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Applications Of Education Media Animation Film, Interactive Software and Comics Toward the Dental Health Behavior of Paud Children in Dental Edu Tour

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ABSTRACT

Education about dental health as early as possible is given to children, especially preschool children, namely PAUD children. Educational activities for PAUD children are provided by the Preventive Promotive Clinic of the Dental Health Department of the Semarang Ministry of Health Poltekkes in the form of dental clinic educational tours. The purpose of this research is to change the dental health behavior of PAUD children through several dental health education media. The number of respondents is 61 Banyumanik Semarang PAUD children, namely Lentera Bunda PAUD, Mutiara PAUD and Pelangi PAUD. This service to PAUD children includes dental health education activities, brushing teeth together and getting to know the dental clinic environment. The education media for the 3 PAUD are divided into 3 types, namely comic media, animated film media and interactive software media. The output of the activity is measured by evaluating the level of children's dental hygiene, knowledge and actions of children and the results of accompanying parents regarding the maintenance of children's dental health. The results of statistical tests on differences in dental hygiene levels were p-value of 0.006 and on actions p-value of 0.002 (p-value <0.002). This shows that there is a significant difference between counseling in the three groups of PAUD related to the level of dental hygiene after counseling using comics, animated films and interactive software both on the level of hygiene and action.

Keywords: Education, dental edu tour

Introduction

According to the results of Riskesdas, dental and oral health problems are 57.6%. The proportion of the behavior of brushing your teeth correctly is 2.8 % [1]. During the childhood period, complaints of toothache can affect the growth and development of the body as a whole. The most important preventive measures for toothache in children are by providing education on how to brush their teeth and consumption patterns of a karyogenic diet [2].

Dental and oral hygiene maintenance measures, especially brushing teeth in the morning and night before going to bed as an effort to prevent dental and oral diseases are considered important at this age, namely to get good dental health quality in the future [3]. From several studies, it is known that

there is a relationship between age and brushing teeth. From a study of children aged 1, 3-4, 5 years who started brushing their teeth before the age of 1 year, only 12% of these children experienced caries (active decay, filed teeth, missing teeth due to decay). The early age of starting the habit of brushing teeth also affects the risk of caries, so it is very important to instill a pattern of brushing teeth in the morning and before going to bed at night as early as possible in children. The behavior of brushing teeth in children showed changes in the observation on day 7[4]. The recovery of dental health is supported by the success of the program on dental and oral hygiene can be seen with the OHIS (*Oral Hygiene Index Simplified*) indicator.

Knowledge or cognitive is a very important aspect of learning for the formation of a person's

actions (*overbehavior*). Counseling for a child must be interesting, so one of the counseling media to overcome a person's declining interest in a material with a demonstration method with multimedia support. The implementation can use real objects and can use artificial objects/models [5].

The pattern of counseling at the age of 3 – 6 is learning by playing. One effective method is the play method, which is an activity with or without using something where pleasure, information, and even imagination are given to the thing. The combination of counseling using the lecture method with games is able to improve children's attitudes towards the material provided [6].

Learning while playing can be fun and entertaining for children. Playing for children is a serious but fun activity. Learning in early childhood can be carried out using several methods. One of the learning methods by learning and play that is applied in the preschool world is traveling [7]. Tourism is a direct visit to objects that are in accordance with the material of the activities being discussed in the child's life environment. These activities are carried out outdoors, especially to see, hear, feel, and experience directly various circumstances or events in their environment. Likewise, by learning and playing with dental tourism, you can gain dental health knowledge and experience doing dental examinations comfortably [4].

The role of parents and teachers is very important in guiding children to implement good and correct toothbrushing habits. Involving parents in children's dental health education helps strengthen these habits at home, so that prevention of dental diseases such as caries can be done from an early age. In addition, teachers as figures who often interact with children in the school environment can provide consistent reinforcement and supervision of dental hygiene behavior [9]. With support from both parties, children will feel motivated and get used to regular brushing routines.

The result of the activity at ABA Banyumanik Kindergarten is counseling on how to brush teeth with the demonstration method greatly affects changes in tooth brushing behavior and the level of dental hygiene of children. Traveling while getting to know the dental clinic greatly affects children's fear of being brave at dental checkups. Counseling with animated films makes children not afraid of dental clinics. Education or learning for pre-school age (play groups, kindergarten A and kindergarten B) prioritizes prevention and habituating dental health behavior. According to

Subekti et al. (2018) in children of the Pandega Siwi Early Childhood Education Post, the number of dental hygiene levels in the medium category is 73%, while in children of Mutiara Kindergarten it is 70%. This shows that kindergarten children need to be further educated through dental clinic tours so that it is expected that the level of dental hygiene will be further improved [4].

The purpose of this research is to carry out a dental clinic tour (Dental Edu tour) with different counseling media reviewed from the level of dental hygiene and actions in brushing teeth in kindergarten and PAUD children in Banyumanik Semarang District.

Methods

The target of this research activity is 61 children of PAUD Banyumanik Semarang. The research implementation method is a quasi-experiment. Counseling uses animated film media , interactive software, and Comic books. Assistance to parents of PAUD children for 15 days by filling out a checklist of actions in maintaining dental hygiene.

The target of the activity are the children of PAUD Lentera Bunda, PAUD Mutiara and PAUD Pelangi Banyumanik District, Semarang. And evaluation of activities by analyzing the results of parental assistance including daily toothbrushing activities and karyogenic food eating habits.

Data analysis used statistical descriptive tests, pre-test and post-test data, and Friedman tests to determine the differences in the level of cleanliness and action in the three groups of counseling.

Results and Discussion

The results of the research can be seen as follows:

1. PAUD Lentera Bunda

a. Dental hygiene level

Table 1. Dental Hygiene Level in Lentera Bunda Kindergarten Children

Dental hygiene	Pre-Test		Post Test	
	n	%	n	%
Good	8	35	12	52
Keep	14	61	11	48
Less	1	4	0	0
Sum	23	100	23	100

Based on the table above, it is known that the initial examination of the level of dental hygiene in children most children have a level of dental hygiene with a moderate category, namely 14

children (61%), 8 children (35%) are already in the good category and only 1 child (4%) with dental hygiene conditions are still in the bad category. Meanwhile, the final examination showed that 12 children (52%) were already in good dental hygiene conditions, 11 children (48%) were in the moderate category and there were no children with poor dental hygiene levels, namely 0 children (0%).

b. Knowledge about dental health in children

Table 2 Knowledge about Dental Health in Lentera Bunda Kindergarten Children

Knowledge	Pre-Test		Post Test	
	n	%	n	%
Good	5	17	4	17
Keep	14	61	19	83
Less	4	12	0	0
Sum	23	100	23	100

Based on the table above, it is known that before the intervention, the level of knowledge of children was mostly in the medium category of 15 children (61%). 5 children (17%) were already in the good category and only 4 children (12%) were in the less category. After being given interventions, namely various activities in dental edutour, the level of children's knowledge changed to 19 children (83%) with moderate knowledge, 4 children (17%) with good knowledge and no children with lack of knowledge, namely 0 children (0%).

c. Dental health measures in children

Table 3 Dental Health Measures in Lentera Bunda Kindergarten Children

Action	Pre-Test		Post Test	
	n	%	n	%
Good	2	9	5	22
Keep	17	74	13	56
Less	4	17	5	22
Sum	23	100	23	100

Based on the table above, it is known that before the intervention was carried out, children's actions regarding dental health were mostly in the moderate category as many as 17 children (74%). 2 children (9%) were already in the good category and 4 children (17%) were in the less category. After being given an intervention, namely various activities in dental edutour, children's actions regarding dental health changed to 13 children (56%) with moderate action, 5 children (22%) with

good action and 5 children (22%) with insufficient action.

2. PAUD Mutiara

a. Dental hygiene level

Table 4 Dental Hygiene Level in Mutiara Kindergarten Children

Dental hygiene	Pre-Test		Post Test	
	n	%	n	%
Good	11	44	13	52
Keep	14	56	12	48
Less	0	0	0	0
Sum	25	100	25	100

Based on the table above, it is known that the initial examination of the level of dental hygiene in children most children have a moderate level of dental hygiene with a moderate category, namely 14 children (56%), 11 children (44%) are already in the good category and there are no children with poor dental hygiene conditions, namely 0 children (0%). Meanwhile, the final examination showed that 13 children (52%) were already in good dental hygiene condition, 12 children (48%) were in the moderate category and there were no children with poor dental hygiene levels, namely 0 children (0%).

b. Knowledge about dental health in children

Table 5 Knowledge about Dental Health in Mutiara Kindergarten Children

Knowledge Level	Pre-Test		Post Test	
	n	%	n	%
Good	7	28	15	60
Keep	10	40	10	40
Less	8	32	0	0
Sum	25	100	25	100

Based on the table above, it is known that before the intervention, the level of knowledge of children was mostly in the medium category of 10 children (40%). 7 children (28%) were already in the good category and 8 children (32%) were in the less category. After being given interventions, namely various activities in dental edutour, the child's level of knowledge changed to 15 children (60%) with good knowledge, 10 children (40%) with moderate knowledge and no children with lack of knowledge, namely 0 children (0%).

c. Dental health measures in children

Table 6 Dental Health Measures in Mutiara Kindergarten Children

Action	Pre-Test		Post Test	
	n	%	n	%
Good	10	40	15	60
Keep	11	44	10	40
Less	4	16	0	0
Sum	25	100	25	100

Based on the table above, it is known that before the intervention was carried out, children's actions regarding dental health were mostly in the moderate category of 11 children (44%). 10 children (40%) were already in the good category and 4 children (16%) were in the less category. After being given interventions, namely various activities in dental edutour, children's actions regarding dental health changed to 15 children (60%) with good actions, 10 children (40%) with moderate actions and no children with bad action levels of 0 children (0%).

3. PAUD Pelangi

a. Dental hygiene level

Table 7 Dental Hygiene Level in Pelangi Kindergarten Children

Dental hygiene	Pre-Test		Post Test	
	n	%	n	%
Good	6	47	7	54
Keep	5	38	5	38
Less	2	15	1	8
Sum	13	100	13	100

Based on the table above, it is known that the initial examination of the level of dental hygiene in children is mostly children with a good level of dental hygiene with a good category, namely 6 children (47%). 5 children (38%) were in the moderate category and 2 children (15%) had poor dental hygiene conditions. Meanwhile, the final examination showed that 7 children (54%) were already in good dental hygiene condition, 5 children (38%) were in the moderate category and only 1 child (8%) had poor dental hygiene levels.

b. Knowledge about dental health in children

Table 8 Knowledge about Dental Health in Pelangi Kindergarten Children

Knowledge	Pre-Test		Post Test	
	n	%	n	%
Good	7	54	8	62
Keep	4	31	5	38
Less	2	15	0	0
Sum	13	100	13	100

Based on the table above, it is known that before the intervention, the level of knowledge of children was mostly in the good category as many as 7 children (54%). 4 children (31%) were in the moderate category and 2 children (15%) were in the less category. After being given interventions, namely various activities in dental edutour, the child's level of knowledge changed to 8 children (62%) with good knowledge, 5 children (38%) with moderate knowledge and no children with lack of knowledge, namely 0 children (0%).

c. Dental health measures in children

Table 9. Dental Health Measures in Pelangi Kindergarten Children

Action	Pre-Test		Post Test	
	n	%	n	%
Good	9	69	13	100
Keep	4	31	0	0
Less	0	0	0	0
Sum	13	100	13	100

Based on the table above, it is known that before the intervention was carried out, children's actions regarding dental health were mostly in the good category as many as 9 children (69%). 4 children (31%) in the moderate category and no children with less action were 0 children (0%). After being given interventions, namely various activities in dental edutour, children's actions regarding dental health changed to 13 children (100%) with good actions and no children with low or bad action levels, namely 0 children (0%).

4. Parental assistance

a. Brushing teeth

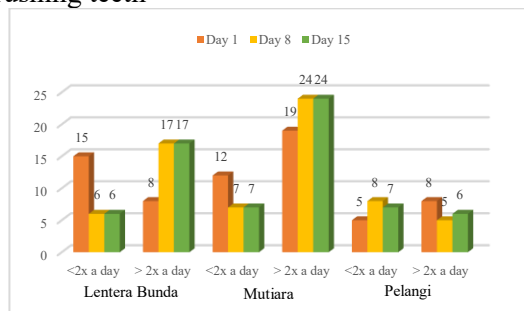


Figure 1 Parental Assistance (Brushing Teeth)

Based on the picture above, it can be seen that parental assistance (brushing teeth) for children from the three PAUDs has undergone different changes. A prominent change can be seen in the children of PAUD Lentera Bunda where the habit of brushing their teeth less than 2 times a day which was initially carried out by 15 children after being mentored for 8 days and 15 days changed to 6 children. As for the habit of brushing teeth more than 2 times a day, there has been an increase from the first day to the 8th and 15th, where from only 8 children who do it to 17 who do.

Parental assistance (brushing teeth) for children in PAUD Mutiara has also changed from 12 children who brush their teeth less than 2 times a day after being mentored for 8 to 15 days to only 7 children who do it. Meanwhile, in PAUD Pelangi children, it can be seen that there is no change in toothbrushing behavior in children where the changes that occur do not show an increase in positive behavior or a decrease in negative behavior.

b. Eat sweet foods

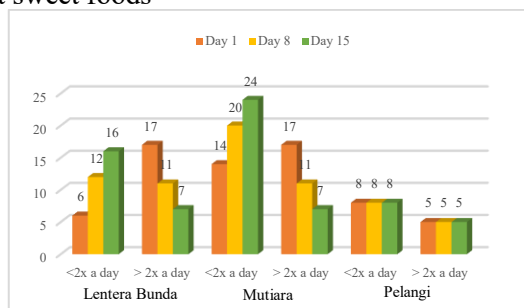


Figure 2 Parental Assistance (Sweet Food)

Based on the picture above, it can be seen that parental assistance to the restriction of eating sweet foods has changed significantly in PAUD children Lentera Bunda and Mutiara. Meanwhile, in PAUD Pelangi children showed the same results without any changes. The results showed that the decrease in the consumption of sweet foods less than 2 times

a day in the children of PAUD Lentera Bunda who only had 2 children with good habits became 12 children on the 8th day of assistance and increased to 16 on the 15th day of assistance. Meanwhile, the habit of consuming sweet foods more than 2 times a day decreased from 17 children with bad habits to 11 children on day 8 assistance and to 7 children with bad habits on day 15.

c. Drinking milk

Based on figure 3, it can be seen that parental assistance to the consumption of milk drinking in children has changed significantly in PAUD Lentera Bunda and Mutiara. Meanwhile, PAUD Pelangi children showed the same results with only a few changes. The results showed that the decrease in milk consumption was less than 2 times a day in PAUD Lentera Bunda children, who were only 6 children with good habits, to 12 children on day 8 of mentoring and increased to 16 on day 15 mentoring. Meanwhile, the habit of consuming milk more than 2 times a day decreased from 17 children with bad habits to 11 children on day 8 assistance and to 7 children with bad habits on day 15.

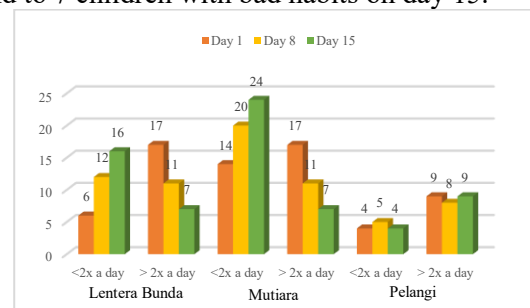


Figure 3 Parental Assistance (Drinking Milk)

d. Eat vegetables

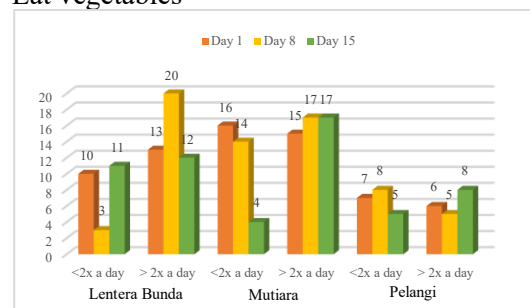


Figure 4 Parental Assistance (Eating Vegetables)

Based on the picture above, it can be seen that parental assistance to vegetable consumption in children has changed significantly in PAUD Mutiara children, where changes occurred in the habit of consuming vegetables less than 2 times a day, which initially 16 children changed to only 6 children in the 8th and 15th day of assistance.

Meanwhile, the habit of consuming vegetables more than 2 times a day from 5 children to 17 children was assisted on the 8th and 15th day.

Vegetable consumption in PAUD Lentera Bunda children less than 2 times a day increased to 11 children on the 15th day of assistance. Meanwhile, the consumption of vegetables more than 2 times a day decreased to only 12 children on the 15th day of assistance. Vegetable consumption in PAUD Pelangi children shows a change but on a small scale where vegetable consumption is less than 2 times a day, only 5 children on the 15th day of assistance and there is an increase of only 8 children who consume vegetables more than 2 times a day on the 15th day of assistance.

e. Brushing your teeth before going to bed at night

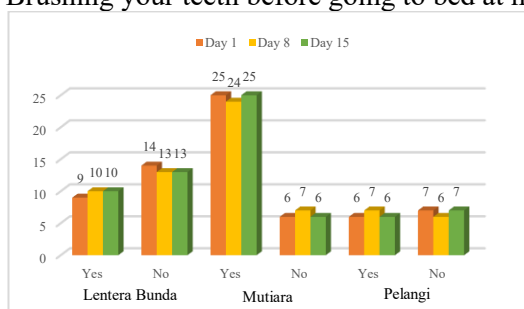


Figure 5 Parental Assistance (Brushing your teeth before bedtime)

Based on the picture above, it can be seen that parental assistance to brush teeth before going to bed at night in children has changed, in PAUD Lentera Bunda students from 9 children who did it changed to 10 children. From 14 children who did not brush their teeth at night to 13 children on the 15th day of assistance. Meanwhile, in the children of PAUD Mutiara showed the final results of 25 children who brushed their teeth before going to bed at night and 6 who did not and in the children of PAUD Pelangi 6 children who had done it on the 15th day of assistance, 7 children who did not do it.

f. Brushing your teeth with toothpaste

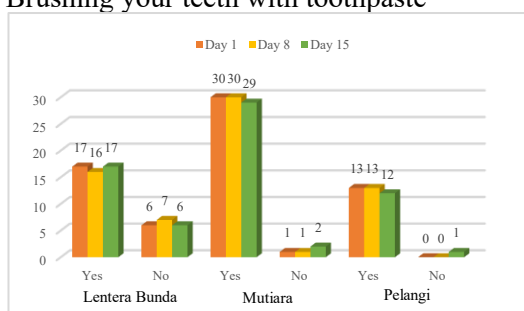


Figure 6 Parental Assistance in Brushing Teeth with Toothpaste

Based on the picture above, it can be seen that parental assistance in brushing teeth with toothpaste in PAUD Lentera Bunda 17 children has been done on the 15th day of assistance, and only 6 have not. In the children of PAUD Mutiara, 29 children have done it and only 2 have not done it on the last day of mentoring. Meanwhile, in PAUD Pelangi, 12 children have used toothpaste when brushing their teeth in the 15th mentoring and there is still 1 child who has not used toothpaste when brushing their teeth

5. Analysis of Differences in Counseling

a. Analysis of Differences in Hygiene Levels After Counseling

	n	Sig
PAUD Lentera Bunda – PAUD Mutiara – PAUD Pelangi	61	0,006

*Friedman Test

Based on the results of the statistical test above, the significance value of p-value is $0.006 < 0.05$. This states that H_0 is rejected and H_a is accepted, which means that there is a significant difference between counseling in the three early childhood education groups related to the level of dental hygiene after counseling using comics, animated films and interactive software.

b. Analysis of Differences in Actions After Counseling

	n	Sig
PAUD Lentera Bunda – PAUD Mutiara – PAUD Pelangi	61	0,002

*Friedman Test

Based on the results of the statistical test above, the significance value of p-value is $0.002 < 0.05$. This states that H_0 is rejected and H_a is accepted, which means that there is a significant difference between counseling in the three early childhood education groups related to actions after being given counseling using comics, animated films and interactive software.

6. Discussion

Based on the results obtained from several aspects that are references, it is known that the application of counseling media with animated films in dental edutour activities in the Department of Preventive Preventive Dental Health and Oral

Health can have an effect on both improving the level of dental hygiene, knowledge and actions of children about dental health. The results of the hygiene level examination showed a change where between the initial examination and the final examination the score increased from only 8 children (35%) with a good category to 12 children (52%) with good dental hygiene conditions. There was 1 child (4%) with poor dental hygiene conditions at the initial examination and at the final examination it was found that there were no children with poor dental hygiene conditions.

Children's knowledge also increased between pre and post test where from 4 children (17%) with less knowledge at the beginning before the intervention to 0 children (0%) with less knowledge (no children with less knowledge) after being given the intervention. As for children's actions, the results showed a change in actions before and after the intervention, where from only 2 children (9%) in the category of good actions increased to 5 children (22%) with good actions. This shows that counseling media with animated films in dental edutour activities in the Department of Preventive Dental Health and Oral Health arouses children's interest in following, seeing, listening and doing various instructions/activities given so that the delivery of material can be easily captured by children.

Education/counseling aims to help children achieve their ability to optimally understand a material. The purpose of health counseling includes the creation of behavioral changes in individuals, families, and communities in order to foster and maintain healthy living habits [10]. Dental health counseling is an activity that is systematically designed and focused with the aim of creating conditions that encourage individuals or groups of people to replace old habits that are not good for dental health into habits that are more beneficial for their dental health [11].

Learning with the support of teaching aids will motivate learners, enable learners to provide feedback, feedback and encourage learners to practice correctly [12]. Tourism, which in this case is a direct visit to the Semarang Polytechnic dental clinic with various activities given and carried out by children, will be able to motivate children to see, hear, feel, and experience directly various circumstances or events in their environment so that the delivery of material can be well absorbed by students, including counseling/education activities with animated film media. Preventive promotive clinic activities have the goal of inviting preschool

and school children as early as possible to get to know about dental health and dental and oral health services [3].

Not much different from the application of animated film media, the application of comic counseling media in dental edutour activities in the Department of Dental Health promotes preventive dental and oral health also has a positive impact on changes in children's hygiene levels, children's knowledge and actions about dental health. Based on the description of the results, it can be seen that the application of comic counseling media in dental edutour activities in the Department of Dental Health promotive preventive dental and oral health is good because it produces a good impact on changes in children's behavior. The use of comic counseling media provides a meticulous/understanding because it provides an interesting image innovation so that children are active in observing various images and content of the material presented [13]. Increase children's imagination and provide opportunities for children to actively ask questions and provide responses related to the content of the comic [14][15][16].

The way of brushing teeth also undergoes changes that were originally brushed only at the front and changed to all tooth surfaces. And the movement of brushing your teeth that was originally back and forth turns into a circular movement. Counseling materials on how to brush their teeth and demonstrated by researchers to PAUD children and parents made PAUD children experience behavioral changes in how to brush their teeth [17]. Preschool-age children (PAUD) mostly spend their time with their parents or caregivers, especially mothers. This shows that the maintenance of children's oral teeth and outcomes is influenced by the mother's knowledge and what she believes [18].

Based on the description of the discussion of results related to the application of animation film counseling media, interactive software and comics in dental edutour activities in the department of preventive preventive dental health, dental and oral health, it can be concluded that all media are interesting to be used as learning media. From the results of data related to changes in the level of dental hygiene, students' knowledge and actions about dental health and from the results of observations during the research process, it is known that all media can provide changes/improvements. In addition, because it is packaged in dental edutour activities in the Department of Dental Health, preventive promotive dental and oral health, the level of interest of

children becomes higher and makes it very easy to deliver dental health materials to children [13].

The results of statistical analysis using the Friedman test show that there are differences in the level of dental hygiene and the act of maintaining dental hygiene in PAUD children. This significant difference indicates that not all counseling methods have the same impact on dental hygiene behavior. This confirms that counseling media has an important role in the effectiveness of the educational process, where the characteristics and methods of delivering material can affect the level of understanding and motivation of children to implement the habit of maintaining dental hygiene consistently [19].

Counseling with comics has the advantage of presenting information visually and narratively that is easy for children to understand, so that it can gradually increase reading interest and understanding of dental health concepts. Comics also allow children to repeat material at their own pace, which helps to strengthen memory and the application of healthy habits in maintaining dental health [20]. Meanwhile, animated films have proven to be very effective because they are able to combine sound elements and moving images that attract children's attention simultaneously, thereby increasing absorption and motivation to learn. This media utilizes the senses of sight and hearing at the same time, making dental health information easier for children to understand and remember [21].

Meanwhile, interactive software offers advantages in providing an active and personalized learning experience, where children can directly interact with the material through educational games or quizzes that stimulate their engagement and cognitive response. This method is very effective for improving practical skills and building positive habits in a fun and interactive way [22].

The significance of the difference in the use of each extension also opens up opportunities to conduct a more in-depth evaluation of the advantages and disadvantages of each extension method. By knowing which methods are most effective, dental health education programs can be designed in a more focused and efficient manner, so that the resources used can be maximized to achieve optimal results [23]. In addition, understanding these differences in effectiveness is important to tailor the educational approach to the characteristics and needs of pre-school children, so that the interventions provided are truly able to increase positive behaviors in maintaining dental health from an early age.

Conclusion

The implementation of research on the application of animation film counseling media, interactive software and comics in dental edutour activities in the Department of Preventive Dental Health and Oral Health can be concluded as follows the application of counseling media, animated films, interactive software and comics in dental edutour activities in the Department of Preventive Dental Health and Oral Health is known that all media are interesting to be used as learning media. From the results of data related to changes in the level of dental hygiene, students' knowledge and actions about dental health and from the results of observations during the research process, it is known that all media can provide changes/improvements. In addition, because it is packaged in dental edutour activities in the department of preventive dental health, preventive dental and oral health, the level of interest of children becomes higher and it is very easy to deliver dental health materials to children. Parent assistance books on maintaining dental and oral health also have a good impact on improving children's behavior. With parental assistance, children will get used to and get used to maintaining dental health.

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