

Kontribusi perilaku ibu terhadap radang gusi anak

Abstract:

Behavioral factor is considered to be one of the affecting factors in individual or community health status. The mother's behavior in dental health can affect her child's oral health state since children under five years of age their oral health measure still depends on their parents and they usually rely very much on their mothers. World health Organization stated that the prevalence of gingivitis for eight and fourteen year old children should be one of the oral health indicators, according to the last survey conducted by the Ministry of Health in 1991. The prevalence of gingivitis in Indonesia for eight year old children: was approximately 60 % and 90 % for fourteen year old children. This condition was due to the poor oral hygiene and child's dental health behavior. Gingivitis process starts in children under five years old and its prevalence will increase as the children grow. This condition will reach its peak in puberty, then decrease gradually. No one can be gingivitis free (Garrariza, 1984). Preliminary studies show that dental plaque is the main causative factor of gingivitis. Mature dental plaque produces bacterial products that can continuously produce stimuli in gingival crevice. Gingivitis then occurs with the existence of stimuli, low tissue endurance and high virulency of Streptococcus strains. Dental plaque is easily formed within four hours after tooth brushing; however, it can be easily removed by conducting a proper tooth brushing technique. Dental plaque can be detected by using a colouring substance called disclosing solution or by using a pocket probe. Health behavior can be determined as covert and overt behavior. Covert behavior concerns the knowledge and attitude toward health, and overt behavior concerns the health practice including tooth brushing. Maternal behavior toward dental health affects the mother and her child's oral health status. In this study a concept is constructed based on previous studies to investigate the relationship among the influencing variables. The next steps are testing the hypothesis and defining the variables into operational forms that are measurable. Questionnaires as a measurement tool to collect data are tested for their validity and reliability. The data to be collected are the behavior of the mothers using the questionnaires. Data about the children's dental plaque and gingivitis status are collected by using a clinical examination. Objectives being observed are four year old children and their mothers in Jakarta. The sampling method is multistage cluster random sampling. The sample size is 374 and it is multiplied by two to avoid design effect. However, the sample size with inclusive criteria is only 680. Univariate, bivariate and multivariate data analysis are used by SPSS computerized statistical program. The result of the study are described as follows. In this study, a phenomenon of the main causative factor of gingivitis of four year old children is their mothers behavioral revealed. The reason is because a four year old child's oral health measure still depends on the mother. Generally the mothers of four year old children in Jakarta have good knowledge, attitude and practice toward oral health; however, only 0.9 % of the children are plaque free. In fact their mother's knowledge, attitude and practice toward dental health are not properly applied to maintain their children's oral health. Two point four percents of the mothers have low education or only have completed primary school education. Eighty four point five percents have completed high school and only 13.1 % have University or college education. The mother's good education, class society which is mostly distributed in the middle and high level could enhance the implementation of a dental health

education program because those mother's get information better than those with low level of education. The mother's age ranges from 20 to 41 years old. The variability is limited because of inclusive criteria of the mothers having four year old children. In this study, the mothers who have a high level of formal education are younger than their who have lower education. Ten point one percents of the samples are mothers with very low economic status; 22.4 % are in low category; 15.3 % are in fair category; 7.9 % are in high category and 24.3 % are in very high category_ A family economic status describes the family welfare and ability in supporting the family health financially. The family size of 40.4 % samples are mothers with one to two children; 47.8 % with 3 children and 11.8 % with 4-5 children. Respondents with 3 children or less are 88.2 %. This condition indicates the success of family health planning program conducted by the government. The children's gingivitis status. The prevalence of gingivitis in Jakarta during 1993-1994. The prevalence of gingivitis was 46.2 % and 53.8 % was gingivitis free. This figure was lower than the previous studies conducted in Jakarta (59 %) and in Pengalengan, West Java, (61.6 %), but was higher than the survey conducted in Bandung (32.9 %). The National data about the gingivitis state of four year old children were not available; therefore, we could not make comparison. The level of severity of gingivitis in Jakarta are as follows : 70.7 % of four year old children in Jakarta are with mild gingivitis; 25.4 % with moderate gingivitis and 3.82 % with severe gingivitis. These figures are lower than the previous studies conducted in 1993 (92 %), and the study in Bandung (96 %) in 1992. However, the figure for moderate level of gingivitis is higher than the previous studies in Jakarta (8 %/c) and in Bandung (4 %). The prevalence of severe gingivitis in the previous studies of Bandung & Pengalengan, West Java, are not found. Dental plaque status of the children. Zero point nine percents of the children are free from dental plaque. Twenty percents of the children have a small amount of plaque, 44.7 % have a fair category of plaque and 34.4 % are considered to have a large amount of dental plaque. Mother's knowledge. Generally, the mother's have good knowledge about dental health. Four point one percents is categorized to have a low level of knowledge, 70.1 % has a good knowledge about dental health. A good knowledge about dental health is an important basis for a good behavior in dental health. Therefore, a recommendation of this study is important to increase the knowledge, attitude and practice or behavior of dental health. Mother's attitude. Generally, the mother's attitude toward dental health is good; 9.3 % is categorized as low; 28.6 % was fair and 52.1 % good. However, mothers with good knowledge about dental health do not always have good attitude toward dental health. Mother's behavior. Generally, mothers have good behavior. Five point three percents of the mothers are categorized as low; 27.5 % fair and 67.2% good. Dental health service utilization. Generally the mothers have utilized dental health services. 2.5% of the respondents are categorized low in utilizing dental health services, 28.4 % fair and 69.1 % good. The 69.1 % of the respondents who are categorized as good utilize the dental health services mostly for curative treatment. Therefore it requires a good promotive and preventive strategies to support the quality of services. Dental Health Education Dental health education for mothers is generally considered insufficient; 40.3 % is categorized having very little knowledge and 38.4 % is fair. Only 21.3 % is considered to have a good knowledge about dental health. Each independent variable contribution to gingivitis. Mother's behavior contribution to the gingivitis in children is 73.2 %. It shows that the mother's behavior is one of the most influencing factors. One unit increase of mother's behavior will decrease the gingivitis index to 0.86 unit. Dental plaque contribution to gingivitis is 46.7 %. Dental plaque is the main etiological cause of gingivitis. For four year old children, the presence of dental

plaque is due to the mother's behavior in dental health. Other causative factor is because the mothers do not utilize the dental health service available in the community in order to maintain their children's oral health, such as gingival health and plaque control. In this study, the condition of children with a small amount of dental plaque category causes gingivitis, however children with fair category of dental plaque existence do not entirely suffer from gingivitis. Other possible factors are the quality of microorganisms in the oral cavity, the activity and quality of saliva and the gingival tissue endurance. The mother's education level has a strong influence contributes 73.2 % to their behavior, and the higher the level of education makes it easier the mother receive information on dental health. The mother's age seems to be a weak influence to their behavior (12.6 %). A group of mothers with high level of education has better dental health behavior than the older group. The family size contributes 25.8 % to the mothers behavior. Fewer children their give them a chance to concentrate on her children's welfare including the their oral health. The mother's behavior contributes 73.4% to the children's dental plaque formation. The influence is considered fair. The formation of dental plaque is caused by mother's less attention in maintaining their children's oral health, since four year old children still depend on their mothers. The family economic status seems to be a weak influence to the mother's behavior, which is 22.3 %. The family economic status is one of the influencing factors of the mother's behavior towards the family dental health. The higher economic status the family has, the more the family could afford and utilize the dental health services. The influence of the utilization of dental health services to the mother's behavior is 67 %. Dental health facilities in Jakarta are considered reachable because of the good public transportation system. Dental health education received by the mothers contributes 27.2 % to their behavior. The dental health education should increase the knowledge, attitude and behavior toward dental health. Contribution of all the independent variables to the mother's behavior. The independent variables of mother's education level, family economic status, family size, dental health service utilization and dental health education the mother received toward mother's behavior contributed are as follows: 1. The mother's education level contribution to the mother's behavior is 3.3 %. 2. The family economic status contribution to the mother's behavior is 0.7 % 3. The family size contribution to the mother's behavior is 0.7 %. 4. The dental health education that the mother has received contributes 2.1 % to the mother's behavior. The reasons why dental health education contributes low influence to the mother's behavior are : a. The dental health education material on gingiva health is very little and does not vary very much. b. The method of dental health education used to explain the material did not vary very much. c. Dental health educators do not have enough skills. Contribution of all independent variables to the children's gingival status. The independent variables of mother's behavior, dental plaque, formal education level of the mother, family economic status, dental health service utilization and dental health education to the children's gingivitis status are as follows _ 1. The mother's behavior contribution to the children's gingivitis status. a. Direct impact of the mother's behavior to the children's gingivitis is as much as 6.8% b. Total impact of the mother's behavior to the children's gingivitis (direct impact plus indirect impact) is as much as 22.8 %. 2. Dental plaque contribution to the children's gingivitis status is 8.3%. 3. The mother's education level contribution to the children's gingivitis status is 2 %. 4. The family economic status contribution to the children's gingivitis status is 4.2 %. 5. The dental health facilities utilization, contributing to the children's gingivitis status is 4.8 %/o. 6. The dental health education the mother received contributing to the children's gingivitis status is 2.1 %.