

**RELATIONSHIP BETWEEN DENTAL VISIT
TOWARDS QUALITY OF LIFE IN PRIMARY
HEALTH CITIREUP CIMAHI INDONESIA
(HUBUNGAN KUNJUNGAN GIGI TERHADAP
KUALITAS HIDUP PADA KESEHATAN PRIMER
CITIREUP CIMAHI INDONESIA)**

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ABSTRACT

This study aimed to determine the relationship between Oral Health Quality of Life (OHRQoL) and the number of visits to the dentist. It is a cross-sectional study. This study used an OHIP questionnaire and additional questions about healthcare insurance ownership. Data were analyzed using SPSS version 25—the findings of a survey including 62 respondents. The prevalence of respondents 44-60 years old was 38,7%, most of them as BPJS owners and as unemployed. The highest prevalence of OHRQoL based on dental utilization was low categorized and more than 6 months of dental visit. The result of bivariate analytics and the Pearson chi-square test statistically shows differences between OHRQoL categorized towards dental visit $p=0,000$. The correlation between OHRQoL and dental visits is statistically significant, $p=0.000$ $r=0.606$. Maintaining dental and oral health by providing promotive and preventive programs can reduce the prevalence of dentist visits and improve quality of life status. Several determinant factors affect dental utilization. There was a statistically significant correlation between the level of understanding and compliance of the community in the utilization of national

health insurance (BPJS) participants and dental utilization.

Keywords: dental utilization; OHRQoL

ABSTRAK

Tujuan dari penelitian ini adalah untuk mengetahui hubungan antara Kualitas Hidup Kesehatan Mulut (OHRQoL) dengan jumlah kunjungan ke dokter gigi. Ini adalah studi cross-sectional. Penelitian ini menggunakan kuesioner OHIP dan pertanyaan tambahan tentang kepemilikan asuransi kesehatan. Data dianalisis menggunakan SPSS versi 25. Temuan sebuah penelitian yang melibatkan 62 responden. Prevalensi responden pada usia 44-60 tahun adalah 38,7%. Sebagian besar sebagai kepemilikan BPJS dan sebagai pengangguran. Prevalensi OHRQoL tertinggi berdasarkan pemanfaatan gigi adalah kategori rendah dan kunjungan gigi lebih dari 6 bulan. Hasil analitik bivariat dan statistik dari uji chi kuadrat Pearson, ada perbedaan antara OHRQoL mengkategorikan terhadap kunjungan gigi $p=0,000$. Korelasi antara OHRQoL dengan kunjungan gigi yang signifikan secara statistik $p=0,000$ $r=0,606$. Menjaga kesehatan gigi dan mulut dengan memberikan program promotif dan preventif dapat mengurangi prevalensi kunjungan ke dokter gigi dan dapat meningkatkan status kualitas hidup. Ada beberapa faktor penentu yang mempengaruhi pemanfaatan gigi. Cakupan kesehatan universal merupakan salah satu faktor penentu untuk mencegah pengeluaran.

Kata kunci: OHRQoL; kunjungan ke dokter gigi

INTRODUCTION

The World Dental Federation (FDI) described oral health as a complex human condition in 2016. Due to this condition, people can confidently speak, laugh, smell, taste, chew, swallow, touch, and use facial

expressions to express various emotions without experiencing pain or discomfort. Individual and societal beliefs and attitudes impact oral health, which is seen as a fundamental aspect of physical and mental well-being. Furthermore, health represents

psychological, social, and physiological traits that might affect one's quality of life. Perceptions, expectations, experiences, and an individual's capacity for environmental adaptation all impact oral health.¹

Additionally, Indonesia's adult population is growing annually. According to data from the Central Statistics Agency, there are about 22 million adults in the over-30 age category in Indonesia.² The adult population is susceptible to several ailments, particularly those over 35. Aging will impact dental and oral health quality and raise the risk of several oral cavity disorders, including caries, tooth loss, halitosis, gingivitis, gingival recession, alveolar bone resorption, and others.³

The desire to see a dentist frequently may rise as oral and dental health declines. According to a 2018 Riskesdas report, about 10.2% of Indonesians sought dental and oral health care even though 57.6% had dental and oral health issues.⁴ People with complex dental and oral health diseases are visiting the dentist due to the low level of public awareness regarding dental care, necessitating additional treatment to resolve these issues.⁵

The patient's perception of oral disease is vital in assessing treatment needs. Oral Health Quality of Life (OHRQoL) is a multidimensional understanding that describes a person's quality of life

regarding dental and oral health and their functional, social, and psychological well-being. One of the measuring tools used is the Oral Health Impact Profile (OHIP) questionnaire.⁶ This study aimed to determine the relationship between Oral Health Quality of Life (OHRQoL) and the number of dental visit

METHOD

It is a cross-sectional study design. Visitors are willing to participate as a sample in Citeureup Primary Healthcare Centre. The OHIP questionnaire, translated into Indonesian, served as the research tool. The independent variable was the number of dental visits, and the dependent variable was the same. Google form was used to produce the survey.

Functional limitation, physical pain, psychological discomfort, bodily discomfort, psychological disability, social impairment, and handicap are the seven dimensions covered by the fourteen-item OHIP questionnaire. Likert scale responses on the questionnaire range from 0 to 4, and the sum of the reactions yields an OHIP score. Three categories are used to classify OHIP scores: Low Quality of Life (scoring 38–56), Medium Quality of Life (score 19–37), and High Quality of Life (score <19).⁷ The purpose of this study is to compare adult dental visits and the degree of oral

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health-related quality of life (OHRQoL).

RESULT

The findings of a study including 62 respondents with characteristics indicate that Table 1 displays the distribution of respondents' characteristics.

Table 1. The respondent characteristics in citereup primary healthcare June 2024.

Characteristic	n (%)
WHO aged group	
15-24 / youth	8 (12.9%)
25-44 / young	18 (29%)
44-60 / middle age	24 (38.7%)
60-75 / elderly age	10 (16.1%)
75-90 / senile age	2 (3.2%)
Employment Status	
Employment	19 (30.6%)
Unemployment	43 (69.4%)
Health Insurance Ownership	
Public (BPJS)	57 (91.9%)
Private	5 (8.1 %)
Frequency Dental Visit	
< 6 months	34 (54.8%)
> 6 months	28 (45.2%)
OHRQOL	
Low	34 (54.8%)
Medium	22 (35.5%)
High	6 (9.7%)

According to the respondents' characteristics, most were unemployed (69.4%) and had BPJS health insurance (91.9%). 54.8% of the community visits the dentist within six months. According to OHIP-14 OHRQoL measures, people's quality of life is low, at 54.8% (Table 1). The Pearson chi-square test results indicate a significant difference between the number of dental visits and the OHRQOL categories (Table 2).

Table 2. Differences between OHRQOL and dental visit in Citereup Primary Healthcare Centre June 2024.

Variable	Dental visit (months)				p-value
	< 6		> 6		
	n	%	n	%	
Low	9	26.5 %	2	89.3 %	0.000
Medium	1	55.9 %	3	10.7 %	
	9	%		%	
High	6	17.6 %	0	0	
Total	3	100%	2	100%	

*Pearson chi-square

According to the Kendal Tau test results, the number of dental visits and the OHRQOL category are significantly correlated. They demonstrate that the OHRQoL of the population that visited for less than six months was lower than that of the group that stayed for more than six months. (Tabel 4)

Table 3. Relationship between OHRQoL and dental visit in Citereup Primary Healthcare June 2024.

Variable	Dental visit (months)		p-value	r
	< 6	> 6		
Low	9	25	0.000	0.606
Medium	19	3		
High	6	0		

*Kendall Tau test

DISCUSSION

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The term “oral health-related quality of life” describes how an individual feels about how their oral health affects every element of their life. Physical, psychological, and social factors can all impact an individual’s quality of life in day-to-day activities. According to several studies, oral and dental conditions affect people’s quality of life in Indonesia. Dental caries is a disorder that affects middle-aged people’s quality of life. Physical function, such as limited food intake, was affected statistically in the middle-aged, elderly, and very old groups.⁸

Several things, including health services, might affect a person’s desire to enhance their oral health. Accessibility and ownership of health insurance to lower out-of-pocket expenses.⁹ According to a study, factors that were frequently looked at as influencing regular dental attendance included age, gender, education (predisposing), income, and social support (enabling), as well as remaining teeth, discomfort, and perceived health (needs-related).^{10,11}

The lowest income groups in the country were higher for those with dental insurance visits to the dentist within the last 12 months.¹² A person’s age, medical history, insurance, and perception of need were determinant factors associated with dental utilization during the COVID-19

epidemic.¹³

Since 2014, Indonesia has operated the BPJS national health insurance scheme. Dental healthcare utilization in primary care institutions may impact this condition.¹⁴ Based on the research results, which determined the relationship between BPJS participants and dental utilization, there was a statistically significant correlation between the level of understanding and compliance of the community in the utilization of national health insurance.¹⁵

CONCLUSION

There was a statistically significant correlation between the level of understanding and compliance of the community in the utilization of national health insurance (BPJS) participants and dental utilization.

CONFLICT OF INTEREST

There is no conflict of interest in writing this article.

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