

Knowledge, Attitude and Practice of Teachers After The First Training of Dental Health Care

Anne Agustina Suwargiani, Riana Wardani, Netty Suryanti, Asty Samiaty Setiawan

Community Dental Health Department
Faculty of Dentistry
Universitas Padjadjaran

anne.agustina@fkg.unpad.ac.id

Abstract

Formal education is the main place for children to improve their knowledge. Teachers are the sources of information that is easily received by children, so the role of a teacher is very important. Dental health education requires good cooperation between health care workers, students, teachers, and parents. Dental health training can improve the skills and information resource in the community, so the teachers, as the cadres, can play a role in improving the access to information regarding dental health. The aim of this research is to assess the knowledge, attitude and care before and after the performance of first training on dental health care on the teacher.

The study population were elementary school teachers. The sampling is total sampling. The technique of data collecting is by distributing questionnaires, before and after training. The research variables are knowledge, attitude and practice of dental health care.

The results of the research are the knowledge regarding dental care. It shows that an increased achievement percentage has been indicated regarding proper teeth-brushing time, but one question has decreased, that is concerning the cleaning of dental plaque, and a constant percentage has been indicated concerning preventing cavities using flour. Post-test results of the toothbrush and tooth maintenance shows the increase in the percentage of positive statements and negative statements, positive attitude statements, shows the decrease of the percentage in questions regarding the food selection. After the training, the actions of teachers on teeth-brushing time and the use of toothpaste containing flour shows an increased percentage, but the shared-use of one toothbrush for some people remain unchanged.

The knowledge conclusions are, after training was given for the first time, some attitudes and practices of teachers have increased, but some of those are still not showing any increase, and there is still a decline of the achievement percentage as well.

Abstrak

Pendidikan formal merupakan tempat utama seorang anak meningkatkan pengetahuan. Guru adalah sumber informasi yang mudah diterima oleh anak, sehingga peran seorang guru sangat besar. pendidikan kesehatan gigi dan mulut membutuhkan kerjasama yang baik antara petugas pelayanan kesehatan, siswa, guru, dan orang tua. Pelatihan kesehatan gigi dapat meningkatkan keterampilan dan sumber daya informasi di masyarakat, sehingga kader yaitu guru, dapat berperan dalam meningkatkan akses informasi mengenai kesehatan gigi. Tujuan penelitian untuk menilai pengetahuan, sikap dan tindakan pemeliharaan sebelum dan sesudah pelatihan yang dilakukan pertama kali mengenai pemeliharaan kesehatan gigi pada guru.

Populasi penelitian adalah guru sekolah dasar. Penarikan sampel yaitu total sampling. Teknik pengumpulan data menggunakan kuisioner sebelum dan sesudah penelitian. Variabel penelitian yaitu pengetahuan, sikap dan tindakan pemeliharaan kesehatan gigi.

Hasil penelitian yaitu pengetahuan mengenai pemeliharaan gigi menunjukkan peningkatan prosentase capaian mengenai waktu menyikat gigi yang tepat, satu pertanyaan mengalami penurunan yaitu mengenai cara membersihkan plak gigi dan prosentasenya tetap yaitu mengenai flour dapat mencegah gigi berlubang. Hasil posttest mengenai sikat gigi dan pemeliharaan gigi menunjukkan adanya peningkatan prosentase pada pernyataan positif dan pernyataan negatif, pernyataan sikap yang positif, mengalami penurunan prosentase pada pertanyaan mengenai pemilihan makanan. Tindakan guru mengenai waktu menyikat gigi dan penggunaan pasta gigi berflour meningkat prosentasenya sesudah pelatihan, namun mengenai penggunaan sikat gigi secara bersama-sama tidak mengalami perubahan.

Simpulan pengetahuan, sikap dan tindakan guru sesudah diberi pelatihan untuk pertama kalinya adalah ada yang mengalami peningkatan, namun ada yang tetap tidak mengalami peningkatan persentase serta masih ada capaian persentasenya yang menurun.

Introduction

The role of school is highly important in the process of creating the habit of maintaining children dental health. Formal education is the main place of a child to increase his/her knowledge. Teachers and peers are the sources of information which are easily obtained by the children, so the role of teachers and friends is very important. Dental health education should be given repeatedly and attractively to children in schools, therefore a good cooperation between health care workers, students, teachers, and parents are highly needed.¹

Cooperation between health care workers and teachers in the field of dental health in dental health school programme is one sort of the efforts in public health. It is aimed to maintain and to improve oral health of the students at schools, in which the specific goal is to increase the participation of teachers to do promotive and preventive actions toward dental health. One form of the implementation is the conducting of quarterly mass teethbrushing using flouride-containing toothpaste by school health programme (UKS).²

Dental health training can improve the skills and information resources in the community. In this case, teachers as cadres can play a role in improving information access on dental health behaviour.³ Some research states that education and training of cadres can provide effective results in improving knowledge, attitudes and practice^{3,4,5}, therefore the cadres are capable to give information and motivate people to adopt healthy behaviors.⁶

The above description encourages the researchers to conduct a research on how the knowledge, attitude and practice of elementary school teachers before and after the first training of dental health care.

Objective

The objective of the research is to assess the knowledge, attitude and practice of elementary school teachers, before and after the first training of dental health care.

Method

The study population were teachers at an elementary school. The sampling technique used was total sampling because there were only small numbers of people in the population.⁷ Data collection technique used was questionnaires given before and after the training. The research variables were knowledge, attitude and practice of dental health care. Knowledge, attitude and practice researched was the achievement of percentage that was expected to show at least eighty percent, as the reference of assessment benchmark.

Results

The results of the pretest and posttest questionnaire before and after the first training are presented in the table below:

Tabel 1.1 Teacher's Knowledge

Knowledge	Pretest		Posttest	
	F	%	F	%
How to clean plaque	30	100	27	90
Good habits	30	100	30	100
The right time to brush your teeth	28	93,3	30	100
Type of food that easily damage the teeth	17	56,7	20	66,7
Snacks that do not damage the teeth	30	100	30	100
The surface of the teeth that should be brushed	30	100	30	100
Fluor can prevent cavities	20	66,7	20	66,7
The occurrence of cavities	19	63,3	23	76,7
The things which are not included as the symptoms of cavities	27	90	23	76,7

The pretest and posttest results on the knowledge of the toothbrush and dental care show an increase of the achievement percentage regarding the proper time to brush teeth. Knowledge about good habit like snacks that do not damage the teeth and the surface that should be brushed shows good percentage. Knowledge about how to clean plaque shows decreased percentage. Knowledge about flour can prevent cavities shows a constant percentage.

Tabel 1.2 Teacher's Attitude

Attitude	Pretest		Posttest		Statement
	F	%	F	%	
The presence of cavities that cause illness	29	96,7	30	100	Positif
The desire to do cavities filling	22	73,3	30	100	Positif
The feeling of bad-appearance if there are some cavities	26	86,7	21	70	Positif
Approval of the importance of control to the dentist every six months	25	83,3	28	93,3	Positif
Agreement not to go to the dentist if there is no illness	16	53,3	2	6,7	Negatif
The habit of teeth-brushing while taking a bath	3	10,0	7	23,3	Positif
The agreement that night teeth-brushing should not be done	26	86,7	26	86,7	Negatif
Shared-use of a toothbrush	28	93,3	27	90	Negatif
Selection of food : nuts are better for teeth than sweets and sugary food	12	40	9	30	Positif

Post-test results after first training of dental health care shows the increase of the percentage on positive and negative statements. However, there is also a decrease of the percentage on positive statement, that is about the food selection.

Tabel 1.3 Teacher's Practice

Practice	Pretest		Posttest	
	F	%	F	%
Teeth-brushing at night before sleep	21	70	26	86,7
Teeth-brushing after breakfast	15	50	24	80
Using a toothpaste containing fluoride	27	90	30	100
Shared-use of a toothbrush	28	93,3	28	93,3
How to brush the front teeth of the upper jaw				
a. Back and forth	14	46,7	9	30
b. Up and down	12	40	17	56,7
c. Rotated	4	13,3	4	13,3
Brushing the front teeth of the lower jaw				
a. Back and forth	17	56,7	14	46,7
b. Up and down	7	23,3	14	46,7
c. Rotated	6	20	2	6,7
Brushing the back teeth of the upper jaw surface near the cheek				
a. Back and forth	10	33,3	6	20
b. Up and down	6	20	0	0
c. Rotated	14	46,7	24	80
Brushing the back teeth of the upper jaw near the surface of the tongue				
a. Back and forth	16	53,3	11	36,7
b. Up and down	6	20	19	63,3
c. Rotated	8	26,7	10	33,3

Brushing the back teeth on chewing surfaces

a. Back and forth

23 76,7 20 66,7

b. Rotated

7 23,3 10 33,3

Posttest results shows that teachers practice regarding teeth-brushing time and the use of flouride-containing toothpaste has indicated an increase of percentage. However for the shered-use of a toothbrush, it is indicated a constant percentage. A decrease can be seen in the percentage on brushing the back teeth on chewing surfaces.

Discussion

The results of pretest and post-test of the knowledge after the training has shown some increase in the percentage, but there are some answers that show a constant percentage. One answer item has decreased.

The percentage increase in the teachers' knowledge is useful to develop a teacher training programme, that includes knowledge on oral health to provide dental health education in the school environment. After training, teachers can play an important role in the promotion of oral health for children.⁸

Some of the answers still remain unchanged, they stay in the same percentage. It can be caused due to the training conducted at 4 o'clock in the afternoon, after school activities is completed. It can happen because of the tight schedule and curriculum, and this training is the first training on dental health in this school. Lack of training and time to do it in the curriculum is identified as a major obstacle in the implementation of dental health education program in elementary schools.⁸

The results above indicated that the teachers need more training development. This is consistent with Baral research which states that the health training programmes for teachers should be developed. It is aimed to reinforce learning. It can be done by academicians furtherly and comprehensively, thus it can strengthen teachers' learning skills.⁹

The results of attitude posttest shows an increase in the percentage of some positive position statements and a decrease in the percentage of negative attitudes statement, despite in the positive statement there is still a decreased percentage of answers. The above results are consistent with a study conducted by Ramroop in 2011. He states that the majority of teachers show a positive attitude toward dental health and its incorporation the school curriculum. Teacher attitudes toward their own involvement for developing dental health programe at school is positive as well.⁸

Teacher practice concerning the proper time for teeth-brushing and the use of fluoride-containing toothpaste shows an increase in percentage after the training. However, for shared-use of a toothbrush remains unchanged after the training. The item on how to brush the teeth showed various answers before training, and shows the same variation even after training. Therefore after the training, the teachers were reminded on how to brush the teeth properly. It is important because they must have to transfer the knowledge to the students after training. This can occur because the training was conducted in the afternoon at 4:30 pm after teaching and learning activities from 8-4 pm, so some of the teachers were lack of concentration because they had already been tired.

Conclusions

From this study, it can be concluded that the knowledge, attitude and practice of teachers after the first training have shown some increases. However some decreases of achievement percentage of the expected result can still be found, and some of those show a constant percentage.

References

1. Riyanti, E. Upaya Peningkatan Gigi dan Mulut melalui Perubahan Perilaku Anak. http://pustaka.unpad.ac.id/wpcontent/uploads/2010/06/upaya_peningkatan_kesehatan_gigi_dan_mulut.pdf. 2010.
2. Departemen Kesehatan Republik Indonesia. Laporan Riset Kesehatan Dasar. Badan Penelitian dan Pengembangan Kesehatan. Jakarta. 2008.
3. Amsani D. Pengaruh leaflet dan Penyuluhan Terhadap Perilaku kader kesehatan di Kecamatan Jatiluhur Kabupaten Purwakarta. Magister Fakultas Ekonomi Unpad. 2008.
4. Sukiarko E. Pengaruh pelatihan dengan metode belajar berdasarkan masalah terhadap pengetahuan dan keterampilan kader kader gizi dalam kegiatan posyandu. Thesis. Semarang : Universitas Diponegoro. 2010.
5. Solhi M, dkk. The application of health belief model in oral health education. *Iranian J Publ Health*, Vol. 39, No.4, 2010, pp. 114-119.
6. Marguireta, J. Treadwell, H.M, Northridge, M. Community Health Worker and Community Health choices : Promoting Good Health. National Centre of Primary Care Morehosuse School of Medicine. 2010.

7. Sugiyono. 2010. Metode Penelitian Pendidikan: Pendekatan Kuantitatif, Kualitatif, dan R&D. Bandung: Alfabeta.
8. Ramroop V¹, Wright D, Naidu R. Dentalhealthknowledge and attitudes of primary school teachers toward developing dental health education. West Indian Med J. 2011 Oct;60(5):576-80.
9. Baral N¹, Gautam A, Lamsal M, Paudel BH, Lal Das BK, Aryal M. Effectiveness of teachers' training in assessment techniques: participants' perception. Kathmandu Univ Med J (KUMJ). 2011 Jul-Sep;9(35):189-92