Research Report

The importance of good health and well-being in Sekarkare Village, Probolinggo, East Java

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ABSTRACT

Background: Oral health is essential to total health and a satisfactory quality of life. One of the most contributing factors is how a human being has an understanding of how to maintain oral health to improve the quality and well-being of life. **Purpose:** to provide and describe the community knowledge about the importance of replacing missing teeth using dentures and maintaining oral health to improve the quality of life. **Methods:** The event was carried out with an interactive educational concept by giving pre- and post-tests at the beginning and end of the event. There were at least 80 education participants, consisting of the people of Sekarkare village of various ages, from late adolescents to the elderly, along with village officials and guests from the Sekarkare Health Center. The activity was carried out at the village hall of Sekarkare Village, Dringu District, Probolinggo Regency, East Java **Results:** The majority of people understand and are enthusiastic about participating in a series of counseling events. There is an increase in scores in the pre-test (59,06%) and post-test (65,58%) results. **Conclusion:** The existence of counseling events with interactive educational concepts can increase public enthusiasm for participating in events, making it easier for people to gain new knowledge.

Keywords: oral health; quality of life; missing teeth; elderly; denture; medicine

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INTRODUCTION

According to Law No. 36 of 2009, everyone can lead a socially and economically productive life when they are in a state of health, which includes mental, physical, spiritual, and social well-being. The dental and oral health status of Indonesians is still quite low as of right now. According to the 2018 Basic Health Research (RISKESDAS) data, 57.6% of Indonesians suffer from dental and oral health issues. In Indonesia, the percentage of tooth loss resulting from extractions or self-loss is 19%. Conversely, 1.4% of Indonesians receive denture implantation as a form of treatment for tooth loss issues. The community's high rate of dental and oral health issues is caused by a multitude of variables, including behavior, the environment, and health services. Low levels of education and socioeconomic classes account for the bulk of edentulous groups. Dental health and socioeconomic position are frequently correlated, and prior studies have linked greater awareness of dental health to better educational attainment and stable financial situations. People with higher education are thought to prioritize oral health more since they are more likely to have the financial resources to receive dental care. Consequently,

raising awareness in the community about the value of using dentures to treat and maintain oral and dental health can help lower the percentage of dental and oral health issues and increase the number of denture installations as a treatment to overcome tooth loss.¹

Maintaining dental and oral health requires the collaboration of family members and other caregivers in addition to parents. Since family members and caregivers are the closest individuals the dependent elderly group may rely on, their involvement is crucial. Prior studies have demonstrated that the senior population that caregivers look after is more vulnerable to tooth and mouth decay when those around them have poor oral and dental health. ^{2,3} The most frequent dental pathologies among people 65 years of age and older are periodontal disease, edentulous caries, lesions of the oral mucosa, oral infections, and temporomandibular pathologies.^{4,5}

Patients who take long-term medications for chronic conditions like dyslipidaemia or hypertension are frequently at risk for hyposalivation, which raises the risk of oral cavity development and mucosal infection. Patients may experience impaired masticatory function, a bad quality of life, and a risk of losing additional teeth due to a decrease in vertical dimensions, the existence of bruxism, or other oral parafunctions that are frequent in the senior population.^{6,7} Thus, the aim of this study is to provide and describe the community knowledge about the importance of replacing missing teeth using dentures and maintaining oral health to improve the quality of life.

MATERIALS AND METHODS

The first step taken in a series of community service activities was to conduct a field survey consisting of Prosthodontics Residents Faculty of Dental Medicine, Universitas Airlangga to Sekarkare Village, Dringu District, Probolinggo Regency, East Java. The target of counseling is the elderly community in Sekarkare Village, Dringu District, Probolinggo Regency, East Java. The survey results revealed that a prevalent issue within the local community is a deficiency of knowledge regarding the significance of preserving oral health and the necessity of tooth replacement. About 80 participants of different ages were invited by the Prosthodontics Residents Faculty of Dental Medicine, Universitas Airlangga team to participate in the counseling. Sekarkare Village Hall, Dringu District, Probolinggo Regency, East Java was the location of the community service. An interactive educational concept that includes question-and-answer sessions and material sessions is used to conduct counselling. Furthermore, there are game activities incorporated throughout to keep participants engaged and enthusiastic. Before the commencement of the material, participants were given a pretest in the form of questionnaire that consist of 5 questions about management of oral habit in their daily lives to gauge their level of understanding before engaging in counselling. After receiving the material, participants were given a post-test with the same questionnaire topic as the pretest after the event to reevaluate their understanding. The prosthodontics residents team also provided a gift after the event, which included a set of brushes, toothpaste, and masks.

 Table 1. Characteristics of participants in community service

No	Participant detail	n	f(%)
1.	Gender		
		Male	6.88 %
		Female	12.04 %
2.	Age		
		Late adolescence	3.87 %
		(17-25 years) Early adulthood	
		(26-35 years)	5.59 %
		Late adulthood	4.3 %
		(36-45 years)	
		Early old age	4.73 %
		(46-55 years) Late old age	
		U	1 %
	Pretest Score	(55-65 years)	59.06 %
	Postest Score		6558%

RESULTS

Table 1 shows the oral and dental empowerment participants. The majority of oral and dental health participants comprehend the interactive counsel on oral and dental health empowerment. The post-test percentage was higher (65.58%) than the pre-test rate (59.06%). The target participants are the people of Sekarkare Village, with female and male genders, from young to old age.

DISCUSSION

Issues related to oral and dental health can affect people of all ages. Genetic and environmental risk factors contribute to the development of diseases in later life. Chronic comorbid diseases are known to be caused by genetic alterations and prolonged and prolonged exposure to specific risk factors.² The topic of health issues among the elderly population, where many comorbidities arise, particularly cardiovascular or neoplastic pathologies that significantly impact those populations' quality of life, rarely centres on dental and oral health.^{8,9} The elderly population has a low utilization rate of dental and oral health care, particularly among low-income individuals income individuals. Lack of awareness of dental and oral issues, fear, anxiety, and past experiences are some of the causes, as well as the inability to feel the need to see the dentist.^{9,10} Elderly people admitted to institutions have a high incidence of comorbidities, making it difficult for them to receive appropriate medical care. When the general health of these people is compromised, their compromised, their oral health and dental status, especially periodontal health and oral hygiene, are affected. affected. The periodontal health of hospitalized older adults is influenced by many other factors, including multiple diseases, dependence on maintaining oral hygiene, limited capacity and mobility, and the use the use of numerous medications.8 Early education is necessary to instill in children the value of keeping their mouths and teeth healthy. This includes teaching them to brush their teeth twice a day, gargle after meals, and visit the dentist every six months. Ideally, the person will still have good oral and dental health when they are an adult.

Through this community service, the residents of Sekarkare Village were successfully educated about oral health in general, the management of daily oral hygiene routines, the impact of tooth loss, and the many advantages of wearing dentures. Their increasing understanding of the significance of Quality of Life Related to Dental Health by increasing post-test scores by as much as 65.58% compared to pre-test scores (59.06%) respectively from the total of 43 participants, with 28 females and 15 males with 5,59% in their early adulthood (26-35 years according to the United Nations), shows that young people in Sekarkare village communities have great health. The data also shows that the number of female participants is greater than the number of male participants, and this is probably due to the fact that the village has its own women's group called Empowerment of Family Welfare or Pemberdayaan Kesejahteraan Keluarga,

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and one of its programs is actively participating in various activities such as community empowerment. The goal of this community empowerment was to successfully provide counselling about the importance of awareness of oral health and quality of life by conducting interactive counselling. The participants were passionate about the new insight they received, and not only did it capture the hearts of the elderly but also the youngsters and children included. This action shows great hope for the future because collaboration between the elderly and their families is essential to achieving these goals.^{11–15}

CONCLUSION

The findings of the oral and dental health empowerment program showed that interactive counselling was an excellent method for increasing interest in dental and oral health care among the elderly. A further monthly empowerment program related to oral health is required to maximize the goal.

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