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Animated Video Media as an Alternative for Oral Health Telepromotion on Elementary School Students

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ABSTRACT

Oral health problems in children aged 5-9 years in Indonesia are high, it's about 28.9% (Riskesdas, 2018). One of the prevention efforts is the oral health promotion. During the Covid-19 Pandemic, oral health promotion was still carried out by implementing health protocols, avoiding direct contact, and using online communication media. The purpose of this study was to determine the impact of dental health telepromotion with animated video media on the knowledge and skills of teethbrushing among elementary school children.

The method used in this research is Research and Development, with the intention of developing animated videos for learning media. The population in this study were children of elementary school age in RT 05 RW 06 Padangsari Banyumanik Semarang totaling 30 children.

The results of this study indicate that the level of knowledge of respondents before treatment is mostly in the poor category (57%), and after treatment, all respondents (100%) have a good level of knowledge. Before the skill treatment, most of the respondents (63%), included in the category of less skilled, but after the treatment, all respondents (100%) became skilled. There is a difference in knowledge about teethbrushing before and after giving animated videos, with pValue = 0.000, with an increase in the number of respondents who have good knowledge by 57%. There is a difference in teethbrushing skills before and after giving the animated video, with pValue = 0.000, with an increase in the number of skilled respondents as much as 63%.

Keywords: telepromotion, animated video, dental health

BACKGROUND

Indonesia and all countries in the world are currently being hit by the corona virus pandemic which continues to infect millions of people. But living in the midst of the Covid-19 pandemic doesn't mean staying silent. Indonesia must remain productive but also safe from the transmission of Covid-19. (Sumartiningtyas, 2020)

Indonesian Ministry of Health and the Task Force for the Acceleration of Handling Covid-19, in order to lead a "new normal" life, have compiled health protocols, such as washing hands as often as possible, avoiding touching your face, applying coughing and sneezing etiquette, wearing masks, maintaining social distance. (physical distancing), self-isolation and maintaining health (Sumartiningtyas, 2020). Measures to prevent the spread of COVID-19 include avoiding crowds and direct contact with other people. At the same time, information and communication technology has developed, so that people are able to take advantage of existing technology to carry out all activities online. In the field of health, especially oral health, to improve and maintain dental and oral health, a media technology called teledentistry has been developed. Namely the use of information and communication technology for dental care as a means of education or consultation without meeting face to face. The forms of teledentistry include teleconsultation, telediagnosis, teletriage, telemonitoring, teleeducation and

health telepromotion. Dental and oral health promotion activities can be carried out in various ways, including online animated video screenings. Promotional activities online can provide an easier, cheaper way and do not make children afraid to connect with dental health workers in dealing with dental health problems (Suhani, 2020).

In the Basic Health Research (Riskesdas) in 2018, it was stated that dental and oral health problems in the 5-9 year age group, amounted to 28.9%, it means in the high category. Meanwhile, the proportion of Effective Medical Demand (the percentage of the population who have had problems with their teeth and mouth in the last 12 months) is 10.1%. Indonesia's DMF-T index is 4.6 with respective values: D-T = 1.6; M-T = 2.9; F-T = 0.08; which means that the tooth decay of the Indonesian population is 460 teeth per 100 people (Kemenkes, 2018).

Children are at an age prone to caries and other dental diseases, therefore they still need help from parents and families to guide them in maintaining the cleanliness of their teeth and mouth (Dewi and Wirata, 2017). According to Gede in Prasko, et al (2016), lack of knowledge about dental and oral hygiene is one of the causes of children ignoring dental and oral health problems. People ignore dental and oral health problems, due to lack of knowledge about dental and oral health (Damafitra, 2015).

Knowledge or cognitive is a very important domain in shaping one's actions. Based on research by Roger (1976) in Notoatmodjo, (2012) states that attitudes and practices that are not based on adequate knowledge will not last long in a person's life, while adequate knowledge if not balanced by sustainable attitudes and practices will not have significant meaning. in life.

This study aims to analyze the impact of oral health telepromotion with animated video media on the knowledge and skills of teethbrushing among elementary school students.

METHOD

This study uses the Research and Development method or media planning and development, which aims to develop animated video media used for learning, consisting of:

1. Development Stage of Animated Video Media

The model development activity begins with conducting a literature review and continues with the steps of model development and expert consultation. The stages or processes of making this SOGI Animated Video media include:

a. The preparation of materials on how to brush teeth includes: understanding of teethbrushing , purpose of teethbrushing, consequences of not brushing teeth, tools and materials, when brushing teeth, recommended teethbrushing movements, foods that nourish teeth, foods that damage teeth.

b. Designing the images and writing

c. Design and create animation video software

d. Feasibility test of Animated Video media to Media experts

e. Revision of Animated Video media according to input from experts

2. Model Test Stage

The model test phase is carried out by analyzing the effectiveness of animated video media in elementary school age children. The type of research used is quasi-experimental with One Group Pre-

Post Test Design. The research subjects in this study were elementary school student in RT 05 RW 06 Padangsari Banyumanik Semarang a total of 30 children

The study began with a pre-test (questionnaire and early observation), then was given treatment by delivering material on how to brush teeth using animated video software to respondents through the WA Group that had been formed. Respondents were given the opportunity to understand the content of the animated video (2 weeks). After 2 weeks, a posttest was held as a form of activity evaluation (questionnaire and final observation).

RESULT

Table 4.1 Teethbrushing Knowledge before and after Animated Video Treatment

No	Knowledge	Before		After	
		f	%	f	%
1	Good	13	43	30	100
2	Poor	17	57	0	0

Table 4.1 shows that the level of knowledge of respondents before treatment was mostly in the poor category (57%), and 43% of respondents have the level of knowledge in the good category. While after treatment, all respondents are in the good category (100%).

Table 4.2 Teethbrushing Skills Before and After Animated Video Treatment

No	Teethbrushing Skill	Before		After	
		f	%	f	%
1	Skilled	14	47	30	100
2	Less Skilled	16	53	0	0

Table 4.2 shows that before treatment most of the respondents (53%), had the teethbrushing skills in the less skilled category, and 14 respondents (47%). Meanwhile, after treatment, all respondents were in the skilled category (100%).

Table 4.3. Observation of the Teethbrushing Technique before and after Animated Video Treatment

No	Teethbrushing Technique	Before		After	
		f	%	f	%
1	Skilled	9	30	30	100
2	Less Skilled	21	70	0	0

Table 4.3 shows the results of observations on tooth brushing techniques. Prior to the intervention, most of the respondents (70%) had less skilled brushing techniques. After the intervention, all respondents (100%) had their teeth brushing technique in the skilled category.

Table 4.4 Average Value of Teethbrushing Skills before and after the Animated Video Intervention

No	Teethbrushing Skill	Before		After	
		f	%	f	%
1	Skilled	11	37	30	100
2	Less Skilled	19	63	0	0

Table 4.4 shows that the average value of the respondent's teethbrushing skills before treatment is mostly (63%) in the less skilled category. Meanwhile, after treatment, the average value of teethbrushing skills of all respondents (100%) was in the skilled category.

Table 4.5 Differences in Teethbrushing Knowledge and Skills among Elementary School Student Using Oral Health Telepromotion Interventions with Animated Video Media

VARIABLE	***P VALUE***	**DESCRIPTION**
PreTest - Post Test Knowledge	0.000	Significant
Pre Test – Post Test Teethbrushing Skill	0.000	Significant

Based on the statistical test using the Wilcoxon Signed Ranks Test, it was found that there was a difference in knowledge of brushing teeth before and after the dental health telepromotion intervention using animated video media with p value = 0.000 in elementary school student respondents in the Padangsari area RT 05 RW 06 Banyumanik Semarang. An increase in the number of respondents with good knowledge was obtained by 57%.

Based on the Wilcoxon Signed Ranks Test statistical test, it was also found that there were differences in tooth brushing skills before and after the dental health telepromotion intervention using animated video media on primary school student respondents in the Padangsari area RT 05 RW 06 Banyumanik Semarang. An increase in the number of respondents whose teeth brushing skills are in the skilled category is 63%.

DISCUSSION

1. Animated Video Telepromotion Intervention on Teethbrushing Knowledge

The results showed that the level of knowledge of respondents about dental and oral health before being given health education through animated videos was still in the poor category as many as 17 people (57%). This study is in line with the theory put forward by Notoatmodjo (2007), the factors that influence knowledge from internal factors are education and external factors are from lack of information and lack of support from health workers. This study is also in line with research conducted by Edyati (2015), before health counseling was conducted with video media, most of the respondents had a level of knowledge in the sufficient category (86.1%).

The researcher argues, there are still many respondents in the poor category, it can be caused because respondents think that they brush their teeth twice a day every morning and evening bath as much as 80%. The results of this study are in accordance with the results of Riskesdas (2018) which show

that the behavior of the majority of the Indonesian population (91.1%) has the habit of brushing their teeth every day, but only 7.3% who behave properly and brush their teeth. Brushing your teeth properly is every day in the morning after breakfast and before going to bed at night (Sariningsih, 2012). The results of this study are supported by research by Agung, et al (2015) which has been published in the journal, that respondents who brush their teeth according to the recommended time are only 11 people out of 35 respondents, meaning that there are 24 people (86%) of respondents brushing their teeth at the wrong time.

In addition, another factor that can cause a lack of knowledge of respondents is 77% of respondents answered that in cavities there are caterpillars. The cause of dental caries is the presence of bacteria in plaque. The bacteria that causes caries is Streptococcus mutans. The presence of bacteria in the oral cavity is a normal thing. But over time the buildup of bacteria, food debris, saliva in the oral cavity can cause plaque to form. The acid in plaque can cause the hard tissues of the teeth to dissolve, resulting in dental caries (Tarigan, 2012).

The level of knowledge of respondents about dental and oral health after being given health education through animated videos, increased to 100% in the good category. While the results of statistical tests obtained p value: 0.000 meaning that there is a significant change and increase in knowledge before and after dental health education through telepromotion through animated videos.

According to Notoatmodjo (2012), knowledge is the result of knowing and this occurs after people have sensed a certain object. One of the efforts that can be used to increase one's knowledge is to conduct health education. Health education can increase knowledge, change awareness, and behavior, so that people or communities participate in improving health status. The results showed that respondents' knowledge had increased after being given health education with video media. Researchers argue that video media in providing appropriate and interesting health education in conveying information affects the results of health education. According to Aeni (2015) good animated video media displays moving images, writing, and there is sound that explains the images displayed, so that they can attract the attention of health education targets.

Animated video media displays materials in a concise, clear, and easy-to-understand manner, this can facilitate understanding and strengthen the respondent's memory. By using animated video media, learning becomes more varied, interesting, and fun. The animation video playback time also does not take a long time, all messages can be conveyed and can be received by respondents. This is evidenced when the health education process takes place, the respondents are enthusiastic and pay attention to the video provided by the researcher. The theory put forward by Mubarak and Iqbal (2007), that animated video media in the learning process can increase student motivation and learning outcomes, because it has the ability to explain something complicated or complex through audio-visual stimuli which ultimately produces better results. Learning by utilizing animated video media can make learning effective, fun, and not boring so as to speed up the process of delivering material to students. Health education with animated video media is shown and captured by involving various senses, such as sight and hearing. The more senses you use, the easier it will be to enter information. This is in line with the theory put forward by Listyarini (2017), that approximately 75%-87% of a person increases his knowledge by seeing or obtained from the five senses. Maulana (2014) also said the same thing, that the

five senses that transmit knowledge the most to the brain are the eyes (about 75%-87%), while 13%-25% of human knowledge is obtained and channeled through the other senses.

According to Dewi and Muhibuddin (2015), the factors that influence a person's level of knowledge include the level of education, occupation, information, socio-culture, environment, experience, and age. Based on this statement, it is known that one of the factors that influence one's knowledge is exposure to information. The more exposure to information about dental and oral health a person receives, the better the knowledge will be. This information can be obtained through formal and non-formal education. According to Sarbaini, et al (2012) formal education is education carried out through education in schools. While non-formal education is an educational path that is carried out outside formal education, such as counseling.

According to Hardini and Puspitasri (2012) health education is an educational activity carried out by disseminating messages, instilling confidence so that people are not only aware, know and understand, but are also willing and able to make recommendations related to health. Health education is identical to health education because both are oriented to behavior change (Arsyad, 2013).

2. Animated Video Telepromotion Intervention on Teethbrushing Skills

The results showed that the act of brushing the teeth of respondents before being given health education through animated videos was still in the less skilled category as many as 19 people (63%). This value is a combination of the data analysis of the questionnaire results and the results of observations. The researcher argues that the respondent's lack of skill in maintaining dental hygiene is known from the respondents' answers, namely 90% of respondents who like to eat sweets, 77% of respondents who do not check their teeth every 6 months, 63% of respondents who do not brush their teeth after breakfast. Based on observations, most of the respondents did not brush their teeth on the inner surface, front teeth and upper and lower back teeth with teething movement direction as much as 87%, did not brush the back teeth facing the upper and lower cheeks with teething direction movement 83% and did not brush teeth on the upper and lower front with 67% tooth movement direction.

This happens because the child's ability to brush his teeth is not in accordance with the procedure. One way for children to be able to brush their teeth properly, requires an understanding to teach health education about brushing teeth. That many respondents are less skilled in brushing their teeth because their ability has not been able to judge something based on what they see (Chatarina, 2014 cit. Pasaribu, 2019). Research conducted by Kholishah (2017) also shows the same thing, that before being given health education treatment with video media most of the respondents were in the less skilled category (95.8%).

The results of the study found that after giving dental health education with animated videos, all respondents were known to have correct and skilled tooth brushing practices (100%). The increase in correct brushing practices from previously only 47% to 100% after the provision of health education through animated videos that occurred in this study showed that the practice of brushing teeth in respondents was also determined by the knowledge of tooth brushing practices. While the results of the statistical test obtained a p value of 0.000 meaning that there were significant changes and improvements in skills before and after dental health education through telepromotion through animated videos of brushing teeth practice. This is in line with Utomo's research (2012 cit. Haris, 2017)

which states that there is an increase in the cycle of knowledge received, then an attitude appears to take action or skills by listening to animated media.

Dental health counseling for elementary school children aged 6-12 years is very important because this age phase is a critical period, both for the growth of their teeth as well as for the development of their soul. (Kholisah, et al, 2017)). Success in dental health education efforts to school children is inseparable from the method of education and the importance of the role of a media because it can support the learning process, making it easier for students to understand learning material. Through the media, the messages conveyed can be more interesting and easy to understand (Edyati, 2015). In determining the media, the characteristics and tastes of the target audience must be considered so that what is conveyed can be received effectively.

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Media as a tool in the teaching and learning process is a fact that cannot be denied. Tools or media are very important to use for counseling. The tools used by educators in delivering educational or teaching materials include animated video media (Edyati, 2015). Based on the literal meaning, animation is animating, namely an attempt to move something that cannot move on its own. According to Rosch, animation is a combination of computer and video. According to McCornick, multimedia is generally a combination of three elements, namely sound, images and text. According to Robin and Linda, multimedia is a tool that can create dynamic and interactive presentations, namely a combination of text, graphics, animation, audio, and video images (Imamah, 2012).

The results of research by Harsono, et al (2009) show that animation media provides better learning outcomes compared to using conventional lecture media. Animation, or more familiarly called animated film, is a film that is the result of processing hand images so that they become moving images. Animated media is a medium with motion pictures in learning. This media is easier for students to understand because they know clearly not just hand drawings from students. Basically animation media is used to improve student learning outcomes. The teaching steps using animation media include: 1) Compiling the instructional design of the material systematically. 2) Prepare teaching support equipment including computers, LCDs, televisions and other electronic devices. The teacher starts with a short description orally. 4). The subject matter with details is presented with a display of motion pictures accompanied by oral descriptions if needed. 5). Opportunity to ask questions for students, if necessary the answer is also from the animated display. 6). The material is completed or ends with an assessment (Harsono et al, 2009)

Animation is currently widely used for various needs in various activities ranging from casual to serious activities, from starting as the main function to additional functions or decoration. Animation is built based on its benefits as an intermediary or media used for various needs including: entertainment

media, presentation media, advertising/promotional media, scientific media, auxiliary media/tools, complementary media (Novitasari, 2010).

The functions of animation in presentations include: attracting attention with harmonious movement and sound, beautifying the appearance of the presentation, facilitating the arrangement of presentations, facilitating the depiction of a material (Novitasari, 2010). Then the researchers will examine the telepromotion of dental health with animated video media on the knowledge and skills of brushing teeth in elementary school age children.

CONCLUSION

1. Before treatment, most of the respondents' knowledge level was in the poor category (57%). Meanwhile, after treatment, all respondents (100%) had a good level of knowledge about dental health.
2. Before treatment, most of the respondents' skills were in the poor category (57%). Meanwhile, after treatment, all respondents (100%) had skills in brushing teeth in the skilled category.
3. There is a difference in knowledge about brushing teeth before and after giving the animated video, with pValue = 0.000, with an increase in the number of respondents who have good knowledge by 57%.
4. There is a difference in brushing teeth skills before and after giving the animated video, with pValue = 0.000, with an increase in the number of skilled respondents as much as 63%.

RECOMMENDATION

1. Respondents are advised to actually brush their teeth at the right time, namely after eating and before going to bed at night.
2. Implementing the 3 teethbrushing principles, namely Diligent, Thorough and Regular.
3. Further research on counseling using 3D video media with role playing method.

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