



The successful application of dental health cadres empowerment in maintenance of oral health in pregnant women

Bambang Hadi Sugito, Ida Chairanna*, Agus Marijanto

Department of Dental Health, Poltekkes Kemenkes Surabaya, Indonesia

Abstract

Background: Dental and oral health is one of the important things that needs to be considered during pregnancy, this is because pregnant women are one of the groups that are susceptible to dental and oral diseases. During pregnancy, pain caused by dental caries makes pregnant women do not want to eat and lead to insufficient nutrition which results in low birth weight (LBW) babies. The proportion of dental and oral problems at 57.6% and 10.2% receiving services from dental health personnel. The proportion of correct in tooth brushing behavior is 2.8%. There are so much people who experience dental and oral health problems in all different age, include pregnant women.

Objective: The objective of this literature is to determine the potential of the dental health cadres empowerment program for the maintenance of dental health for pregnant women.

Discussion: The formation of dental health cadres is a form of community empowerment strategy in developing human resources. Community empowerment efforts are a process of becoming independent and increasing the ability to maintain oral and dental health. It is hoped that this can be used as a solution to overcome dental and oral health problems.

Conclusion: The dental health cadre empowerment program has the potential to help maintain the dental health of pregnant women so that it can be used as an effort to reduce caries rates in pregnant women.

Keywords: dental health, empowerment, dental health cadres, pregnant women

Introduction

Maternal Mortality Rate is part of several indicators that can describe signals of low public health. The increase in the number of maternal deaths from time to time is often an assessment indicator to see the results of health programs in efforts to improve public health status. Maternal health problems need to be considered in pregnancy because the cause of maternal death globally including Indonesia is still dominated by many main causes, one of which is infection which is a factor in maternal mortality (Riskesdas 2013).

Dental and oral health is one of the things that needs to be considered during pregnancy, this is because pregnant women are one of the groups that are vulnerable to dental and oral diseases. During pregnancy there is a process of natural changes experienced by pregnant women, both physiologically, anatomically and hormonally (Septalita & Andreas, 2015) [2]. During pregnancy, the pain caused by dental caries makes pregnant women not want to eat. This condition causes babies to be born with low weight (LBW) due to lack of nutrition. The pain caused by dental caries can cause an increase in blood pressure of pregnant women so that they are at risk of pre-eclampsia (Budisuari *et al*, 2010).

Riskesdas 2018 recorded the proportion of dental and oral problems at 57.6% and 10.2% receiving services from dental medical personnel. The proportion of correct tooth brushing behavior is 2.8%. There are so much people who experience dental and oral health problems in all different age, include pregnant women. So far, Posyandu cadres are more often the

implementers of activities, not Posyandu managers, meaning that they not only carry out Posyandu activities, but also plan activities and organize them because they are the ones who best understand the conditions of community needs in their area including in pregnant women community. The objective of this literature is to determine the potential of the dental health cadres empowerment program for the maintenance of dental health for pregnant women.

Discussion

Maternal health problems need to be considered in pregnancy because the cause of maternal death globally including Indonesia is still dominated by many main causes, one of which is infection which is a factor in maternal mortality (Riskesdas 2013).

Dental health cadre training is an activity in order to prepare dental health cadres to be willing and able to participate in developing health programs in their villages. Based on field data, it shows that the knowledge and skills of posyandu cadres in carrying out their duties are still far from expectations, this can be seen from the monotonous and undeveloped implementation of posyandu activities which will ultimately have an impact on the implementation of the Community Movement program. The formation of dental health cadres is a form of community empowerment strategy in developing human resources. Community empowerment efforts are a process of becoming independent and increasing the ability to maintain oral and dental health. It is hoped that this can be used as a solution to overcome

dental and oral health problems. With the training of dental health cadres based on empowerment, the formation of dental health cadres is a form of community empowerment strategy in developing human resources. Community empowerment efforts are a process of becoming independent and improving the ability to maintain oral health. It is hoped that it can be used as a solution to overcome dental and oral health problems (Aditama P, 2018). In some areas in Indonesia, such as the Gunung Anyar village, which has 14 posyandu, currently posyandu cadres in these areas do not have sufficient knowledge related to dental and oral problems in pregnant women, so cadres feel insecure to implement UKGMD in posyandu. The results of previous research conducted in the working area of the Gunung Anyar Public Health Center obtained information that community empowerment strategies and approaches have not been able to take place and work properly, the factors that cause them include:

1. Dental health cadres have not been able to independently plan dental health activities for pregnant women
2. Dental health cadres have not been able to carry out dental health activities for pregnant women independently
3. Dental health cadres have not been able to independently monitor the dental health activity program for pregnant women
4. Dental health cadres have not been able to independently evaluate the dental health activity program for pregnant women

Special programs need to be carried out to be able to create cadre empowerment programs that can help pregnant women maintain dental and oral health. Making some trainings and guidance book for the success of dental health cadres empowering is very necessary to evaluate the programs carried out by dental health cadres. Gradual training of dental health cadres is also needed to create cadres with knowledge and skills that can support the success of the empowerment program in improving dental and oral health of pregnant women in their area.

Conclusion

The existence of a dental health cadre empowerment program has the potential to improve dental and oral health in pregnant women. The success of the empowerment program for dental health cadres needs to be supported by increasing the ability of cadres to plan dental health activities for pregnant women independently. In addition, it is necessary to increase the ability of cadres to carry out dental health activity programs for pregnant women independently and to monitor dental health activities for pregnant women independently. And most importantly, the cadres must be able to independently evaluate the dental health activity program for pregnant women.

References

1. Aditama P, Ariesandy LP, Naritasari F, Purwanti N. Pemberdayaan Masyarakat Desa Panjangrejo Bantul Yogyakarta Sebagai Upaya Mewujudkan Desa Sehat Gigi dan Mulut. *Jurnal Pengabdian Masyarakat*, 2018, 3.
2. Anggraini R, Andreas P. Kesehatan Gigi Mulut dan Pemanfaatan Kesehatan Gigi Mulut Pada Ibu Hamil. FKG Universitas Indonesia Universitas Indonesia, 2015.
3. Kementerian Kesehatan RI. Peraturan Kementerian

- Kesehatan No. 89 Tahun 2015 : Upaya Kesehatan Gigi dan Mulut. *Kementerian Kesehatan*, 2015.
4. Kementerian Kesehatan RI. *RISKESDAS*. Jakarta: Kementerian Kesehatan, 2018.
5. Kementerian Kesehatan RI. Peraturan Menteri Kesehatan No. 8 Tahun 2019 : Pemberdayaan Masyarakat Bidang Kesehatan. *Kementerian Kesehatan*, 2019.
6. Mikrajab MA, Rahmawati. Program Kader Kesehatan dalam Program Perencanaan Persalinan dan Pencegahan Komplikasi pada Ibu Hamil di Posyandu Kota Mojokerto. *Buletin Penelitian Kesehatan*, 2016.
7. Notoatmodjo S. *Promosi Kesehatan dan Alpacas*. Jakarta: Rijeka Cite, 2018.
8. Poltekkes Kemenkes Surabaya. *Road Map Penelitian dan Pengabdian Kepada Masyarakat Potekkes Kemenkes Surabaya 2019-2024 (Pertama)*. Surabaya: Consultant Research Comunity Training, 2019.
9. Pramudya A. Pemberdayaan Masyarakat Desa Panjangrejo Bantul Yogyakarta sebagai upaya mewujudkan Desa Sehat Gigi dan Mulut. *Jurnal PKM*, 2015 3. <https://doi.org/http://doi.org/10.22146/jpkm.26935>
10. Purbantara A, Mujiyanto. *Modul KKN Tematik Desa Membangun Pemberdayaan Masyarakat Desa (1st ed.)*. Jakarta: Kementerian Desa, Pembangunan Daerah Tertinggal dan Transmigrasi RI, 2019.
11. Qusna DN. *Pelatihan Kader Kesehatan*, 2015. Retrieved from https://pkmseyan_slemankab.go.id/pelatihan-kade-kesehatanr
12. Rochmatin H. Gambaran Determinan Kematian Ibu di Kota Surabaya Tahun 2015-2017. *FKM Unair*, 2018.
13. Suryo H. Pemberdayaan Masyarakat Dalam Pengembangan Kemandirian Masyarakat. *Tranformasi*, 2016:1:1-55.
14. Susanto A. *Peran Kader Posyandu Sebagai Agen Perubahan Perilaku Pada Ibu Hamil Dalam Upaya Menekan Angka Kematian Ibu dan Bayi*, 2017 2. Retrieved from ejournal.poltektegal.ac.id