

GINGIVITIS ASSOCIATED WITH STD ON UNDERAGE PATIENT WITHOUT PARENTAL CONSENT

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ABSTRACT

A 16-year-old male patient came to a private dental practice presenting chief complaints about frequent gum bleeding when brushing his teeth. The patient came without his parents. Anamnesis and clinical examination result shows that the patient was suspected of having gingivitis associated with sexually transmitted disease. No medical treatment was performed on the patient because the patient was not accompanied by parents while the patient was not legally able to sign informed consent. The patient was educated about sexually transmitted diseases and asked to come back after taking blood and urine tests, with his parents to accompany him during the examination because the patient. The patient then came back with the results of the blood and urine tests, but without his parents. The dentist cannot provide dental treatment because underage patients must be accompanied by their parents in performing a non-emergency medical treatment. Dentists have the right to postpone the non-emergency medical procedures in private practices for these patients. Dentists are obliged to provide education and refer patients to the hospital for further examination and treatment in accordance with government programs and applicable legal provisions in Indonesia.

INTRODUCTION

Sexually transmitted diseases (STDs) are diseases that are transmitted through sexual intercourse (Rizzo *et al.*, 2023). Sexually transmitted diseases are also commonly called venereal diseases (Rizzo *et al.*, 2023). All techniques of vaginal, anal or oral sex can be a media for transmission of venereal diseases (AlNujaidi *et al.*, 2023). The causes of these infections include bacteria (eg. gonorrhoea, syphilis), fungi, viruses (e.g. herpes, HIV), or parasites (e.g. lice), and these diseases can affect both men and women (UNESCO, 2012).

Decent knowledge and awareness of condom use can actually reduce the risk of STD transmission up to 50-70%, but most of them do not protect themselves from STDs due to lack of knowledge about STDs, and lack of support from the environment. The policy of STD and HIV prevention program with 100% condom use is part of the Indonesian National Strategy for HIV/AIDS 2007-2010. In the Strategy, it is known that the implementation of condom promotion programs has also been carried out in various locations and prioritized to reach commercial sex workers.

The Second Paragraph of the Law No. 17 of 2023 Concerning Health has established rules regarding the Management of Communicable Diseases, where Article 89 states: "The Central Government, Regional Governments, and the community are responsible for overcoming infectious diseases through prevention, control, and eradication of infectious diseases and are responsible for the consequences caused by them".

The 1945 Constitution states that "The Indonesian state is based on law". This means that all citizens are under the law protection and must obey and comply with applicable laws (Baude and Sachs, 2023). Doctors and patients have an equal position in the state of the law, both are subjects of law (Setiaji and Sulistiyono, 2023).

The transactions that are conducted between doctors and patients must be carried out with a commitment from both parties to be serious in optimizing the patient's health (Cerchione *et al.*, 2023). This commitment must be emphasized in an agreement. The agreement that occurs between doctors and patients is not about treatment alone but on the entire treatment process in a broader sense, covering the fields of diagnostics, prevention, rehabilitation, and promotion so that this agreement is also called a therapeutic agreement which can be proven through written informed consent. People who have the right to sign informed consent according to Law No. 17 of 2023 concerning Health Article 293 and Civil Code article 1320 are people who are capable are people who are mature and mentally healthy so that they are considered capable of determining the best care for themselves.

The government through Ministry of Health Regulation No. 82 of 2014 concerning Management of Communicable Diseases has established rules regarding the management of infectious diseases, which in this case are sexually transmitted diseases. However, problem solving in a patient must be adjusted to the patient's overall condition and pay attention to all aspects (Zhang *et al.*, 2023). Handling underage patients requires special attention and treatment as well as a complex legal approach (Dorscheidt, 2023).

Many studies about how to prevent and manage sexually transmitted diseases in adolescents have been conducted previously (Dourado *et al.*, 2023). However, there is no in-depth analysis of the views of various aspects of the management of sexually transmitted disease cases in underage patients without parental consent that are carried out in accordance with proper procedures based on applicable laws in Indonesia. This is what will be analyzed in this article in line with the passing of Law Number 17 of 2023 concerning Health.

A 16-year-old male patient came to a private dental practice with complaints of frequent bleeding when brushing his teeth (Östberg *et al.*, 2002). The patient came without his parents (Rohlfing, Kelly and Flint, 2023). After taking anamnesis, it was found that the patient often complained of gums that bleed easily when brushing teeth, often had stomatitis, sore throats and sores in the oral mucosal (Siregar and Setiadhi, 2023). The patient did not attend school, worked as an electric laborer, and had been sexually active with multiple partners without using contraceptives (Nyachwaya, Mwanzo and Osur, 2023). The patient also complained of penile discharge, odor, and pain when urinating (Salh, Obaid and Shafiq, 2023). The results of the clinical examination showed that there was calculus and inflammation on the

patient's gingiva, the average socket depth of the upper and lower teeth was 6 mm. The dentist did not perform a direct examination of the patient's genital area (Uppal *et al.*, 2023).

From the results of anamnesis and clinical examination, the patient was suspected of having gingivitis associated with sexually transmitted disease (Meseli and Pelit, 2023). No medical treatment of gingivitis was performed on the patient because the patient was not accompanied by parents while the patient was not legally authorized to sign informed consent (Li *et al.*, 2023). The patient was educated about sexually transmitted diseases and asked to come back after taking blood and urine tests, and bring his parents to accompany him during the examination because the patient was underage. The patient then came back with the results of the blood and urine tests, but still without his parents. The dentist still cannot provide medical treatment because underage patients must be accompanied by their parents in carrying out a non-emergency medical treatment.

Dentists provide education about sexually transmitted diseases and their manifestations in the oral cavity (Prabhu *et al.*, 2023). The patient was encouraged to be accompanied by parents during the treatment of the disease, but the patient did not follow the dentist's direction because the patient was afraid to be honest about his condition with his parents (Jervøe-Storm *et al.*, 2023). The patient also refused to give his parents' identity or phone numbers (Corsi *et al.*, 2023). The dentist then gave a referral letter to the patient for further examination at the hospital. The dentist could not intervene further due to the patient's psychological condition. However, as an effort to provide the best treatment for the patient, the dentist contacted the hospital to make an appointment for an examination.



Figure 1. A picture of the patient's teeth that was taken during the patient's first visit to the dentist.

CERTIFICATE OF LABORATORY EXAMINATION

Lab Order No : [REDACTED] Age : 16 Year 5 Month 13 Day
 Reg Date : 04-09-2023 09:57:50 Patient ID : [REDACTED]
 Name : [REDACTED] Company : PASIEN UMUM
 Gender / DOB : Male / 22-03-2007 Doctor : [REDACTED]
 Address : [REDACTED]

Print Date : 04-09-2023 11:00:30

Laboratory Testing Result

TEST	RESULT	UNIT	REFERENCE RANGE	METHODE
HEMATOLOGY				
FBC (Flowcytometr)				
<> Leukocyte	8.11	10 ⁹ /L	4.50 - 13.00	
Difftount :				
∅ - Neutrophil %	45.6	%	40.0 - 75.0	
∅ - Lymphocyte %	38.7	%	20.0 - 45.0	
∅ - Monocyte %	7.0	%	2.0 - 10.0	
∅ - Eosinophil %	8.3	%	1.0 - 6.0	
∅ - Basophil %	0.4	%	0.0 - 1.0	
∅ - IG %	0.2	%	0.0 - 7.2	
∅ - NRBC %	0.0	%	0.00 - 1.00	
∅ - Neutrophil Absolute	3.70	10 ⁹ /L	2.00 - 7.50	
∅ - Lymphocyte Absolute	3.14	10 ⁹ /L	1.50 - 4.00	
∅ - Monocyte Absolute	0.57	10 ⁹ /L	0.20 - 0.80	
∅ - Eosinophil Absolute	0.67	10 ⁹ /L	0.00 - 0.40	
∅ - Basophil Absolute	0.03	10 ⁹ /L	0.00 - 0.10	
∅ - IG Absolute	0.02	10 ⁹ /L	0.00 - 0.60	
∅ - NRBC Absolute	0.00	10 ⁹ /L	0.0 - 0.1	
<> Erythrocyte	5.57	10 ¹² /L	4.40 - 5.90	
<> Hemoglobine	14.6	g/dL	13.2 - 17.3	
<> Hematocrit (PCV)	45.7	%	40.0 - 52.0	
∅ MCV	82.0	fL	80.0 - 100.0	
∅ MCH	26.2	pg	26.0 - 34.0	
∅ MCHC	31.9	g/dL	32.0 - 36.0	
∅ RDW-CV (%)	14.7	%	11.5 - 14.5	
∅ RDW-SD	43.5	fL	37.0 - 54.0	
<> Thrombocyte (Platelet)	264	10 ⁹ /L	140 - 392	
∅ MPV	8.6	fL	6.3 - 11.1	
∅ PCT	0.230	%	0.150 - 0.400	
∅ PDW	8.9	fL	9.0 - 13.0	
∅ Erythrocyte Sedimentation Rate	22	mm/hours	0 - 30	
∅ Clotting Time (CT)	7.0	minute	5 - 15	
URINALYSIS				
Urine Complete / Reflectant				

Figure 2. The patient's blood test results that were presented during the patient's second visit to the dentist.

CERTIFICATE OF LABORATORY EXAMINATION

Lab Order No : [REDACTED] Age : 16 Year 5 Month 13 Day
 Reg Date : 04-09-2023 09:57:50 Patient ID : [REDACTED]
 Name : [REDACTED] Company : PASIEN UMUM
 Gender / DOB : Male / 22-03-2007 Doctor : [REDACTED]
 Address : [REDACTED]

Print Date : 04-09-2023 11:00:30

Laboratory Testing Result

TEST	RESULT	UNIT	REFERENCE RANGE	METHODE
<> Colour	Yellow		Yellow	
<> Turbidity	Turbid		Clear	
<> pH	5.0		5.0 - 9.0	
<> Specific Gravity (SG)	1.015		1.000 - 1.030	
<> Leukocytes	500 (3+)	/L	Negative	
<> Nitrite	Negative		Negative	
<> Protein	25 (1+)	mg/dL	Negative	
<> Glucose/Reduction	Negative	mg/dL	Normal / Negative	
<> Bilirubine	Negative	mg/dL	Negative	
<> Urobilinogen	Normal	mg/dL	Normal	
<> Ketone	Negative	mg/dL	Negative	
<> Blood/Hemoglobine	50 (3+)	/L	Negative	
Sedimentation (Micros) :				
∅ Leukocytes	(+) Full	/LPB	1 - 4	
∅ Erythrocytes	3 - 4	/LPB	0 - 1	
Epithelial Cells :				
∅ - Squamous	5 - 7	/LPB	5 - 15	
∅ - Caudate	Negative	/LPB	Negative	
∅ - Renal	Negative	/LPB	Negative	
∅ Cylinder	Negative	/LPB	Negative	
∅ Crystal	Negative	/LPB	Negative	
∅ Bacteria	Positive	/LPB	Negative	
∅ Others	Negative	/LPB	Negative	
Specimen Collection Date :				
Frozen Blood	04-09-2023 10:07			
Urine Complete	04-09-2023 10:07			
EDTA Blood	04-09-2023 10:07			

Figure 3. The results of the patient's urine test that presented during the patient's second visit to the dentist.

RESEARCH METHODS

The method used to analyze this case is the normative analysis method which is used to analyze the right policy in dealing with a case related to public health law. Normative legal research serves to provide juridical opinions. Normative legal research is needed as a process to find legal rules and legal principles that can be used as a solution in solving normative problems.

In order to solve the problem of norms, the right legal material analysis technique is needed. In this research, descriptive techniques, comparative techniques, evaluative techniques, and argumentative techniques are used. In the descriptive technique, an explanation of a legal event is carried out. Descriptive techniques can be applied to neutral norms (each statute becomes an independent source of law). After primary legal materials and secondary legal materials that provide strong enough arguments are found, then a comparative analysis technique is needed which is used to compare and analyze the legal materials. If descriptive techniques and comparative techniques have been carried out, then the next stage is to evaluate existing legal materials through evaluative techniques.

RESULTS AND DISCUSSION

Sexually Transmitted Diseases are a group of infections that are transmitted through sexual activity. Some STDs can show symptoms in the oral cavity, which include Herpes, Syphilis, Gonorrhea, Human Papillomavirus (HPV), and HIV.

Oral manifestation of herpes, usually caused by herpes simplex virus type 1, but can also be caused by type 2 which is commonly associated with genital herpes. Symptoms of oral herpes may include blisters that appear on the lips, gums or palate.

Syphilis is an STD caused by the bacterium *Treponema pallidum*, which can show symptoms in the mouth in the form of sores or rashes. These sores are usually painless and may disappear on their own, but the syphilis infection remains and requires treatment. Gonorrhea, caused by the bacterium *Neisseria gonorrhoeae*, can spread to the throat and cause a sore throat. However, many cases of gonorrhea are asymptomatic.

Human Papillomavirus (HPV) is a group of viruses consisting of more than 100 types. Some types of HPV can cause throat cancer, although this is rare. HIV, a virus that attacks the immune system, can cause oral problems such as mouth ulcers, yeast infections and swollen gums, although these are not typical symptoms of HIV.

Sexual problems cannot be separated from Sigmund Freud's theory of sexual instinct or libido which will develop rapidly and reach a peak when entering puberty. All people who have had sexual intercourse are at risk of contracting STDs. BKKBN states that the risk of contracting STDs will be higher in people who have sexual intercourse by changing partners (multipartner), having sexual intercourse with someone who is multipartner and having unprotected sexual intercourse.

There are several factors that influence condom use such as age, education, marital status, knowledge and attitude. The level of maturity of a person's age will affect maturity in thinking and making decisions.

Education is the process of changing the attitudes and behavior of a person or group in an effort to mature humans through teaching and training efforts. According to Notoatmodjo, a person's knowledge about an object is very close to influencing a person's life. This is because the higher a person's education, the stronger the influence of this knowledge on the actions that will be taken.

Various alterations in adolescence can increase sexual desire in the form of certain sexual behaviors. Male adolescents tend to have more risky behavior due to the existence of norms that are looser than women, so men have a greater opportunity to carry out these risky behaviors. Sources of information are also factors that can influence sexual behavior. Adolescent activities and behavior are heavily influenced by information media. Teenagers can easily obtain pornographic things from magazines, television, and the internet. Meanwhile, teenagers tend to imitate or try new things to answer their curiosity. The things mentioned above can encourage adolescents to engage in risky sexual behavior even though they have been equipped with sufficient knowledge about sexual health.

Relationships with peers are also very influential on adolescent sexual behavior. If a teenager has friends who are sexually active, the greater the likelihood that the teenager will also be sexually active given that at that age adolescents want to be accepted by their environment.

Parental supervision in adolescent relationships is needed to reduce the opportunity for adolescents to engage in risky dating behavior. Exposure to appropriate information can also lead adolescents to stay away from risky behavior. The role of health workers and teachers is needed to optimize information about adolescent health education and services.

There is a correspondence between risky sexual behavior and family structure, in this case the presence of one or both parents of adolescents at home, including parental supervision. A study in the Caribbean showed that parental supervision and religiosity factors influence adolescent sexual behavior. Parenting can also lead to sexual deviance. This can also be caused by a lack of communication or openness between parents and children. The communication process includes messages, communication intensity, parental attitudes (e.g. about rules, sexual behavior, and values or norms), the number of family conflicts, sexual permissiveness, and parent-child interaction style.

Health services must be carried out in accordance with the needs of the community. One of the efforts is through proper diagnosis. Proper diagnosis can only be conducted through a detailed and precise anamnesis taking, adequate clinical examination, and if necessary, supporting examination. Anamnesis plays an important role in diagnosis and is indispensable in understanding the psychosocial aspects of the patient.

In risk assessment, history taking must be precise and accurate. Anamnesis is an active communication, a form of communication balanced with an empathetic communication style, or a dialog between medical personnel and patients to gather information about the patient's medical history. Its purpose is as a process to identify medical problems and to obtain an appropriate diagnosis.

Without a proper diagnosis, appropriate treatment cannot be prescribed. It is like a continuous circle of processes that are closely related to each other. From a proper anamnesis process, the history of the disease can be known through the following symptoms. The main objective is to obtain as complete and clear information as possible in order to determine not only the exact diagnosis but also

to determine prophylactic measures or prevention of other diseases that may arise. A proper exchange of information between the doctor and patient in effective communication can help predict the manifestation of the disease suffered by the patient.

In performing medical actions, a doctor or dentist works with the principles of medical ethics. Beauchamp and Childress outline four basic rules (Fundamental Ethical Principles), the four main rules are: (1) The principle of beneficence, which is a moral principle that prioritizes actions that benefit patients; (2) The principle of non-maleficence, specifically the ethical principle that prohibits actions that worsen the patient's condition. This principle is called "primum non nocere" or "above all, do no harm"; (3) The Principle of Autonomy, which is a principle where a doctor must respect the rights of patients, especially the patient's right to self-autonomy (the right to self-determination); (4) The Principle of Justice, which is a moral principle in the world of health that emphasizes fairness and justice in the distribution of resources (distributive justice).

These principles must be adhered to by a health professional in treating a patient. A doctor must be able to determine the best treatment options for patients based on good considerations from various aspects including psychosocial and legal aspects.

Therapeutic agreement in health services is the maximum effort made by doctors, health workers, together with patients to cure patients. The agreement between a doctor and a patient in a therapeutic agreement is not an agreement that promises results (Resultaat Verbintenis) but an agreement where both parties are committed to making optimal efforts to improve the patient's health status (Inspanning Verbintenis).

Management of STD cases in underage patients is quite complex. In this case, patients who came without parents cannot be given non-emergency medical treatment because Article 293 Paragraph (1) of Law 17/2023 concerning Health stipulates that: "Every individual health service action carried out by medical personnel and health workers must obtain consent". Then in Paragraph (7) it states: "In the event that the patient concerned as referred to in paragraph (6) is incapable of giving consent, approval of the action may be given by the representative".

In addition, if the dentist provides non-emergency medical treatment to the patient, the dentist can be said to have violated the provisions of Law 17/2023 concerning Health Article 274 (b) which states: "Medical and Health Workers in carrying out their practice must obtain approval from the Patient or his family for the actions taken".

The provisions on the age limit of an adult to perform legal acts in several laws and regulations in Indonesia are regulated differently. Capable or legally competent according to Article 1320 paragraph (2) of the Civil Code is 'adult' and/or 'not under forgiveness'. According to Article 330 of the Civil Code, a person who has reached 21 years of age or has entered into a marriage that is carried out based on applicable laws and regulations is considered legally competent. However, some laws and regulations regulate the age of majority as 17 years and 18 years, at which age they

are considered adults and have an identity card. The term 'under guardianship' refers to people who are drunkards, spendthrifts, mentally ill, memory loss, and mentally handicapped.

In order to overcome the diversity in the regulation of a person's maturity in performing legal acts, among others, are the issuance of two Circular Letters. First, the issuance of Circular Letter No. 7/2012 on Legal Formulation of the Supreme Court Plenary Meeting Results as Task Implementation Guidelines for the Court. In the Circular Letter, the Supreme Court has explained the provisions of the maturity limit of a person. It is stated in the results of the Civil Chamber Meeting on March 14-16, 2012, that an adult is capable of acting in law, namely a person who has reached the age of 18 years or has been married.

Furthermore, in underage patients, including infants and children or adolescents under the age of 18, informed consent can be represented by their parents or guardians. Broadly speaking, conditions that are considered incompetent to sign written informed consent include: children <17 years old and unmarried, impaired physical consciousness, unable to communicate reasonably, experiencing developmental delay/mental retardation and experiencing mental illness so that they are able to make decisions freely. If the patient is not competent to receive information and sign the written informed consent, then the closest family member (biological father or mother, husband or wife, biological children, siblings or guardian) should sign the written informed consent. Assessment of the patient's competence is carried out by medical personnel when consent is required.

If a doctor or dentist does not obtain consent to perform a legal medical action, he or she may face problems including: criminal sanctions, civil sanctions, and disciplinary action by the Indonesian Medical Disciplinary Honor Council (MKDKI). From a criminal standpoint, touching or performing an act on a patient without his or her consent can be classified as "assault". In addition to criminal charges, at the civil level a doctor or dentist can be sanctioned if the patient sues or seeks compensation from the doctor. In the civil realm, the patient must be able to show that he or she was not forewarned of the specific outcome of the medical intervention - even if he or she had been forewarned, he or she would not have gone through with it or prove that the doctor acted without consent (tort).

Doctors or dentists who do not apply medical consent in performing a treatment may be subject to disciplinary action from MKDKI. If MKDKI receives a complaint against a doctor or dentist who does this, MKDKI will investigate it and can take medical disciplinary action which can be in the form of a warning to a recommendation to withdraw the Registration Certificate.

The state of informed consent in Indonesia cannot be separated from the similar issues in other countries. The Patients' Bill of Rights of the American Hospital Association in 1972 and the Declaration of Lisbon in 1981 state that patients have the right to consent to or refuse treatment and patients also have the right to receive complete information from their doctors before giving consent to medical action. The whole basic concept of the importance of awareness of the application of

informed consent is related to the patient's right to self-determination as a basic human right or so-called human rights guaranteed by the state.

In cases where underage patients come unaccompanied by their parents and do not want to provide information about their parents so that the dentist cannot ask for approval for medical action to the patient's parents, then based on applicable legal rules, the dentist has the right to delay performing non-emergency medical action on the patient because the patient has violated the obligations that should be fulfilled based on Law 17/2023 concerning Health Article 277 (b) which states: "Patients have an obligation: to comply with the advice and instructions of Medical and Health Professionals".

In the case of postponing non-emergency medical treatment as in this case, the dentist still gets legal protection in accordance with Law 17/2023 concerning Health Article 273 Paragraph (1a) which states: "Medical and Health Workers in carrying out their practices are entitled: to legal protection as long as they carry out their duties in accordance with professional standards, professional service standards, standard operational procedures, and professional ethics, as well as the health needs of patients", and in Paragraph (1d), namely: "entitled to protection of safety, health, and security", and in Paragraph (1i), namely: "has the right to refuse the wishes of the patient or other parties that are contrary to professional standards, service standards, standard operating procedures, code of ethics, or provisions of laws and regulations".

Even if the patient cannot be treated at a private dental practice, the dentist is still obliged to provide appropriate education and a correct and clear understanding of the causes, transmission mechanisms, prevention methods, and the risk of sexually transmitted diseases. Dentists can postpone a non-emergency procedure if the patient comes without a parent and provide alternative solutions for the patient. Dentists should refer the patient to the nearest hospital in accordance with the provisions of Law 17/2023 concerning Health Article 274e which states: "Medical and Health Workers in carrying out their practices are obliged to refer Patients to other Medical or Health Workers who have the appropriate competence or authority.

In line with that, according to Ministry of Health Regulation No. 82 of 2014 Article 18 Paragraph (1), namely: "Everyone who is aware of a patient with an infectious disease is obliged to report to health workers or Primary Public Health Facilitation", then the dentist can contact the referral hospital and convey information about the patient so that data verification, further examination, treatment, and other necessary efforts can be carried out to prevent disease transmission, in accordance with what is stated in Article 18 Paragraph (2).

Sexually Transmitted Diseases (STDs) are a significant public health problem and require concerted efforts between health workers and the community to address.

Paramedic and health professionals play an important role in the early detection, treatment, and prevention of STDs. Health workers are responsible for providing quality health services, including counseling, testing, treatment, and patient follow-up. In addition, health workers also play a role in providing accurate

education and information about STDs to the community, including transmission methods, symptoms, and the importance of using personal contraceptives such as condoms.

Meanwhile, the community also has a very important role in tackling the spread of STDs. The community must be active in seeking information and knowledge about STDs, and understand the importance of safe and healthy sexual behavior. In addition, the community must also be proactive in conducting regular health checks and following the advice and treatment given by health workers.

Cooperation between health workers and the community is very important in tackling the spread of STDs. With a decent knowledge and good comprehension, as well as healthy and responsible behavior, the spread of STDs can be controlled and suppressed.

CONCLUSION

The management of underage sexually transmitted disease patients who are not accompanied by parents in private dental practices can be done by providing correct and clear education and understanding of the causes, transmission mechanisms, prevention methods, and the impact of sexually transmitted diseases. Dentists can postpone non-emergency procedures if the patient comes without parents. Dentists are entitled to legal protection based on applicable laws in Indonesia. Despite the postponement of dental action against the patient, the dentist is obliged to refer the patient to the primary public health facilitation or hospital to get further examination and treatment related to the sexually transmitted disease diagnosed.

Cooperation between health workers and the community is very important in tackling the spread of STDs. With a decent knowledge and good comprehension, as well as healthy and responsible behavior, the spread of STDs can be controlled and suppressed.

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