DENTAL AND ORAL HEALTH COUNSELING AT THE KEMAH BETH SHALOM NURSING HOME

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ABSTRACT

The elderly population in Indonesia continues to grow significantly, accompanied by an increasing prevalence of dental and oral health problems such as tooth loss, periodontal disease, xerostomia, and oral hygiene difficulties. This community service activity was carried out at the Kemah Beth Shalom Nursing Home, Serpong, South Tangerang, to provide counseling and education on the importance of maintaining oral health in the elderly. The method involved promotive activities through presentations using PowerPoint and posters, followed by interactive discussions. A total of 21 elderly participants and 5 caregivers attended the program. The results indicated that the majority of participants had limited knowledge and awareness regarding dental and oral health care, reflecting findings from national health surveys. The counseling successfully increased participants' understanding of proper oral hygiene practices, the importance of regular dental check-ups, and preventive measures against common oral diseases. This activity highlighted the need for continuous oral health promotion among the elderly to improve their quality of life, self-confidence, and nutritional well-being.

Keywords: Elderly, Oral Health, Counseling, Nursing Home, Health Promotion

1. INTRODUCTION

The elderly population in Indonesia continues to increase significantly. Based on the National Socioeconomic Survey (Susenas) in 2019, the proportion of the elderly population doubled from 4.5% to 9.6% between 1971 and 2019. In 2019, there were 25.6 million elderly people, consisting of 52.4% women and 47.6% men. It is estimated that by 2045, the number of elderly people will reach 63.3 million (19.8%) (Cicih & Agung, 2022). Furthermore, the Basic Health Research (Riskesdas) in 2018 reported that the proportion of Indonesians with dental and oral health problems reached 61.9% among those aged 55–64 years and 54.2% among those aged over 65 years (Kementrian Kesehatan RI, 2018). According to the World Health Organization (WHO), the classification of older adults is divided into middle age (45–59 years), elderly (60–74 years), old (75–90 years), and very old (>90 years) (Wulandari, Winarsih, & Istichomah, 2023).

Elderly individuals generally experience a decline in immunity along with various health problems. One commonly overlooked aspect is dental and oral health, which tends to deteriorate with age. Many elderly no longer maintain proper oral hygiene due to weakened physical conditions, resulting in declining oral cleanliness and progressive tooth loss (Tjahja, 2018). Oral health problems in the elderly, such as tooth loss, are often caused by the lack of regular dental visits. Although dental check-ups are recommended every six months, many elderly perceive dental care as unimportant, assuming that functional decline of the oral cavity is a natural part of aging. Consequently, deterioration in oral health is often accepted without any attempt to seek treatment or care (Tjahja, 2018).

Common oral health problems found in older adults include edentulous conditions, periodontal disease, root caries, xerostomia, and difficulties in maintaining oral hygiene. These conditions not only affect the quality of life of the elderly but may also impact nutritional status and overall systemic health.

In addition to physiological decline, socio-cultural perceptions among the elderly often contribute to neglect of oral health. Many elderly individuals believe that tooth loss, difficulty in chewing, or discomfort in the oral cavity are inevitable consequences of aging. This perception fosters resignation rather than motivation to seek preventive care or treatment (Nuraeny & Sari, 2016). However, studies have shown that maintaining oral health in old age has significant benefits, including improved nutrition, enhanced communication, and increased psychological well-being (Coll et al., 2020).

Another important factor is the role of caregivers and family members in promoting oral health among the elderly. Due to physical limitations, elderly people often require assistance in performing daily oral hygiene practices such as brushing or cleaning dentures. Caregivers who are well-informed about oral hygiene can play a crucial role in

preventing oral diseases and ensuring that elderly residents receive proper dental care (Mylonas, Milward, & McAndrew, 2022). Thus, health education programs targeting both elderly individuals and their caregivers are essential for fostering sustainable improvements in oral health practices.

The community service activity conducted at the Kemah Beth Shalom Nursing Home was designed to address these issues by providing oral health counseling tailored to the elderly. Through interactive presentations and discussions, the program aimed to increase awareness, change perceptions, and encourage healthier oral hygiene practices. Ultimately, the purpose of this initiative was to improve the oral health status and quality of life of the elderly, while also equipping caregivers with the knowledge to support consistent oral health care.

2. METHOD

The method used in this counseling activity was promotive health education through interactive sessions utilizing PowerPoint slides and posters. The activity was conducted on Friday, July 5, 2024, at the Kemah Beth Shalom Nursing Home, located in Serpong District, South Tangerang City, Banten. The participants consisted of 21 elderly residents and 5 caregivers from the nursing home. The session began after breakfast, when the elderly were gathered in the main hall. The material was delivered through visual media, and the presentation was met with enthusiasm from the participants. The activity concluded with a question-and-answer session, where the elderly actively asked questions about their oral health conditions and problems.

To strengthen the effectiveness of the counseling, the health education materials were designed to be simple, visually engaging, and easy to understand, considering the age-related decline in cognitive and sensory functions among elderly participants. Posters served as supportive tools to reinforce key messages and provide visual reminders that participants could easily recall after the session. This approach is consistent with health promotion strategies that emphasize the use of culturally appropriate, accessible, and engaging media for elderly populations (Wulandari, Winarsih, & Istichomah, 2023).

Moreover, the interactive nature of the session was aimed at encouraging active participation, allowing the elderly to voice their concerns and clarify misconceptions about oral health. Interactive learning has been shown to significantly improve knowledge retention and foster behavioral change compared to passive lecture-style education (Coll et al., 2020). The involvement of caregivers as participants was also important, as they play a crucial role in assisting the elderly with daily oral hygiene practices. By including caregivers in the counseling session, the activity ensured a supportive environment for sustaining oral health practices beyond the program's duration.

3. RESULTS AND DISCUSSION

The activity began with the delivery of material through a PowerPoint presentation and posters under the theme "The Importance of Maintaining Oral Health for a Cheerful Elderly Life with Healthy Teeth." In this session, participants received deeper knowledge about the significance of oral and dental care, particularly for older adults. The speaker explained effective methods for maintaining oral hygiene, preventing dental and oral diseases, proper tooth cleaning, and the importance of regular dental check-ups. The elderly participants welcomed the session enthusiastically and actively engaged throughout. A total of 21 elderly residents and 5 caregivers attended. The activity continued with an interactive discussion session, during which many participants raised questions about their dental and oral health conditions. Based on the outcomes of the activity, it can be concluded that knowledge and awareness regarding dental and oral health care among the elderly remain very limited. This finding is consistent with the Basic Health Research (Riskesdas, 2018), which reported that 61.9% of Indonesians aged 55–64 years and 54.2% of those aged over 65 years experience dental and oral problems. This highlights that oral health issues among the elderly remain a major concern requiring greater attention. Counseling activities on dental and oral health are therefore crucial for improving knowledge, awareness, quality of life, and behavioral changes among the elderly—not only for themselves but also for their surrounding community.

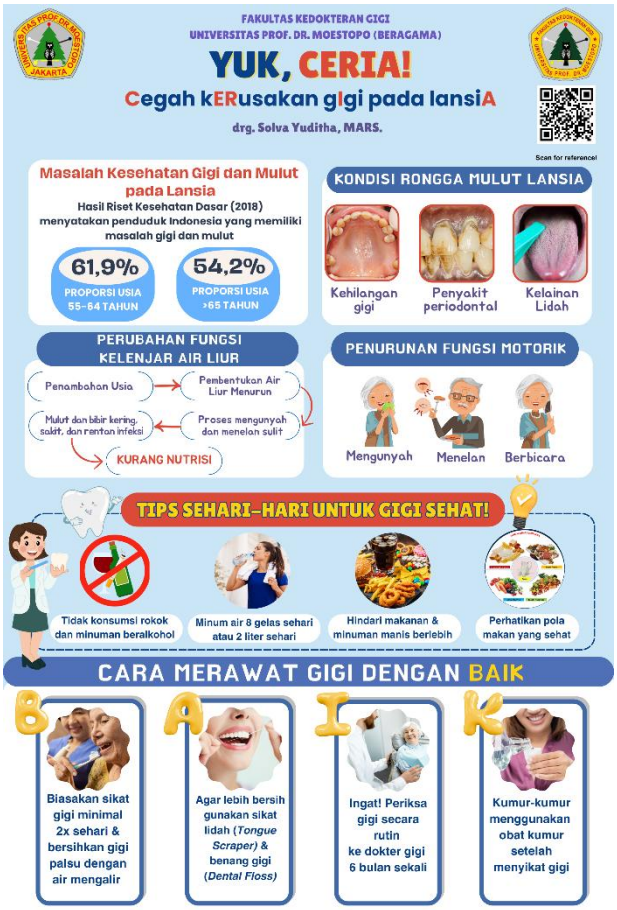

Figure 1. Poster on Oral Health Prevention

It should be noted that elderly health, in general, cannot be separated from oral health. Poor oral hygiene significantly impacts the quality of life of older adults. Many elderly individuals no longer maintain proper oral hygiene due to declining physical conditions associated with aging. This results in reduced oral cleanliness and, over time, worsens oral health problems (Singh & Papas, 2014). The National Basic Health Research (Riskesdas, 2018) also revealed that only 71% of elderly individuals brush their teeth daily, and merely 2.9% do so at the correct time. This reflects the urgent need for education and increased attention to oral hygiene among the elderly. Declines in physical function, such as reduced muscle strength and changes in the joints, make it difficult for older adults to perform daily activities, including proper toothbrushing. Therefore, it is essential for elderly individuals to receive assistance in maintaining their oral health (Tjahja, 2018).

Figure 2. Elderly Participants

Several studies have also highlighted the prevalence of oral health conditions among the elderly. Research conducted by Nuraeny and Sari (2016) on 20 elderly participants (7 men and 13 women aged 70–80 years) at the Tresna Wreda

Senjarawi Social Institution in Bandung revealed that 90% of the participants experienced tooth loss and 55% had coated tongue. Similarly, research by Nogalcheva et al. (2017) found that tongue coating increased with age in a sample of 70 individuals (37 women and 33 men) aged 32–89 years. The study showed that subjects under 60 years old had a lower percentage of tongue coating (20.5%), whereas those aged over 60 had a significantly higher percentage (79.5%).

Figure 3. Presentation Delivery

One of the most pressing problems commonly faced by the elderly is tooth loss, which directly affects masticatory function and quality of life. Tooth loss is the most frequent cause of declining chewing ability in older adults. Oral function and activity become impaired if tooth loss is not managed, for example, by providing dentures. The World Health Organization (WHO) states that elderly individuals aged 65 and above should retain at least 20 functional teeth to maintain adequate chewing, speaking, and aesthetic functions (Misnaniarti, 2017). The loss of teeth can cause multiple complications, including impaired mastication, temporomandibular joint dysfunction, psychological distress related to appearance and speech, and even malnutrition (Nur'aeny, Hidayat, & Wahyuni, 2018).

Figure 4. Dental Consultation With a Dentist

Nevertheless, many elderly individuals view dental and oral problems as a natural part of aging and therefore believe they do not require treatment. They often accept oral health decline as an inevitable process of getting older, without seeking appropriate care (Benly et al., 2022). Changing this perception is crucial to encourage older adults to remain proactive in maintaining their oral and dental health. Oral health maintenance can be carried out independently or through regular dental visits. Self-care practices include: (1) brushing teeth after breakfast and before bedtime for two minutes, ideally 30 minutes after meals; (2) using an age-appropriate toothbrush and toothpaste; (3) brushing correctly; (4) rinsing only once after brushing; (5) using dental floss to clean interdental spaces; and (6) conducting self-checks. Additionally, regular dental check-ups every six months are highly recommended (Kementrian Kesehatan RI, 2019).

Elderly individuals are also at high risk of oral and dental infections, along with complications caused by these conditions. Tooth loss, often due to infection, not only changes physical appearance but also makes chewing difficult, thereby complicating nutrient intake. To address these risks, elderly individuals are advised to: chew sugar-free gum or candies containing xylitol to stimulate saliva production, especially in cases of dry mouth; brush daily with fluoride toothpaste; use dental floss; and rinse with mouthwash as recommended by a dentist (Coll et al., 2020). Furthermore,

the elderly should undergo professional cleaning and oral examinations at least twice annually. They should also avoid harmful habits, such as smoking, chewing tobacco, or consuming sugary foods (Mylonas, Milward, & McAndrew, 2022).

For elderly individuals using dentures, proper hygiene practices are critical in preventing oral diseases. These include rinsing dentures under running water, brushing all surfaces with a soft-bristled brush and mild soap or special paste, and soaking them overnight or when not in use (Mylonas et al., 2022). Another significant issue is taste sensitivity, which can be affected by oral health, medications, eating habits, nutritional status, and oral hygiene. The tongue, as an essential organ of taste, may become coated with bacteria and dead cells. Cleaning the tongue with a tongue scraper or toothbrush helps reduce coating and improve taste sensitivity (Fimma et al., 2021).

Through this counseling program, it is expected that knowledge and awareness of oral health among the elderly will increase, particularly regarding the importance and methods of maintaining dental and oral hygiene. By adopting preventive and consistent care, elderly individuals will be able to reduce the risk of oral health problems, maintain better self-confidence, and achieve improved quality of life.

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Practical implications of this activity highlight the importance of integrating continuous oral health promotion into elderly care programs. Nursing homes and community health centers should collaborate to provide routine oral health education, periodic dental check-ups, and caregiver training. In addition, developing simple and accessible educational media, such as posters or video tutorials, can support elderly individuals in practicing good oral hygiene independently. By embedding oral health education into elderly care systems, policymakers and healthcare providers can foster sustainable improvements in oral health and overall well-being for the aging population.

4. CONCLUSION

This community service activity on dental and oral health counseling at the Kemah Beth Shalom Nursing Home demonstrated the importance of health promotion for elderly populations. The program successfully increased awareness and provided practical knowledge to elderly participants and caregivers regarding oral hygiene practices, disease prevention, and the significance of regular dental check-ups. The interactive approach, combining visual media and discussion sessions, fostered active participation and encouraged the elderly to share their oral health concerns. The findings confirmed that many elderly individuals still lack sufficient knowledge and proper practices related to oral health, a condition that not only affects chewing, nutrition, and communication but also impacts psychological well-being and overall quality of life.

To sustain the benefits of this program, oral health counseling should be conducted regularly in nursing homes and community settings, with structured caregiver training to support daily oral hygiene. Collaboration with health institutions and local governments is essential to provide ongoing education and periodic free dental check-ups. Moreover, the development of simple and accessible educational media, such as posters and videos, will reinforce learning, while integrating oral health promotion into broader elderly health policies will ensure preventive practices become an integral part of aging care. Collectively, these efforts can improve the health, confidence, and dignity of older adults.

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