Behavioural Health Care Dental Society Lebakgede Village District Coblong, Bandung

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ABSTRACT

Introduction: Behavior has an important role to determine the status of oral health. To form a behavior, we should have knowledge followed by a response in the attitude and ended by an action towards it. The aim of this study was to determine the society's knowledge, attitude, and action to form society's behavior towards the maintenance of oral health in Lebakgede Village Coblong Sub District, Bandung. **Methods:** This study was a descriptive study with approach a Cross-Sectional method and survey technique. The samples were taken by Multi-Stage Cluster Random Sampling with a sample size of 65 people between 15 and 49 years old. **Results:** The result shows that society's knowledge was 78,5%, attitude was 98,5%, action was 72,3%, and behavior towards the maintenance of oral health in Lebakgede Village Coblong Sub District, Bandung was 90,8%. **Conclusion:** All society's knowledge, attitude, action, and behavior towards the maintenance of oral health in Lebakgede Village Coblong Sub District, Bandung was good.

Keywords: behavior, knowledge, attitude, action, maintenance of oral health

INTRODUCTION

Health to support the welfare of one's life related to the overall human body, including teeth and oral cavity. However, hygiene of the oral cavity often ignored by the Indonesian community health compared to other body parts. Household Health Survey (Survei Kesehatan Rumah Tangga, SKRT) in 2011 conducted by the Ministry of Health stated that oral disease is the sixth-highest disease complained of Indonesian society, such as caries and periodontal disease (Department of Health, 2011).[1]

The World Oral Health Report in 2003 stated that Indonesia occupies ranked fourth most expensive disease for the treatment (Petersen, 2003).[2] Within five years time frame, from 1999 to 2004, nearly 95% of the Indonesian people found experienced dental and oral diseases, particularly dental caries, gum disease (periodontitis), malocclusions and oral cancer. Ironically, every year the incidence of oral disease does not improve but increasing in number (Moeis, 2004).[3]

Several studies found that the high incidence of dental and mouth disease in Indonesia caused by several things, among them is lack of awareness, attention, and motivation. It is because of lack of public knowledge about dental health and low levels of public life in Indonesia. (Eriwati and Etsuro, 2007).[4]

According to Henrik L. Blum (1974), four factors affect general health status or the health of a person's teeth and mouth, the environment (45%), behavioral (30%), healthcare (20%), and the offspring (5%) (Notoatmodjo, 2003).[5] If these four factors are met in full, it will form an optimal

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health status (Notoamodjo, 2007).[6] According to Blum theory, behavior and the environment is a huge factor in supporting the health of humans. Behavior is the response or reaction to a person or people who come from outside and from within himself, while the health behavior according to Skinner is a person's response to stimuli or objects associated with illness and disease, health care systems, food and beverage, and environmental (Sarwono, 1993; Notoatmodjo, 2007).[6-7] These responses can be passive and active.

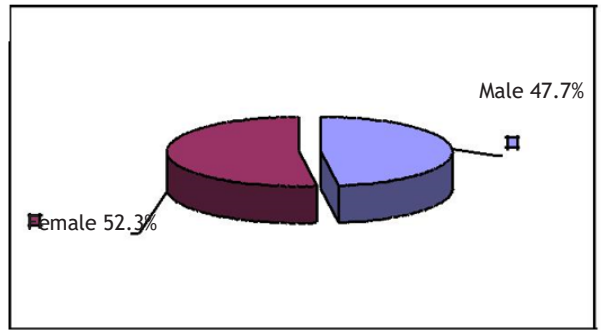
Active response has an action that can be observed directly by outsiders. At the same time, the passive response does not see directly by outsiders (Notoatmodjo 2007).[6] Passive response can also be referred to as internal activities such as perception, emotions, thoughts, and motivations (Efendi and Makhfudli, 2009).[8] There are several determinants or factors in the formation of a behavior. One of the most dominant determinants is the external form of environmental determinants (Notoatmodjo, 2007).[6]

The formation of behavior in a person can not necessarily just happen but requires the base and the accompanying process. Formation of behavior initiated by the cognitive domain where individuals know beforehand against a stimulus in the form of objects giving rise to new knowledge of the individual. Then proceed with the affective domain, which arises inner response in the form of individual attitudes towards the object he knows. Furthermore ends on the psychomotor domain where the object that has been known and fully realized could cause a response in the form of action (Sunaryo, 2004).[9] Based on the process of formation, human behavior divided into three domains, namely the knowledge or cognitive, or affective attitude, and action or psychomotor (Notoatmodjo, 2007).[6] The level of a person's behavior can be detected through the measurement process by separating the three domains separately and then made measurements of each. The final result can be obtained by accumulating the behavior of the measurement results of the three domains.

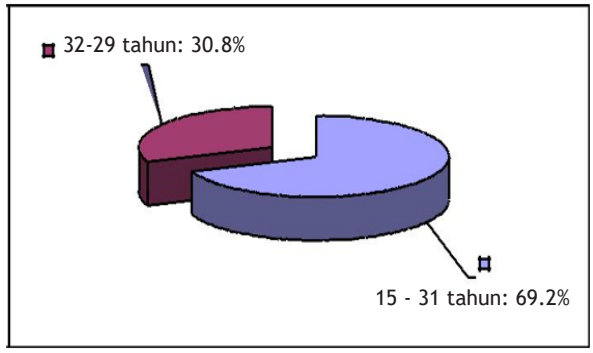
The purpose of writing this article is to obtain data that can measure the level of public behavior Lebakgede Village, District Coblong, Bandung in dental and oral health care that based on the data of knowledge, attitudes, and actions. Based on these results, it is possible to look for ways to improve behaviour that is less supportive of the oral and dental health of the Indonesian people in general.

METHODS

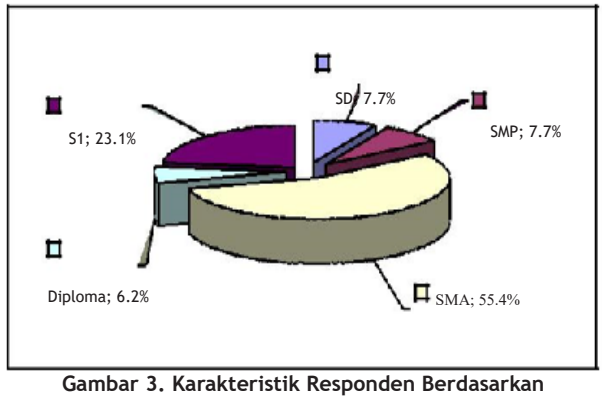
This research is a descriptive study using survey techniques with Cross-sectional method, aided with, stationery and questionnaires. Samples were 65 people Lebakgede Village community, Coblong subdistrict, Bandung 15-49 years old were determined using Multi-Stage technique of random sampling.



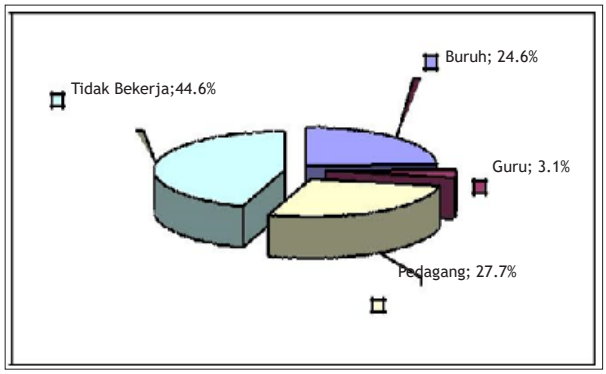
Gambar 1. Karakteristik Responden Berdasarkan Jenis Kelamin



Gambar 2 Karakteristik Responden Berdasarkan Usia



Gambar 3. Karakteristik Responden Berdasarkan Pendidikan Terakhir



Gambar 4. Karakteristik Responden Berdasarkan Pekerjaan

Tabel 1 Pendapat Responden terhadap Pertanyaan Pengetahuan

No	Pertanyaan	Benar		Salah	
		f	%	f	%
1	Minimal mengogosok gigi dalam sehari	41	63,08	24	36,92
2	Waktu yang baik untuk menyikat gigi	62	95,38	3	4,62
3	Alat yng diperlukan ketika menyikat gigi	60	92,31	5	7,69
4	Sikat gigi yang baik untuk digunakan	63	96,92	2	3,08
5	Frekuensi dalam setahun pergi kedokter gigi	44	67,69	21	32,31
6	Penyebab utama dari gigi berlubang	59	90,77	6	9,23
7	Gejala awal gigi berlubang	48	73,85	17	26,15
8	yang harus dilakukan ketika gigi berlubang	59	90,77	6	9,23
9	Setiap gigi berlubang harus divabut	61	93,85	4	6,15
10	yang dilakukan untuk melindungi gigi berlubang	57	87,69	8	12,31

gender, age, education, occupation of the respondents, as well as knowledge, attitudes, actions and behaviours of the respondents in the maintenance of oral health. Gender, age, education and occupation of respondents latter can be measured from the statements of the respondents to the questions in the questionnaire. Knowledge of respondents in the maintenance of oral health can be measured from all respondents on ten questions with the correct answer and the choice of two answers wrong.

Based Guttman scale, the correct answer is worth one and wrong one worth zero. The attitude of the respondents in the maintenance of oral health can be measured from 10 attitude questions with five possible answers based on Likert scale, i.e. strongly agree (SS) is worth 5, agree (S) is worth 4, hesitation (R) is worth 3, disagree (TS) is worth 2 and strongly disagree (STS) is worth 1. The respondent's actions in maintaining oral health can be measured from 10 questions with two answer choices, yes and no. Based on skalat Guttman, yes worth one and not zero.

The behavior of the respondents in the maintenance of oral health can be measured by accumulating the results of measuring knowledge, attitudes, and actions of the respondent. Then the number of results for each domain and behavioural outcomes will be calculated as a percentage as follows:

$$P = \frac{Total\ number\ of\ respondents\ scores}{the\ highest\ number\ of\ value\ per\ domain}\ x\ 100\%$$

Figure 1. Total Score Domain Formula Behavior

$$\frac{\%\ Knowledge + \%Attitude + \%Action}{The\ highest\ total\ number\ of\ domains}\ x\ 100\% = \%Behavior$$

Figure 2. Formula Total Score Behavior

This research was conducted with several stages. The researcher first observed by interviewing representatives of the Lebakgede Village community, District Coblong, Bandung to complete community image data samples. Then do the testing process behaviour by distributing questionnaires to be filled directly to some

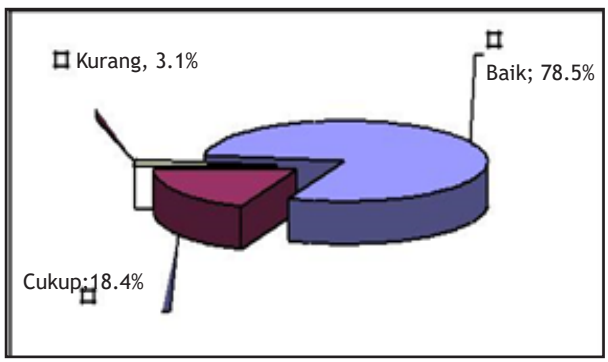
people who are not included in the sample, and then tested the validity and reliability of the questionnaires. Furthermore, the questionnaire improved by replacing or eliminating questions that are not a valid and reliable questionnaire. Once repaired, the researchers came to the residential address of respondents that are part of the study sample Then the researchers distributed questionnaires that have improved on each respondent and witnessed firsthand the process of filling out the questionnaire.

Furthermore, data processing and analysis using techniques Descriptive analysis, which describes the respondent's answer to all the questions posed in the questionnaire to clarify the issues examined. The result is presented in the form of a frequency distribution table or Figure rod,

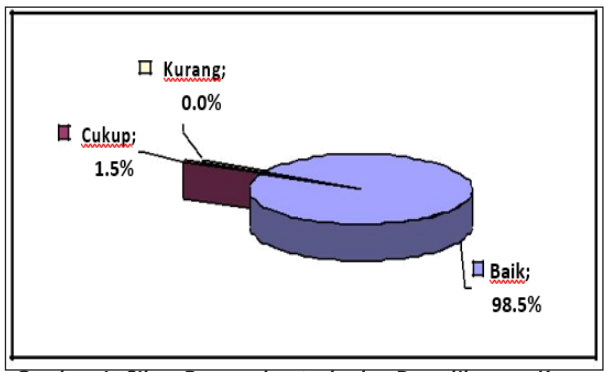
RESULTS

Respondents aged between 15-49 years is mostly composed of women (52.3%) with the highest level of education last school SMA / SMA (55.4%) and did not have a regular job to make money (44.6%). Based on the above results, it can be concluded that public attitudes Lebakgede Village, District Coblong, Bandung to the maintenance of oral health. is good.

A good attitude can be dominated by the role of oral health care in the environment of the respondents, namely the role of the Hospital FKG Unpad and 5 private dentists in Lebakgede village. In addition, it can also be based on education and knowledge are either already owned the majority of respondents to the maintenance of oral health. Knowledge of the underlying someone



Gambar 5. Pengetahuan Responden terhadap Pemeliharaan Kesehatan Gigi dan Mulut



Gambar 6. Sikap Responden terhadap Pemeliharaan Kesehatan Gigi dan Mulut

Tabel 2 Pendapat Responden untuk Pertanyaan Sikap

No	Pertanyaan							Benar		Salah	
		f	%	f	%	f	%	f	%	f	%
1	Penting menjaga kesehatan badan	57	87,7	7	10,8	1	1,5	0	0	0	0
2	penting menjaga kesehatan gigi dan mulut	51	78,5	13	20,0	1	1,5	0	0	0	0
3	perlunya menggosok gigi secara teratur	48	73,8	17	26,2	0	0	0	0	0	0
4	perlunya menggosok gigi secara teratur	47	72,3	17	26,2	0	0	0	0	1	1,5
5	perlunya menggosok gigi dengan pasta gigi	40	61,5	23	35,4	1	1,5	1	1,5	0	0
6	perlunya menggososk gii dan berkumur	46	70,8	19	29,2	0	0	0	0	0	0
7	perlunya mengganti sikat gigi secara teratur	36	55,4	29	44,6	0	0	0	0	0	0
8	perlunya menggobati gigi yang sakit	43	66,2	20	30,8	1	1,5	1	1,5	0	0
9	perlunya bantuan peran seorang dokter gigi untuk menjaga kesehatan gigi dan mulut	28	43,1	28	43,1	7	10,8	2	3,1	0	0
10	Perlunya pergi berobat ke dokter gigi secara rutin	16	24,6	42	64,6	4	6.2	3	4,6	0	0

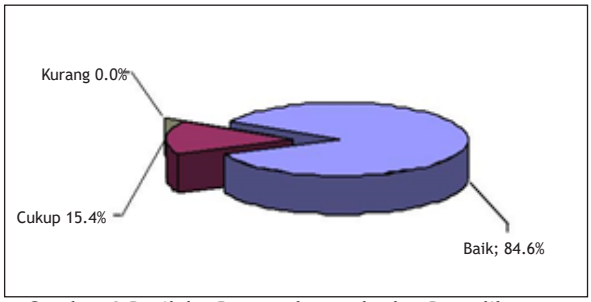
very important in the formation of attitudes and actions that will support the maintenance of oral health(Gultom, 2009).[10]

Most of the respondents said "yes" that the respondents always brush your teeth. Every day, as many as 62 people (95.38%). In addition, the majority of respondents do not have an action to go to the dentist regularly, at least once every six months, as many as 39 people (60%).

Overall, the majority of respondents have a good action against the maintenance of oral health, as many as 47 people (72.3%), having enough action as many as 13 people (20.0%) and measures approximately 5 people (7.7%).

In general, it can be concluded that Lebakgede Village community, Coblong subdistrict, Bandung has a good behavior towards the maintenance of oral health.

No	Pertanyaan	Benar		Salah	
		f	%	f	%
1	Selalu menyikat gigi setiap hari	62	95,38	3	4,62
2	Menyikat gigi sebanyak dua hari dalam sehari	57	87,69	8	12,31
3	menyikat gigi setelah sarapan pagi san sebelum tidur	52	80,00	13	20,00
4	Menyikat gigi untuk membersihkan sisa makanan	58	89,23	7	10,77
5	Menggunakan sikat gigi pasta gigi mengandung flouride dan air bersih untuk menyikat gigi	62	95,38	3	46,2
6	Sikat gigi yang digunakan bertingkah lurus dan berbulu halus	59	90,77	6	9,23
7	Ketika menggosok gigi, menyikat seluruh permukaan gigi	60	92,31	5	7,69
8	Mengganti sikat gigi ketika bulu sikat sudah rusak pergi ke dokter gigi secara rutin, minimal 6 bulan	56	86,15	9	13,85
9	Pergi kedokter gigi secara rutin, minimal 6 bulan sekali	26	40,00	393	60,00
10	Ketika gigi terasa sakit, segera pergi berobat ke dokter gigi	43	66,15	22	33,85



Gambar 8 Perilaku Responden terhadap Pemeliharaan Kesehatan Gigi dan Mulut

These results supported by the knowledge, attitudes, and good conduct. This is in line with the results of research conducted by Khairani (2010) and Christian (1989), which showed that the majority of people's behaviour Bandung on oral health showed good results.

A positive attitude coupled with positive action also can be obtained by someone who has a positive enough knowledge, so it can be expected the creation of good behaviour.Good behaviour is expected to be caused by environmental factors respondents residence adjacent to the Hospital FKG Unpad and 5 private dentists so that the respondent is more friendly and have a good understanding of the maintenance of oral health is good and right. This is consistent with the theory that one of the dominant factors that can affect the behaviour are external factors such as environment(Notoatmodjo, 2007).[6]

DISCUSSION

The results showed that the patterns of fingerprints lip-type II are patterns lips that most Appear on all quadrants fingerprints lip with an average of the appearance of 45.54%. This is consistent with research showing that fingerprints Saraswati lip-type more common in men and women subrace Deutromelayu.[9]

Lip type IV fingerprint pattern is a pattern that at least lip prints Appear on all quadrants of lip prints with the emergence average of 1.83%. This is consistent with research showing that fingerprints

Singh lip prints lip-type IV is the rarest.10Based on the observation of lip prints all subjects that are divided into six quadrants seen Reviews their four pairs of subjects who have the same combination of lip prints on the sixth quadrant. The results of this study are similar to the results of research conducted Vahanwala and Parekh on 50 women and 50 men, aged 19-21 years Showed that 52% of all research subjects had at least the same type of lip prints on two quadrants.[11]

Based on the results of research and literature that state that lip prints, as well as fingerprints, can be used as personal identification suggestions can be made lip prints formula based on the formulation of a fingerprint. Jaishankar research results show that lip prints with all its uniqueness in each individual can be used as a tool in the process of personal identification such as a fingerprint.[12]

Formulation of lip prints in this study is based on the existed fingerprint. Fingerprint formulation is the process of Determining the formulas combine numbers and special characters that indicate the subject and details of the lines of a set of fingerprints.[4]

Stages, processes, criteria and award symbols are pursued in line with the formulation of fingerprints to play results. The Obtain more specific types of fingerprint changed to the central groove type lip prints on the consideration that every part of the lip has different pattern13so that the determination of the main grooves must follow a statute.

Chronology of the median on fingerprints lips than the ridge counting on the fingerprint with the balance that core fingerprint is replaced with grooves central to the finger lip Because The groove the central part of the fingerprint lip roommates can be determined by reference contained in the anatomy of the lips and predetermined.

Delta fingerprint is replaced with a first groove that has different types with a central groove on the lip prints with the consideration that the local area from the lip prints damage not too broad that it will provide specific groove pattern. In addition, between the groove, there will be a number of different grooves on each person.

Fissure tracing replaces the lip prints in the fingerprint ridge tracing on the basis that section groove on the lip prints an unspecified amount and the type is the groove that is beside the central groove. Ridge tracing the search process or follow the path of the line on the which Followed left from the delta until it Reaches a point that is parallel to the right of the delta.[4]

Type of lip prints a whole is determined from left to right on the upper lip and lower lip. Topographic This division is done by referring to the Topographic division of lip prints made by Hassan and Fahmi. Lip prints the data in this study included in the formula that has been Formulated to show that there is no lip prints Occurs with the same pattern from all study subjects. According to Jaishankar research Showed that each individual has different lip prints.[1]

Opportunities emergence of lip prints the same on each of the upper and lower lips through the quadrant division method is equal to 1: 216, in the which each quadrant has the possibility to have six types of lip prints. Opportunities emergence same fingerprint lips on each of the upper and lower lips through the application of the formula fingerprint that is equal to 1: 217 728, where the.[6]

Groove-type central has six possible types that will Appear, the flow of the median has two possible Reviews directions with 14 variations in the number, fissure tracing has two possible Reviews directions with six variations of the number and type of groove entirely have as many as 216.

The specification of the lip print pattern in Deutromelayu subrace between individuals can be identified by fingerprints lip formula modification techniques set forth in formula consisting of a central groove-type element, the number of grooves between, fissure tracing and types of lip prints.

CONCLUSION

Based on the results, we concluded that the behavior of Lebakgede Village community, Coblong subdistrict, Bandung on oral health care in the good category.

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