



Improving Dental Health Behavior in Drug Users through Peer Motivation Model

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ABSTRACT: Drug addicts and abusers are among the most vulnerable groups to dental and oral health problems. Therefore, the innovation of the peer motivation model was made as an effort to form the correct brushing behavior. This study aims to produce an effective peer motivation model to improve correct brushing behavior. This research method uses Research and Development (R&D) with a pre-experiment research design (one group pretest and post-test design). With purposive sampling technique. The data of the results were tested for effectiveness with the Wilcoxon test. The peer motivation model proved to be effective and there was an increase with scores, where knowledge with a p-value of 0.000 ($p < 0.05$), attitudes with a p-value of 0.015 ($p < 0.05$) and actions with a p-value of 0.000 ($p < 0.05$).

KEYWORDS: Motivational Model, Peers, Rehabilitation Client, Brushing Teeth

I. INTRODUCTION

The most important part of human life is health, both physical and spiritual. Every parent wants their child to grow and develop optimally and this can be achieved if they have a healthy body[1]. Healthy according to the World Health Organization (WHO) is a state of physical, mental, and social health and not only free from diseases and disabilities. Meanwhile, in general, health is a state of physical, mental and social health. The existence of a condition that dental health is part of general health is still a problem that needs to be overcome. The global condition can be seen from the 2022 World Health Organization (WHO) data which reports that the world's dental and oral health status in the form of dental and oral diseases occurs in nearly 3.5 billion people worldwide and an estimated 2 billion people suffer from dental caries[2]. while in Indonesia 45.3% experienced dental and oral health problems in the form of cavities and 14% experienced abscesses[3].

Dental health problems also occur in Indonesia, this can be seen from the results of the 2013 Basic Health Research data in Indonesia, showing that as many as 25.9% experience dental

and oral problems, while the results of the 2018 Basic Health Research data have increased by 57.6%[4]. In Indonesia itself, the percentage of people who have daily brushing behavior is 94.7%, but only 2.8% brush their teeth correctly[5].

The existence of the above conditions shows that there are still problems with behavior that are not optimal. Behavior is one of the factors that affect a person's health status in addition to three other factors, namely the environment, health services and heredity. Behavior change is characterized by a change in behavior that is different from previous habits. Such as changes in knowledge, changes in understanding and attitudes[6]. Behavior is one of the determinants of health, this is as conveyed by H.L Bloom which consists of four factors, namely behavioral/lifestyle factors, environmental factors (social, economic, political and cultural), health service factors (type of coverage and quality) and genetic factors (heredity)[7].

One aspect of behavior is knowledge. To be able to increase knowledge, there are influencing factors, namely education which is an effort of a person or group to change attitudes and behaviors obtained formally and non-formally through training or teaching, where the higher a person's level of education, the faster they will receive and understand information, information/mass media is a way of collecting, announcing, analyzing and disseminating information with a specific purpose. Information can affect a person's knowledge, where the more often you get information about learning, the more knowledge and insight it will increase. Socio-cultural and economic, will determine the availability of facilities needed in carrying out activities so that economic status will affect a person's level of knowledge, and if economic status is below average, it will be difficult to meet the facilities needed to increase knowledge. The environment will affect the process of knowledge entry to individuals because through mutual interaction it will be responded to as knowledge by individuals. Where from a good environment a



person will get good knowledge as well, and vice versa from a bad environment will get bad knowledge, knowledge can also be improved through experience, where the experience obtained can be from one's own experience or the experience of others. And the last factor that can increase knowledge is age, as you get older, a person's grasp and mindset will also develop so that the knowledge obtained will increase.

In this case, motivation plays a role in helping individuals to make changes to their behavior by making changes in a more positive direction. Motivation is an encouragement in an individual to make a change in a positive direction. Where a person who has high motivation, will try to achieve his goals by trying optimally. Because without motivation, goals will be difficult to get⁸. The role of peer motivation will influence their friends to do the correct brushing behavior, because peers can have a positive influence. In general, adolescents are more frequent and feel comfortable talking about their problems with their peers than parents or companions, peers can also be motivators, can also help provide solutions to a problem and can provide new information, besides that the role of peers will affect the behavior of their friends, if their friends behave badly, their other friends will also follow suit⁹. During the rehabilitation period, the client is placed in the program houses, so that the client interacts more often with his friends who are in the program house. Clients communicate more and spend more time with their peers, as it makes them more free and open in communicating compared to their parents or companions. Bramer stated that most people tend to prefer to share or confide in their close friends or peers rather than to parents or teachers⁸.

Victims of drug abuse tend to neglect oral hygiene and do not brush their teeth regularly and for a long time⁹. Victims of drug abuse will be rehabilitated at the Drug Rehabilitation Center The drug abusers will be in a community called a therapeutic community, which is a group of people who have the same problem and they will help each other and others in dealing with the problem and this community is led by one of them, until he achieves a change in behavior from negative to positive behavior¹⁰.

Drug users will experience complaints and diseases in the oral cavity which are affected by the way drugs are used, the duration of substance use, the type of drugs used and the lack of cleanliness in maintaining teeth and mouth [11]. Dental and oral health problems such as dental caries (cavities), periodontitis, dental attrition and xerostomia. This

is based on a lack of knowledge and awareness of the importance of dental and oral care¹².

Peers are very important in influencing their friends. Because generally adolescents will be more frequent and feel comfortable talking about their problems with peers compared to parents or companions, peers can also be used as motivators, can also help provide solutions to a problem and can provide new information, besides that the role of peers will affect the behavior of their peers, if their friends behave badly, their other friends will also follow suit⁴. During the rehabilitation period, the client is placed in the program houses, so that the client interacts more often with his friends who are in the program house. Clients communicate more and spend more time with their peers, as it makes them more free and open in communicating compared to their parents. Bramer stated that most people tend to prefer sharing or confiding to close friends or peers rather than to parents or teachers⁸. Peers can influence their friends to perform the correct brushing behavior¹⁰.

II. METHOD

The research method used is Research and Development (R&D) which aims to develop a peer motivation model. This research and development procedure includes five main steps, namely: information collection, model design, expert validation and revision, model testing and model results.

A. Information Collection

It includes needs analysis by identifying and analyzing problems by means of interviews and observations. The sample of information collection is dental health workers, Dental and Oral Therapists and Counselors/Assistant counselors.

B. Design and Build Models

The design uses data from information collection that has been adjusted to the needs of the peer motivation model in the formation of teeth brushing behavior.

C. Expert Validation and Revision

Expert validation tests are conducted to test the feasibility of the model before it is used. The test is planned to be carried out by 3 experts, namely health promotion experts, health psychologists, and dentist health experts. Testing is carried out to produce a model that is suitable for use. The experts provided appropriate assessments, then the results obtained from each expert were analyzed with Aiken V for validity tests using Intraclass Correlation (ICC) as a reality test.



D. Model Trial

The method used in the model trial is pre experiment with one group pretest and post-test design. This design was used to analyze the peer motivation model for the formation of toothbrushing behavior in clients in drug rehabilitation centers. The sample at this stage is victims of drug abuse at the drug rehabilitation center.

E. Model Results

The product is in the form of media which is the result of a model (output) of the method of developing dental health promotion and education programs.

III. RESULT

A. Information Collection

The interview is a descriptive preliminary study and is an information collection method with the aim of identifying a learning model in terms of dental and oral health promotion which is used as a consideration in developing a model as a dental health education method in the formation of correct toothbrushing behavior in clients at the Drug Rehabilitation Center. In the preliminary study, the data was obtained through interviews with dentists (R1), Dental and Oral Therapists (R2) and Counselors/Assistant Counselors (R3).

Table 1. Results of Information Collection

| No | Question | Conclusion Answer |
|----|---|--|
| 1 | What are the dental and oral health problems that occur in many clients at the Rehabilitation Center? | "... Problems that are often experienced by clients are dental caries, abscesses, gingivitis, bleeding gums, periodontitis to stomatitis (canker sores),... In addition, the awareness of clients brushing their teeth before going to bed at night is still low... clients rarely go to health care facilities for dental checkups... (R1, R2, R3) |
| 2 | What are the characteristics of rehabilitation clients? | "... A group of people who have drug abuse problems, come together to help each other in overcoming the problems they face and have a commitment to recover together by communicating with each other... (R1, R2, R3) |
| 3 | How are efforts to provide dental and oral health maintenance education to clients at the Rehabilitation Center? | "... The educational effort to maintain dental and oral health for clients carried out at the Rehabilitation Center is the existence of a schedule of basic Thematic Working Group (KKT) activities, namely the provision of basic seminars and educational therapy with different themes from each professional... (R1, R2, R3) |
| 4 | What kind of learning media is provided to clients in terms of shaping clients of brushing behavior? | "... The learning media provided can be in the form of books or modules that can be used as a reference or material for basic seminars and educational therapy for clients, because for media that use applications connected to mobile devices will be constrained, because clients undergoing rehabilitation are not allowed to use mobile devices... (R1, R2, R3) |
| 5 | What is the Government's policy regarding the Rehabilitation Center and the dental and oral health maintenance program for clients undergoing rehabilitation? | "... The Government's efforts to rehabilitate the increasing number of addicts and drug abusers are the establishment of this Rehabilitation Center to assist in the recovery of addicts and drug abusers... For clients before joining the program house, they will undergo a series of examinations and for their teeth will be checked for tooth decay and dental hygiene... (R1, R2, R3) |

From the results of interviews with respondents, it can be concluded that in general, the problems often experienced by clients are dental caries, abscesses, gingivitis, bleeding gums, periodontitis to stomatitis (canker sores), in addition to the low level of awareness of clients to brush their teeth before going to bed at night and

clients rarely check their teeth at health services. The characteristics of clients undergoing rehabilitation are a group of people who have drug abuse problems, where they come together to help each other in overcoming the problems they face and have a commitment to recover together by communicating with each other. And for dental and



oral health maintenance education efforts, there is a schedule of activities, one of which is the Basic Thematic Working Group (KKT), which is the provision of basic seminars and educational therapy with different themes from each professional. The learning media provided can be in the form of books or modules that can be used as a reference or material for basic seminars and educational therapy to clients, because media that use applications connected to mobile devices cannot be used. The Government's efforts to rehabilitate the increasing number of addicts and drug abusers are the establishment of the Drug Rehabilitation Center to assist in the recovery of addicts and drug abusers. And before the client joins the program house, they will undergo a series of examinations and for teeth will be checked initially regarding tooth decay and dental hygiene

B. Design and Build Models

The design/model is data from the results of information collection that is concluded and then the root of the problem is drawn. From the results of information collection, it can be concluded that clients at the Drug Rehabilitation Center are still lacking in maintaining the cleanliness of their teeth and mouth, in this case the behavior of brushing their teeth and needing the role of companions from peers to provide motivation. In some clients they said that they rarely brush their teeth at night, for that they need the role of peers who will provide motivation related to brushing behavior. The Peer Motivation Model in the Formation of Tooth brushing Behavior in Clients at the Drug Rehabilitation Center is adjusted to the needs of the client through the following stages:

1. Design a peer motivation model with the following stages:
 - a. Determining what material to apply to the model
 - b. Define the design of the model
 - c. Model application
2. Output of the Peer Motivation model

This peer motivation model can be used as an educational medium that contains material on steps and how to brush teeth properly and correctly in the formation of tooth brushing behavior in clients at the Drug Rehabilitation Center.

3. Model Implementation

- a. Health workers carry out debriefing interventions to selected motivators related to the motivation to be given
- b. Training on peer motivators to equate knowledge of brushing teeth with clients before they motivate their peers. The training material contains steps and how to brush teeth properly and correctly
- c. Then the motivator is asked to practice how to provide motivation
- d. Providing questionnaires containing knowledge questionnaires, attitude questionnaires and action checklists that are part of the pretest to respondents
- e. Furthermore, the motivator will provide motivation to his peers.
 - 1) Motivators provide motivation to peers, which is done in the morning and evening. Motivation will be carried out for 21 days. And will be recorded in the logbook
 - 2) Posttest of knowledge, attitudes and actions to determine the formation of behavior to brush teeth in peers is carried out and then the effect of the change is concluded

C. Expert Validation

The expert validators who tested the feasibility of the Peer Motivation model amounted to 3 people, namely: health promotion experts, health psychologists, health experts. This validation was carried out using a questionnaire containing 10 statements.

1. Validity Test

The validity test was carried out using Aiken V to test the feasibility of the model so that the model could be tested

Table 2. Expert Validation Results with Aiken V test

| It | Test Results | Interpretation | Follow-up |
|----|--------------|----------------|---------------|
| 1 | 0,92 | Highly Valid | Accepted/Used |
| 2 | 0,92 | Highly Valid | Accepted/Used |
| 3 | 0,75 | Valid | Accepted/Used |
| 4 | 0,75 | Valid | Accepted/Used |
| 5 | 0,75 | Valid | Accepted/Used |
| 6 | 1,00 | Highly Valid | Accepted/Used |
| 7 | 1,00 | Highly Valid | Accepted/Used |
| 8 | 0,75 | Valid | Accepted/Used |
| 9 | 0,83 | Highly Valid | Accepted/Used |
| 10 | 0,75 | Valid | Accepted/Used |



In the table above, it can be seen that of the 10 existing statement items, they are on V hit = 0.84 and all of them are declared very valid.

2. Reliability Test

The reliability test was carried out Intraclass Correlation Coefficient on expert validators.

Table 3. Expert Validation Results with ICC Test

| | Intraclass Correlation ^b | Sig |
|------------------|-------------------------------------|-------|
| Single Measures | 0.580A | 0,002 |
| Average Measures | 0.805c | 0,002 |

The results of the expert validation reliability test on 3 (three) experts have an Intraclass Correlation^b value of 0.805 and a V hit value of > 80, so it can be interpreted as having very high reliability.

D. Product Trial

Product trials were carried out using the quasi-experimental method with Pre experiment, one group pre-test, post-test. The test used is the Wilcoxon test.

Table 4. Distribution of pretest, posttest, knowledge gap, attitude and action to the client

| Variable | Pretest | Posttest | p-value |
|-----------|--------------|--------------|---------|
| Knowledge | 7.40 ± 1.14 | 9.20 ± 0.69 | 0,000 |
| Attitude | 43.65 ± 3.45 | 45.90 ± 3.59 | 0.015 |
| Action | 5.80 ± 0.61 | 8.35 ± 0.67 | 0,000 |

Based on the results of the data effectiveness test in the table above, it shows that the average value of the pretest value of the knowledge variable before the intervention is 7.40 and after the post-test intervention increases to 9.20. This means that the results of the paired data effectiveness test on client knowledge show an increase between the pre-post test of client knowledge, so the peer motivation model is effective in increasing client knowledge. And the knowledge variable shows that the p-value is 0.000 ($p < 0.05$), meaning that the peer motivation model is effective in increasing client knowledge because there is a difference in the pre-post test of client knowledge. And the average pre-test value of the attitude variable before the intervention was 43.65 and after the post-test intervention increased to 45.90. This means that the results of the test of the effectiveness of paired data on client attitudes show an increase between the pre-post tests of client attitudes.

So the peer motivation model is effective in improving client attitudes. And the attitude variable shows that the p-value is 0.000 ($p < 0.05$), meaning that the peer motivation model does not significantly improve the client's attitude because there is a difference in attitude before and after

using the peer motivation model on the client. And the average value of the pretest of the action variable before the intervention was 5.80 and after the post-test intervention increased to 8.35. This means that the results of the test of the effectiveness of paired data on client actions show an increase between the pre-post tests of client actions, so the peer motivation model is effective in improving client actions. And the action variable shows that the p-value is 0.000 ($p < 0.05$), which means that the peer motivation model is effective in increasing client actions because there is a difference in the pre-post test of client actions

E. Product

The final result of this study is the product of the peer motivation model module in the formation of teeth brushing behavior.

IV. DISCUSSION

A. Information Collection

Through the collection of information, it was obtained that dental health problems that are often experienced by clients are dental caries, abscesses, gingivitis, bleeding gums, periodontitis to stomatitis (canker sores). This is because drug



addicts and abusers tend to be lazy to clean the oral cavity so that it can worsen oral hygiene and be exacerbated by smoking habits³⁶

Clients who undergo rehab at the Drug Rehabilitation Center are a group of people who have drug abuse problems who gather to help each other overcome problems to undergo recovery from drug dependence so that they can get a good future again³⁴. These clients consist of voluntary, namely clients who undergo rehabilitation of their own volition and compulsory, namely clients with legal cases. In the formation of brushing behavior in clients, an educational effort is needed regarding the maintenance of appropriate dental and oral health

The efforts to maintain dental and oral health that clients get while undergoing a recovery period at the Drug Rehabilitation Center are basic service activities in the form of basic seminars and educational therapy which are carried out with different themes from each professional where clients still rarely apply it even though they are often reminded, therefore clients need motivation from their peers to always motivate.

Researchers not only collect information from health workers but also from social workers who are on duty at the program house, this is to dig up more information about the client's dental and oral health.

B. Design and Build Models

The design of the peer motivation model is the result of analysis through the collection of information that the researcher emphasizes on the formation of tooth brushing behavior in clients who tend to pay less attention to their teeth and oral hygiene, and also the researcher emphasizes on providing motivation to peers by using words that are easy for the client to understand equipped with pictures.

The behavior of brushing teeth in clients has been done 2 times a day, some even do it 3 times a day, but the movement, time and steps in brushing teeth still need to be improved in order to be appropriate in maintaining the health of their teeth and mouth. Basically everyone knows how to brush their teeth, but whether the movements are done correctly or not. This peer motivation model is a model that has been created and adapted to the needs of clients at the Drug Rehabilitation Center, also supported by the implementation of education in the form of brushing teeth.

Interventions regarding the motivation model are given to clients of the Drug Rehabilitation Center. This research requires an intervention process to motivators who will provide

motivation to their peers. The provision of interventions to motivators aims to increase knowledge and attitudes in maintaining dental health towards the implementation of the model so that it is hoped that clients who act as motivators will be able to provide motivation to their peers. Providing dental health education to rehabilitation clients requires the role of peers to provide motivation in the implementation process. In this case, it is in line with a research stated that in the process of behavior change there is motivation that is expected to provide changes in skills, attitudes that are better and beneficial^{[13], [14]}

This model/product is sourced from the results of this information collection resulting in an innovation to make a product design, then expert validation is carried out for the development of the product that has been designed, after approval the results are tested, then at the final stage the results are tested, namely on clients undergoing rehabilitation to produce a peer motivation model that contains steps to brush teeth that can be used as a medium education, health promotion media as a promotional effort to maintain the health of clients' teeth through improving tooth brushing behavior. The tooth brushing steps module contains:

1. Calendar of toothbrush implementation
2. Choosing the right toothbrush
3. Picture of brushing teeth steps
4. Consequences of not brushing your teeth
5. Consequences if brushing your teeth too hard
6. Record sheet of activities carried out

C. Expert Validation Test

The validation process is carried out to produce a useful extension media model. The feasibility test was carried out to health promotion experts, health psychologists and dental hygienists. This aims to determine the feasibility of the peer motivation model as an educational medium in improving tooth brushing behavior in clients at the Drug Rehabilitation Center.

Through the expert validation and revision process, it will be assessed how feasible it is to be tested in the field, such as the weight of the content, namely the suitability of the content where the title is in accordance with the content of the material, contains the correct steps for brushing teeth, the correct explanation of the material, the ease of understanding the material and the use of appropriate language, and from the weight of learning with module indicators according to the needs of the target, and can be used independently or in groups, as an innovative and educational learning material and can help improve the



formation of brushing behavior. The input from the validators is the use of language that must be simple and easy for clients to understand and easy to practice, besides that the use of objects or images must be clear to motivate more so that clients can easily understand.

Through this assessment, validators will provide revisions that can improve the media model so that it is feasible to test the results. The feasibility is proven through the Aiken V test for the validity test which gets very valid results and the Intraclass Correlation Coefficient (ICC) test for the reliability test gets high reliability results. So in the test this model is declared valid and feasible to be tested in the field.

D. Model Trial

The knowledge effectiveness test was tested after providing motivation to peers through motivators. Knowledge tests were conducted before and after the intervention was carried out to see how effective the peer motivation model was in the formation of brushing behavior in clients. In this study, it was found that the average value of the pretest value of the knowledge variable before the intervention was 7.40 and after the posttest intervention increased to 9.20. This means that the results of the paired data effectiveness test on client knowledge show an increase between the pre-post test of client knowledge, so the peer motivation model is effective in increasing client knowledge. And the knowledge variable shows that the p-value is 0.000 ($p < 0.05$), meaning that the peer motivation model is effective in increasing client knowledge because there is a difference in the pre-post test of client knowledge. The increase in knowledge in clients is due to the fact that at the time of intervention, clients follow activities and pay close attention so that the client's understanding of dental and oral health has improved.

And in providing motivation there is a strong influence to make changes to knowledge. Support from peers in providing motivation will influence peers to behave to maintain their teeth and oral health. This is in line with previous research where it was stated that providing motivation can affect tooth brushing behavior where children who are motivated, tend to have good teeth brushing behavior, on the other hand, children who are not given motivation tend to have less teeth brushing behavior[15]. Good motivation will help children's brushing behavior become better. The role of parents, and companions in conveying information, motivating, providing facilities and infrastructure and being role models in the habit of brushing teeth will affect the

behavior of brushing teeth in children. This is also in line with the theory put forward by Reason Stone that the triggering factors of action are in the form of personal influences, namely peers, the media and the environment. These peers come from personal and environmental influences. Where peers will provide motivation to form teeth brushing behavior.

After conducting a knowledge test, then an attitude test will be carried out. The increase in attitude occurred because during the process of implementing the peer motivation model intervention, with the help of counselors and assistant counselors who were directly involved. Peer motivation is carried out in the morning and motivational activities will be repeated again at night and carried out for 21 days, in this study the results of the effectiveness test of paired data with the average value of client attitude before the intervention was 43.65 and after the intervention increased to 45.90. This shows that the p-value is 0.015 ($p < 0.05$) which means that the peer motivation model in improving the client's attitude in the formation of brushing behavior there is a significant difference in attitudes before and after using the peer motivation model on clients at the drug rehabilitation center.

The client's attitude towards the maintenance of dental and oral health has increased because of the response that has been given according to the information. This increase in attitude occurs when a person responds after being given information and then acts according to the information provided. A person's attitude can be formed from the motivation that the individual receives. The motivation given to respondents in the form of providing education through motivation from peers will increase the client's knowledge, attitude and actions in maintaining their dental and oral health.

Peer motivation in the formation of toothbrushing behavior plays an important role, this is in line with previous research which states that peers play an important role in influencing a person's attitude and behavior[15].

The action test is carried out after a knowledge and attitude test is carried out to find out the improvement of the client's skills in brushing teeth. Where the average value of the pre-test of the action variable before the intervention was carried out was 5.80 and after the post-test intervention of the action increased to 8.35. This means that the results of the test of the effectiveness of paired data on client actions show an increase between the pre-post tests of client actions, so the peer motivation model is effective in



improving client actions. And the action variable shows that the p-value is 0.000 ($p < 0.05$), which means that the peer motivation model is effective in increasing client actions because there is a difference in the pre-post test of client actions. This is in line with the opinion of previous researchers who stated that applying positive habits in maintaining daily dental and oral hygiene is very important, so to increase awareness and positive habits requires knowledge that includes the existence of communication processes, motivation and instruction and adequate parenting, in addition, providing motivation in brushing teeth can create a pleasant atmosphere of brushing teeth so that it can be done happily, and so that children will be diligent in brushing their teeth[16].

In the intervention carried out where motivators and peers practice brushing their teeth properly and correctly after eating, because with direct practice, the client will find it easier to apply the message conveyed. The results of the trial were used to assess the effectiveness of the peer motivation model in the formation of tooth brushing behavior in clients at the drug rehabilitation center. In this test, a peer motivation model is produced that is effective in the formation of brushing behavior in clients. Thus a final model was produced that had been refined through the R&D stage.

E. Product Results

The final result of this study is the product of the peer motivation model module in the formation of teeth brushing behavior. This module contains material related to dental and oral health in drug addicts and abusers, tooth brushing practices, model implementation models and simulation materials. This module is an innovation in the approach to preventing dental and oral problems in high-risk groups, and is expected to make a significant contribution to improving dental health in drug addicts and abusers.

Dental and oral health is an indicator of a person's general health, including drug addicts. Constant drug use can lead to a variety of health problems, including severe tooth decay. The chemicals in drugs can damage tooth enamel, causing teeth to become more sensitive to temperature and food. In addition, drug use is also often accompanied by bad habits such as consuming excessive sugary drinks, smoking, and not maintaining oral hygiene. This further worsens the condition of the addict's teeth and mouth.

Dental and oral problems in drug addicts not only have an impact on aesthetics, but can also trigger various other health complications.

Damaged or missing teeth can cause difficulty in chewing food, thus interfering with the nutrients that the body needs. Infections in the teeth and gums can also spread to other parts of the body, such as the heart and brain. Additionally, severe dental and oral problems can reduce addicts' quality of life, making them feel insecure and have difficulty interacting with others.

V. CONCLUSION

The peer motivation model is feasible to be applied and proven to be effective as an educational medium in the formation of tooth brushing behavior in drug abusers.

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