

Effectiveness of Counseling with Chair Side Talk Method on Improving Knowledge of Dental and Mouth Health in Dental Polyclinic Patients of the Ministry of Religion

Rini Widiyastuti¹, Tedi Purnama¹, Lilis Latifah²

¹Department of Dental Nursing, Health Polytechnic Jakarta I, Jakarta, Indonesia

²Dental Polyclinic of the Ministry of Religious Affairs, Jakarta, Indonesia

Abstract— Background: Tooth and mouth problems in Indonesia in 2013 reached 25.9%, and in 2013 the number of dental and mouth problems in Indonesia was 57.6%, an increase of 31.7%. This is influenced by the domain of health behavior consisting of knowledge, attitudes and actions that determine the degree of public health obtained by a person in determining one's attitude and actions. The Chair Side Talk method is an extension activity carried out by the instructor while the patient is being carried out before or after treatment. **Purpose:** This study aims to analyze the effectiveness of counseling with a chair side talk method to improve dental and oral health knowledge in the dental clinic patient of the Ministry of Religion. **Methods:** This study uses a quasy experiment method of pretest and posttest with one group design. The subjects of the study were 50 dental clinic patients of the Ministry of Religion by using purposive sampling technique. Independent variable: chair side talk method and the dependent variable: dental health knowledge. Retrieval of data by giving questionnaires to dental polyclinic patients then given counseling with the chair side talk method and subsequent visits the patient was given a questionnaire again. Data analysis using paired t-test. **Results:** The average value of dental and oral health knowledge before counseling using the chair side talk method was 62 (sufficient knowledge) while after counseling was 87 (good knowledge). The paired t-test results showed that counseling with chair side talk method was effective in increasing dental health knowledge. This was evidenced by the p-value of 0.001. **Conclusion:** Counseling with chair side talk method is effective against increasing knowledge of oral health.

Keywords— Dental and Oral Health Counseling, Chair Side Talk Method.

I. INTRODUCTION

Dental health is an integral part of general health, addition of teeth is one of the digestive organs that play a role in the process of mastication of food, so the maintenance of dental health is important. Maintenance of oral hygiene is one way to improve health because it can prevent a variety of diseases of the oral cavity.¹

Results Health Research in 2018 menunjukkan high number of dental and oral problems in Indonesia reached 57.6%. While the Health Research Association in 2013, the number of dental problems in Indonesia 25.9%, an increase of 31.7%. The high dental health problems affected mainly the behavior of brushing their teeth, the data shows most of Indonesian people brush your teeth right after breakfast and before bed at night just 2.8%.²

Oral health problems in the community one of which is a factor in behavior or neglect of oral hygiene. Behaviors that can affect the development of caries is about how to maintain healthy teeth and mouth-where behavior is strongly influenced by knowledge. behavior that is based on the true knowledge will be more durable than behavior that is not based on knowledge, including knowledge of how to maintain proper dental health will greatly affect the incidence of caries.^{3,4}

Knowledge is the domain that is essential for the formation of a person's actions. Improved oral health knowledge, the benefits are changes in a person's behavior in the field of oral health. Health behavior that matters relating to the action over

the activities of a person in maintaining and improving health. It also includes measures to prevent dental disease.⁵

Noreba research results et al. (2015) about the image of the knowledge and attitudes of parents obtained 54.67% of parents are knowledge enough and there are parents who have less knowledge that is 24.67%. Knowledge is internal factors contained within the individual so as to facilitate individuals to behave and knowledge directly influence the attitudes and behavior of a person.⁶ Knowledge is the result of know what happens after people perform sensing, especially eyes and ears to a particular object. Most human knowledge is gained from education, experience ourselves and other people's experiences, the mass media and the environment. Or cognitive domain knowledge is important for the formation of a person's actions. Behavior that is realized by knowledge will be more lasting than the behavior that is not recognized by science.⁷

Efforts to improve the knowledge that the health education or counseling. Dental and oral health education is an activity which aims to improve, give an example, to give a warning about the importance of maintaining healthy teeth and mouth.⁸ According Herijulianti et al. (2002) dental health education purpose is a change in behavior of people towards healthy behaviors in order to achieve an optimal level of public health.⁹

Sumantri research results et al. (2013) shows that there are differences in the average difference between the experimental group and the control group were supported by statistical test

where p value <0.05, which means there is a significant difference of the level of oral health knowledge among the experimental group given counseling compared with a control group that was not given counseling.⁸

Chair Side Talk the outreach activities conducted by the extension when the patient is being conducted before and after treatment. Generally, the material provided concerning oral hygiene maintenance delivered by the dental nurse or dentist on the dental chair. The tools used include: phantom models and flipchart.^{9, 10}

II. RESEARCH METHODOLOGY

The method used in this study is quasy experiment (pre and post-test with one group design). This research aims to analyzing the effectiveness of extension with the method of chair side talk to the improvement of oral health knowledge.

Sampling technique use *purposive sampling* with research subject as many as 50 patients a dental clinic of the Ministry of Religious Affairs. The independent variables: counseling methods chair side talk and dependent variables: knowledge of dental health. Capturing data by questionnaire at the dental clinic patients were then given counseling by the method of chair side talk and subsequent visits the patient is given a questionnaire back. Dental health knowledge of measurement data is done by statistical tests. The research data using nominal and ordinal scale so that the normality test *kolmogorov-smirnov*, Statistical tests to analyze the data, when normal data using a paired t-test, while not normal use *wilcoxon* test.

III. RESEARCH RESULT

TABLE 1. An overview of the characteristics of respondents

No.	Variables	Amount	Percentage
1.	Gender		
	Male	23	46%
	woman	27	54%
2.	Last education		
	High School	1	2%
	Bachelor	46	92%
	Postgraduate	3	6%

Table 1 shows that the male sex as many as 23 people (46%) and women as many as 27 people (54%) while based high school education level of education obtained by 1 person (2%), Bachelor of as many as 46 people (92%) and study levels as much as 3 people (6%).

TABLE 2. Overview of dental health knowledge

No.	Knowledge level	Amount	Percentage
1.	Before counseling		
	Well	14	28%
	Enough	17	34%
	Less	19	38%
2.	After counseling		
	Well	45	90%
	Enough	5	10%
	Less	0	0%

Table 2. shows that before counseling using the chair side talk method that has a good level of knowledge as many as 14 people (28%) and a sufficient level of knowledge as many as

17 people (34%) and less knowledge as many as 19 people (38%). Whereas after being given counseling that has a good level of knowledge as many as 45 people (90%) and a sufficient level of knowledge as many as 5 people (10%) and there are no respondents who have less knowledge.

TABLE 3. Test of normality

Variables	p-value
Knowledge (pretest)	0.67
Knowledge (post-test)	0:00

* *Kolmogrov-Smirnov*

Normality test results showed that p-value > 0.05, so it can be concluded that the normal distribution of data is retrieved parametric test.

TABLE 4. Test the effectiveness of counseling methods CST on knowledge

Variables	Mean	SD	ΔMean+ SD	p-value
Knowledge (pretest)	62.14	15.98	25.10+9263	0.001
Knowledge (post-test)	87.24	10.71		

The test results of data effectiveness of oral health knowledge showed p-value 0.001 (P <0.05) means extension with chair side talk method effectively talk to the improvement of oral health knowledge of the patient's dental clinic of the Ministry of Religious Affairs.

IV. DISCUSSION

The results of the study level of dental health knowledge before counseling with respondents who have a good level of knowledge as many as 14 people (28%), have a sufficient level of knowledge as many as 17 people (34%) and respondents who have less knowledge as many as 19 people (38%). Then the researchers intervned in the form of dental and oral health counseling with material on how to maintain dental health with the chair side talk method using flipchart media and demonstrated how to brush teeth with the help of jaw model media. Then in the next visit the level of knowledge was re-measured after counseling, it was found that the level of knowledge was 45 people (90%) and the level of knowledge was 5 people (10%) and there were no respondents who had less knowledge. This is because respondents have received counseling and when given counseling follow well. It also justifies the opinion expressed by Notoatmodjo (2012), that the factors affecting knowledge of one of them is a concern. More attention from respondents to a material, it will add to the understanding of the material, whereas less attention to an understanding of the material resulting in a less material.⁷

The test results of data effectiveness of oral health knowledge showed p-value 0.001 (P <0.05) means extension with side chair method effectively talk to the improvement of oral health knowledge. This means that the extension means dental health maintenance chair-side method talk given to the Ministry of Religious Affairs dental clinic patients can improve patients' knowledge about dental and mouth health care. This is consistent with the theory of behavioral change Stimulus-Organism-Response (SOR) which says that the different causes behavior changes depending on a given

stimulus or stimuli. The results are consistent with the opinion of Notoatmodjo (2012) states that a person's knowledge of the individual against things can change and develop according to the capabilities, needs experience,⁷This study is also consistent with research Supriani and Ratmini (2016) obtained knowledge before being given counseling on dental health with very good criteria as many as 18 people (25.35%), the level of knowledge with good criterion as many as 37 people (52.11%), the level knowledge with sufficient criteria as many as 13 people (18.30%), while the level of knowledge with less criteria of three people (4.22%), while knowledge about dental and oral health maintenance after getting counseling on dental health with excellent criteria by 67 people (94.36%), while the level of knowledge with good criterion of four people (5.63%), and no student who has a sufficient criterion. Paired t-test correlation test results found that there is a significant relationship between knowledge before and after oral health counseling.⁴

V. CONCLUSION

From the research, it could be summarized that the extension to the side chair talk method has proven effective in improving knowledge of the patient's oral health dental clinic of the Ministry of Religious Affairs.

REFERENCE

- [1] Ministry of Health. Guidelines for dental school (UKGS). Jakarta, Directorate General of Health Efforts; 2012.
- [2] Agency for Health Research and Development. Main results Riskesdas 2018.
- [3] Kawuryan. Relationship Awareness Dental and Oral Health Dental caries incidence Kids With SDN Kleco II Class V and VI District of Laweyan Surakarta: Surakarta Muhammadiyah University; 2008.
- [4] Supriani NND, Ratmini N. Effectiveness Guidance To Improve Dental and Oral Health Sciences Grade Students of SDN 16 Kesiman Denpasar Timur. 2016; 4 (1).
- [5] Pratiwi A, Sulastri S, SIT S, M Kes, Hidayati S, M. Kes Relations Knowledge Level of Parents About Growth Schedule Teeth With Dental Persistence Genesis Children 6-10 Years On SDN Wojo I Bantul.
- [6] Noreba N, Restuastuti T, Mammunah W. Overview Knowledge and Attitude of Parents' Class I and II SDN 005 Bukit Kapur Dumai On Gigi.2 Caries (2): 1-11.
- [7] Notoatmodjo S. Health Promotion and Health Behavior. 2012: 45-62.
- [8] Sumantri D, Lestari Y, Arini M. Effect of changes in the level of oral health knowledge in students aged 7-8 years in the District 2 Elementary School Mandiangin Selayan Koto Bukittinggi through educational games dentistry. 2013; 1 (1).
- [9] Herijulianti E, Indriani TS, Artini S. Dental Health Education. 2002: 117-8.
- [10] Miller M, Scully C. Mosby's Textbook Of Dental Nursing: Elsevier Health Sciences; 2015.