THE RELATIONSHIP OF AGE, GENDER, AND SOCIO-ECONOMIC FACTORS WITH PATIENTS ANXIETY LEVELS
(A Review of Early Adult Patients at the Gusti Hasan Aman Oral and Dental Hospital, Banjarmasin)

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ABSTRACT

The definition of dental anxiety is fear of dental procedures. The prevalence of dental anxiety was found to range from 5.7% to 20.2% across all age groups and was closely related to sociodemographic factors such as age, gender, and socioeconomic status. For patients between the ages of 18 and 40, dental anxiety can be the result of traumatic formative experiences involving dental and oral care. To analyze the relationship of sociodemographic factors which include age, gender, and socioeconomic the level of patient anxiety about treatment at the dentist based on early adulthood at RSGM Gusti Hasan Aman Banjarmasin, South Kalimantan. The investigation employed a cross-sectional, analytic observational design. According to the research criteria, the sample size was calculated using the correlative analytic formula, which yielded 85 respondents. This study utilized the Kleinknecht DFS (Dental Fear Survey) to assess the anxiety level of early adult patients in the field of dental care. This questionnaire consists of 20 questions grouped into three dimensions: avoidance of dental appointments, patient's physiological reactions, and stimulation of specific dental anxiety. There is a correlation between sociodemographic factors and dental anxiety at the Gusti Hasan Aman General Hospital in Banjarmasin, as demonstrated by a significance level of 0.05 for the Spearman test. Sociodemographic factors which include age, gender, and socio-economic relationship with the level of dental care anxiety in early adult patients.

Keywords: Dental Anxiety, Sociodemography, Early Adulthood, Gender, Socieconomic

INTRODUCTION

Anxiety is a painful and disagreeable sensation. Anxiety can disturb a person's equilibrium by causing them to feel tense, restless, anxious, afraid, uneasy, and so on (Hayat, 2014). Everyone is susceptible to experiencing anxiety during dental procedures. Anxiety about dental procedures is known as dental anxiety or dental anxiety in the field of dentistry (Putu et al., 2018). The physiological manifestations of dental anxiety include elevated blood pressure, increased pulse rate, increased respiration, blurred vision, and dry saliva. Children, adolescents, and

adults can experience anxiety during dental care (Putu et al., 2019).

In an endeavor to improve oral health, the prevalence of anxious patients in dental health care and those who have a negative impact on dental care is 32% in Sri Lanka, 24% in the United Kingdom, 28% in Fiji, 23% in the Republic of Karibati, 36% in West India, 14.9% in Australia, and 9% in Indonesia (Kandou et al., 2013). Anxiety during dental and oral care rates fifth with a global prevalence of 6-15%; additionally, 70% of the general population feel anxious before dental examinations, with 20% of them feeling extremely anxious, 5% avoiding dental work entirely, and 5% feeling no anxiety. The prevalence of dental anxiety at all ages ranged from 5.7% to 20.2% and was found to be closely related to sociodemographic factors such as age, gender, and socioeconomic status (Hapsari Andayani et al., 2022; Prihastari et al., 2018).

Hurlock classifies early adult growth and development as occurring between the ages of 18 and 40 (Brany Yahya et al., 2016; Putri, 2018). 10 – 20% of adults suffer from dental anxiety, and 3-16% have dental phobia (Dou et al., 2018; White et al., 2017). Childhood experiences involving dental and oral care that were traumatic can contribute to dental anxiety. According to statistical data, the peak incidence of dental anxiety occurs between the ages of 25 and 26 (Kartika Candra Dewi et al., 2018). According to a study, women between the ages of 26 and 35 are most susceptible to dental anxiety, ranging from mild to severe levels (Stouthard MEA, 1990; Zinke et al., 2019).

Women and young adults with generalized anxiety disorder are anxious about dental and oral care at a rate of 3-8%, and the ratio of women to males is women and young adults with generalized anxiety disorder are anxious about dental and oral care at a rate of 3-8%, and the ratio of women to males is approximately 2:1 (Batura Endo Mahata et al., 2018). Similar results were also discovered in Indonesia regarding dental apprehension. The quantity of anxiety based on gender was found to be more prevalent in female respondents than in male respondents. The administration of local anesthesia, the manipulation of tooth extraction, and the time spent in the waiting room induced anxiety in both female and male respondents (Putu et al., 2018). Females are typically more apprehensive than males due to their lower pain tolerance and higher neurosis (tendency to experience negative emotional states). Men also have greater emotional stability than women, but research indicates that the prevalence of depression and anxiety is higher in women due to differences in hormone secretion, psychosocial pressure, and categories of behavior (Astuti et al., 2021).

The reason why people don't use dentists as a solution to their dental and oral health problems is due to the socioeconomic issues of people with low incomes, as well as concerns about the costs that must be incurred when seeking dental and mouth care (Amir, 2016; Hapsari Andayani et al., 2022). Individuals with a higher socioeconomic status are less apprehensive about dental treatment than those with a lower socioeconomic status, who are typically more fearful and anxious. This is because dental care is less prevalent among individuals of lower socioeconomic status. In addition, these individuals believe that dental care is prohibitively expensive (Prihastari et al., 2020).

A person's anxiety about visiting the dentist will result in

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dental anxiety or dental anxiety, which leads to poor dental and oral health, such as numerous missing teeth, decayed teeth, few teeth that need to be restored, and a poor periodontal status. The physiological effects of dental anxiety include signs and symptoms of a fear response and feeling exhausted after a dental appointment, whereas the cognitive effects include a series of negative thoughts, beliefs, and concerns. Behavioral effects include not only avoidance, but also feeding and oral hygiene-related behaviors. Due to the magnitude of this effect, it is crucial to identify and analyze individual anxiety in patients who wish to visit the dentist (Appukuttan, 2016, Astuti et al., 2021).

Gusti Hasan Aman Dental and Oral Hospital is a teaching dental and oral hospital in Banjarmasin, South Kalimantan that provides dental and oral care services to Banjarmasin residents. This RSGM was chosen as the research site due to its location in South Kalimantan Province, which, according to the 2013 Basic Health Research (Riskesdas) data, is one of the largest provinces in Indonesia and has a 36.1% population with dental and oral health issues (Bachri Syamsul et al., 2017). It is anticipated that if the dentist is aware of the patient's level of anxiety, he will be able to predict the patient's behavior and avoid anxiety, resulting in a successful dental treatment plan (Bachri Syamsul et al., 2017).

LITERATURE REVIEW
Dental Anxiety

Dental anxiety is an emotional and physical reaction to a perceived threat. This threat is not only visible physically, but it is also an unpleasant circumstance that can generate feelings of anxiety and panic while going to the dentist for treatment. This patient's perceived threat in the dental practice could include unpleasant injections or procedures, the inconvenience of leaving the mouth open for lengthy periods of time, or protracted and costly treatment plans. It is critical to differentiate dental anxiety from anxieties and phobias. Fear is an emotional or physical reaction to what is thought to be a more genuine and immediate threat, whereas phobia is related with an exaggerated fear that can severely impede daily activities (White et al., 2017).

Sosciodemography

Sociodemographic factors that are closely related to dental anxiety including age is a component that is frequently mentioned in research where the level of dread and anxiety among young adults aged 18 to 40 years is high. According to statistics, the age of 25-26 years is when a person has the most dental anxiety. According to one study, women between the ages of 26 and 35 are the most vulnerable to dental anxiety, which can range from mild to severe (Brany Yahya et al., 2016).

Previous research has discovered a rise in dental anxiety in persons aged 31-35 years, followed by a decline beyond 60 years. According to Fayad et al.'s research, the greatest score (found in the age group 30-39 years) is the result of the relationship between an individual's age, experience, and beliefs, as well as their level of maturity (Stouthard MEA, 1990; Zinke et al., 2019).

Females are more worried than males because they have a lower pain tolerance and a higher amount of neurotic (the predisposition to experience unpleasant emotional states) than males. Men also have better emotional stability than

women; yet, research suggests that the prevalence of depression and anxiety is higher in women than men due to variations in hormone production, psychosocial pressure, and behavioral kinds (Astuti et al., 2021).

Anxiety regarding dental care is lower in those with greater socioeconomic status compared to people with lower socioeconomic status, who are more fearful and nervous. This is due to the fact that dental treatment is less common among those with lower socioeconomic standing. Furthermore, these individuals believe that the cost of dental care is prohibitively exorbitant (Prihastari et al., 2020).

Based on the above theoretical review, the purpose of this study is to analyze the relationship of sociodemographic and socioeconomic with the level of patient anxiety about treatment at the dentist based on early adulthood at RSGM Gusti Hasan Aman Banjarmasin, South Kalimantan.

The research question "is there relationship between sociodemographic factors such as age, gender, and socioeconomic status and the anxiety level of early adult patients seeking treatment at RSGM Gusti Hasan Aman Banjarmasin?"

RESEARCH METHODS
No. 068/KEPKG-FKGULM/EC-IV/2023 was issued by the Ethical Commission of Health Research, Faculty of Dentistry, Lambung Mangkurat University, granting permission and ethical certification for this study. Using a correlational analytic study with a cross-sectional design, this research was conducted. The population in this study was calculated using the correlational analytic formula, yielding a total of 85 individuals with a 10% margin of error. This study's sample size was determined using a non-probability sampling method, specifically accidental sampling. The inclusion criteria for this study were patients who provided informed consent, early adult patients between the ages of 18 and 40, patients who had visited a dentist at least once before, patients who could read and write fluently, and patients with tooth sensitivity in the oral cavity bordering the anesthesia area.

The investigation began with the selection of samples at RSGM Gusti Hasan Aman Banjarmasin that met the inclusion criteria. The researcher then provided explanations and requested consent through a consent form that was signed by each respondent. The researcher then administered the questionnaire used in this study, the Kleinknecht DFS (Dental Fear Survey), which was designed to assess the level of dental anxiety among young adult patients undergoing dental care. Twenty items are categorized into three dimensions, including avoidance of dental appointments, patients' physiological reactions, and stimuli associated with specific dental anxieties.

The dental care anxiety measurement results obtained through research conducted at RSGM Gusti Hasan Aman Banjarmasin were subsequently collected for data processing using univariate analysis to examine the data distribution of each independent and dependent variable. Bivariate analysis was used to determine the relationship between the independent and dependent variables, despite the fact that neither variable was required to have a normal distribution and the conditions of the variables were unknown. Spearman's test will be used to ascertain the

relationship between the independent variables (age, gender, and socioeconomic status) and the dependent variable (patient anxiety towards dental treatment) using the collected data.

RESULT

This investigation was conducted at RSGM Gusti Hasan Aman Banjarmasin from May to April 2023. This study included a total of 85 participants who met the inclusion and exclusion criteria. The findings of this study disclosed the following characteristics of the subjects.

Table 1. Characteristics of respondents based on age at entry into early adulthood at RSGM Gusti Hasan Aman Banjarmasin

Age	Amount	Percentage
18	7	8,2%
19	7	8,2%
20	9	10,6%
21	10	11,8%
22	5	5,9%
23	8	9,4%
24	5	5,9%
25	2	2,4%
26	1	1,2%
27	2	2,4%
28	4	4,7%
29	4	4,7%
30	2	2,4%
31	3	3,5%
32	2	2,4%
33	1	1,2%
34	0	0%
35	2	2,4%
36	1	1,2%
37	2	2,4%
38	0	0%
39	3	3,5%
40	5	5,9%
Total	**85**	**100%**

Table 1. Shows it indicates that the respondents in the study fell within the age range of early maturity (18 to 40 years). With a total of 10 individuals (11.8%), the preponderance of respondents were determined to be aged 21.

Table 2. RSGM Gusti Hasan Aman Banjarmasin respondent characteristics by gender

No	Gender	Amount	Percentage
1.	Male	34	40%
2.	Female	51	60%
	Total	**85**	**100%**

Table 2. Shows it indicates that the predominant gender was female, with a total of 51 individuals (60%) and 34 individuals (40%) belonging to the male gender.

Table 3. Socioeconomic status-based characteristics of respondents at RSGM Gusti Hasan Aman Banjarmasin

No	Socioeconomic	Amount	Precentage
1.	Low Income (< Rp. 1.500.000)	41	48,2%
2.	Moderate Income (> Rp. 1.500.000 - Rp. 2.500.000)	17	20%
3.	High income (>Rp.2.500.000 – Rp 3.500.000)	14	16,5%
4.	Very High Income (> Rp.3.500.000)	13	15,3%
	Total	**85**	**100%**

Table 3. Shows it reveals that the majority of respondents had a low socioeconomic status, with 41 individuals having low income (48.2%), 17 individuals having moderate income (20%), 14 individuals having high income (16.5%), and 13 individuals having very high income (15.3%).

Table 4. Characteristics of respondents in accordance with the payment system at RSGM Gusti Hasan Aman Banjarmasin

No	Payment System	Amount	Precentage
1.	General Patients	10	11,8%
2.	Patient BPJS	48	56,4%
3.	Etc (coass)	27	31,8%
	Total	**85**	**100%**

Table 4. Shows that the payment system that was mostly found with respondents was the BPJS patient payment system with 48 people (56.4%) and at least the general patient payment system with 10 people (11.8%).

Table 5. Results of *Spearman's* Test Analyses for Patients in Early Adulthood at RSGM Gusti Hasan Aman Banjarmasin

Age	Anxiety about Treatment at The Dentist				Amount	Significance Value (ρ)
	No Anxiety	Low Anxiety	Moderate Anxiety	Seriously Anxiety		
18	3 (18,8%)	3 (6,1%)	1 (5%)	0 (0%)	7 (8,2%)	
19	4 (25%)	3 (6,1%)	0 (0%)	0 (0%)	7 (8,2%)	
20	3 (18,8%)	5 (10,2%)	1 (5%)	0 (0%)	9 (10,6%)	
21	1 (6,3%)	6 (12,2%)	3 (15%)	0 (0%)	10(11,8)	
22	0 (0%)	4 (8,2%)	1 (5%)	0 (0%)	5 (5,9%)	
23	1 (6,3%)	5 (10,2%)	2 (10%)	0 (0%)	8 (9,4%)	
24	1 (6,3%)	3 (6,1%)	1 (5%)	0 (0%)	5 (5,9%)	
25	0 (0%)	0 (0%)	2 (10%)	0 (0%)	2 (2,4%)	
26	0 (0%)	1 (2%)	0 (0%)	0 (0%)	1 (1,2%)	
27	0 (0%)	1 (2%)	1 (5%)	0 (0%)	2 (2,4%)	
28	1 (6,3%)	2 (4,1%)	1 (5%)	0 (0%)	4 (4,7%)	
29	0 (0%)	4 (8,2%)	0 (0%)	0 (0%)	4 (4,7%)	
30	0 (0%)	1 (2%)	1 (5%)	0 (0%)	2 (2,4%)	0,008
31	0 (0%)	2 (4,1%)	1 (5%)	0 (0%)	3 (3,5%)	
32	1 (6,3%)	0 (0%)	1 (5%)	0 (0%)	2 (2,4%)	
33	0 (0%)	1 (2%)	0 (0%)	0 (0%)	1 (1,2%)	
34	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
35	0 (0%)	1 (2%)	1 (5%)	0 (0%)	2 (2,4%)	
36	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1,2%)	
37	0 (0%)	1 (2%)	1 (5%)	0 (0%)	2 (2,4%)	
38	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
39	0 (0%)	3 (6,1%)	0 (0%)	0 (0%)	3 (3,5%)	
40	1 (6,3%)	3 (6,1%)	1 (5%)	0 (0%)	5 (5,9%)	
TOTAL	16 (100%)	49(100%)	20(100%)	0 (0%)	85 (100%)	

Table 5. analysis of cross-tabulations reveals that the majority of respondents who experienced anxiety were aged 21, with six individuals (12.2%) classified as having low anxiety. The analysis using Spearman's test revealed a significance value (ρ) of 0.008 (ρ< 0.05), indicating a statistically significant relationship between age and anxiety level in young adults at Gusti Hasan Aman Banjarmasin Dental and Oral Hospital.

Table 6. Results of *Spearman's* Correlation Test on the Gender of Young Adult Patients at RSGM Gusti Hasan Aman Banjarmasin.

Gender	Anxiety about Treatment at The Dentist				Amount	Significance Value (ρ)
	No Anxiety	Low Anxiety	Moderate Anxiety	Seriously Anxiety		
Male	9 (56,3%)	21 (42,9%)	4 (20%)	0 (0%)	34 (40%)	
Female	7 (43,8%)	28 (57,1%)	16 (80%)	0 (0%)	51 (60%)	0,024
TOTAL	16 (100%)	49 (100%)	20 (100%)	0 (0%)	85 (100%)	

Table 6. analysis of cross-tabulations reveals that the majority of respondents with anxiety were female (44 individuals), with the majority having low anxiety (28 individuals or 57.1%) or moderate anxiety (16 individuals or 80%). The analysis using Spearman's test revealed a significance value of 0.024 ($\rho<0.05$), implying a statistically significant relationship between gender and the level of anxiety among patients in their early 20s at Gusti Hasan Aman Banjarmasin Dental and Oral Hospital.

Table 7. Results of *Spearman's* Test on the Socioeconomic status of Young Adult Patients at RSGM Gusti Hasan Aman

Socioeconomic	Anxiety about Treatment at The Dentist				Amount	Significance Value (ρ)
	No Anxiety	Low Anxiety	Moderate Anxiety	Seriously Anxiety		
Low Income	5 (31,3%)	24 (49%)	12 (60%)	0 (0%)	41 (48,2%)	
Moderate Income	2 (12,5%)	13 (26,3%)	2 (10%)	0 (0%)	17 (20%)	
High Income	1 (6,3%)	7 (14,3%)	6 (30%)	0 (0%)	14 (16,5%)	0,002
Very High Income	8 (50%)	5 (10,2%)	0 (0%)	0 (0%)	13 (15,3%)	
TOTAL	16 (100%)	49 (100%)	20 (100%)	0 (0%)	85 (100%)	

Table 7. An analysis of cross-tabulations reveals that the socioeconomic status most frequently found among respondents with anxiety was low socioeconomic status, with 36 individuals, with the

majority having low anxiety (24 individuals or 49%) and moderate anxiety (12 individuals or 60%). The analysis using Spearman's test revealed a significance value of 0.002 ($\rho<0.05$), implying a statistically significant relationship between socioeconomic status and anxiety levels in young adults at RSGM Gusti Hasan Aman Banjarmasin.

DISCUSSION

Correlation between Age and Anxiety Level for Visiting the Dentist (A Review of Early Adult Patients at RSGM Gusti Hasan Aman Banjarmasin)

Early maturity is the period between the ages of 18 and 40. In this research, the anxiety level of patients at RSGM Gusti Hasan Aman in terms of early adulthood was highest in the age range of 18-40 years, and patients at RSGM Gusti Hasan Aman experienced the most anxiety about visiting the dentist at age 21 (11.8%). There is a significant relationship between early maturity and dental anxiety at RSGM Gusti Hasan Aman Banjarmasin, with a significance value of 0.008 ($\rho < 0.05$). Thus, there is a correlation between the age of young adult patients with dental anxiety at RSGM Gusti Hasan Aman Banjarmasin and their age.

This study's findings concur with those of a study conducted by Koleoso in Nigeria, which found that early adult patients are more likely to experience dental anxiety (Koleoso ON, 2013). This is comparable to the findings of Paputungan et al. and Boky in Manado, which indicate that early adulthood is associated with the highest anxiety levels (Boky H, 2013; Paputungan et al., 2019). Age also has an effect on a person's apprehension. Individuals who are youthful are more susceptible to anxiety disorders than those who are older. Young people are typically more susceptible to psychological stress and anxiety due to their immature mental and emotional development (Paputungan et al., 2019). According to Yahya et al., patients in their early twenties are more prone to emotional instability when confronted with circumstances that can induce depression. Consequently, many young adults are more apprehensive. This study's findings are consistent with prior research (Brany Yahya et al., 2016). Early adult patients are more anxious about visiting the dentist, according to Strom *et al.*, because dentists give more attention to the anxiety of pediatric and adolescent patients than early adult patients (Strøm et al., 2020).

In Saheer *et al.*'s study of young adults who experienced dental anxiety because they lacked experience, had never visited a dentist before, and had never received dental treatment in their lives, patients who had never visited a dentist prior to the study were more likely to report anxiety. Saheer also explained that patients who have reached early adulthood and have experienced toothache prefer alternative treatments over going directly to the dentist and delaying dental care as a result of their teeth and mouth condition worsening, which makes dental care more complicated and ultimately causes anxiety in the patient (Saheer et al., 2022). Despite the nature of the study, Appukuttan and Datchnamurthy reported in Tamil that after early maturity, older individuals had lower anxiety levels due to extrinsic factors or previous

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dental experiences (Riksavinnti et al., 2014).

Relationship Between Gender and Anxiety Level for Visiting the Dentist (A Review of Early Adult Patients at RSGM Gusti Hasan Aman Banjarmasin)

In this study, a total of 85 individuals, comprised of 34 men and 51 women, exhibited apprehension about visiting the dentist according to their gender. In accordance with the questionnaire guidelines, the results of the 20-question questionnaire interview with male patients revealed that the majority of patients (57.1%) were females with low anxiety levels. In this study, the anxiety level of early adult patients at RSGM Gusti Hasan Aman Banjarmasin, there is a relationship between gender and anxiety in undergoing treatment at the dentist, based on the results of statistical tests using the Spearman test, the significance value (ρ) is 0.024 ($\rho<0,05$).

The results of Yahya *et al*'s research tend to be more prevalent among women due to a psychological difference between the sexes, namely that women think more emotionally than men. Yahya also argues that women tend to feel more anxious about visiting the dentist because men are more reluctant to admit feeling anxious, whereas women are more willing to express their anxiety (Brany Yahya et al., 2016). This study is also consistent with the findings of Yildirim TT in Diyarbakir, Turkey, Bachri in Jember, and Paputungan et al in Manado, who found that dental anxiety is more prevalent in females due to the fact that women are more emotionally sensitive than men (Bachri S, 2017; Yildirim, 2016).

This is also consistent with the findings of Riksavianti *et al*. It was discovered that women experience more anxiety than men due to the assumption that women are more neurotic than men. Neuroticism is a human condition characterized by difficulties with negative emotions, such as anxiety and apprehension, regarding something experienced (Riksavinnti et al., 2014). According to Boky's research, female respondents experienced more anxiety than male respondents due to the fact that women are physiologically weaker than men, causing them to react more strongly to perceived threats (Boky H, 2013).

Socio-Economic Relationship with Anxiety Level for Visiting the Dentist (A Review of Early Adult Patients at RSGM Gusti Hasan Aman Banjarmasin)

In the study of the anxiety level of early adult patients at RSGM Gusti Hasan Aman, viewed from a socioeconomic standpoint, those with the highest level of anxiety about treatment at the dentist are respondents with low economic status, with the majority having low income (48.1%). As many as 48 individuals are using the payment system with BPJS (56.4%), and the majority are in the low anxiety category (24 people, or 49%). According to the statistical test using the Spearman test, there was a moderate relationship between socioeconomic status and dental anxiety in this study, with a significance level of 0.002 ($\rho<0.05$).

This study's findings are consistent with those of Armfield et al. in Australia, who reported that individuals from low socioeconomic backgrounds have poor physical health, as well as psychological issues and limited access to health services, causing them to be anxious about dental care, and that there are a number of insurance plans with limited coverage (Armfield JM & Heaton LJ, 2013). This is also

consistent with the findings of Berghdal J.'s research, which indicates that people with low socioeconomic status are more fearful and apprehensive about dental care than those with middle-to upper-level socioeconomic status, because dental care for those with low socioeconomic status is less prevalent (Berghdal J, 2012). This is also consistent with Haryani's findings, which indicate that patients with low socioeconomic status tend to be more concerned with meeting their life-sustaining requirements (Alda Damayanti et al., 2022; Haryani W, 2017).

According to Kartika et al., people with low socioeconomic status will focus more on their work to support their own lives and those of their families; this work will undoubtedly influence their economic circumstances. An individual's apprehension may increase if their socioeconomic status is insufficient or inadequate (Kartika Candra Dewi et al., 2018). This study found, however, that five respondents with low socioeconomic status did not experience dental anxiety at RSGM Gusti Hasan Aman Banjarmasin due to the expense of dental care paid for by young dentists or coas. This is consistent with the findings of Haroon et al. and Remtulla 2020, which indicate that many patients with low socioeconomic status rely on dental care provided by dental students, so they need not worry about the expense of their dental treatment (Haroon Z et al., 2020; Remtulla R, 2020).

CONCLUSION

To reduce the anxiety of early adult patients about treatment at the dentist at RSGM Gusti Hasan Aman Banjarmasin which includes age, gender, and socioeconomic status, the patient must be fully explained by the dentist about the treatment carried out and improving the quality of service in dental care and how to deal with problems dental anxiety felt by patients visiting RSGM Gusti Hasan Aman Banjarmasin.

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