



## INTERNASIONAL CONFERENCE ON MULTIDISCIPLINARY APPROACHES IN HEALTH SCIENCE

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### Description Of Dental And Oral Hygiene Of Youth Smokers At Banjar Sari Ubung 2025

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#### Abstract

Oral and dental health is a crucial component of overall well-being, with proper oral hygiene playing a significant role in preventing the accumulation of plaque and calculus especially in a smoker. The Oral Hygiene Index Simplified (OHI-S) is commonly used to assess oral hygiene status in population studies. This study aimed to describe the oral and dental hygiene of adolescent smokers in Banjar Sari, Ubung, North Denpasar, in 2025. A descriptive study was conducted on 35 adolescent smokers selected through purposive sampling. Oral examinations using OHI-S were performed to determine hygiene status, and questionnaires were distributed to record smoking habits, including duration and daily consumption. Results indicated that 16 adolescents (46%) achieved good OHI-S scores, while 19 adolescents (54%) showed moderate scores, and none had poor scores. The highest mean OHI-S score was 1.88, categorized as mild, found in adolescents who had smoked for 6–10 years. In terms of cigarette consumption, 20 adolescents (57%) were light smokers, 14 (40%) were moderate, and 1 (3%) was a heavy smoker. These findings demonstrate that most adolescent smokers maintain moderate levels of oral hygiene, with longer smoking duration and higher consumption tending to correlate with higher OHI-S scores. In conclusion, adolescent smokers in Banjar Sari predominantly exhibit moderate oral hygiene, highlighting the importance of preventive programs and education to reduce the oral health risks associated with smoking.

**Keywords:** Oral and dental hygiene; adolescent smokers; OHI-S; smoking duration; cigarette consumption

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### INTRODUCTION

Health is important for leading a productive life. Health includes not only physical and mental health, but also general health, especially dental and oral health. Several habits can harm a person's health, one of which is smoking. Smoking can irritate the mouth due to the burning caused by cigarette smoke itself. Some dental and oral diseases caused by smoking include gum disease, such as gingivitis, and poor dental health due to excessive smoking (Raule, Koch, and Antari, 2021).

The World Health Organization (in Handayani, 2023) states that 22.3% of the total world population uses tobacco, including 36.7% of men and 7.8% of women. Of the total 1.3 million tobacco users worldwide, more than 80% live in low- and middle-income countries. The Global Adults Tobacco Survey (GATS) conducted in 2021 by the Health Research and Development Agency under the coordination of the Ministry of Health, by conducting household surveys on targets aged 15 years and above, showed that a total of 34.5% of Indonesia's adolescent population uses tobacco products, with males accounting for the majority at 65.5% and females at 3.3%. Tobacco use in Indonesia has declined proportionally over the past 10 years, from 36.1% in 2011 to 34.5% in 2021. However, cumulatively, the number of tobacco users has increased from 61.4 million people in 2017 to 70.2 million people in 2021. This figure places Indonesia in third place in the world, with China and India in first and second place, respectively.

In the last ten years, the number of adult smokers in Indonesia has increased. The results of the Global Adult Tobacco Survey (2021) show that the number of adult smokers has increased by 8.8 million people, rising from 60.3 million in 2011 to 69.1 million in 2021. Meanwhile, the prevalence of electronic cigarettes rose from 0.3% in 2019 to 3% in 2021.

The Indonesian Health Survey Report, conducted by the Ministry of Health (2023), shows that the number of active smokers is estimated to reach 70 million people, with 7.4% of them being smokers aged 10-18 years. Meanwhile, the 15-19 age group is the largest group (56.5%), followed by the 10-14 age group (18.4%).

According to the Bali Provincial Statistics Agency (BPS) (2024), there has been an increase in the percentage of people aged 15 years and above who smoke tobacco in the last month in the province of Bali. The percentage of tobacco smokers reached 17.91% in 2022 and Corresponding author: bagus.pradnya.ananta@gmail.com  
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increased to 18.90% in 2023. In Denpasar City, the percentage of people who smoke tobacco every day was 13.02% in 2023.

Data from the Indonesian Health Survey (SKI) (2023) conducted by the Indonesian Ministry of Health shows that the number of active smokers in Indonesia is estimated to reach 70 million people, with 7.4% of them being smokers aged 10-18 years. Children and adolescents are the groups with the most significant increase in the number of smokers.

Based on the above background, there has been an increase in the number of smokers in Denpasar City. In 2022, tobacco smokers reached 17.91% and increased to 18.90% in 2023. Therefore, the researcher chose a location in Banjar Sari Ubung, Denpasar City, Bali Province, with teenage smokers from Banjar Sari, Ubung as respondents. The researcher chose this location because he/she is from Banjar Sari, Ubung, and most teenagers in the Ubung area have a habit of smoking, especially teenage boys in Banjar Sari. Therefore, the researcher wanted to determine the dental and oral hygiene of teenage smokers in Banjar Sari, Ubung.

This section is not subtitled, nor are operational definitions where necessary simply written as narrative. The introduction is written with Arial Narrow 12, each initial paragraph is written jutting into 5 digits, approximately 1 centimeter left edge, space 1.5. Overall words totaling 2500-3000.

### METHOD

The research method used was quantitative descriptive, which aimed to describe dental and oral hygiene among adolescent smokers without treating or manipulating the variables under study. This study was conducted in March 2025 and was located in Banjar Sari, Ubung Village, North Denpasar District, Denpasar City, Bali.

The subjects in this study were male adolescent smokers living in the area, with a total population of 35 people. Because the population size was relatively small and could be fully reached, this study used total sampling, where the entire population was used as the research sample. This sampling technique allowed the researcher to obtain representative data without generalizing to a larger population.

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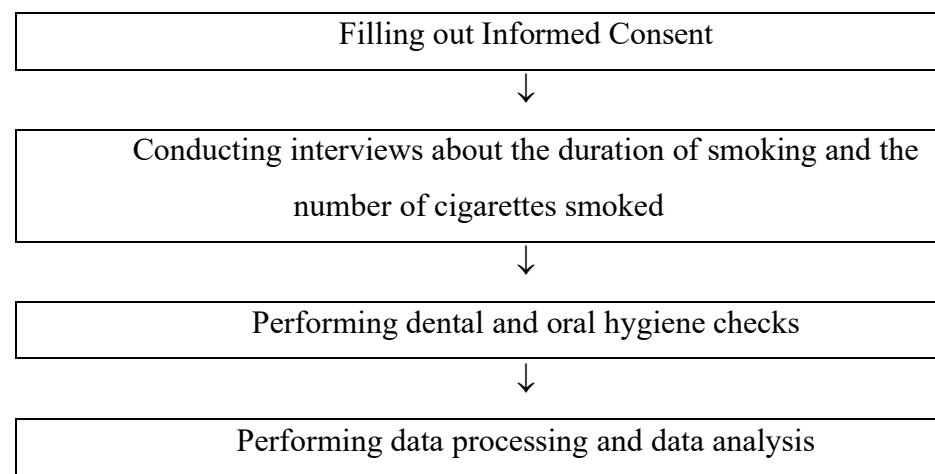


Figure 1. Research Flow on Dental and Oral Hygiene of Youth Smokers at Banjar Sari  
Ubung 2025

The research procedure consisted of several stages. First, informed consent was obtained from the respondents to obtain their consent to participate. Second, interviews were conducted regarding the characteristics of the respondents, such as age, education level, length of time smoking, and number of cigarettes smoked. Third, dental and oral hygiene examinations were conducted using the OHI-S (Oral Hygiene Index-Simplified) index. Fourth, all interview and examination results are recorded in an observation sheet for further processing and analysis. The complete research flow is presented in Figure 2 in the manuscript.

The types of data collected in this study consisted of primary and secondary data. Primary data included interview results, questionnaires on oral health knowledge, and OHI-S examination results. Secondary data were obtained from relevant documents or records. The instruments used included observation sheets, questionnaires, and clinical examination tools for OHI-S assessment.

The data obtained was then processed through several stages, namely editing, coding, entry, and cleaning. Data analysis was performed univariately, using frequency distribution, percentage, and mean value techniques. This analysis was used to describe the respondents' level of knowledge about dental and oral health maintenance and the condition of dental and oral hygiene based on the OHI-S score. The results of the analysis aimed to answer the research



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questions, achieve the research objectives, and explain the gap between knowledge and dental health care behavior among adolescent smokers.

## RESULTS

### 1. Conditions of the research location

Banjar Sari is one of the banjars located in the Ubung Traditional Village, Denpasar City.

It has the following boundaries:

- a. North: Banjar Batur
- b. West: Tukad Mati
- c. East: Banjar Tengah
- d. South: Jalan Pidada XI

The population of Banjar Sari is 1,080 people, consisting of 657 men and 423 women, with 220 households, the majority of whom are private employees or entrepreneurs.

### 2. Characteristics of the research subjects

#### a. Characteristics of research subjects based on age among adolescent smokers in Banjar Sari

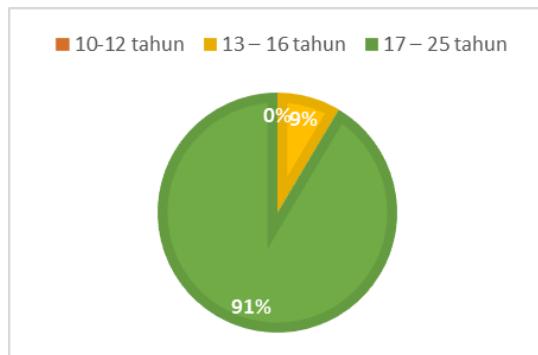


Figure 2. Characteristics of respondents based on age among teenage smokers in Banjar Sari

Figure 2 shows that the majority of teenage smokers are aged 17–25 years, totaling 32 respondents (91%). There were no respondents aged 10–12 years, while three respondents (9%) were aged 13–16 years.

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- b. Characteristics of research subjects based on educational level among adolescent smokers in Banjar Sari

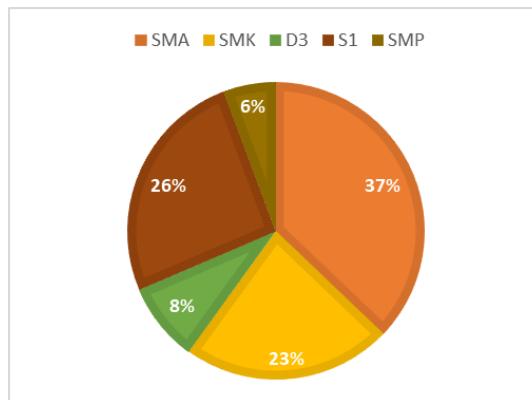


Figure 3. Research subject characteristics based on education level among teenage smokers in Banjar Sari

Figure 3 shows that the majority of adolescent smokers were high school students, with 13 respondents (37%). The fewest were junior high school students, with two respondents (6%).

### 3. Results of examination and interview

Results of examinations of 35 teenage smokers in Banjar Sari, Ubung, North Denpasar in 2025.

- a. To know the frequency of teenage smokers in Banjar Sari, Ubung in 2025 who obtained OHI-S in the good, moderate, and poor criteria.

**Table 1.**

**Frequency Distribution of Teenage Smokers in Banjar Sari with Good, Moderate, and Poor OHI-S Scores in 2025**

No.	Criteria	f	%
1.	Good (0,0 - 1,2)	16	45,71
2.	Moderate (1,3 - 3,0)	19	54,29
3.	Poor (3,1 - 6,0)	0	0,00
	Total	35	100



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Table 1 shows that teenage smokers in Banjar Sari, Ubung in 2025 had the highest percentage, namely 19 respondents (54.29%) in the moderate category, and no respondents had poor OHI-S. To know the frequency of teenage smokers in Banjar Sari, Ubung based on the length of time they have been smoking in 2025.

- b.** To know the frequency of teenage smokers in Banjar Sari, Ubung from the total cigarettes smoked per day in 2025.

**Table 2.**  
**Frequency Distribution of Teenage Smokers in Banjar Sari, Ubung**  
**Based on Length of Smoking in 2025**

No.	Duration of Smoking	f	%
1.	1 years	2	5,71
2.	2-5 years	22	62,86
3.	6-10 years	11	31,43
Total		35	100,00

Table 2 shows that teenage smokers in Banjar Sari have the longest smoking duration, with 22 respondents having smoked for 2-5 years, while two respondents have only been smoking for one year, and 11 respondents have been smoking for 6-10 years.

- c.** To know the average OHI-S in Banjar Sari, Ubung adolescent smokers in the light, moderate, and heavy smoker categories in 2025.

**Table 3.**  
**Total Frequency Distribution of Cigarettes Smoked Per Day by Teenage**  
**Smokers**  
**in Banjar Sari, Ubung in 2025**

No.	Category	f	%
1.	Light (1-4 sticks)	20	57,14
2.	Moderate (5-14 sticks)	14	40,00
3.	Heavy (> 15 sticks)	1	2,86
Total		35	100,00

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Table 3 shows that teenage smokers in Banjar Sari, Ubung, have the highest percentage and frequency of light smokers, namely 57% with a total of 20 respondents, and the lowest percentage of heavy smokers, namely one respondent (3%).

- d. To know the average OHI-S in good, moderate, and poor criteria among teenage smokers in Banjar Sari, Ubung in 2025 based on the duration of smoking.

**Table 4.**

**Average OHI-S in Banjar Sari, Ubung Teenage Smokers Based on Light, Moderate, and Heavy Smoking Types in 2025**

No.	Category	f	Average
1.	Light	20	1,48
2.	Moderate	14	1,39
3.	Heavy	1	1,6
Total		35	1,49

Table 4 shows that teenage smokers in Banjar Sari, Ubung in 2025 have the highest average OHI-S based on smoking type, with 20 respondents (1.48) classified as mild smokers, 14 respondents (1.39) classified as moderate smokers, and one respondent (1.6) classified as having poor OHI-S.



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- e. To know the average OHI-S in good, moderate, and poor criteria among teenage smokers in Banjar Sari, Ubung in 2025 based on the duration of smoking.

**Table 5.**

### **Average Number of Teenage Smokers in Banjar Sari Who Have Good, Moderate, and Poor OHI-S Scores Based on Length of Smoking in 2025**

No.	Duration of Smoking	f	Average
1.	1 years	2	1,15 (Good)
2.	2-5 years	22	1,25 (Moderate)
3.	6-10 years	11	1,88 (Moderate)

Table 5 shows that teenage smokers in Banjar Sari in 2025 have an average OHI-S score based on the length of time they have been smoking, with the highest OHI-S score among teenagers who have been smoking for 1 year (1.55). However, all average OHI-S scores are still in the good category.

#### 4. Data analysis results

Based on the results of data analysis, the level of knowledge among teenage smokers in Banjar Sari, Ubung in 2025 shows that most respondents are in the adequate category, namely 74.29%. A total of 17.14% of respondents had a good level of knowledge, while only 8.57% of respondents were classified as having poor knowledge. Overall, the average knowledge score of respondents was 68.43, which is classified as adequate.

The results of the study also describe the dental and oral hygiene of teenage smokers. The percentage of respondents with good dental and oral hygiene was 33.71%. Meanwhile, most respondents were in the moderate category, although the percentage calculation showed a disproportionate figure due to calculation errors. There were no respondents in the poor category.



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When viewed from the average dental and oral hygiene score using the OHI-S index, the figure obtained was 1.45. This score indicates that, in general, the dental and oral hygiene of teenage smokers in Banjar Sari is still in the moderate category.

### DISCUSSION

Based on the results of a study of 35 active teenage smokers in Banjar Sari in 2025, oral hygiene status as measured using the OHI-S index showed that most respondents were in the moderate category (54%), followed by the good category (46%), and none were in the poor category. These findings indicate that the majority of adolescents do not yet have optimal dental and oral hygiene. Poor dental and oral hygiene is thought to be related to a lack of knowledge and incorrect toothbrushing habits, both in terms of technique and timing. Most adolescents brush their teeth only when showering, without paying attention to the recommendation to brush twice a day after breakfast and before bed (Putri, Herijulianti, & Nurjannah, 2010).

In terms of smoking duration, the majority of adolescents have been smoking for 2–5 years (63%), followed by the 6–10 year group (31%), and only a few have been smoking for one year (6%). This indicates that smoking habits generally start at an early age, around 13–16 years old, in line with the Riskesdas (2018) report, which states that most teenagers start smoking before the age of 19. This condition has implications for long-term health risks, including a decline in dental and oral health.

In terms of the number of cigarettes smoked per day, the majority of respondents were classified as light smokers (57%), followed by moderate smokers (40%), and only one person was classified as a heavy smoker (3%). Although most respondents were still in the light smoker category, cigarette consumption still had a negative impact on oral hygiene. The more cigarettes smoked, the higher the accumulation of plaque and calculus, which can reduce oral hygiene status (Arini et al., 2019; Ruslan, 1996).

When viewed from the average OHI-S according to smoker type, the light smoker group had a score of 1.48 (moderate category), moderate smokers 1.39 (moderate category), and heavy smokers 1.60 (moderate category, tending towards poor). Although there was only one heavy smoker respondent, the higher average OHI-S score indicates that the more cigarettes consumed, the worse the dental and oral hygiene. This is reinforced by the interview

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results, which show that heavy smokers have irregular toothbrushing habits and rarely undergo routine dental care. This factor is in line with Supriatna's (2016) opinion that smoking increases the amount of plaque and tartar and causes dry mouth due to decreased saliva production.

Meanwhile, when viewed from the duration of smoking, the highest average OHI-S was found in the 6–10 year group (1.88, moderate category), while the lowest was in the 1 year group (1.15, good category), and the 2–5 year group was 1.25 (moderate category). This shows that there is a relationship between smoking duration and decreased dental and oral hygiene. The longer the smoking duration, the higher the possibility of stain formation, mucosal pigmentation, and increased calculus due to the nicotine and tar content in cigarettes (Asiking et al., 2016; Parmasari et al., 2023).

In general, the results of this study confirm that smoking habits—both in terms of the number of cigarettes and the duration of smoking—contribute to a decline in dental and oral hygiene. Behavioral factors, such as ignorance about the correct way and time to brush teeth, exacerbate this condition. These findings are in line with previous studies that show a close relationship between smoking habits and an increased risk of periodontal disease and a decline in overall oral hygiene (Kencana et al., 2015; Liana & Arbi, 2019).

## CONCLUSIONS

Based on the results of research conducted on 35 teenage smokers in Banjar Sari, Ubung, North Denpasar in 2025, the following conclusions can be drawn: The percentage of teenage smokers who have an OHI-S score of 54% is in the moderate range. The average OHI-S score for teenage smokers is 1.45, which is in the moderate range. Based on the number of cigarettes smoked per day, 20 respondents were classified as light smokers (57%). The number of adolescents who had been smoking the longest was 22 respondents. The average OHI-S for moderate smokers was 1.88.



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