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The Relationship between Characteristics, Knowledge and Motivation of Parents on Actions to Prevent Tooth Decay in Elementary School Children

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ABSTRACT

Oral health is a recurring problem because children are still in the transition from baby teeth to permanent teeth. At this stage, the child is still dependent on the parents; therefore, the role of the parents is to teach and communicate the importance of dental and oral health. This research aims to identify the characteristics, knowledge, and motivation of parents with the preventive damage to children. This study design used cross-sectional study approach and the number of samples used in this study was 111 parents with a total sampling technique. The statistical analysis of the study uses Kendall's Tau C. Research results obtained by respondents: parents aged >35-45 years as many as 64 (57.7%), females by 85 (76.6%), high school education/PT 84 (75.7%) parents, and income levels < 4,000,000 as 80 (7.1%) parents. Statistical tests have shown that there is a relationship between knowledge (p-value = 0.000) and parental motivation (p-value = 0.000) with the prevention of tooth decay in children, but no relationship between age (p-value = 0.424), gender (p-value = 0.01), education level (p-value = 0.101) and parental income level (p-value = 0.454) with a dental safety measure on grades 1-3. Therefore, oral health education is necessary to maintain parental knowledge and motivation.

Keywords: oral health; parental knowledge; precautionary measure

Introduction

Oral health is an important element that is integral to the health of the body, as it affects physical, mental and social aspects. Individuals who have good oral health can improve their quality of life, confidence and the function of chewing food [1]. Oral health in children is a problem that often occurs, because children are still in the transition period from baby teeth to permanent teeth. Dental health problems experienced by many children are dental caries. Dental caries is a multifactor disease that causes infection of the hard tissues of the teeth and is characterized by a black hole on the tooth surface. [2].

The incidence of tooth decay that occurs in the world is increasing every year. Dental damage or disease in the world in 2019 as many as 2 billion people have permanent dental caries and around 520

million children have primary dental caries [3]. The incidence of dental caries in children aged 6-8 years

in the world is 52% of children, then the number of untreated caries and tooth decay in America, respectively 73% and 20%. The incidence is more prevalent in children from low-income families compared to children from moderate-income families [4].

Oral health problems in Indonesia were 57.6% of the population, then the population who received services from dentists was 10.2%, then in DKI Jakarta it was 59.1% and the population who received dental care was 16.4%. The highest incidence of oral and dental problems in DKI Jakarta is in West Jakarta with the problem of damaged teeth, cavities or pain as much as 44.24% of the population. or pain as much as 44.24% of the population. In children aged 5-9 years who have dental problems as many as 48.6% of children [5]. In this study, the place chosen by the researcher was SDN Palmerah 07 Pagi West Jakarta. The selection

of the place was based on the recommendation of the dentist of the Palmerah Community Health Center, West Jakarta, because the school was active in health activities and was recorded in the report at the health center, and observations and interviews had been conducted by the researcher.

The occurrence of dental and oral problems requires efforts to maintain or treat teeth. These efforts can be made as early as possible in children, in order to prevent tooth decay or dental caries. If tooth decay is not prevented, it will result in various disorders, such as the onset of dental pain and bad breath. This can have an impact on quality of life, where individuals will find it difficult to chew food, causing a lack of confidence in socializing.

The impact of tooth decay mentioned above is closely related to the factors that influence the occurrence of tooth decay, such as oral hygiene factors, education factors, motivation factors and income factors according to [6]. These three factors are inseparable from our daily lives. In the oral hygiene factor, it is inseparable from the selection of brushes and toothpaste alone, but individual awareness of brushing teeth to maintain dental hygiene and avoid the onset of dental plaque. Research conducted in Semarang on 82 respondents regarding oral hygiene and dental plaque index to the incidence of dental and oral caries, which shows that oral hygiene is related to the incidence of caries, clean teeth and mouth indicate that individuals maintain oral hygiene. The study shows that children with a moderate dental plaque index will experience a greater risk of tooth decay, when compared to children who have a good dental plaque index status [7].

The results of a preliminary study conducted by researchers using the interview method to teachers of SDN Palmerah 07 Pagi West Jakarta stated that routine dental examinations are carried out at the beginning of the new school year in grades 1 to 3. The results of interviews with 3 out of 4 mothers waiting for their children to come home from school stated that tooth decay is a dangerous thing that needs to be prevented by brushing teeth and not eating lots of sweet foods. They said that at home they often tell their children to brush their teeth twice a day, one of the mothers said that she

always accompanies her child when brushing their teeth, because if the child is not reminded and accompanied, they do not want to brush their teeth. This mother also said that she sometimes reminds her children to brush their teeth, but sometimes if they fall asleep or are busy, then the children are not reminded, so sometimes the children brush their teeth once a day, but most often brush their teeth twice a day. Another mother said that she allows her child to eat any food, if the next day does not go to school, such as Saturday, then she frees up the child's sleep time and rarely monitors the child brushing teeth at night.

Based on the phenomenon that occurred above, the researcher is interested in further examining the relationship between the characteristics, knowledge, motivation and income level of parents on preventive measures for tooth decay in children in grades 1-3 of SDN Palmerah 07 Pagi West Jakarta. Thus, this study aims to determine the characteristics, knowledge and motivation of parents and preventive measures of tooth decay in school children located at SDN Palmerah 07 Pagi West Jakarta.

Research Methods

Respondents in this study were parents of elementary school students in grades 1-3, totaling 111 respondents with the sampling technique used was total sampling. Researchers chose parents as respondents, because the level of children's independence still depends on the family. This research was conducted from January to May 2023. This type of research is quantitative research using descriptive correlation design. Data analysis used univariate analysis to determine the frequency distribution of the research variables and bivariate analysis using the Kendall's Tau C [8] statistical test. Data collection used a questionnaire distributed via google form according to the number of respondents, then data processing using SPSS 25.

This study has received approval from the research ethics commission of the Sint Carolus College of Health Sciences with letter number: 026/KEPPKSTIKSC/III/2023.

Results and Discussion

Table 1.
Frequency Distribution of Characteristics, Knowledge, Motivation and Actions to Prevent Tooth Decay in Parents of Students at SDN Palmerah 07 Pagi West Jakarta

Variable	Frekuensi	Persentase (%)
1. characteristics		
Age		
Early adulthood (25-35 th)	35	31.5%
late adulthood (>35-45 th)	64	57.7%
elderly (>45-55 th)	12	10.8%
Gander		
Man	26	23.4%
female	85	76.6%
Education		
Elementary	11	9.9%
junior high	16	14.4%
high school / PT	84	75.7%
Income		
< 4.000.000	80	72.1%
> 4.000.000	31	27.9%
2. Knowledge		
High	59	53.2%
Low	52	46.8%
3. Motivatio		
Solid	66	59.5%
Weak	45	40.5%
4. Precautionary Measure		
Good	65	58.6%
Less	46	41.4%
TOTAL	111	100.0%

Table 2.
Relationship between Characteristics, Knowledge and Motivation of Parents with Actions to Prevent Tooth Decay in Parents of Students at Sdn Palmerah 07 Pagi West Jakarta

Variable	Precautionary measure						<i>p-value</i>
	Good		Less		Total		
	n	%	n	%	n	%	
Characteristics							
Age (Year)							
Early adulthood (25-35 th)	18	16.2	17	6.3	35	31.5	0,574
late adulthood (>35-45 th)	41	36.9	23	7.2	64	57.7	
elderly (>45-55 th)	6	5.4	6	0.9	12	10.8	
Gander							
Man	15	13.5	11	1.8	26	23.4	0,919
Female	50	45.0	35	12.6	85	76.6	
Education							
Elementary	4	3.6	7	6.3	11	9.9	0,080
junior high	8	7.2	8	7.2	16	14.4	
high school / PT	53	47.7	31	27.9	84	75.7	
Income							
<4.000.000	45	40.5	35	31.5	80	72.1	0,420

>4.000.000	20	18.0	11	9.9	31	27.9	
Knowledge							
High	44	39.6	15	13.5	59	53.2	
Low	21	18.9	31	27.9	52	46.8	0,000
Motivation							
solid	48	43.2	18	16.2	66	59.5	
Weak	17	15.3	28	25.2	45	40.5	0,000

Researchers obtained observation results and primary data in research conducted in May 2023 which took place at SDN Palmerah 07 Pagi West Jakarta. In this discussion there are results of univariate and bivariate analysis taken from the research variables. Bivariate analysis was used to determine the relationship between characteristics, knowledge and motivation of parents to prevent tooth decay in children in grades 1-3 of SDN Palmerah 07 Pagi West Jakarta. Researchers used a questionnaire mode in data collection and produced 111 data on parents of children in grades 1-3 of SDN Palmerah 07 Pagi West Jakarta. The following are the results of univariate analysis:

The results of the study in table 2 are the relationship between characteristics, knowledge and motivation with parental actions in preventing tooth decay. The results above were obtained from the results of the Kendall's Tau C test, the p value was obtained = 0.000. These results indicate that there is a significant relationship between knowledge and actions to prevent tooth decay in parents, then there is a significant relationship between motivation and actions to prevent tooth decay in parents

Univariate Analysis of X and Y Variables

Table 1 is a description of the characteristics of respondents including age, gender, education level and income, then knowledge, motivation and actions of respondents. Based on the data above, the most respondents in the age range <35-45 years (57.7%) of parents, the most gender is female (76.6%). Researchers argue that the age of the majority of parents is in the range of 35-45 years, because in this age range a person has developmental duties and responsibilities to get a job, raise children, manage a household and accept responsibilities as a citizen and parent. This age range includes the age of maturity to carry out duties and responsibilities and play a parental role.

The frequency of parent gender obtained is female, with a total of 85 respondents (76.6%). In the researcher's view, female parents (mothers) are more influential and close to students in learning at home for child development (physical, psychological, and matters related to child

development). The role of mothers in providing teaching to children is very important and needed by children, because it will affect children's habits in applying things, so that children have independence in carrying out an activity. This is evidenced by research conducted in Central Lombok on 71 parents who have children aged 6-12 years, showing that the role of mothers is very important for children's independence and growth and development, because mothers are the closest people to children, so mothers have a role to improve and teach oral health to children, such as brushing teeth [9].

The frequency of parents' education level, the majority of parents are high school and college as many as 84 (75.7%). Researchers argue that the majority of parents' education level is high school and college (PT), because they already know that there are provisions for taking the next level of education after the 12-year compulsory education school level and only a few have elementary / junior high school education, besides that there are factors that influence the level of education of an individual, namely family background, environment and ease of finding information on advanced schools. This is supported by research in Samarinda on 399 respondents which shows that there are internal and external factors in continuing to college, including self-awareness, family and residential support, environmental views on education and ease of finding information about further education or college [10]. This is supported by the fact that the highest percentage of the education level of the population in DKI Jakarta in 2022 is high school / PT [11].

The frequency of parental income levels was mostly at a low level, namely below 4,000,000 with a total of 80 (72.1%). Researchers argue that the income of parents in this study is low, because it is influenced by their socio-economic conditions, such as employment. The researcher found that the majority of parents work as online motorcycle taxis, traders and housewives, this is based on the results of interviews with several parents and also information from the UKS teacher at SDN Palmerah 07 Pagi, West Jakarta.

The frequency of parental knowledge on preventing dental and oral diseases was 59 (53.2%). Researchers argue that parental knowledge is good because it is influenced by their experience related to cavities and how to overcome them, then parents have also received information about dental and oral health from various media, such as social media, health education or when visiting a doctor. Therefore, parents have good information about dental and oral health, thus increasing their knowledge of the importance of maintaining dental and oral health. This is evidenced by the results of the highest percentage of distribution of parents' answers who answered correctly to the statement that black color on teeth is one sign of cavities which was answered by 66 (59.5%) parents, then the statement that brushing teeth should use toothpaste containing fluoride which was answered by 62 (55.9%) parents and sweet foods can cause cavities which was answered by 62 (55.9%) parents.

The frequency of parental motivation was 66 (59.5%). The researcher argued that parental motivation was strong because they had a strong or high desire from within or outside themselves for dental and oral health, such as information obtained and experience of tooth decay that had occurred, so that parents wanted to instill in their children from an early age about the importance of maintaining dental hygiene and health. In addition, during the initial interview with three mothers, the researcher found that there were mothers who often reminded their children to brush their teeth, because they did not want their children to experience tooth decay at a young age. This was proven by the results of the highest percentage distribution of parental motivation answers who answered often and always on the statement telling children about healthy and clean teeth which was answered by 76 (68.4%) parents, then reminding children to brush their teeth at least twice a day which was answered by 73 (65.7%) parents and telling the consequences of not brushing their teeth which was answered by 67 (60.3%) parents. This is in accordance with research conducted in Pare Kediri on 83 parents which stated that children have the awareness and habit of cleaning their teeth to prevent cavities, because parents have instilled in them from an early age an understanding of maintaining dental and oral health, and parents also supervise their children when brushing their teeth to prevent tooth decay [12].

The frequency of parental actions in preventing dental disease in children is 65 people (58.6%). Researchers argue that parents' actions are good because they are accustomed to monitoring

children related to oral health, and they also always tell and tell children to brush their teeth before bed, so that children also have good actions in maintaining oral health. This is evidenced by the highest percentage in the distribution of answers to parents' actions who answered always and often on the statement of cleaning teeth using a brush and toothpaste (toothpaste) which was answered by 106 (95.5%) parents, then using toothpaste with flouride which was answered by 102 (91.9%) parents, brushing teeth 30 minutes after eating which was answered by 92 (82.9%) parents and visiting the dentist once every 6 months which was answered by 90 (81.1%) parents.

Bivariate Analysis of the X and Y Variables

Table 2, the results of bivariate analysis of parents' age with preventive measures of tooth decay in children show that most parents are aged >35-45 years with good actions as many as 41 (36.9%) parents. Based on the results of data analysis using the Kendall's Tau C test, the p-value = 0.574 ($p > 0.05$) can be concluded that H_0 is accepted, then H_a is rejected, which means that there is no significant relationship between parental age and preventive measures of tooth decay in children in grades 1-3 of SDN Palmerah 07 Pagi West Jakarta.

Researchers argue that parents' age is not related to preventive measures of tooth decay because both ages 25-35 years, >35-45 years and >45-55 years, the three age groups have preventive measures in the high category, because based on the results of initial interviews conducted by researchers, parents have known oral and dental information since their children were not yet in school and learned from previous experiences, so parents have good actions shown to their children. In addition, age is not a reference in determining whether a person's actions are categorized as high or less. Then the older a person's age does not determine the better his actions or vice versa the younger a person the worse his actions. In this study, the majority of parents aged >35-45 years, where both men and women have entered a mature age in thinking and solving problems, finding out information and acting. In addition, at that age parents have a role to raise children and set a good example, such as teaching tooth brushing.

This is evidenced by the theory of factors shaping action not only age, but knowledge and experience and a person's environment, whether family, community or general, which influences a

person in acting something [13]. A person's age will continue to increase, this affects the physical and psychological or mental changes in a person's life. Psychological or mental changes experienced by a person generally, such as a more mature or mature way of thinking and acting. This is supported by research conducted in Kupang, NTT on 102 children which shows that age has no influence on a person's actions regarding oral health [14]

The gender of parents is mostly female with good actions as many as 50 (45.0%) parents. Based on the results of data analysis using the Kendall's Tau C test, the p -value = 0.919 ($p > 0.05$) can be concluded that H_0 is accepted, then H_a is rejected, which means that there is no significant relationship between parental gender and preventive measures for tooth decay in children in grades 1-3 of SDN Palmerah 07 Pagi West Jakarta.

Researchers argue that gender has no significant relationship, because both male and female gender have high preventive measures. In this study, there were more female parents than male parents, because female parents have a close relationship with their children, so that a mother has an important role in teaching children about oral health care from an early age. This is evidenced in research conducted in Kediri on 338 students which states that the difference between men and women is not much, the difference between the two is that women are more likely to do activities such as art, drawing, reading and communicating either orally or in writing, then men tend to prefer counting. Supported by the theory in the book "Sociology of Health" states that gender roles are not only determined by male and female sex, but factors shaping actions other than gender are the environment [15].

The level of education of parents is mostly high school / PT with good actions as many as 53 (47.7%) parents. Based on the results of data analysis using the Kendall's Tau C test, the p -value = 0.080 ($p > 0.05$) can be concluded that H_0 is accepted H_a is rejected, which means that there is no significant relationship between age, education level and income level of parents with preventive measures of tooth decay in children in grades 1-3 of SDN Palmerah 07 Pagi West Jakarta

Researchers argue that the level of parental education is not related to preventive measures, because both elementary, junior high and high school / PT parents have high preventive measures, therefore there is no difference in low education levels having less action, because parents are now easier to find out information related to health, one

of which is oral health, supported now has entered the era of globalization where everyone can get sources of information from various sources, one of which is mass media and social media. Therefore, a person with a low level of education has the same opportunity as a person with higher education to gain broader knowledge, so that this can affect their actions in daily life. This is evidenced by research conducted in Bitung on 52 parents which shows that parents' education determines their understanding, the higher a person's level of education, the understanding and ability to understand and obtain information about oral health increases, this can affect the resulting actions to children about efforts to prevent tooth decay [16].

The majority of parents' income level is <4,000,000 with good actions as many as 45 (40.5%) parents. Based on the results of data analysis using the Kendall's Tau C test, the p -value = 0.420 ($p > 0.05$) can be concluded that H_0 is accepted H_a is rejected, which means that there is no significant relationship between age, education level and parents' income level with preventive measures for tooth decay in children in grades 1-3 of SDN Palmerah 07 Pagi West Jakarta. Based on the results of data analysis using the Kendall's Tau C test, the p -value = 0.420 ($p > 0.05$) can be concluded that H_0 is accepted, so H_a is rejected, which means that there is no significant relationship between parental gender and preventive measures for tooth decay in children in grades 1-3 of SDN Palmerah 07 Pagi West Jakarta.

Researchers argue that both low and high levels of parental income both have high precautions. The majority of parents in this study have an income of <4,000,000 where the income has been adjusted to the DKI Jakarta UMR, then it is also supported by the occupations of most parents, namely traders, online motorcycle taxis or housewives. Therefore, parents with low income have awareness of oral health, besides that both parents with high and low income take oral health actions, such as going to oral health services, brushing their teeth according to recommendations. This is supported by research conducted in Bitung on 72 parents of students which shows that there is no influence between parents' income level and children's tooth decay. This study states that parents with high income have a tendency to consume sweet foods that can cause cavities, then parents with low income also have a high level of tooth decay. This shows that there is no influence between the income level of parents and preventive measures for tooth

decay in children, because there is no change in action in high and low income parents [16].

The majority of parents in this study had good knowledge with good actions as many as 44 (39.6%) parents. Based on the results of data analysis using the Kendall's Tau C test, the p-value = 0.000 ($p < 0.05$) can be concluded that H_0 is rejected, then H_a is accepted, which means that there is a significant relationship between parental knowledge and preventive measures for tooth decay in children in grades 1-3 of SDN Palmerah 07 Pagi West Jakarta.

Researchers argue that parental knowledge has a relationship with preventive measures of tooth decay, because it can be seen from the bivariate results that the majority of parents' knowledge is good with good actions having the highest percentage. Based on the results of interviews with mothers of related elementary school students, said that before knowing the latest information about oral and dental care, they still relied on experience but now it has changed because they already know and easily find information about oral health, so that it is immediately applied to children, for example, such as telling children to brush their teeth at least twice a day, following 30 days of brushing teeth in the framework of national dental health week.

This is evidenced by the theory of knowledge which states that knowledge is the result of knowing obtained from sensing the five human senses, therefore knowledge greatly influences a person in acting or finding solutions to problems that occur. Then the more information a person has about something, the more knowledge he has, so that someone understands the information he gets, then applies it by taking an action or action [17].

Parents' motivation in this study was mostly strong motivation with good preventive measures as many as 48 (43.2%) parents. Based on the results of data analysis using the Kendall's Tau C test, the p-value = 0.000 ($p < 0.05$) can be concluded that H_0 is rejected, then H_a is accepted, which means that there is a significant relationship between parental motivation and preventive measures for tooth decay in children in grades 1-3 of SDN Palmerah 07 Pagi West Jakarta.

The researcher argues that parental motivation shows a meaningful relationship with the prevention of tooth decay because of the desire in parents to prevent cavities in children. This shows that parents' motivation is strong because it is supported by a good understanding of the importance of maintaining oral health so that they try to prevent cavities or pain in the teeth that

parents have felt in order to minimize their occurrence to children. Supported by a mother's statement when the researcher conducted an initial interview, it was found that mothers often remind and tell children to brush their teeth before going to bed, the mother did this to her child, because she did not want her child to experience cavities or dental caries since she was in elementary school and the mother's invitation was well received by the child and the child applied the action of brushing teeth before going to bed. This is evidenced by research conducted in Pare Kediri on 83 parents who stated that parents have a strong motivation to supervise and tell their children to maintain oral health so that children do not experience further damage so that their teeth become healthy [12]. The same thing is also found in research conducted in Pamekasan Regency on 50 parents which shows that female parents, namely mothers, have an important role in educating children to maintain oral health, mothers who have motivation to maintain dental health will certainly also motivate children to act properly, one of which is brushing their teeth [18].

Conclusion

Based on the research results that have been described and attached to the previous chapter, the researcher concludes these results which are divided into two, namely univariate and bivariate results, where the univariate results obtained the majority of parents' age is the late adult category aged > 35-45 years as many as 64 (57.7%) parents, the majority of female parents as many as 85 (76.6%) parents, the majority of parents' education is high school / college (PT) as many as 84 (75.7%), the majority of parents' income is low, namely <4,000,000 as many as 80 (72.1%) parents, the majority of parents' knowledge is good knowledge as many as 59 (53.2%) parents, the majority of parents' motivation is strong motivation as many as 66 (59.5%) parents and the majority of parents' actions are good actions as many as 65 (58.6%) parents.

In the bivariate test results, it was found that there was no relationship between the characteristics: parental age (p-value = 0.424), parental gender (p-value = 0.806), parental education level (p-value = 0.101) and parental income level (p-value = 0.454) with tooth decay prevention actions in children in grades 1-3 of SDN Palmerah 07 Pagi West Jakarta. While in parental knowledge and motivation the results state that there is a relationship with the results of p-value = 0.000 ($p < 0.05$) and p-value = 0.000 ($p < 0.05$).

The study reveals that while demographic factors such as age, gender, education, and income do not significantly influence preventive actions against tooth decay, parental knowledge and motivation play a crucial role. The significant p-values obtained for both knowledge and motivation indicate that parents who are well-informed and motivated are more likely to engage in effective preventive measures for their children's dental health. This finding emphasizes the need for targeted educational programs that enhance parental understanding of oral health practices, which can ultimately lead to improved outcomes for children's dental care .

Moreover, the research suggests that interventions aimed at increasing parental knowledge and motivation should be prioritized in public health strategies. By focusing on these areas, health professionals can empower parents to take proactive steps in preventing tooth decay, thereby fostering a healthier future generation. The results of this study underscore the importance of continuous support and resources for parents, ensuring they have the necessary tools to make informed decisions regarding their children's oral health

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Bibliography

- [1] Setyaningsih D. Menjaga Kesehatan Gigi Dan Mulut. Cetakan I. Umum TE, editor. Tangerang: Loka Aksara; 2019. 65 hlm.
- [2] Soesilawati P. Imunogenetik Karies Gigi. Cetakan Pe. Djaiful, Febrianto E, AUP TE,

- editor. Surabaya: Pusat Penerbit dan Percetakan UNAIR; 2020. 111 hlm.
- [3] WHO. Key Facts of Caries. World Health Organization. 2019.
- [4] CDC. Dental Caries In Primary Teeth. Center for Chronic Disease Prevention and Health Promotion. 2019.
- [5] Riskesdas. Laporan Nasional Riskesdas 2018. Badan Penelitian dan Pengembangan Kesehatan. Jakarta: Badan Penelitian dan Pengembangan Kesehatan (LPB); 2018. hlm. 198.
- [6] Pertiwiningsih BI. Kesehatan Masyarakat Kesehatan Gigi Dan Mulut. Dalam: PT Borobudur Inspira Nusantara. Surakarta: PT. Borobudur Inspira Nusantara; 2016. hlm. 40–50.
- [7] Putranto DA, Susanto HS, Adi MS. Hubungan Kebersihan Gigi Dan Mulut, Indeks Plak Dan Ph Saliva Terhadap Kejadian Karies Gigi Pada Anak Di Beberapa Panti Asuhan Kota Semarang. *J Kesehat Masy E-J*. 2020;8(1):66–75.
- [8] Supardi S. Metodologi Penelitian. I. Toha M, editor. Jakarta: Rustika; 2016. 231 hlm.
- [9] Sutomo SY, Usman A, Yulandasari V, Wikandari D. Peran Orang Tua Terhadap Perilaku Perawatan Gigi Pada Anak Usia Sekolah (6-12 Tahun) Di Dusun Paok Odang Desa Sisik Kecamatan Pringgarata Kabupaten Lombok Tengah. *J Kesehat Qamarul Huda*. 2020;8(1):47–53.
- [10] Purnamasari I, Hayati MN, Statistika PS. Analisis Deskriptif Pada Faktor-Faktor Yang Mempengaruhi Minat Siswa Untuk Melanjutkan Pendidikan Ke Tingkat Perguruan Tinggi. *Statistika*. 2018;6(2).
- [11] Statistik BP. Perkembangan Pendidikan DKI Jakarta. Jakarta; 2022.
- [12] Setiawan L, Suwardianto H, Widari NP. Motivasi dan Sikap Pencegahan Karies Gigi Pada Anak. *J Ilmu Kesehat*. 2021;12 Nomor 1.
- [13] Nurmala I, Rahman F, Nugroho A, Erlyani N, Laily N, Yulia Anhar V. Promosi Kesehatan. Surabaya: Airlangga University Press; 2018. 51 hlm.
- [14] Pay MN. Pengaruh Umur, Jenis Kelamin Dan Pengetahuan Terhadap Perilaku Anak Dalam Pemeliharaan Kebersihan Gigi Dan Mulut Di Pusat Pengembangan Anak (PPA) IO-641 Agape Sikumana Kota Kupang, Nusa Tenggara Timur. *J Poltekkes Kupang*. 2017;

- [15] Sarwono. Sosiologi Kesehatan Beberapa Konsep Beserta Aplikasinya. Yogyakarta: Gadjah Mada University Press; 2013.
- [16] Ngantung RA, Pangemanan DHC, Gunawan PN. Pengaruh Tingkat Sosial Ekonomi Orang Tua Terhadap Karies Anak Di Tk Hang Tuah Bitung. E-GIGI. 2015;3(2).
- [17] Notoadmodjo S. Metodologi Penelitian Kesehatan. 2 ed. Jakarta: Rineka Cipta; 2012. 173 hlm.
- [18] Fauzi DS, Prasetyowati S, Hidayati S. Motivasi Ibu Dalam Menjaga Kesehatan Gigi dan Mulut Dengan Karies Gigi Anak Prasekolah. Indones J Helath Med. 2022;2(3):287–95.