



Family Knowledge and Status of Dental and Mouth Hygiene of In-Hospital Patients

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ABSTRACT:Indonesia's population experienced dental health problems in 2018 by 57.8%. Bad dental and oral hygiene is one of the factors causing dental caries or oral and dental health problems. Many hospital patients do not clean their teeth and mouth because they cannot perform oral hygiene independently. Patients who do not perform oral hygiene treatment either independently or without the help of a nurse or family will cause a buildup of bacteria in the mouth which causes the patient to feel uncomfortable. Objective: The purpose of this study was to determine the description of family knowledge and dental and oral hygiene status of inpatients at Pertamina Jaya Central Jakarta Hospital in 2020. Method: This study used a descriptive method with the sample of this study using a total sampling technique of 30 respondents. The data used are secondary data taken from questionnaire sheets and existing dental examination sheets. Results: The results obtained by the patient's family have good knowledge (6.7%), enough knowledge (90%) and less of knowledge (3.3%) while inpatients have good dental and oral hygiene status (6.7), moderate category (83.3%) and bad categories (10%).

KEYWORDS:Family knowledge, status of dental and oral hygiene, inpatients.

I. INTRODUCTION

Health services provided throughout Indonesia must be carried out fairly, evenly and optimally. Health development is directed at increasing awareness, willingness and ability to live healthy for everyone so that the highest level of public health can be realized [1]. Dental and oral health services are carried out to maintain and improve the health status of the community in the form of improving dental health, preventing dental diseases, treating dental diseases, and restoring dental health which are carried out in an integrated, integrated and sustainable manner and implemented through individual dental health services, dental health services. The community, school dental

health businesses, as well as the government and local governments are required to ensure the availability of personnel, service facilities, dental and oral health tools and medicines in order to provide dental and oral health services that are safe, quality, and affordable to the community[2-4].

Dental and oral disease is ranked first covering 60% of the population where periodontal disease is the main cause of tooth loss. Based on the 2018 National Survey, it was reported that 57.8% of the Indonesian population experienced dental health problems; with the DMF-T index at the age of 15 years of 2.40 and the age of 35-44 years of 7.02, meaning that the average number of dental caries is 2 to 7 teeth per person [5,6].

One of the causes of dental and oral health problems is behavioral factors or attitudes that ignore dental and oral hygiene. This is based on a lack of knowledge about the importance of dental and oral care, so far patients assume that by having good knowledge, their attitude or behavior is also good. Bad oral and dental hygiene is one of the factors causing dental caries or dental and oral health problems. Poor oral and dental hygiene causes the accumulation of plaque containing various kinds of bacteria, including Streptococcus mutans as the main cause of caries[7-9].

Oral hygiene is very important, especially for clients who have decreased consciousness, because microorganisms originating from the oral cavity can cause infection or disease in other parts of the body. Many hospital patients do not clean their teeth and mouth because they cannot perform oral hygiene independently. Patients who do not perform oral hygiene care either independently or without the help of nurses or family, there will be some accumulation of bacteria in the mouth which causes the patient to feel uncomfortable[10,11].

Restuning et al. research showed that inpatients at Beber Public Health Center, Cirebon Regency, obtained an average dental and oral hygiene status of 2.28, including the poor category accompanied by gingivitis as much as 28.1% and



stomatitis 25%. Oral hygiene care for patients, aims to assist patients in maintaining good oral hygiene by teaching correct techniques and displaying actual hygiene, especially in weak and disabled patients. Good oral care requires brushing your teeth twice a day and rinsing your mouth thoroughly[11,12].

The fulfillment of personal hygiene needs can be influenced by several factors, including culture, social values, perceptions of self-care, knowledge of individuals or families. Knowledge is the result of knowing that occurs after people make senses, especially the eyes and ears of a certain object. Most of human knowledge is obtained from education, self-experience and the experience of others, mass media and the environment. Knowledge is a very important dominant factor for the formation of one's actions. Someone with knowledge about dental health can expect better dental health maintenance [13,14].

Family are people who provide education about good values in life. Families will meet maintenance needs, one of which is maintaining personal hygiene. Sitabutar et al. research found that good family knowledge can carry out personal hygiene in sick families[15].

II. METHODS

The research design used is descriptive research, which is a research method carried out

with the main aim of making an objective description or description of a situation[16]. This study was intended to describe the family knowledge and dental and oral hygiene status of hospitalized patients. The sampling technique used is purposive sampling technique. The instrument used in data collection used a questionnaire sheet to measure family knowledge and the dental hygiene status of inpatients was measured using the OHI-S examination index.

the data collection process was carried out by explaining how to fill out the questionnaire sheet to the patient's family. Then followed by examination of the OHI-S index in hospitalized patients. This research is processed and analyzed and presented in a frequency distribution.

III. RESULT

The data used in this study are primary data, namely data obtained from checking the dental hygiene status of inpatients and filling out family questionnaires about knowledge of dental health maintenance on March 2-6 2020. The sample in this study was 60 respondents, consisting of 30 patients' families and 30 inpatients.

Table 1. Frequency Distribution of Family Knowledge and Dental and Oral Hygiene Status in Inpatients

Variable	N=30	%
Family Knowledge		
Good knowledge	2	6.7
Enoughknowledge	27	90.0
Less knowledge	1	3.3
Dental and Oral Hygiene Status		
Good	2	6.7
Moderate	25	83.3
Bad	3	10.0

Table 1 shows that inpatients' families have knowledge of dental health with enough criteria as many as 27 people (90%) and inpatients with dental and oral hygiene status with moderate criteria as many as 25 people (83.3%).

IV. DISCUSSION

The results of the research on the description of family knowledge about dental and oral health maintenance obtained respondents who had good knowledge as many as 2 people (6.7%), enough knowledge as many as 27 people (90%) and less knowledge as many as 1 person (3.3%). This is made possible by the level of education and age of the patient's family. The findings of this

study are supported by the theory put forward by Notoamodjo which states that knowledge is the result of knowing that occurs after people make senses, especially the eyes and ears of a certain object. Most of human knowledge is influenced by education, self-experience and the experience of others, mass media, environment and age. Knowledge is a very important dominant factor for the formation of one's actions. Someone with knowledge about dental health can expect better dental health maintenance[14]. The results of this study are in line with relevant research Salam et al (2013) which shows that knowledge is included in the enough category of 20 people (66.7%) and only 10 people (33.3%) have less knowledge.



The results of the study describing the dental and oral hygiene status of inpatients at Pertamina Jaya Hospital obtained respondents who had good dental and oral hygiene status as many as 2 people (6.7) in the moderate category as many as 25 people (83.3%) and the bad category as many as 3 people (10%). This result is not much different from the relevant research, Restuning et al. which showed that inpatients at the Beber Public Health Center, Cirebon Regency, had bad dental and oral hygiene status. This is because many hospital patients do not clean their teeth and mouth because they cannot perform oral hygiene independently. Supported by Kurnia states that patients who do not perform oral hygiene care either independently or without the help of nurses or family, there will be some accumulation of bacteria in the mouth which results in poor dental and oral hygiene[11,12].

V. CONCLUSION

Based on the results of this study, it can be concluded as follows:

1. Families of inpatients at the hospital have sufficient knowledge about dental health maintenance (90%)
2. Inpatients at the hospital have moderate dental and oral hygiene status (83.3%)

It is recommended for further research on the model of maintaining dental health in inpatients so that it can be used as a guideline in the management of oral hygiene in inpatients.

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