

# Counseling on the Correct Teeth Brushing Demonstration Method Compared to Leaflets and Posters on Student Debris Index Score at Pondok Labu State Elementary School, Jakarta Selatan

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**Abstract.** Children of primary school age, namely the age range of 6 to 12 years, are a vulnerable age group that need attention, because during this period there are primary teeth and permanent teeth simultaneously in the oral cavity. The 2004 Household Health Survey showed people's behavior regarding the habit of brushing their teeth, as many as 91% of the population aged 10 years and over did it every day, but only 7% brushed their teeth at the right time, namely after breakfast and before going to bed at night. This study aims to see the difference between counseling on how to brush your teeth properly with demonstration methods compared to leaflets and posters. This research will be carried out using a quantitative approach. The results of this study then found that the demonstration method had the greatest difference in improvement (60%) compared to leaflets (12%) and posters (24%). This then shows that the demonstration method group has achieved a greater percentage than the poster and leaflet media.

**Keywords:** *Counseling, Tooth Brushing, Debris Index Score, Demonstrations, Leaflets, Posters.*

## A. INTRODUCTION

Dental health workers at the Puskesmas (dentists and dental nurses) play a role in improving dental health efforts in their target areas. Implementation of prevention activities carried out for elementary school children includes education/counseling on dental health in schools, teaching children how to brush their teeth properly, carrying out mass toothbrushing guidance, conducting dental and oral health screening for class I, perform extraction of milk teeth that are due to date and perform dental care services (Tedjosasongko et al., 2022).

Elementary school age is an ideal time to train a child's motor skills, including teeth brushing exercises. The ability to brush your teeth properly and correctly is an important factor as an effort to maintain dental and oral health. One of the factors that affect oral hygiene is knowledge of brushing teeth which includes the frequency of brushing teeth, the method/technique of brushing, and the shape of the toothbrush used so that plaque which is one of the main causes of dental disease can be prevented as early as possible (A'yun, 2022).

In general, there are two methods for delivering dental health education, namely the one-way method and the two-way method. One way method focuses on active educators, targets are not given the opportunity to be active. The two-way method guarantees two-way communication between educators and targets (Yosep et al., 2023). One way method, for example the method with lectures, film screenings, leaflets and exhibitions. Two-way methods include interviews, demonstrations, plays, simulations, brainstorming, roll playing and question and answer. And the simulation method is the best way to provide values, experiences, decision making, and can be used to individuals, groups, and communities (Gaffney et al., 2021).

Dental and oral disease is an irreversible disease, that is, it cannot return to normal as before, so it will carry over for the rest of their life and affect their quality of life and health in general. Similar results were also obtained by the Indonesian Dental Health Foundation which reported a decrease in the DMF-T score after children were given knowledge about dental and oral health materials and carried out joint tooth brushing activities (Wong et al., 2021). Similar research also concerns the relationship between tooth brushing and the level of dental and oral hygiene of the Imambukhari Integrated Islamic Elementary School students by Riyanti. The results of this study showed that there was a change in the level of oral hygiene as measured by a decrease in the plaque index in students who had previously received good and correct tooth brushing counseling. This shows that the dental health program provided with counseling in the form of demonstrations is effective in supporting the improvement of dental and oral hygiene in elementary school children (Weik et al., 2023).

## **B. LITERATURE REVIEW**

### **1. Counseling**

Counseling is a process of changing behavior among the community so that they know, are willing and able to make changes in order to achieve increased production, income or profits and improve their welfare. Basically, health counseling is synonymous with health education, because both are oriented towards the expected behavior change, namely healthy behavior, so that they have the ability to recognize health problems themselves, their families and groups in improving their health (Caniglia et al., 2021).

Knowledge or cognitive is a very important domain for the formation of one's actions (over behavior). From research it turns out that behavior based on knowledge will be more lasting than behavior that is not based on knowledge. Health knowledge has an influence on behavior as a medium-term result (intermediate impact) of health education. Then health behavior will have an influence on increasing public health indicators as health education outcomes (Ning et al., 2020).

The emphasis on the concept of health counseling is more on efforts to change the target's behavior so that it behaves healthily, especially on the cognitive aspect (knowledge and understanding of the target), so that the target knowledge of the counseling is in accordance with what is expected by the health educator, the next counseling will be carried out in accordance with the program that has been planned. Counseling according to Gondoyoewono is an explanation that emphasizes a certain object and the expected result is a change in the behavior of an individual or a group of people (Huelsenitz et al., 2022).

As a communication process, counseling means a process in which an individual (communicator) conveys certain symbols, usually in verbal form to influence the behavior of the communicant. Finally, counseling may be aimed at influencing other people's activities. Counseling is interpreted in various ways (Jandevi, 2019). Claar acknowledged this because in many places counseling is interpreted as a function of the government extending various services to the community, as well as implementing the applicable regulations, and even enforcing policies relating to various fields of society (Nimbley et al., 2023).

Claar formulates that counseling is a special type of action-oriented problem-solving education; which teaches something, demonstrates, and motivates, but does not regulate (regulating) and also does not carry out non-educational programs. Samsudin refers to counseling as a non-formal education effort that is intended to invite people to be aware and willing to implement new ideas (Melyoki & Gielnik, 2020). From this formulation, three most important things can be taken, namely: education, inviting people to be aware, and new ideas. These three things are always inherent in every counseling activity, because counseling is

essentially a step in an effort to change society towards a better condition as aspired to (Yang & Liu, 2021).

Counseling is an effort to disseminate new things so that people are interested, interested and willing to implement them in their daily lives. Counseling is also an activity to educate people something, giving them new knowledge, information, and abilities, so that they can form attitudes and live life according to what they should (Wong, 2020).

## 2. Dental Health

Dental and oral health is the most important thing for human life and is part of general health. Some experts argue that oral health is an integral part of general health, but many people do not know that the oral cavity plays an important role for body health (Benzian et al., 2021). A healthy oral cavity allows a person to communicate effectively, enjoy a variety of foods, improve quality of life, be confident and have a better social life. On the contrary, an unhealthy oral cavity can affect a person's social life, limited masticatory function, limited speech function, pain and disruption to work or school (Patterson et al., 2022).

To achieve optimal dental and oral health, regular maintenance must be carried out. Treatment can be started from paying attention to the food diet, limiting foods that contain sugar and sticky foods. Cleaning plaque and remaining food debris and brushing teeth must use techniques and methods that do not damage the tooth structure (Butera et al., 2022). Cleaning of tartar and filling of cavities by the dentist, as well as extraction of teeth that can no longer be considered and are foci of infection. Periodic visits to the dentist every six months whether there are complaints or no complaints (Correa et al., 2023).

Healthy teeth are clean teeth without cavities or other dental diseases. According to Schuurs, healthy teeth are teeth that do not show black spots when exposed to light. As we know, the oral cavity is the initial gate of the digestive process, which is the place where food and drink enter and where food is chewed by the teeth before entering the stomach through the esophagus. If the teeth are disturbed due to bacteria, the initial digestive process will also be disrupted. In fact, it could be that the next stage of our digestive system will be disrupted (Masumo et al., 2020).

Why do we have to keep our teeth clean, because the oral cavity is the first gate for bacteria and viruses to enter the body. These bacteria and viruses can enter through food or toys. Specifically for bacteria, in the oral cavity there are more than 250 types. Some bacteria are helpful in the early stages of the digestive process in the oral cavity and certain bacteria, *Streptococcus Mutan*, actually affect the process of developing dental caries (Gupta et al., 2021).

In general, dental hygiene can be maintained by brushing your teeth regularly. Brushing your teeth is basically an activity that needs to be done properly, not just done routinely. There are 3 things that determine whether or not how to brush one's teeth, namely the shape of the toothbrush, the time to brush your teeth, and how to brush your teeth. According to Ramadhan, the necessary tools for brushing your teeth properly are using a soft brush and the right size and toothpaste containing fluoride (Koistinen et al., 2021).

In using a toothbrush, it should not be done alternately with other people. A toothbrush has the potential to become a place for microorganisms or germs to stick that are harmful from a health standpoint. If the toothbrush is used by someone else, then there is a possibility that there will be transfer of microorganisms or germs to the person who will use the toothbrush. So that it can be a means of disease transmission (Sedghi et al., 2021).

Dentists recommend that the right time to brush your teeth is after breakfast and at night before going to bed. In the process of forming cavities, germs in the mouth need time to process leftovers into substances that weaken the lining of the teeth (Pamewa et al., 2023). When the

child is asleep, the mouth is in a passive state for a long time. Saliva production has decreased dramatically, while one of the functions of saliva is to control the number of germs in the mouth so as not to overdo it and endanger health (Bandyopadhyay et al., 2020).

### C. METHOD

The method used is a quantitative approach. This study used a quasi-experimental design with pretest-posttest non-equivalent groups design. This design was chosen because it was not possible to arrange the control group randomly, so two different treatment groups were chosen. The research subjects were elementary school aged children between the ages of 6 and 12 years. Data collection was carried out by observation and interview methods. Observations were made to monitor tooth brushing behavior after counseling using three methods, namely demonstrations, through leaflets and posters. Interviews were used to collect data regarding the subject's brushing habits before and after the intervention (Jaya, 2020).

### D. RESULT AND DISCUSSION

#### 1. Research Subject Profiles

Below will be explained about the subjects of the research who are elementary school students. Explanation of the subject of this study was carried out to facilitate grouping of research respondents.

**Table 1. Distribution of subject characteristics (N = 100)**

	Number	Percentage
<b>School</b>		
Public Elementary School 08Pondok Labu	25	25%
Public Elementary School 09 Pondok Labu	25	25%
Public Elementary School 14 Pondok Labu	25	25%
Public Elementary School 16 Pondok Labu	25	25%
<b>Gender</b>		
Male	50	50%
Female	50	50%
<b>Intervention Group</b>		
Treat Group	75	75%
Control Group	25	25%
<b>Total</b>	<b>100</b>	<b>100%</b>

Table 1 shows the distribution of the characteristics of the research subjects which have a total of 100 people. The research subjects consisted of 09 Elementary School, 16 Elementary School, 08 Elementary School, Pondok Labu 14 Elementary School, each of which was 25 students with the same number of boys and girls.

**Table 2. Distribution of Debris Score Index of Respondents Before Counseling on How to Brush Their Teeth for the Treatment Group (3 Elementary Schools) and 1 Control Group**

Group	Index Debris Score			Total
	Good	Medium	Poor	
Demonstration Method Counseling (Elementary School 09)	8 (32%)	13 (52%)	4 (16%)	25 (100%)
Leaflet Media Counseling (Elementary School 16)	16 (64%)	9 (36%)	0 (0%)	25 (100%)

Poster Media Counseling (Elementary School 08)	17 (68%)	8 (32%)	0 (0%)	25 (100%)
Control Group (Primary 14)	2 (8%)	20 (80%)	3 (12%)	25 (100%)

Table 2 shows the distribution of respondents' Debris Index scores before counseling. The distribution of these scores with Poor criteria from the Elementary School 09 treatment group, namely 4 people (16%), those from the control group, namely 3 people (12%) with medium criteria from the control group, namely 20 people (80%).

**Table 3. Distribution of Debris Index Scores of Respondents After Counseling on How to Brush Their Teeth for the Treatment Group (3 Elementary Schools) and 1 Control Group**

Group	Index Debris Score			Total
	Good	Medium	Poor	
Demonstration Method Counseling (Elementary School 09)	23 (92%)	2 (8%)	-	25 (100%)
Leaflet Media Counseling (Elementary School 16)	15 (60%)	10 (40%)	-	25 (100%)
Media Poster Counseling (Elementary School 08)	19 (76%)	6 (24%)	-	25 (100%)
Control Group (Elementary School 14)	16 (64%)	9 (36%)	-	25 (100%)

Table 3 shows the distribution of the Debris Index scores of respondents after counseling or from the treatment group. The results of demonstration method counseling for fifth grade students at Pondok Labu Public Elementary School 09, namely the good criteria were 23 people (92%) more than the number of students in the other treatment group (counseling with media leaflets and posters) with no Bad criteria anymore. Even the control group students who were the group without treatment were given counseling services on how to brush their teeth properly and correctly.

## 2. Univariate Analysis

Univariate analysis was intended to describe the independent and dependent variables, as well as the results of interventions on how to brush your teeth properly and correctly. The results of the univariate analysis are as follows:

**Table 4. Distribution of student ability test scores in the treatment group (Public Elementary School 09, Public Elementary School 08, Public Elementary School 16)**

	Mean	Standard Deviation	Minimum-Maximum	95% CI
Test before counseling	81,74	6,694	60 - 100	80,20 – 83,28

Table 4 shows the results of the analysis, the average value of the test results for students before counseling was 81.74 (95% CI: 80.20 – 83.28), with a standard deviation of 6.694. From the results of interval estimation it can be concluded that 95% of the average test scores/student abilities are between 80.20 to 83.28.

**Table 5. Frequency distribution of pre-test scores for students in the treatment group before counseling on how to brush their teeth properly and correctly**

No	Score category	Frequency	Percentage
1	Very Good	46	61.33%
2	Good	24	32%
3	Medium	5	6.67%
4	Bad	0	0
5	Very Bad	0	0
	Total	75	100%

Table 5 shows that a total of 46 students (61.33%) have scored/answered the questions correctly 33 to 40 items in the Satisfactory category. A total of 24 students (32%) were able to answer the questions correctly with a total of 28 to 32 items or the good category. Finally, a total of 5 students (6.67%) were able to answer questions correctly with a number of 57.5 to 67.5 items or the Enough category.

Then the distribution of respondents through a post-test (40 questions) after counseling on how to brush their teeth is good and right, as in the following table:

**Table 6. Frequency distribution of post-test scores for students in the treatment group who received counseling on how to brush their teeth properly and correctly**

No	Knowledge Category	Frequency	Percentage
1	Very Good	70	93.33%
2	Good	4	5.33%
3	Medium	1	1.33%
4	Bad	-	0
5	Very Bad	-	0
	Total	75	100%

Table 6 shows that a total of 70 students (93.33%) scored the student's ability to answer questions correctly with a total of 33 to 40 items in the Satisfactory category. A total of 4 students (5.33%) were able to answer questions correctly with a total of 28 to 32 items in the good category. Finally, a number of 1 student (1.33%) was able to answer the questions correctly with a number of 57.5 to 67.5 items in the Enough category.

### 3. Bivariate Analysis

The results of the t-test on the respondent's ability to answer questions about how to brush their teeth properly and correctly using the demonstration method are as follows:

**Table 7. The mean value and standard deviation of the 3 treatment groups for counseling on how to brush your teeth**

No	Variable	Mean			N	Statistic Test
		(Demonstration) Elementary School 09	(Leaflet) Elementary School 16	(Poster) Elementary School 08		
1	Pre-test	77.76	85.20	82.26	25	0.000 (Elementary School 09)

2	Post-test	86.50	85.30	88.38	25	0.000 (Elementary School 8)  0.901 (Elementary School 16)
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Table 7 shows the results of the paired t-test in the counseling group on how to brush your teeth properly using the demonstration method, leaflets and posters.

It is known that the student's ability test in the pre-test counseling on how to brush their teeth properly and correctly using the demonstration method and the one with poster media as the result of the statistical test is  $p = 0.0001$  ( $p$  value  $< 0.05$ ). Then  $H_0$  is rejected and  $H_a$  is accepted, meaning that there are differences in the ability of students before and after being given counseling on how to brush their teeth properly and correctly in class V students in the counseling treatment group at Public Elementary School 09 and Public Elementary School 08.

The results of the t-test on the respondent's ability to answer questions about how to brush their teeth properly and correctly using leaflet media are as follows:

**Table 8. The mean value and standard deviation of counseling on how to brush your teeth using leaflets for class V students of Elementary School 16**

No	Variable	Mean	N	Statistic test
1	Pre-test	85.20	25	0.901
2	Post-test	85.30	25	

It is known in Table 8 that the student's ability test in the pre-test before counseling with leaflet media average value was 85.20 while in the post-test the average was 85.30. In the paired t-test, the difference in the mean value between the pre-test and post-test is 0.10. The difference in this value is tested by paired t-test and produces a value of  $p = 0.901$  ( $p$  value  $> 0.05$ ). Then  $H_0$  is rejected and  $H_a$  is accepted, meaning that there is no difference in the ability of students before and after being given counseling on how to brush their teeth properly and correctly with the help of teaching aids/media leaflets in class V students in the treatment group at Public Elementary School 16.

#### 4. Dependent T-test

Paired/related t-test or a pair in which the sample is dependent if the groups being compared have the same subject. The results of the t-test on the Debris Index score of the first and second measurements in fifth grade students at Public Elementary School 09 are as follows:

**Table 9. The distribution of the average Debris Index scores according to the first and second measurements of fifth grade students at Public Elementary School 09**

Variable	Mean	SD	SE	P-value	N
Debris Score Index Measurement I	1.23	0.563	0.113	0.000	25
Debris Score Index Measurement II	0.13	0.230	0.046		

Table 9 shows that the average Debris Index score in the first measurement is 1.23 with a standard deviation of 0.563. In the second measurement, the average Debris Index score was 0.31 with a standard deviation of 0.230. It can be seen that the mean difference between the first and second measurements is 1.095 with a standard deviation of 0.609. The statistical test results obtained a value of 0.001, so it can be concluded that there is a significant difference between the first and second measurement Debris Index scores.

**Table 10. The Average Distribution of Pre-Post Test Abilities According to the First and Second Assessments for Students Using the Demonstration Method**

Variable	Mean	SD	SE	P-value	N
Assessment Ability Tests I	77.76	8.872	1.774	0.000	25
Assessment Ability Tests II	86.50	6.038	1.208		

Table 10 shows that the average pre-test ability test in the first assessment was 77.76 with a standard deviation of 8.872. In the second assessment, the average post-test ability test was 86.50 with a standard deviation of 6.038. It can be seen that the mean difference between the first and second assessments is 8.74 with a standard deviation of 9.908. Statistical test results were obtained from the paired t-test yielding a p-value (column sig-2 tailed) value of 0.000. It can be concluded that there is a significant difference between students' pre-test ability tests between the first assessment and the second post-test assessment.

### 5. Independent T-test

The t-test is group data that does not depend on the other groups. The independent t-test results of the Debris Index score after treatment (counseling on demonstration methods, media leaflets and posters) by comparing them to students in the control group (without treatment at Public Elementary School 14) are as follows:

**Table 11. Distribution of the average Debris score index for both treatment and control groups (Elementary School 14)**

Variable	Mean	SD	SE	P-value	N
Debris Score Index Treatment  Group	0.372	0.424	0.049	0.023	25
Debris Score Index Control Group	0.611	0.508	0.508		

Table 11 shows that the average Debris Index score for the second measurement in the treatment group was 0.372 with a standard deviation of 0.424 while for the control group the average Debris Index score was 0.611 with a standard deviation of 0.508. The statistical test results obtained  $p = 0.023$  meaning that at 5% alpha there was no significant difference in the average Debris Index score between the treatment group and the control group.

### 6. ANOVA Test

The ANOVA test is carried out to be able to analyze differences of more than two means or data from more than two groups if you want to know internal and inter-group differences. The following are the results of the ANOVA test:

**Table 12. Distribution of the average post-test ability test of students in each treatment group**

Post-test Variable	Mean	SD	95% CI	P-value
Elementary School 09	86.50	6.038	84.01 – 88.99	0.000
Elementary School 08	88.38	4.433	86.55 – 90.21	
Elementary School 16	85.30	3.559	83.83 – 86.77	

Table 12 shows that the average post-test ability test for the second assessment in the demonstration method treatment group (Primary School 09) was 86.50 with a standard deviation of 6.038. The average post-test ability test for the two poster media treatment groups (State Elementary School 08) was 88.38 with a standard deviation of 4.433 and in the leaflet



media treatment group (State Elementary School 16) was 85.30 with a standard deviation of 3.559.

The statistical test results obtained a value of  $p = 0.000$  which can be concluded that there was a significant difference between the three treatment groups after being given counseling on how to brush your teeth properly and correctly; where the difference is that 09 State Elementary Schools use demonstration methods, 08 State Elementary Schools use poster media, and 16 State Elementary Schools use leaflet media.

Differences in counseling on how to brush your teeth properly and correctly with the demonstration method on the Debris Index scores of class V Elementary School 09. The results of the paired t-test showed a significant value of  $p = 0.000$ , so it was concluded that there were differences in the Debris Index score of the fifth-grade students of Public Elementary School 09 before and after being given counseling on how to brush their teeth properly and correctly using the demonstration method. The difference in the students' ability test was significant between the pre-test and post-test as seen from the average score of 77.76, while after being given the post-test there was an increase in the average score of 86.50.

From the aspect of the number of respondents there were 25 people, testing the ability of students before counseling on how to brush their teeth properly and correctly with the demonstration method on the pre-test there were 7 students with satisfactory value categories, and after being given intervention / counseling treatment there was an increase in students' ability to answer post test questions reached 22 people, meaning an increase from 28% to 88%.

Differences in counseling on how to brush your teeth properly and correctly using leaflet media on the Debris Index scores of class V 16 Elementary School students. The results of the paired t-test showed a significant value of  $p = 0.119$ , so it was concluded that there was no significant difference in the Debris Index score before and after being given counseling on how to brush your teeth properly and correctly using leaflet media. The significant difference in the students' ability test between the pre-test and post-test can be seen from the average score which is 85.20, while after being given the post-test the average score is 85.30.

From the aspect of the number of respondents there were 25 people, testing the ability of students before counseling on how to brush their teeth properly and correctly media leaflets in the pre-test there were 22 students with satisfactory value categories, and after being given counseling interventions / treatment who could answer post test questions were 25 meaning increased from 88% to 100%.

Differences in counseling on how to brush your teeth properly and correctly with poster media on the Debris Index scores of class V 08 Public Elementary Schools. The results of the paired  $t$  test showed a significant value of  $p = 0.306$ , so it was concluded that there was no significant difference in the Debris Index score before and after being given counseling on how to brush your teeth properly and correctly with poster media. The significant difference in the students' ability test between the pre-test and post-test can be seen from the average score which is 82.26, while after being given the post-test the average score is 88.38. From the aspect of the number of respondents, there were 25 people, testing the ability of students before counseling on how to brush their teeth properly and correctly on the poster media in the pre-test there were 17 students with satisfactory value categories, and after being given the counseling intervention/treatment those who could answer the post test questions were 23 students means an increase from 68% to 92%.

The difference between counseling on how to brush your teeth using demonstration methods with leaflets and posters on students' Debris Index scores. Based on the results of the categorization of students' ability test scores, it can be seen the difference in achievement scores between the treatment/counseling groups using demonstration methods, media posters and media leaflets. Test the ability of the students in the demonstration method counseling group

through the pre-test which obtained satisfactory scores (7 people), in the pre-test in the leaflet media group (22 people), in the pre-test in the poster media group (17 people)

## E. CONCLUSION

After testing the ability of students after counseling on how to brush their teeth properly and correctly, the demonstration method through the post-test obtained a satisfactory score (22 people), in the leaflet media group with a satisfactory value category (25 people) and poster media with that value category (23 people). With the achievement of the percentage in the pre-test of class V students before the demonstration method counseling which achieved a satisfactory score (28%) it increased in the post test results (88%) with the difference being (60%). Meanwhile, the percentage achievement in the pre-test of class V students before counseling on leaflet media which achieved a satisfactory score (88%) increased in the post-test results (100%) with the difference being (12%). Then the percentage achievement in the pre-test of class V students before the poster media counseling which achieved a satisfactory score (68%) increased in the post-test results (92%) with the difference being (24%). This means that the increase in the ability test of students who achieve satisfactory scores in the post test demonstration method group is achieving a greater percentage than the poster media, and the percentage below that is the leaflet media counseling treatment group. Meanwhile, based on statistical tests for the Debris Index score for the first grade V grade students at Public Elementary School 09 who were given demonstration method counseling, the mean score (1.23) and the second assessment of Debris Index scores decreased, namely the mean value (1.23) and the score both Deris Index scores decreased, namely the mean value (0.13) or the difference in difference was (1.1). For the Debris Index score for the first assessment in the leaflet media group (State Elementary School 16) the mean value is (0.38) and for the second assessment the mean value is (0.56) or the difference is (0.18). Debris Score The first assessment index was in the poster media group (State Elementary School 08) with a mean value of (0.52) while in the second assessment the mean value was (0.43) with a difference of (0.09).

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