children, 52.9%, 38.3% and 30.7% brush twice a day and WHO study (49%) [10], although this effort was not fully supported by parents since most of them advised and never observed their children during brushing. These findings agree in part with Ali MS et al who reported 51.5% children brush once daily and 42.6% brush twice daily [11] and Prasad et al reported 66.9% children brush once and 30.7% brush twice daily in Tamil Nadu, India [12]. About 46.0% of the subjects used to brush for less than one minute, while 22.4% children's used to brush one minute. In this study it was seen 27.0% children's used to brush more than two minutes. In the present study it was reported that 40.7% children used to brush their teeth in morning which was less (81.6%) as compared to the study done by King A and Petersen BE found that a high percentage (42%) of the sample they studied in north eastern Ontario used dental floss [13,14]. In the present study 38.9% performed the recommended practice of brushing their teeth once a day. This is similar to that observed in some industrialized countries of East Europe [15-16] but low when compared to Western industrialized countries [17,18]. Harikiran et al done a study in which 38.5% children brushes twice a day [19] and WHO study (49%) [10], although this effort was not fully supported by parents since most of them advised and never observed their children during brushing. These findings agree in part with Ali MS et al who reported 51.5% children brush once daily and 42.6% brush twice daily [11] and Prasad et al reported 66.9% children brush once and 30.7% brush twice daily in Tamil Nadu, India [12]. About 46.0% of the subjects used to brush for less than one minute, while 22.4% children's used to brush one minute. In this study it was seen 27.0% children's used to brush more than two minutes. In the present study it was reported that 40.7% children used to brush their teeth in morning which was less (81.6%) as compared to the study done by King A and Petersen BE found that a high percentage (42%) of the sample they studied in north eastern Ontario used dental floss [13,14]. In the present study 38.9% performed the recommended practice of brushing their teeth once a day. This is similar to that observed in some industrialized countries of East Europe [15-16] but low when compared to Western industrialized countries [17,18]. Harikiran et al done a study in which 38.5% children brushes twice a day [19] and WHO study (49%) [10], although this effort was not fully supported by parents since most of them advised and never observed their children during brushing. These findings agree in part with Ali MS et al who reported 51.5% children brush once daily and 42.6% brush twice daily [11] and Prasad et al reported 66.9% children brush once and 30.7% brush twice daily in Tamil Nadu, India [12]. About 46.0% of the subjects used to brush for less than one minute, while 22.4% children's used to brush one minute. In this study it was seen 27.0% children's used to brush more than two minutes. In the present study it was reported that 40.7% children used to brush their teeth in morning which was less (81.6%) as compared to the study done by King A and Petersen BE found that a high percentage (42%) of the sample they studied in north eastern Ontario used dental floss [13,14]. In the present study 38.9% performed the recommended practice of brushing their teeth once a day. This is similar to that observed in some industrialized countries of East Europe [15-16] but low when compared to Western industrialized countries [17,18]. Harikiran et al done a study in which 38.5% children brushes twice a day [19] and WHO study (49%) [10], although this effort was not fully supported by parents since most of them advised and never observed their children during brushing. These findings agree in part with Ali MS et al who reported 51.5% children brush once daily and 42.6% brush twice daily [11] and Prasad et al reported 66.9% children brush once and 30.7% brush twice daily in Tamil Nadu, India [12]. About 46.0% of the subjects used to brush for less than one minute, while 22.4% children's used to brush one minute. In this study it was seen 27.0% children's used to brush more than two minutes. In the present study it was reported that 40.7% children used to brush their teeth in morning which was less (81.6%) as compared to the study done by King A and Petersen BE found that a high percentage (42%) of the sample they studied in north eastern Ontario used dental floss [13,14]. In the present study 38.9% performed the recommended practice of brushing their teeth once a day. This is similar to that observed in some industrialized countries of East Europe [15-16] but low when compared to Western industrialized countries [17,18]. Harikiran et al done a study in which 38.5% children
children were not aware about bleeding gums and the consequences of dental plaque. Only few children were aware of gingival bleeding as an indicator to periodontal diseases and tooth brushing as a valuable tool to fight against this problem. Similar study was done by Sharma et al in 2013 in which he reported that the overall prevalence of gingivitis among children was 53.4%. In the present study 39.9% children's stop brushing their teeth during gum bleeding and 41.9% children's brush slowly during gum bleeding. 18.2% of the children visit a dentist after gum bleeding while brushing their teeth. Nicolas et al. reported that frequent exposure to dental experiences might be a positive factor in helping to reduce patient's anxiety levels. Previous studies among Jordanians showed that approximately 80% of Jordanian adults and children received dental examinations and treatment on an irregular basis and visited the dentist only for emergencies. In the present study 24.8% visit a dentist occasionally. The findings from the analysis revealed that the children's visit a dentist due dental complaint and it was seen 22.0% visit a dentist due to dental pain, while 24.5% of the children's never visited a dentist. In general, the children have less understanding about major oral diseases, this may be seen in the light of fact about the regular visit to their dentist. According to a study done by Zhu et al 73.6% of the children in China knew that regular dental check-ups are necessary.

Similarly, 71.6% of the children in Chennai agreed with the importance of regular dental visit, but in reality only 19.1% of them practiced it. This scenario observed in Malaysian, Jordanian studies and in study done by Mirza BA et al in Pakistan 2011 reported 57% of high socio-economic school children were only aware of brushing to prevent dental problems. There were 13.4% who would seek dental service only when they suffered from dental pain. It was observed that 21.2% of the subjects visited a dentist before 1-2 years and 16.5% of the children reported that they have visited dentist 2-5 years ago. 12.3% of the children's reported that they have visited dentist more than 5 years ago. Bharathi MP et al in 2012 reported in her study that the majority of the children had never visited a dentist. The drive for the last visit was due to pain in 32.4% of the children in Chennai, which is less compared with a study done by Punitha and Sivaprakasam among rural children of Kanchipuram where 58.97% of them visited the dentist since they suffered from pain.

CONCLUSION

The current study shows that the knowledge, attitude and practice among school going children about oral health was not satisfactory due to lack of poor oral hygiene practices, lack of parental guidance, socio-demographics with the lack of knowledge and frequent exposure to cariogenic foods. Oral health education programs could be included in school curriculum for the children in order to enhance the awareness among children to impact positive attitude towards oral health.

REFERENCES