Status of Dental Health with the Utilization of Dental and Oral Health Services at Public Health Center

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Submission date: 17-Jan-2022 10:31AM (UTC+0700) Submission ID: 1742756770 File name: 1._artikel_IRJPMS-V5N1P125Y21.pdf (228.42K) Word count: 2678 Character count: 13616 International Research Journal of Pharmacy and Medical Science

IRJPMS

Status of Dental Health with the Utilization of Dental and Oral Health Services at Public Health Center

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Abstract—Background: Dental health problems in the population with dental and oral problems who receive care and treatmer 22 31.1% and. So it can be interpreted that dental cases in Indonesia are high but the utilization of dental health services is still low. Purpose 9 o analyze the relationship of dental health status to the utilization of dental and oral health services at public health centers. Methods: This type of research is a quantitative research with a cross sectional approach. The study wa 4 conducted on patients at the Dental Polyclinic of Mangkurawang Health Center, Kutai Kartanegara Regency, East Kalimantan Province. The research sample was ta 33 by purposive sampling technique, as many as 200 people. The independent variable is dental health stat (6) in the dependent variable is the utilization of dental health status and the utilization of dental and oral health states of dental health status and the utilization of dental health status and the utilization of dental health services. R32 Its: From the results of the study, it is known that most of the respondents have a high category of dental health status witi 10 e status of utilization of dental and oral health services in the bad category, namely 49 respondents (24.5%). Analysis with Kendal's tau test obtained p-value 0.000 (p<0.05) meaning that there is 3 significant relationship between dental health status of traines of oral and dental health services at the public health centers.

Keywords- Status of dental health, utilization status of dental and oral health services

I. INTRODUCTION

Dental and oral health is all nseparable part of health in general, because dental and oral health will affect the health of the body. The role of the oral cavity is very large for human health and well-being. In general, a person is said to be healthy, not only a he 23 y body but also a healthy oral cavity and teeth. Dental and oral health plays a very important role in supporting the health of a person's body [1–3].

Dental and 201 health status is generally expressed in the prevalence of dental caries and periodontal disease, because dental caries and periodontal disease are experienced by almost all people in the world. The method of assessing oral health status, especially dental caries, is using the DMF-T (Decay Missing Filled Teeth) value, while for oral hygiene, OHT (Oral Hygiene Index Simplified) is used [4–6].

The caries prevalence of the population in Indonesia is 72.6% of the population with dental and oral problems who receive care and treatment of 31.1% and the tendency of the DMF-T index 34.5. Data also shows that DMF-T in children aged 12 years is 1.38, while WHO expects the Global Goals for Oral Health 2020, DMF-T in children aged 12 years 1. Preventive measures against oral disease need to be taken so that there is no disruption of function, activity and decreased 23 rk productivity. The government has carried out various activities to improve the degree of dental and oral health, one of which is carrying out preventive dental health services, the implementation of which is entrusted to the public health cen 2 [7–9].

The awareness of adults in Indonesia to come to the dentist is less than 7% and in children it is only 4% of visits. The fact is that 72.1% of the Indonesian population has cavities and 46.5% of them do not treat cavities. On average, patient visits to the public health center are already in an advanced state for treatment, so it can be interpreted that the level of public awareness in general to seek treatment as early as possible still cannot be implemented. People visit when they have a toothache. This can be seen from the low number of visitors when she health services at the public health centre. Utilization of dental and oral health services is not only in the form of tooth extraction and dental fillings, but the public must visit at least once every 6 months [10–12].

SSN (Online): 2581-3277

Data from the Mangkurawang Public Health Center, Kutai, East Kalimantan, in January there were 146 visits to the dental clinic. A total of 65% (100 people) are female and 35% (46 people) are male with an average age of 35 years. There are complaints including toothache, cavities, and loose teeth. After 26 ecking and recording the patient's medical record, it was found that the average DMF-T was 4.5 including high criteria.

II. RESEARCH METHODOLOGY

The design of this research is an analytic observational research with a cross sectional research design. The data collection was carried out in December 2020 for patients at the Dental Polyclinic of the Mangkurawang Health Center, Kaki Kartanegara Regency, East Kalimantan Province. The research sample was taken by purposive sampling technique, as many as 21 people. The independent variable is dental health status and the dependent variable is the utilization of dental health services. The instrument of dental health status was measured by calculating the DMF-T contained in the medical records of each patient. The data obtained are then

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International Research Journal of Pharmacy and Medical Science

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recapitulated in the dental health status sheet and categorized as follows according to WHO. For the variable of utilization of dental health services, it is measured based on the number of patient visits to the dental clinic for 1 year, then categorized by the scale of utilization of dental and oral health services based on Yosa's research [13]. Data analysis used the Kendal's tau test which aims to determine the relationship between dental health status and the use of dental and oral health services

. Characteristics of the study participants by age			
	Characteristics of the	study participante	by age

TABLE 1. Ch	E 1. Characteristics of the study participants by age				
Age	Frequency	Percent			
17 - 25	99	49.5			
26 - 35	51	25.5			
36 - 45	50	25.0			
Total	200	100			

Table 1 shows that the age of 17-25 years at most, namely 99 respondents (49.5%).

18 BLE 2. Characteristics of the study participants by gender				
Gender	Frequency	Percent		
Male	99	49.5		
Female	51	25.5		
Total	200	100		

Table 2 shows that most of the research subjects are women, namely 128 respondents (64%).

TABLE 3. Frequency distribution of dental health status	
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Dental health status	Frequency	Percent
Low	21	10.5
Moderate	49	24.5
High	130	65.0
Total	200	100

Table 3 shows that the dental health status in the High category was mostly experienced by research subjects, namely 130 respondents (65%).

TABLE 4. Frequency distribution of utilization of dental and oral health services

Utilization	Frequency	Percent
Not good	21	10.5
Enough	49	24.5
Good	130	65.0
Total	200	100

Table 4 shows that most of the research subjects have a not good category utilization, namely 112 respondents (56%).

TABLE 5. Frequer	ncy distribution based on a	lental complaints
Dental complaints	Frequency	Percent
Toothache	65	32.5
Dental filling	56	28
Tooth extraction	62	31
Periodontal disease	17	8.5
Total	200	100

Table 5 shows that most of the research subjects have complaints of toothache, namely 65 respondents (32.5%)

TABLE 6. Frequency distribution dental health status and utilization of dental and oral health services

	Utilization of dental and oral health services					rvices	
Dental health status	Not g	good	Eno	ugh	G	ood	Total
	f	%	f	%	f	%	
Low	1	0,5	6	3	14	7	21
Moderate	22	11	8	4	19	9,5	49
High	89	44,5	34	17	7	3,5	130
Total	112	56	48	24	40	20	200

Table 6 shows that most of the research subjects had a high category of dental health status with not good utilization status, namely 89 respondents (44.5%).

TABLE 7. The result	s of the Kendall's tau correlatio	n test between dental		
health status and the use of dental and oral health services				
Kendall's tau	α	p-value		
	0.05	0.000		

E24d on the analysis of Kendall's tau in table 7, it shows that p = 0.000 which m 5 ns p < 0.05. These results can be concluded that there is a relationship between dental health status with the utilization of dental and oral health services.

IV. DISCUSSION

25 The results showed that most of the research subjects were in the age range of 17-25 years, as many as 99 respond 13 (49.5%) and are female, namely 128 respondents (64%). The results of this study are in accordance with the research of Lumenta et al. that someone who enters their late teens is in a productive age so they have a high awareness of seeking services when they need it. The older one gets, the more one's ability to make decisions, think rationally, be wiser, and be 6 le to control emotions and be tolerant of the views of others Characteristics of patients that affect the use of health services are gender, women are more likely to use health services than men [14].

The results showed that most of the research subjects have dental health status in the High category, as many as 130 respondents (65%). Dental health status was obtained using the DMF-T index. The DMF-T index in developing countries generally increases every year, for example Indonesia. Indonesia is at high risk for caries and has the highest DMF-T index among other countries [15].

Data in table 4 shows that most of the respondents have the status of utilization of dental health services in the Bad category, as many as 112 respondents (56%). The status of utilization of dental health services is obtained by calculating the number of visits by respondents in the last 1 year. There are 3 categories, namely not good utilization status if the visit is 1 time a year, enough utilization status if 2 visits a year, and good utilization status if the visit is 2 times a year.

Table 5 shows that most of the research subjects came to dental health services with complaints of toothache, as many as 65 respondents (32.5%). Toothache is the most common disease group that people complain about, dental and oral disease ranks first [16].

Table 6 shows that most of the respondents with a high category of dental health status had a not good category of

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utilization of dental health services, as many as 89 respondents (44.5%). The level or degree of illness is increasingly felt to be severe, then the individual will increasingly need healing thus the more need for health services, as well as the need for health services, if the higher the need for a service, the higher the desire to take advantage of the health service. So if the results of the study show that DMF-T is high, it means that each individual requires high care as well [17,18].

The results of the calculation of the Kendall's tau statistical test in table 7 between dental health status and utilization status of dental health services in Mangkurawang Health Center. Less of socialization about dental and oral health is a vital reason people are lazy to visit the dentist. Some people think that dental disease is not a serious thing and can go away on its own after brushing your teeth [19].

V. CONCLUSION

Based on the results of the study, it can be concluded there is a significant relationship between dental health status and the utilization of dental health services at the public health center

VI. CONFLICT OF INTEREST

The author hereby declares no conflict of interest

VII. ETHICAL CLEARANCE

The study was conducted after obtaining approval from the Ethics Committee of the Health Polytechnic of the Ministry of Health Yogyakarta No. e-KEPK/POLKESYO/0640/X/2020

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