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ABSTRACT

Introduction: Dental health has not seen any tangible results that need an attention and require cooperation from various parties. One of the contributing factors is the lack of data on the level of community dental and oral health care needs that owned by the local government so that efforts to actualize healthy communities including dental and oral health are less than optimal. The objective of the study is to identify the level of anxiety of dental services among adolescents in Kecamatan Benteng, Kepulauan Selayar District.

Subjects and Method: The present study is a purposive-sampling study, adolescents between the age of 17 to 21 years old in state senior high school. This study obtained 511 students from three different schools and processed with SPSS Version 16.

Discussion: A total of 511 students showed four level of anxiety- Not Anxious, Less Anxious, Anxious and Very Anxious. Most student experienced a not anxious level (56.8%), while only 2.3% students showed a very anxious level. In addition, the respondent was divided into two groups, based on visiting dentist in the last two years. Respondents who have had last visit to the dentist more than 2 years witnessed more anxiety than they who are visiting dentist in the last two years.

Conclusions: The cause of anxiety to dental treatment is influenced by many factors, which relate closely to the pain history on dental treatment both in the adult and children.

Keywords: Anxiety, Dentist Care, Adolescents, Kepulauan Selayar District.

INTRODUCTION

Kepulauan Selayar is a district in South Sulawesi Province, Indonesia, which Benteng city is the capital city. This district has an area of 903.35 km² and a population of ± 100,000 inhabitants. This area is the only regency in South Sulawesi that its entire territory separated from the mainland of South Sulawesi and more than that region Kepulauan Selayar District consists of a group of islands so that is the archipelago region. This place consists of 123 islands, both large islands and small islands extending from North to South which has a stable number of schools each year. Those are elementary school 139 units (16,207 students), junior high school 52 units (5,232 students), senior high school 8 units (2,343 students), and vocational school 7 units (1,481 students).

In addition, it has variety of health facilities. One general hospital, 13 public health center and 61 units supporting community health center. On the other hand, oral and dental health problems are found in Kepulauan Selayar which need to get attention and require cooperation from various parties. Moreover,
efforts to overcome have not seen any tangible results when measured with public dental health indicators. One of the contributing factors is the lack of data on the level of community dental and oral health care needs that owned by the local government so that efforts to actualize healthy communities including dental and oral health are less than optimal. If this continues, obviously dental and oral health especially in the community will continue to decline. And ultimately affect their quality of life\(^{(1,2)}\).

Anxiety is a vague feeling of discomfort, with a shadow that something undesirable will happen (Kargan & Haveman, 1976). Surveys generally showed that most of the general population avoid regular visits to dentists because they are afraid to do so. In recent studies, anxiety about dental care is associated with the length of time since the last visit to dental care and the greatest frequency of cancellation visits. Anxiety about dental care restricts partial, or prevents all oral health care services. An anxious person shows more damage or missing teeth and less restored teeth \(^{(4,5)}\). The level of anxiety is closely related to the method of oral and dental treatment that will be given to the patient. Patients with high levels of anxiety will find it more difficult to receive dental and oral care as well\(^{(3,13)}\).

SUBJECTS AND METHOD

The present study was a purposive-sampling study among adolescents between the age of 17 to 21 years old in state senior high school. This study obtained 511 students from three different schools. Those schools were Benteng Senior High school, Muhammadiyah Senior High school and Benteng Vocational High school. Examination of survey was based on questionnaires/survey forms. Researchers attend all senior state high school and vocational schools in each location then explained the purpose of visits, followed by the distribution of a questionnaire/survey form and filling the questionnaire/survey form. Eventually, the data collected was processed with SPSS Version 16.

DISCUSSION

Results showed that the characteristics of respondents consists of age, sex, class grade, parental education level, last visit to dentist and anxiety of dental services. Majority respondents was in 16-17 years old (75.5%) and the least age was in 20-21 years old (0.8%). In addition, most of respondents were women (58.1%), while another was only 41.9%. The respondents was generally second grade (57.9%) and most of them had parents with bachelor education level (51.1%). In the last two years, it had 52.4% who had visited the dentist. Furthermore, most of the respondents do not feel anxious about dental services (56.8%). The data results is shown in Table 1 below:

<table>
<thead>
<tr>
<th>Respondents Characteristics</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group (year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 - 17</td>
<td>386</td>
<td>75.5</td>
</tr>
<tr>
<td>18 - 19</td>
<td>121</td>
<td>23.7</td>
</tr>
<tr>
<td>20 - 21</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Man</td>
<td>214</td>
<td>41.9</td>
</tr>
<tr>
<td>Women</td>
<td>297</td>
<td>58.1</td>
</tr>
<tr>
<td>Grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>12</td>
<td>2.3</td>
</tr>
<tr>
<td>2</td>
<td>296</td>
<td>57.9</td>
</tr>
<tr>
<td>3</td>
<td>203</td>
<td>39.7</td>
</tr>
<tr>
<td>Parents’ Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school</td>
<td>250</td>
<td>48.9</td>
</tr>
<tr>
<td>Bachelor</td>
<td>261</td>
<td>51.1</td>
</tr>
<tr>
<td>Last Visit To Dentist &gt; 2th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>268</td>
<td>52.4</td>
</tr>
<tr>
<td>No</td>
<td>243</td>
<td>47.6</td>
</tr>
<tr>
<td>Anxiety Level of dental services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Anxious</td>
<td>290</td>
<td>56.8</td>
</tr>
<tr>
<td>Less Anxious</td>
<td>149</td>
<td>29.2</td>
</tr>
<tr>
<td>Anxious</td>
<td>60</td>
<td>11.7</td>
</tr>
<tr>
<td>Very Anxious</td>
<td>12</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Source: Primary Data

Table 1 showed that most of adolescences was not anxious of dental services. Even thought it showed a not anxious level, there were other anxiety levels which almost a half of the results. This sums that anxiety of dental services was still an issue in Kepualauan Selayar District. Moreover, the correlation of anxiety level and last dentist visiting is shown in table 2.
Table 2: Correlation of anxiety level to dental services and last dentist visit

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Last visit to the dentist &gt; 2 years</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>%</td>
</tr>
<tr>
<td>Not Anxious</td>
<td>145</td>
<td>54.1</td>
</tr>
<tr>
<td>Less Anxious</td>
<td>82</td>
<td>30.6</td>
</tr>
<tr>
<td>Anxious</td>
<td>33</td>
<td>12.3</td>
</tr>
<tr>
<td>Very Anxious</td>
<td>8</td>
<td>3.0</td>
</tr>
<tr>
<td>Amount</td>
<td>268</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Primary Data

Table 2 shows that in the last two years visiting the dentist had almost the same number in all level of anxiety. Respondents who’ve had last visit to the dentist more than two years mostly felt not anxious (54.1%). This number has slightly lower than them who were not visiting the dentist, which were 59.4%. In contrast, other anxiety levels on respondents who visited the dentist experienced a little more percentage compare to them who had not visited.

Different types of anxiety components are interconnected with one another, but it is important to repeat here that there is no one-on-one relation between the components. Some people are actually very anxious about dental treatment but regularly and fairly cooperatively examined while others may actually avoid visiting dentists.6,14

Approach through education alone is not enough, because it only gives partial impact on behavior change. Although humans need information and skills, they have no motivation to implement the newly-given information15. The idea that research alone is not enough, supported by research conducted by Todd et al (1982). Although 91% of the sample size is large enough to agree that regular visits to dentists are important to maintain dental health, 43% say they go to the dentist only when experiencing symptoms. The imbalance between knowledge and the actual behaviour may related to the motivation factor, especially the consequences seen from its actions.6

A review of the literature estimates that 9% of the world population suffer from a sense of fear/anxiety to dental treatment, with a reduction in prevalence as age increase. The cause of anxiety to dental treatment is influenced by many factors, which relate closely to the pain history on dental treatment both in the adult and children. The prevalence of fear to dental care is considered high (24.3%), but lower than fear of snakes, heights or injured physically.

Surprisingly, among all the phobias, the most common is dental phobia (3.7%). These findings should be on alert by both researchers and dental care practitioners as a very real problem with the aim to finding ways to improve the conditions. Fear to dental care usually begins in childhood with a negative experience, commonly expressed as a painful experience and/or being treated by a rough dentist.

Although it tends to decrease with age increasing, anxiety of dental care can last until adolescence and continue into adulthood. This is important. Therefore, the dentist should be able to identify these patients, with the aim to plan dental interventions that can reduce an individual’s anxiety level.12

CONCLUSIONS

The cause of anxiety to dental treatment is influenced by many factors, which relate closely to the pain history on dental treatment both in the adult and children.

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REFERENCES


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