Oral Health and Systemic Disease Education in Mojolegi, Imogiri, Bantul, Yogyakarta

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Abstract. Public awareness and knowledge about the relationship of oral health and systemic disease is very low. They didn’t know that their systemic condition can affect their oral health condition. Some of systemic diseases that mostly non communicable diseases have oral manifestation that can cause oral health problem like caries, gingivitis, periodontitis and also cause missing teeth. The purpose of this activity is to increase knowledge about their relationship and increasing people awareness of dental health in Mojolegi, Imogiri, Bantul, Yogyakarta. This community service giving education about systemic disease and oral health with pretest and posttest about their knowledge. The result of this activity showed an increase in people knowledge about 58.15% from the average score of pretest 57.33 and posttest 90.67.

1. Introduction

Dental and Oral Health is a healthy state starting from the hard tissue and soft tissue of the teeth and the elements related to the oral cavity, so that someone can eat, talk and interact socially without any aesthetic or comfort disturbances that can make one's life productive both socially and economically [1]. Dental and oral health is not yet a top priority in Indonesia. It is proven that people sometimes do not feel pain when they have problems with their teeth and do nothing about the disease. This is due to the lack of public understanding of the importance of dental and oral health. This lack of understanding can increase the development of dental and oral diseases in the community. Disease development is almost in balance, even higher than the rate of population growth in Indonesia. Every second of Indonesia's population is affected by a disease for which we do not necessarily find a cure. If these symptoms do not decrease, people should go to the doctor and hospital [2].

Dental and oral health problems in Indonesia are still a very important concern in health development and need to be considered by health workers. The most common dental and oral diseases suffered by the community are dental caries and inflammation of the gums. The main causes of both diseases are caused by poor oral hygiene and diet [3]. Health effort is any activity and/or a series of activities carried out in an integrated, integrated and continuous manner to maintain and improve the degree of public health in the form of disease prevention, health promotion, disease treatment and health recovery by the government and/or the community (UU No. 36 2009 About Health) [4].

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2 Methodology

The community service method in Mojolegi hamlet is a promotive and preventive effort to deal with high levels of caries and was carried out for one day by dental student volunteers named Dental Emergency (Denmer). The counseling for the people of Mojolegi Village regarding a clean and healthy lifestyle, diabetes mellitus and oral health which begins with a pre-test as a benchmark for understanding the material (Figure 1). Counseling has the goal of being able to change individual or community behavior for the better. This emphasizes the cognitive aspect so that it is hoped that public knowledge about oral health will increase and can increase public awareness and change people's behavior about their systemic disease [5]. After counseling the activities ended with the distribution of post-test questions to find out how the participants achieved in understanding the material that had been given. The purpose of the post-test is to find out to what extent people's achievement of teaching materials (knowledge) after experiencing a learning activity [6].

![Fig.1. Counseling about systemic disease and oral health](image)

3 Result and Discussion

The results of these counseling activities showed that knowledge about systemic disease and oral health increased with higher post-test scores than the pre-test (Table 1).

<table>
<thead>
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<th>Score</th>
<th>Pretest</th>
<th>Post-test</th>
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</tr>
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<tr>
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</tr>
</tbody>
</table>

Based on table 1 above, it can be seen from 30 counseling participants that there was an increase in knowledge in systemic disease and oral health, as evidenced by the average score of pre-test is 57.33 and average score of posttest is 90.67. The number of participants with a knowledge score of 100 increased from none of people to 16 people.
4 Conclusion

Community service that has been done in Mojolegi, Imogiri Bantul with the counselling activity increases people knowledge about the relationship between systemic disease and oral health.

References

1. B. Elfidia Arista and S. Hadi, Jurnal Ilmiah Keperawatan Gigi, 2, 2 (2021)