

LAPORAN AKHIR PENELITIAN

I. IDENTITAS PENELITIAN (diisikan sesuai dengan proposal)

JUDUL PENELITIAN

Analisa Faktor Risiko dan Status Kesehatan Remaja DIY dalam Rangka Promosi Kesehatan

Skema : Penelitian Dasar / ~~Penelitian skema Pejabat~~

Jenis Riset : RD/~~RT/RP~~ TKT: 3

Tim Peneliti

Ketua : Dr. Sitti Nur Djannah, Dra. , M. Kes.

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Pembimbing : -

LUARAN DAN TARGET CAPAIAN

Luaran Wajib

No	Jenis dan Judul Luaran	Status Target Capaian (accepted, published, terdaftar atau granted, atau status lainnya)	Keterangan (url dan nama jurnal, penerbit, url paten, keterangan sejenis lainnya)
.	Publikasi jurnal Internasional ESHR Hak Cipta	Published dengan judul “ Study of adolescent health behavior towards noncommunicable disease risk factors in Special Region of Yogyakarta” Proses pengajuan hak cipta	jurnal ESHR Vol. 5, No. 1, 2023, pp. 11-20 http://journal2.uad.ac.id/index.php/eshr/article/view/7237 Buku Saku dengan judul “Cara Mencegah Permasalahan Gigi Dan Mulut Pada Remaja”
.	Publikasi jurnal Internasional terindeks copus atau setara SINTA 1 di IJPHS	Submitted, jurnal internasional terindeks atau setara SINTA 1, yaitu IJPHS yang berjudul “Analysis of risky food consumption behavior with the incidence of non-communicable diseases, dental and oral diseases in adolescents (student study at the Yogyakarta campus)	Submitted blob:https://web.whatsapp.com/5d5cba0f-5fe2-4ee5-ab16-c136cdfbe03a blob:https://web.whatsapp.com/43bd0fb7-854c-46f9-9ef1-62c42873e7f7 Submitted International Journal of Public Health Science

II. KEMAJUAN PENELITIAN

Ringkasan penelitian berisi latar belakang penelitian, tujuan dan tahapan metode penelitian, luaran yang ditargetkan, serta uraian TKT penelitian yang diusulkan.

A. RINGKASAN

Masa remaja merupakan salah satu periode yang menentukan pola pembentukan status kesehatan di masa dewasa. Mereka sering dianggap sebagai kelompok dengan kesehatan prima. Namun perilaku berisiko umumnya dimulai pada periode ini. Perhatian pada remaja merupakan salah kunci sukses keberhasilan program kesehatan. Strategi yang menempatkan remaja sebagai pusat akan menguntungkan remaja dan kesehatan mereka di masa dewasa. Cukup banyak penelitian yang memuat informasi kesehatan remaja, namun belum disusun secara sistematis. Tulisan ini bertujuan merangkum penelitian kesehatan remaja yang tersebar untuk mendapatkan gambaran lebih lengkap mengenai kesehatan remaja dan faktor risiko berdasarkan bukti dengan fokus utama pada hasil Profil Kesehatan Remaja DIY Tahun 2020-2021 dilengkapi dengan hasil penelitian lain, yaitu permasalahan kesehatan remaja di Lembaga Pendidikan yaitu remaja/mahasiswa, dilakukan analisa dan interpretasi terhadap laporan dan hasil penelitian. Serta berdasarkan bukti penelitian ini akan dijadikan dasar membuat media edukasi yang dapat diberikan pada remaja/mahasiswa

Penelitian ini merupakan penelitian survei, di mana pada tahap awal dilakukan studi literatur kesehatan remaja untuk mempelajari kerangka penulisan, mendapatkan gambaran situasi remaja secara global. Berdasarkan data remaja hasil laporan Profil Kesehatan Remaja DIY Tahun 2020-2021, dilengkapi dan dibandingkan dengan hasil penelitian kesehatan yang lebih khusus, yaitu di Lembaga Pendidikan, yaitu remaja/mahasiswa di kampus Kota Yogyakarta dengan metode penelitian deskriptif kuantitatif

Fakultas Kesehatan Masyarakat telah menjalin MoU dengan Dinas Kesehatan Provinsi DIY, dan MoU dengan Dinkes Kota Yogyakarta dengan demikian diharapkan hasil penelitian ini bermanfaat bagi keduanya. Luaran Hasil penelitian ini telah dihasilkan artikel ilmiah di jurnal internasional ESHR, media edukasi yaitu Buku saku untuk promosi kesehatan remaja dan artikel ilmiah dalam status submitted pada jurnal internasional terindeks scopus IJPHS, yang kedepannya akan progres publish.

Kata Kunci : Status kesehatan, Faktor risiko, Profil Kesehatan DIY, Remaja, Media Promkes

Hasil penelitian berisi kemajuan pelaksanaan penelitian, data yang diperoleh, dan analisis yang telah dilakukan

B. HASIL PELAKSANAAN PENELITIAN

1. Penyakit Remaja hasil analisis Riskesdas 2007 s.d 2018 DIY

Tabel 1. Penyakit Remaja hasil analisis Riskesdas 2007 s.d 2018 DIY

PENYAKIT	2007	2013	2018
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		(Prevalensi)		
Malaria (%)	DG	0,33	7	
	D	0,07	0,5	0,11
	O	50		53
DBD (%)	DG	0,6		
	D	0,4		
Filariasis (%)	DG	0		
	D	0		0,66
ISPA	DG	19,4	23,4	7,05
	D	5,6	11	1,83
Pneumonia	DG	1	6,2	4,08
	D	0,1	1,2	1,21
Period prevalence pneumonia	DG		2,5	
	D		0,2	
TBC	DG	1,3		
	D	0,1		0,14
Campak	DG	0,4		
	D	0,3		
Tifoid	DG	1		
	D	0,7		
Hepatitis	DG	0,3	1,3	
	D	0,1	0,4	0,05
Diare	DG	3,6	8,9	12,17
	D	1,8	5	7,89
	O	25,5		
Sendi (%)	D	1,5	1,1	0,89
	DG	7,3	9,8	
Hipertensi (%)	D	1,1	2,6	1,23
	D/O	1,1	2,6	1,3
	U	10,8	5,6	1,8
Stroke (‰)	D	0		
	D/G	0	1,7	
Asma (%)	D	1,4		4,14
	D/G	2,3	11,6	
Jantung (%)	D	0,3	0	0,68
	D/G	5,9	0,7	
Diabetes (%)	D	0,1	0,1	0,09
	D/G	0,4	0,6	
Tumor (‰)	D	5,3	2	1,07
Gagal Ginjal Kronis	D		0,2	0,45
	D/G			
Batu Ginjal	D		0,5	
	D/G			
Bermasalah Gigi dan Mulut		19,5	33,6	61,14
Menerima perawatan gimul		35,1	29,6	16,49
Hilang seluruh gigi asli		0,1		9,19

Effective Medical Demand		9,97	
Pengobatan Gimul	77,9	70,1	33,8
Penambalan/pencabutan gigi	41,9	11,4	15,28
Bedah Mulut		5	1,47
pemasangan/pelepasan gigi palsu	1,9	1,2	0,58
kebersihan gigi	22,9	9,7	9,13
Lainnya	6,7		
Sariawan berulang			12,11
Sariawan menetap			0,73

Berdasarkan tabel 1. Tersebut, dapat diuraikan penyakit remaja yang perlu mendapat perhatian berdasarkan angka kejadiannya yang makin tinggi dari hasil Riskesdas 2007, 2013, 2018, yaitu:

Penyakit menular:

- ISPA (mengalami kenaikan 19,4% menjadi 23,4 % meskipun di tahun 2018 menurun 7,5)
- Asma (mengalami kenaikan 2,3% menjadi 11,64 % meskipun di tahun 2018 belum diketahui)
- Diare (mengalami kenaikan 3,6% menjadi 8,9 % , di tahun 2018 12,17)
- Malaria (mengalami kenaikan 0,07% menjadi 0,5 % meskipun di tahun 2018 menurun 0,11)
- Hepatitis (mengalami kenaikan 0,11% menjadi 0,4 % meskipun di tahun 2018 belum diketahui)
- Pneumonia (mengalami kenaikan 1% menjadi 2,6 % meskipun di tahun 2018 menurun 1,3)

Penyakit tidak menular:

- Hipertensi (mengalami kenaikan 1,1% menjadi 2,6 % meskipun di tahun 2018 menurun 1,3%)
- Diabetes (mengalami kenaikan 0,4% menjadi 0,6 % meskipun di tahun 2018 belum diketahui)
- Gagal ginjal kronis (mengalami kenaikan 0,2% menjadi 0,45 % meskipun di tahun 2018 belum diketahui)
- Sendi

Penyakit masalah mulut dan gigi:

- masalah gigi dan mulut, hilang gigi asli dan penambalan dan pencabutan gigi.

Permasalahan kesehatan pada remaja DIY tersebut, kemudian dihubungkan secara deskriptif dengan perilaku kesehatan remaja hasil Riskesdas tahun 2018. Indikator perilaku berisiko kesehatan yang disajikan Riskesdas 2018, yaitu beberapa perilaku yang berkaitan dengan penyakit tidak menular dan penyakit infeksi. Indikator yang termasuk dalam faktor risiko perilaku terkait penyakit tidak menular mencakup perilaku konsumsi makanan berisiko kesehatan, kurang konsumsi sayur dan buah, kebiasaan merokok dan konsumsi tembakau, kurang aktifitas fisik, dan konsumsi minuman beralkohol. Sedangkan untuk faktor risiko perilaku terkait penyakit infeksi mencakup kebiasaan mencuci tangan dengan benar dan buang air besar di jamban.

Hasil analisis perilaku berisiko kesehatan pada remaja, dapat diuraikan:

1. Perilaku yang berkaitan dengan penyakit tidak menular
 - a. Konsumsi Makanan Berisiko

Indikator yang dikumpulkan untuk mendapatkan gambaran konsumsi makanan berisiko pada penduduk umur 3 tahun ke atas meliputi konsumsi makanan/minuman manis, makanan asin, makanan berlemak/kolesterol/ gorengan, makanan yang dibakar, makanan daging/ayam/ikan olahan dengan pengawet, bumbu penyedap, soft drink atau minuman berkarbonasi, minuman berenergi, mie instant/makanan instant lainnya. kebiasaan konsumsi dikelompokkan menjadi >1 kali per hari, 1-6 kali per minggu dan kurang dari 3 kali per bulan. Hasil analisis, pada remaja termasuk kategori tinggi (lebih dari rerata %)

- Konsumsi Makanan Manis (41% lebih dari rerata 40 %)
 - Konsumsi Makanan Asin (36% lebih dari rerata 28%)
 - Konsumsi Makanan Berlemak (48 % lebih dari rerata 44%)
 - Konsumsi Makanan dibakar (3 % lebih dari rerata 2%)
 - Konsumsi Makanan Daging/Ayam/Ikan Olahan dengan Pengawet (7 % lebih dari rerata 4%)
 - Konsumsi Makanan yang Mengandung Bumbu Penyedap (80 % lebih dari rerata 75%)
 - Kebiasaan Konsumsi Soft Drink atau Minuman Berkarbonasi (1,6 % lebih dari rerata 1,5%)
 - Konsumsi Mie Instant/Makanan Instant Lainnya (4,6 % lebih dari rerata 2,5%)
 - Tidak Konsumsi Buah/Sayur per Hari dalam Seminggu (8 % lebih dari rerata 7,5%)
 - Konsumsi Minuman Beralkohol bagi remaja 20-24 tahun paling tinggi daripada usia dewasa, Konsumsi Minuman Beralkohol bagi remaja 10-19 tahun sama dengan rerata usia dewasa, minuman yang diminum arak dan bir yang tertinggi
- b. Perilaku merokok
- Perokok setiap hari (berkisar 10- 25 % mendekati persentase yang berusia 25 tahun ke atas 27% dan kebanyakan merokok dalam ruangan dan berada di dekat orang lain yang merokok
- c. Aktivitas Fisik
- Aktivitas Fisik kurang aktif (47% lebih dari rerata 25 %)
 - Aktivitas Fisik cukup (50% kurang dari rerata 75 %)
2. Perilaku yang berkaitan dengan penyakit menular
- Rendahnya Perilaku Benar dalam Cuci Tangan yang benar (44 % kurang dari rerata 50%)

Peran Mitra (untuk Penelitian Terapan, Penelitian Pengembangan, PTUPT, PDUPT serta KRUPPT) berisi uraian realisasi kerjasama dan realisasi kontribusi mitra, baik *in-kind* dan *in-cash*.

2. PERAN MITRA (jika ada)

Fasilitas pemberian data, sarana prasarana untuk sosialisasi media edukasi

Kendala Pelaksanaan Penelitian berisi kesulitan atau hambatan yang dihadapi selama melakukan penelitian dan mencapai luaran yang dijanjikan

3. KENDALA UMUM PELAKSANAAN PENELITIAN

Kendala terletak pada proses menunggu accepted pada jurnal ilmiah internasional terindeks scopus IJPHS dan proses pengajuan hak cipta Buku Saku.

Rencana Tahapan Selanjutnya berisi tentang rencana penyelesaian penelitian dan rencana untuk

mencapai luaran yang dijanjikan

4. RENCANA TAHAPAN SELANJUTNYA

Penelitian yang akan datang meneliti efektivitas media edukasi buku saku hasil penelitian ini.

Daftar pustaka disusun dan ditulis berdasarkan sistem nomor sesuai dengan urutan pengutipan. Hanya pustaka yang disitasi pada usulan penelitian yang dicantumkan dalam Daftar Pustaka.

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Lampiran berisi bukti pendukung luaran wajib dan luaran tambahan (jika ada) sesuai dengan target capaian yang dijanjikan

LAMPIRAN 1.

1. Bukti Published dengan judul “ Study of adolescent health behavior towards noncommunicable disease risk factors in Special Region of Yogyakarta” pada jurnal internasional ESHR

<http://journal2.uad.ac.id/index.php/eshr/article/view/7237>

LAMPIRAN 2

2. Artikel ilmiah status submitted di jurnal Internasional terindeks scopus IJPHS
URL

blob:<https://web.whatsapp.com/5d5cba0f-5fe2-4ee5-ab16-c136cdfbe03a>

blob:<https://web.whatsapp.com/43bd0fb7-854c-46f9-9ef1-62c42873e7f7>

Submitted di International Journal of Public Health Science

Analysis of risky food consumption behavior with the incidence of non-communicable diseases and dental and oral diseases in adolescents (student study at the Yogyakarta campus)

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Article Info

Article history:

Received month dd, yyyy

Revised month dd, yyyy

Accepted month dd, yyyy

ABSTRACT

Non-communicable diseases (NCD) and dental and mouth problems can arise in all age groups, including teenagers. This is triggered by risky behavior due to a bad lifestyle, uncontrolled eating patterns and risky foods, lack of physical activity, smoking and consuming alcohol. The purpose of this study was to determine risky behavior and the incidence of PTM as well as dental and mouth problems in students at the Yogyakarta campus which can trigger NCD and dental and mouth problems. This research is a quantitative descriptive analytic research with a total sample of 170 students at campuses in Yogyakarta. Data was collected through an electronic questionnaire (gform) and the data was analyzed descriptively.

Keywords:

Dental and oral diseases,

Non-communicable diseases,

Risky food behavior,

Students

The results showed that students' risky behavior sequentially, namely consuming excessive sweet foods (87.27%), salty foods (87.88%), oily foods (82.42%), foods containing seasonings or MSG (80%), excessive consumption of instant noodles (57.58%), lack of fruit and vegetable consumption 145 (84.85%) and lack of physical activity for 30 minutes (87.27 %). All students had no symptoms or no doctor's diagnosis of NCD disease, but dental and mouth disease in the last 12 months had a high incidence which required attention. It was concluded that the most dominant risk behavior for non-communicable disease risk sequentially was poor diet related to food consumption and lack of physical activity and all students had no symptoms or no doctor's diagnosis, but students experienced dental and oral disease within 12 months. Maintaining a healthy diet, increasing physical activity, and maintaining good oral hygiene can reduce the risk of PTM and dental and oral diseases.

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1. INTRODUCTION

Adolescence is a transitional age between children and adults with a high curiosity about their surroundings. According to UNICEF data for 2021 it shows that 17% of the 270,203,917 total population in Indonesia are teenagers of productive age, as many as 46 million people are teenagers with an age range of 10 to 19 years with the proportion of women as much as 48% and men 52% (1). According to Piaget's theory, suggests that adolescence is the age when individuals integrate with adult society, the age when children no longer feel below the level of older people but are at the same level, at least in solving problems (2).

The World Health Organization (WHO) in 2018 reported that around 75% of the causes of death in the world are non-communicable diseases with 80% occurring in middle and low-income countries. Most occur due to heart and blood vessel disease by 35%, cancer 12%, chronic respiratory disease 6%, diabetes 6%, and 15% caused by other non-communicable diseases, with risk factors for non-communicable diseases 80% due to lifestyle such as lack of fruit and vegetable consumption, smoking, lack of physical activity, and obesity (3). The 2018 Riskesdas results show the prevalence of non-communicable diseases has increased from 2013. The prevalence of cancer in 2018 has increased from 1.4% to 1.8%; stroke prevalence increased from 7% to 10.9%; and chronic kidney disease increased from 2% to 3.8%. Based on blood sugar examination, diabetes mellitus increased from 6.9% to 8.5%; and blood pressure measurement results, hypertension rose from 25.8% to 34.1%. The increase in the prevalence of non-communicable diseases is related to unbalanced lifestyles and eating patterns, including smoking, consumption of alcoholic beverages, physical activity, and insufficient consumption of fruits and vegetables (4,5).

As much as 60% of mortality in all age groups is a negative impact of the development of non-communicable diseases such as cardiovascular disease, diabetes mellitus, cancer and chronic obstructive pulmonary disease. Risk factors for the incidence of non-communicable diseases 80% are due to a bad lifestyle such as lack of consumption of fruits and vegetables, smoking, lack of physical activity, and

obesity(3,6). The description of the health status of the adult population in the future is determined by the health status of today's adolescents. Adolescents have the opportunity to obtain optimal health status, but it is not always in line with the health behavior of adolescents. Tobacco use, drug abuse, including alcohol begins at this age. Risky behavior during adolescence greatly influences the incidence of chronic disease in the following decades. As risk factors are smoking behavior, alcohol, diet, physical activity, traffic behavior and emotional distress (7).

Risky behavior, especially diet, physical activity, in the future will have a negative impact on the body such as non-communicable diseases. A good diet is needed to fulfill optimal nutritional needs for adolescents so that they are able to prevent or minimize the risk of various non-communicable diseases (NCDs) that appear in old age such as diabetes mellitus, heart disease and stroke and are able to prevent anemia and stunting. Especially for women, if risky behavior continues into adulthood and marriage it will have an impact on pregnancy, namely babies are susceptible to disease and can cause stunting in children (8,9). According to IFRC (2022) Non-communicable diseases are diseases that are not spread through infection or through other people, but are usually caused by unhealthy behavior. Non-communicable diseases are a major cause of death worldwide and present a major threat to health and development, especially in low- and middle-income countries with high risk of diseases such as cardiovascular disease, cancer, diabetes and chronic respiratory disease (10). WHO (2014) describes that non-communicable diseases require a long period of time or are commonly referred to as chronic in their development (11). Non-communicable diseases are a health problem that causes high morbidity, disability and death rates, as well as creates a large health financing burden Data and Information Center (12).

Adolescents are an age group that is very vulnerable to bad health habits/behaviors related to lifestyle. Efforts to prevent non-communicable diseases that are easy to do are indirect factors, one of which is lifestyle, health promotion and the environment. The results of a preliminary study using the interview method with adolescents at a Yogyakarta campus resulted in the preferred risky food, namely junk food, they stated that it was easy to get junk food, the good taste of junk food made them like it. Another behavior is physical activity that is difficult to do consistently. Even though they are teenagers studying in the field of public health who are later expected to become health cadres who are able to provide education to the community in maintaining health and improving health. Based on this description, the purpose of this study is to analyze health behavior that is at risk of developing non-communicable diseases in students of one of the tertiary institutions in Yogyakarta, Indonesia.

2. METHOD

This research is a research with qualitative descriptive analytic method to describe the health behavior of students at a Yogyakarta university. An overview of student health behavior was taken using a survey on health behaviors that referred to questions in the Indonesian RISKESDAS. The population of this study were all students in semester 1 of a Yogyakarta university, with accidental sampling technique and a final total sample of 170 respondents. Data collection was carried out using an electronic questionnaire (google form) which was then distributed directly to students consisting of 2 parts, namely the characteristics of the respondents and the core questions totaling 57 questions regarding the health conditions and behavior of students (13). The questionnaire consisted of questions regarding health behavior and daily habits. Behavior of consuming risky foods, carbonated/carbonated drinks, smoking and alcohol consumption: 1) risky (≥ 1 time per day and $\geq 1-6$ times a week); 2) not at risk (≤ 3 times per month), fruit and vegetable consumption behavior: 1) at risk (not consuming and/or consuming 1-2 servings); 2) not at risk (3-4 servings and 3 servings of vegetables, 2 servings of fruit). The data obtained was then subjected to qualitative descriptive analysis based on risky and non-risk health behaviors and habits in college students.

3. RESULTS AND DISCUSSION

3.1. Results

1. Characteristics of Respondents

The following are the characteristics of the respondents, namely students at a university in Yogyakarta.

Table 1. Distribution of Student Characteristics at Yogyakarta Higher Education

Characteristics	N	%
Gender		
Man	28	16.97
Woman	137	83.03
Age		
17 years	2	1.21
18 years	86	52,12
19 years old	55	33,33
20 years	17	10.30
21 years	5	3.03
Body Mass Index (BMI)		
Normal	29	17.58
Obesity I	4	2,42
Obesity II	3	1.82
Overweight	2	1.21
Underweight	127	76.97
Total	165	100

Based on Table 1. it is known that the majority of students are women (83.03%). The age range was dominated by students aged 18 years (52.12%), then from the calculation of the body mass index most of the students were underweight (76.97%).

2. Student Health Behavior

Student health behavior, including risk eating behavior, smoking behavior, alcohol consumption, and exercise habits as follows.

Table 2. Health Behavior towards Non-Communicable Diseases in Students at a University in Yogyakarta

Behavioral risk factors	No Risk	%	risky	%
Sweet Eating Behavior	21	12,73	144	87,27
Salty Eating Behavior	20	12,12	145	87,88
Greasy/fried eating behavior	29	17,58	136	82,42
Burning Eating Behavior	86	52,12	79	47,88
Eating Behavior with Seasonings	33	20	132	80
Behavior of Eating Instant Noodles	70	42,42	95	57,58

Fruit and Vegetable Eating Behavior	25	15,15	140	84,85
Drinking behavior of carbonated/carbonated drinks	91	55,15	74	44,85
Smoking history in the last month	148	89,70	17	10,30
Habit of consuming alcohol	164	99,39	1	0,61
Habit of Doing Exercise for 30 Minutes	21	12,73	144	87,27

Based on Table 2, it shows that health behaviors that pose a risk to students are excess food and drink consumption behavior and lack of physical activity. Student eating and drinking behavior is dominated by risky behavior that can trigger PTM. Students have risky behavior in consuming sweet foods (87.27%), as well as consuming salty foods (87,88%) students, consuming oily foods such as fried foods (82,42%), consuming food containing seasonings or MSG (80%), excessive eating behavior of instant noodles (57.58%), lack of fruit and vegetable consumption 140 (84.85%). As well as having less exercise habits (87.27%).

Furthermore, student behavior that is not at risk is a history of not smoking in the last one month (89.70%) and the habit of not consuming alcohol (99.39%).

3. Incidence of Non-communicable Diseases and Dental and Mouth Problems

The incidence of Non-Communicable Diseases in students during the last 1 year is as follows.

Table 3. Incidence of Non-Communicable Diseases and Dental and Oral Problems in Students at the Yogyakarta Campus

Non-Communicable Diseases	Yes	%	No	%
Asthma	3	1,82	162	98,18
Cancer	0	0	165	100
Diabetes mellitus	0	0	165	100
Heart disease	2	1,21	163	98,79
Hypertension	3	1,82	162	98,18
Strokes	0	0	165	100
Chronic Renal Failure	0	0	165	100
Joint Disease	1	0,61	164	99,39
Dental caries	61	36,97	104	63,03
Missing Teeth due to Extraction	25	15,15	140	84,85
Rocking Teeth	20	12,12	145	87,88
Swollen gums and or boils (abscess)	25	15,15	140	84,85
Gums Bleeding Easily	25	15,15	140	84,85
Recurrent thrush	24	14,55	141	85,45

Based on Table 3 the incidence of non-communicable diseases in college students is dominated by students who have no symptoms or no doctor's diagnosis. However, the results showed that students had problems with oral and dental health, including dental caries (36.97%), tooth extraction (15.15%), swollen gums and/or abscesses (15.15%), gums that bleed easily (15.15%), recurrent canker sores (14.55%) and loose teeth (12.12%).

3.2. Discussion

Based on the results of the study, it was shown that the behavior of consuming food and drink, exercise for at least 30 minutes can trigger the risk of non-communicable diseases in adolescents. So it can be said that students have a poor diet and lack of daily physical activity. According to previous studies, poor eating patterns are prone to the emergence of non-communicable diseases such as diabetes mellitus, hypertension, and heart disease. Also supported by less physical activity can increase the risk of developing PTM from an early age (17,18). Previous research said that one of the non-communicable diseases that often appears asymptomatic and can appear since adolescence and whose prevalence has increased in recent years is hypertension. Many people do not realize this, that hypertension that occurs in adolescence will continue into adulthood and increase the risk of morbidity and mortality. Excessive consumption of sodium or foods with excessive levels of salt (salty) has a 14,752 greater risk of developing hypertension (19).

Non-Communicable Diseases (NCD) are diseases that cannot be transmitted so they are considered not to threaten the condition of others. Until now NCD is still a health problem in developing countries and industrial countries. Based on the WHO report, NCD which is often found in the Southeast Asia region and contributes to very high incidence and death rates, namely heart (cardiovascular) disease, DM, cancer, chronic obstructive respiratory disease and diseases due to accidents (14). Risky behavior adopted by teenagers due to unhealthy associations and information that is not directed (15). Adolescents are a vulnerable group because they are in a period of development and a period of searching for identity and tend to engage in risky behavior. Risk factors in adolescents include increased blood pressure, blood sugar, body mass index or obesity, unhealthy eating patterns, lack of physical activity, and smoking and alcohol. The increase in these risk factors will have an impact on increasing the proportion of non-communicable diseases in adolescents, including diabetes mellitus and hypertension (6,16).

The results of the same study conducted on Halu Oleo University students showed that apart from smoking and consuming alcohol, risk factors for lack of physical activity (56.3%), and eating patterns based on frequency of eating/drinking trigger non-communicable diseases for frequent consumption of types of food contains sugar (72.1%), contains sodium (salt) (35.0%), contains high fat (55.5%), while the type of drink containing caffeine with habit is a trigger factor for non-communicable diseases, from risk factors This gave rise to diseases such as obesity (21.8%), and hypertension (13.9%) (20). Lifestyle behaviors at risk for NCDs with the greatest proportion in adolescents are insufficient consumption of fruits and vegetables, excessive consumption of sodium, excessive consumption of fat, lack of physical activity and smoking (21–23). Consuming excessive risky foods such as excessive junk food, consumption of sweet foods, processed foods with preservatives has a close relationship with the incidence of non-communicable diseases will trigger the emergence of nutritional disorders at a young age which can increase the risk of non-communicable diseases (24–26).

Poor eating patterns such as junk food can affect adolescent nutrition including overweight and obesity, because the high content of junk food will be salt, fat, sugar, and calories, but little nutrition and fiber can increase the risk of several diseases, such as obesity, diabetes, hypertension, and blood lipid disorders or dyslipidemia (26,27). So maintaining a good diet and increasing the intensity of physical activity, especially when the age has entered > 40 years and a healthy lifestyle is very important. This is due to the trend of increasing prevalence of non-communicable diseases caused by the epidemiological transition, which begins with the dominance of communicable diseases and ends with the dominance of non-communicable diseases (28).

In addition to poor food consumption patterns, risk factors for lack of physical activity also greatly affect the incidence of NCDs in adolescence. One of the negative impacts of lack of physical activity is the emergence of diabetes mellitus and obesity or overweight (23). According to the Law of the Republic of Indonesia Number 36 of 2009 concerning Health article 141 states that it is necessary to improve the quality of nutrition through food consumption patterns and physical activity in accordance with the General Guidelines for Balanced Nutrition (PUGS) in order to achieve good nutritional status so that the degree of public health increases. Health is a human right. Research conducted on high school students in Semarang City showed the same results, namely students who did light physical activity as a risk factor for developing hypertension at high school age with a risk of 10.074 times. Mild physical activity in adolescents occurs due to increased insulin levels so that the body will become hungry quickly (19). Apart from hypertension and obesity, lack of physical activity will cause other health problems such as stress, sleep disturbances, slowed metabolism, and osteoporosis (29,30).

Increasing the intensity of physical activity, namely 30-45 minutes/day, is very important because it is one of the strategies for managing and preventing hypertension. Regular physical activity can reduce stiffness in the blood vessels and will increase the endurance of the heart and lungs so that it can lower blood pressure (18). Doing strenuous physical activity or moderate physical activity that cannot control their eating patterns after doing physical activity, so that the incidence of diabetes mellitus does not affect if you have done heavy or moderate physical activity (30). Physical activity significantly reduces systolic and diastolic blood pressure and can prevent hypertension and other non-communicable diseases. The recommended length of physical activity to prevent hypertension is 150 minutes, with a frequency of five or more days a week (31).

Lifestyles that are at risk increase the risk of non-communicable diseases in adolescents. One of them is by carrying out CERDIK Activities which consist of health check activities accompanied by providing knowledge about diabetes mellitus, non-smoking behavior, physical activity, reducing consumption of Sugar, Salt, Fat, adequate rest, and managing stress. In line with research on adolescents in Ambon who showed good attitudes and knowledge in realizing CERDIK activities, namely frequent physical activity (sports) (32,33). Based on the priority indicators of the non-communicable disease prevention and control program (P2PTM) in the form of the implementation of an integrated non-communicable disease fostered post program (Posbindu PTM) in each village to carry out early detection of risk factors for non-communicable diseases, control of smoking consumption, and faulty health services for productive age one target is every citizen aged 15 years and over in a village or sub-district, in this case, are youth and adults (6).

Primary prevention efforts for PTM can be started from childhood and adolescence to learn to behave in the right lifestyle. The number of adolescents, 24.01 percent of Indonesia's population, can become agents of change in good lifestyle behavior in preventing the risk of non-communicable diseases (PTM) in adulthood. Knowledge and proper and adequate health-nutrition knowledge and behavior from schools, residences and the surrounding environment such as health education about risky foods and the impact on health through banner media is useful in efforts to control degenerative diseases and prevent NCDs. Furthermore, when they enter the productive group, Indonesia has healthy human resources with high productivity (21,34).

The results showed that diseases related to dental and oral problems occurred in adolescents, especially students, namely dental caries (36.97%), teeth extracted (15.15%), swollen gums and/or abscesses (15.15%), gums bleed easily (15.15%), recurrent canker sores (14.55%) and loose teeth (12.12%). Dental health efforts need to be reviewed from environmental aspects, knowledge, education, awareness and handling of dental health including prevention and treatment. This is in accordance with research in Ternate, most students from the city of Ternate in the city of Manado ignore the overall

condition of dental health. Dental care is considered not very important, even though it has enormous benefits in supporting health and appearance. Apart from that, fear treatment that takes a long time and costs are quite high which allows the risk of caries to students from the city of Ternate. Maintaining oral and dental hygiene is very important, some oral and dental problems occur because we don't maintain dental and oral hygiene. Awareness of maintaining oral hygiene is very necessary and is a medicine to prevent caries (35).

The 2013 Riskesdas obtained a DMF-T score in Indonesia of 4.6 and a DMF-T in South Sumatra of 5.3. Meanwhile, the results of the 2018 Riskesdas found that the score for damaged/cavity teeth in Indonesia was 45.3%, the score for missing teeth being removed/dated itself was 19.0%. And the score for teeth that have been filled because of cavities in Indonesia is 4.1%. Based on Riskesdas (2018) the proportion of habitual consumption of sweets ≥ 1 time per day in Indonesia is around 40.1%. The proportion of consumption of sweet drinks ≥ 1 time per day in Indonesia is around 61.27%.

Incorrect eating patterns and some community behaviors as well as respondents who prefer sweet, less fibrous and easily sticky foods and drinks which cause dental caries, as well as the behavior of frequently consuming sweet-tasting snacks such as chocolate, milk, ice cream, candy, sweet cakes, and sweet chips, more than 2-3 times a day. This type of food is highly cariogenic and has the potential to cause dental caries (36). One of the risk factors for the emergence of non-communicable diseases is smoking, where smoking habits can also cause failure to benefit from oral health care, and more dynamic tooth decay, which causes pain and even tooth loss (37).

In line with previous research which said that non-communicable diseases also have a relationship related to oral health, found a negative relationship between oral health knowledge and poor SROH, this study found a positive relationship, namely the possibility of an epidemiological transition from communicable diseases to non-communicable diseases (38). In addition, Overall, 13.6% of participants reported poor SROH, and 78.5% on average or poor SROH, oral conditions (teeth loss, cavities, bleeding gums, and teeth sensitive to heat or cold), knowledge better oral health, dental care, and skipping breakfast were associated with poor SROH (39).

Oral disease is caused by a variety of modifiable risk factors common to many non-communicable diseases (NCDs), including sugar consumption, tobacco use, alcohol use and poor hygiene, as well as underlying social and commercial factors (40). Global Oral Health Status Report (2022) reported that non-communicable diseases such as mouth disease, heart disease, cancer, diabetes, chronic respiratory disease and mental illness are generally caused by risk factors. All forms of tobacco use, harmful use of alcohol, unhealthy diet, physical activity, environmental pollution (41). Most oral diseases and conditions share modifiable risk factors such as tobacco use, alcohol consumption, and an unhealthy diet high in free sugars which are common in the 4 major NCDs (cardiovascular disease, cancer, chronic respiratory disease, and diabetes). In addition, diabetes has been reciprocally associated with the development and progression of periodontal disease. There is also a causal relationship between high consumption of sugar and diabetes, obesity and dental caries (40,42).

4. CONCLUSION

1. Risky health behaviors in college students that can lead to non-communicable diseases and dental and mouth problems, respectively, are excessive consumption of salty foods (87.65%), lack of physical activity (87.65%), consumption of sweet foods (87.06%), lack of consumption of fruits and vegetables (85.29%), oily foods (81.76%), foods containing seasonings or MSG (80.59%), and excessive consumption of instant noodles (57.65%).
2. NCD's events, such as hypertension, diabetes mellitus, heart disease, chronic kidney failure where all students have no symptoms or no doctor's diagnosis results. However, students have problems with oral and dental health, including dental caries (36.97%), teeth extracted (15.15%), swollen gums and/or abscesses

(15.15%), gums bleed easily (15.15%), recurrent canker sores (14.55%) and loose teeth (12.12%) in the last 12 months.

ACKNOWLEDGEMENTS

Author thanks all parties and respondents who support this research.

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LAMPIRAN 3.

3. Bukti pengajuan hak cipta Media Edukasi Kesehatan Buku Saku dengan judul “Cara Mencegah Permasalahan Gigi Dan Mulut Pada Remaja/Mahasiswa”

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Bengkulu

Dengan ini menyatakan bahwa :

1. Karya Cipta yang saya
mohonkan :Berupa :
BUKU SAKU
Berjudul : KESEHATAN GIGI DAN MULUT BAGI PELAJAR/MAHASISWA
 - Tidak meniru dan tidak sama secara esensial dengan Karya Cipta milik pihak lain atau obyek kekayaan intelektual lainnya sebagaimana dimaksud dalam Pasal 68 ayat (2);
 - Bukan merupakan Ekspresi Budaya Tradisional sebagaimana dimaksud dalam Pasal 38;
 - Bukan merupakan Ciptaan yang tidak diketahui penciptanya sebagaimana dimaksud dalam Pasal 39;
 - Bukan merupakan hasil karya yang tidak dilindungi Hak Cipta sebagaimana dimaksud dalam Pasal 41 dan 42;
 - Bukan merupakan Ciptaan seni lukis yang berupa logo atau tanda pembeda yang digunakan sebagai merek dalam perdagangan barang/jasa atau digunakan sebagai lambang organisasi, badan usaha, atau badan hukum sebagaimana dimaksud dalam Pasal 65 dan;
 - Bukan merupakan Ciptaan yang melanggar norma agama, norma susila, ketertiban umum, pertahanan dan keamanan negara atau melanggar peraturan perundang-undangan sebagaimana dimaksud dalam Pasal 74 ayat (1) huruf d Undang-Undang Nomor 28 Tahun 2014 tentang Hak Cipta.
2. Sebagai pemohon mempunyai kewajiban untuk menyimpan asli contoh ciptaan yang dimohonkan dan harus memberikan apabila dibutuhkan untuk kepentingan penyelesaian sengketa perdata maupun pidana sesuai dengan ketentuan perundang-undangan.
3. Karya Cipta yang saya mohonkan pada Angka 1 tersebut di atas tidak pernah dan tidak sedang dalamsengketa pidana dan/atau perdata di Pengadilan.
4. Dalam hal ketentuan sebagaimana dimaksud dalam Angka 1 dan Angka 3 tersebut di atas saya / kami langgar, maka saya / kami bersedia secara sukarela bahwa :
 - a. Permohonan karya cipta yang saya ajukan dianggap ditarik kembali;
Karya Cipta yang telah terdaftar dalam Daftar Umum Ciptaan Direktorat Hak Cipta, Direktorat Jenderal Hak Kekayaan Intelektual, Kementerian Hukum Dan Hak Asasi Manusia R.I dihapuskan sesuai dengan ketentuan perundang-undangan yang berlaku.
 - b. Dalam hal kepemilikan Hak Cipta yang dimohonkan secara elektronik sedang dalam berperkara dan/atau sedang dalam gugatan di Pengadilan maka status kepemilikan surat pencatatan elektronik tersebut ditanggguhkan menunggu putusan Pengadilan yang berkekuatan hukum tetap.

Demikian Surat pernyataan ini saya / kami buat dengan sebenarnya dan untuk dipergunakan sebagaimana mestinya.

Yogyakarta, 14 Februari

2023 Yang menyatakan,



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