

Knowledge and Attitudes of Dental and Oral Health Maintenance in Pregnant Women (Case Study: Obstetrics and Gynecology Polyclinic at Pertamina Central Hospital, Jakarta)

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Abstract— Background: Hormonal changes during pregnancy accompanied by local factors such as plaque or calculus will cause enlargement or inflammation of the gums. Oral diseases that occur during pregnancy are not solely influenced by the pregnancy itself but also by the knowledge, attitudes, and behavior of the pregnant mother. **Objective:** to know the description of knowledge and attitudes of dental and oral health maintenance in pregnant women visiting Obstetrics and Gynecology Polyclinic at Pertamina Jakarta Central Hospital. **Method:** This study used a descriptive method with a sample of 30 respondents. The data used are primary data taken by giving questionnaires. **Results:** From the research results obtained by respondents with primipara parity totaling 11 people (36.7%) and multipara parity totaling 19 people (63.3%). Respondents have good knowledge of 25 people (83.3%) and moderate knowledge of 5 people (16.7%). Respondents had good attitudes amounted to 19 people (63.3%) and moderate attitudes amounted to 11 people (36.7%). **Conclusion:** The majority of pregnant woman patients who visited Obstetrics and Gynecology Polyclinic at Pertamina Central Hospital with multipara parity and had good knowledge and attitude criteria regarding maintenance of dental and oral health.

Keywords— Knowledge, Attitude, Maintenance of Dental and Oral Health, Pregnant Women.

I. INTRODUCTION

Oral and dental health can support the acceleration of achievement of the MDGs, especially 4 and 5, namely improving the health of toddlers and pregnant women. To achieve optimal oral and dental health for toddlers and pregnant women, periodic maintenance must be carried out, where one of the groups prone to dental caries is pregnant women. Hormonal changes during pregnancy accompanied by local factors such as plaque or calculus will cause enlargement or inflammation of the gums. Most pregnant women show changes in the gums during pregnancy due to a lack of awareness of maintaining oral hygiene.[1,2]

Untreated cavities can cause systemic problems during pregnancy and can lead to premature birth and low birth weight. These untreated cavities can lead to an indication that extraction was performed during pregnancy. Tooth extraction during pregnancy should be avoided because it can harm the fetus due to the use of anesthetic drugs or stress the pregnant woman during tooth extraction.[3,4]

Research by Hidayati, et al. (2012) of 70 pregnant women at the Puskesmas in the Andalas East Padang work area, showed that the level of oral hygiene of pregnant women in the work area of Puskesmas Andalas, East Padang District was mostly moderate (57.1%) and most of the pregnant women examined had moderate gingivitis (70%). All mothers who were examined had gingivitis, both mothers with good, moderate, or poor oral hygiene levels.[5]

The high level of dental and oral health problems in pregnant women is influenced by the bad behavior of pregnant women in maintaining oral health during pregnancy. Oral

disease that occurs during pregnancy is not only influenced by the pregnancy itself but also by the knowledge, attitudes and behavior of the pregnant woman. Lack of knowledge on dental and oral health maintenance can affect oral health behavior, including the behavior of pregnant women visiting to check their dental health at health services.[6,7]

Socialization regarding the maintenance of oral health during pregnancy is rarely done at Pertamina Central Hospital, Jakarta. Pregnant women also have more prenatal check-ups compared to checking their teeth and mouth. So far, research on knowledge and attitudes of dental and oral health care for pregnant women at the Pertamina Jakarta Central Hospital Midwifery Polyclinic has never been conducted.

II. RESEARCH METHODOLOGY

The research design used is descriptive research, which is a research method with the main objective of making an objective description or description of a situation.[8] This research is intended to see the description of knowledge and attitudes of dental and oral health maintenance in pregnant women who visit Obstetrics and Gynecology Polyclinic Pertamina Central Hospital Jakarta. The population in this study is all pregnant women patients who control their pregnancy to Obstetrics and Gynecology Polyclinic Pertamina Central Hospital Jakarta.

The sampling technique uses *quota sampling* namely a technique to determine a sample of a population that has certain characteristics to the desired quota or the sample is based on certain considerations by the researcher, so that the sample in this study was 30 respondents. Data collection was carried out by giving a questionnaire to pregnant women who

came to the clinic to have their pregnancy checked. Previously, pregnant women were given directions in filling out the questionnaire and the respondents were asked to sign the consent form to become respondents, then conducted interviews and filled out questionnaires to the pregnant women. This research was processed and analyzed in an excel program and presented in the form of a frequency distribution.

III. RESEARCH RESULT

TABLE 1. Frequency distribution of respondent characteristics based on parity

| Parity | Total | Percentage (%) |
|------------------|-------|----------------|
| Primipara | 11 | 36.7 |
| Multiparous | 19 | 63.3 |
| Grande multipara | 0 | 0 |
| Total | 30 | 100 |

Table 1 shows that the respondent with primiparous parity of 11 people (36.7%) and respondents with multiparity parity of 19 people (63.3%) and there were no respondents with grand multipara parity.

TABLE 2. Frequency distribution of knowledge on dental and oral health maintenance

| Knowledge level | Total | Percentage (%) |
|--------------------|-------|----------------|
| Good Knowledge | 25 | 83.3 |
| Moderate Knowledge | 5 | 16.7 |
| Poor knowledge | 0 | 0 |
| Total | 30 | 100 |

Table 2 shows that respondents who had a good level of knowledge were 25 people (83.3%) and respondents who had moderate level of knowledge were 5 people (16.7%) and there were no respondents who had poor knowledge.

TABLE 3. Description of knowledge of dental and oral health maintenance at parity

| Knowledge | Parity | | Total |
|-----------|-------------|-----------|-------|
| | Multiparous | Primipara | |
| Good | 16 | 9 | 25 |
| Moderate | 3 | 2 | 5 |
| Total | 19 | 11 | 30 |

Table 3 shows that knowledge with good criteria is found in 16 respondents with multiparous, while in primipara there are 9 respondents who have knowledge with good criteria. For knowledge with moderate criteria, there were 3 multiparous respondents and 2 respondents with primiparous.

TABLE 4. Frequency distribution of Attitudes on dental and oral health maintenance

| Attitude | Total | Percentage (%) |
|----------|-------|----------------|
| Good | 19 | 63.3 |
| Moderate | 11 | 36.7 |
| Poor | 0 | 0 |
| Total | 30 | 100 |

Table 4 shows that 19 people (63.3%) had good attitudes and 11 people (36.7%) had moderate attitudes and there were no respondents who had poor attitudes.

TABLE 5. Description of attitude of dental and oral health maintenance at parity

| Knowledge | Parity | | Total |
|-----------|-------------|-----------|-------|
| | Multiparous | Primipara | |
| Good | 13 | 6 | 19 |
| Moderate | 6 | 5 | 11 |
| Total | 19 | 11 | 30 |

Table 5 shows that there are 13 respondents with multiparous have good attitudes, while in primipara there are 6 respondents who have good attitudes. For moderate attitudes, there were 6 multiparous respondents and 5 respondents with primiparous.

IV. DISCUSSION

The results of the study obtained a description of the respondents characteristics based on parity, respondents with primiparous parity of 11 people (36.7%) and respondent with multiparous parity of 19 people (63.3%), meaning that most of the respondents showed a history of pregnancy with multiparous parity or pregnancy to 2-4. The results of this study are not much different from the research of Marwiyah and Dahlia (2018) showed that the highest parity was multiparous as many as 49 people (61.2%) and primiparous as many as 31 people (38.8%).[9]

Measurement of the level of knowledge of dental and oral health maintenance shows that 25 respondents (83.3%) have a good level of knowledge. This result is different when compared to the research of Marwiyah and Dahlia (2018) where the results showed that there were 30 pregnant women (37.5%) with good knowledge of dental health and 50 (62.5%) with moderate knowledge. So it can be interpreted that pregnant women at Obstetrics and Gynecology Polyclinic of Pertamina Central Hospital have better dental health knowledge than previous studies. This is due to pregnant women who are in control Obstetrics and Gynecology Polyclinic at Pertamina Central Hospital has good information regarding the maintenance of dental and oral health.

The results showed that most of the respondents had a good attitude as many as 19 people (63.3%). This result is different when compared to the relevant research by Murni et al. (2017), it is found that the attitude of respondents or pregnant women towards oral health during pregnancy is mostly (73.5%) less good. So it can be interpreted that pregnant women at Obsterics and Gynecology Polyclinic at Pertamina Central Hospital have a better dental health attitude than the relevant research. This is because most respondents have a good level of knowledge about dental health maintenance, or in other words, respondents with a good level of knowledge tend to have a good attitude. Supported by the opinion of Notoatmodjo (2010) that in determining a complete attitude, knowledge plays an important role. A person has high confidence in the health of his teeth and mouth if it is based on good knowledge.[10,11]

The results of the research on knowledge and attitudes of dental and oral health maintenance based on parity obtained most of the knowledge and attitudes of good criteria found in pregnant women with multiparous. This is due to past experiences that have had previous experiences of giving birth

and having children. It is reinforced by Notoatmodjo (2010) that experience is one of the factors that affects a person's knowledge, so that with this experience, pregnant women have knowledge of good dental health maintenance. Likewise, the attitudes that have existed in individuals will lead to further responses.[11]

V. CONCLUSION

Based on the research results, it can be concluded that:

1. Pregnant women who visited Obstetrics and Gynecology Polyclinic at Pertamina Central Hospital were dominated by multiparity parity
2. Partly most of the pregnant women who visited Obstetrics and Gynecology Polyclinic at Pertamina Central Hospital had good knowledge, and there were no pregnant women with poor knowledge.
3. More many pregnant women who visited Obstetrics and Gynecology Polyclinic at Pertamina Central Hospital had a good attitude compared to those who had a fairly good attitude, and none of the pregnant women had a bad attitude.

REFERENCE

- [1] Gejir I, Sukartini NKA. Relationship between Oral and Dental Hygiene and Pregnancy Trimester in Pregnant Women Who Visit Klungkung I

Health Center, Klungkung Regency in 2016. *JDental Health Journal* 2017; 5: 1–5.

- [2] Ministry of Health. Guidelines for Basic Packages of Dental and Oral Health Services at Puskesmas. Jakarta Directorate General of Health Efforts, Ministry of Health RI 2012.
- [3] Suwandi T. Relationship between Periodontal Disease in Pregnancy and Premature Birth of Babies. *JIntegrated Dentistry Journal* 2019; 1.
- [4] Ministry of Health RI. Guidelines for the Maintenance of Dental and Oral Health for Pregnant Women and Toddlers for Health Workers in Health Care Facilities. 2012.
- [5] Hidayati H, Kuswardani K, Rahayu G. Effect of oral hygiene with gingivitis status in pregnant women in the work area of Andalas Public Health Center, Padang Timur District, Padang City in 2012. *Majalah Medicine Andalas* 2012; 36: 215–24.
- [6] Arisanty AD. Behavior of Dental and Oral Health Maintenance for Pregnant Women at the Shoulder Health Center in Manado. *e-Gigi* 2013; 1.
- [7] Anggraini R, Andreas P. Oral Dental Health and Utilization of Oral Health Services for Pregnant Women (Preliminary Study in Puskesmas Serpong, South Tangerang). *Majalah Indonesian Dentistry* 2015; 1: 193–200.
- [8] Notoatmodjo S. *Research methodology*. Jakarta: Rineka Cipta 2010.
- [9] Marwiyah N, Dahlia D. Factors Affecting Behavior of Dental and Oral Health Maintenance in Pregnant Women at KIA Poli UPTD Citangkil Health Center, Cilegon City. *Jurnal Health* 2018; 7: 54–64.
- [10] Murni NNA, Suwanti S. The Correlation Among Knowledge, Attitude and Mother's Behavior In Oral And Dental Health Care. *JPrima Health Journal* 2018; 11: 66–75.
- [11] Notoatmodjo S. *Behavioral health science*. Jakarta: Rineka Cipta 2010; 200: 26–35.