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Analysis of Mother's Intentions to Visit the Health Center Based on School-Based Oral Health Education Referral to First Grade Students in Mulyorejo District

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ABSTRACT

Background: Based on preliminary survey results in first grade students in two Mulyorejo subdistrict schools namely SDN Mulyorejo and SDN Kejawan Putih show that caries in children aged 6-8 years reached 93% with a dmf-t index of 8.3. In addition, the data obtained the low number of school-age children visiting the Mulyorejo Health Center. This is not in accordance with the expected results of school-based oral health education program conducted by the health center together with schools. Based on these problems, a study was designed to produce data that could solve the problem at the Mulyorejo Health Center. ***Purpose:*** To analyze factors that influence the mother's intention to visit the health center based on school-based oral health education referral for first-grade primary school children in Mulyorejo District. ***Methods:*** The study was observational analytic study with cross sectional design using a questionnaire that was prepared based on variables then analyzing use Spearman's correlation (p-value<0,05). ***Results:*** Based on the research conducted obtained results that information about school-based oral health education program has not spread and the implementation has not gone well. ***Conclusion:*** Job, busyness at home, distance from home to Mulyorejo Health Center, and transportation costs do not preclude a mother's intention to invite her child to visit a health center if she gets a referral from school-based oral health education program.

Keywords: school-based oral health education program; health; mothers

INTRODUCTION

Dental and oral health in Indonesia is still a serious problem today. The 2013 Riskesdas data states that the prevalence of active caries in Indonesia reaches 53.2%. This number shows an increase of 10% compared to the prevalence of caries in 2007. There were 28.9% of dental health problems in children aged 5-9 years, but only 35.1% received care and treatment from dental medical personnel [1]. Based on preliminary survey results in first-grade students in two Mulyorejo subdistrict schools namely SDN Mulyorejo and SDN Kejawan Putih show that caries in children aged 6-8 years reached 93% with a dmf-t index of 8.3. The high prevalence of caries and the dmf-t index are not offset by the number of community visits to the nearest health center so that the number of visits to the health center is very low. The data above shows the high oral and dental health problems in Indonesia as well as the lack of public awareness in Indonesia in dealing with oral and dental health problems. Collaboration between the government, community organizations and parents of students is needed to deal with these oral health problems.

Parents have a big role for their children, ranging from providing basic needs of children needed such as nutrition, shelter and maintain health, provide support, create an environment that is responsive to the child's social and emotional needs and provide stimulation that can help children grow and developing. Parents' knowledge and behavior are important components in maintaining children's oral health, particularly in responding appropriately to dental problems and seeking appropriate dental care 11. Parents, especially mothers, are central figures in a child's developmental stage and act as the first and foremost educators in the family.

Parents (mothers) are the first people who invite children to communicate, so that children understand how to interact with others using language. According to Gunarsa (2008), mothers also have a role as educators who are able to regulate and control children meaning that mothers play a role in educating and developing the child's personality and shaping children's attitudes [2].

Mothers also be someone who is the most responsible and closest to the child, especially for children age at first-grade primary school classroom. All school and daily needs of children still depend on parents, especially mothers, including the maintenance of dental and oral health of children, so in this study, researchers chose mothers to be respondents in the study. In addition to the role of mothers, the role of the government in dealing with dental and oral problems in the community is to organize the school-based oral health education program at every school in Indonesia. School-based oral health education is a public health effort aimed at maintaining, improving the oral and dental health of all students in target schools [3]. The implementation of the school-based oral health education is expected to be a promotive-preventive effort for dental health of school children from an early age, with evidence suggesting that school-based oral health promotion programmes can improve oral health knowledge, behavior, attitude, and other oral health outcomes, particularly when children, teachers, and parents are involved [9]. But in fact, until now the school-based oral health education program in the Mulyorejo area has not run optimally. This is supported by the health center data which shows that there are no dental examinations conducted by school-based oral health education teachers after training out of a total target of 577 students.

In addition to conducting dental examinations on students, school-based oral health education teacher can also make referrals aimed at students with dental and mouth problems for treatment at the health center. However, based on field surveys through questionnaires distributed to parents, only 15% of parents received dental care referrals from the school. Referral is an important component in connecting school-based oral health activities with dental health services at primary health care facilities. The referral system at primary health care centers can facilitate access to dental health services, although its implementation may be affected by infrastructure, human resources, and other system-related [10]. While so far, the health center has not identified child dental care visits based on the school-based oral health education teacher referral results the number of dental care visits at the health center based on referrals cannot be recapitulated. This makes the main focus of our research in further observing the correlation between attitudes, subjective norms, and behavioral control of mothers' intentions to visit the health center based on school-based oral health education references.

MATERIALS AND METHODS

This study uses an observational analytic study with cross sectional design. This research was conducted in five primary schools in Mulyorejo Subdistrict which had been given training in the school-based oral health education program which included SDN Mulyorejo I, SDN Kejawan Putih Tambak I, SDN Manyar Sabrangan, SD Muhammadiyah 18, SD Lukman al-Hakim, with a research population of mothers of primary school students 1 age 6-8 years. The tools and materials used in this study were the questionnaire forms for mothers of first-grade primary school students who were the study population. There are two variables in this study, the dependent variable consisting of compliance to the Mulyorejo Health Center visit to the school-based oral health education referral, and the independent variable consisting of factors that affect parents, attitudes, subjective norms, perceptions of behavioral control, and intentions. The questionnaire was arranged based on the variables that were expected to produce the desired results.

The data that has been obtained is then analyzed using analytical methods, namely data that has been obtained, compiled, grouped, analyzed, then interpreted objectively so that an analysis of the problem is encountered and explained the results of the calculation. The data obtained is then viewed the descriptive statistics, the Kolmogorov-Smirnov One-Sample normality test, and Spearman's correlation test using SPSS 24 against several risk factors mentioned above.

RESULTS

Based on the results of research conducted on parents of students of first-grade elementary school in 5 elementary schools (SDN Mulyorejo, SDN Manyar Sabrangan II, SD Lukam Al-Hakim, SDN Kejawan Putih I, SD Muhamadiyah 18) obtained respondents were 148 samples. Obtained the following results:

Characteristics of Respondents

TABLE 1: Characteristics of Respondents.

Characteristics	The mean	Std. Deviation	Minimum	Maximum	N
Mother's Age	35.44	5,217	18	48	145
Number of children in the family	2.31	1,077	1	8	147
Working time	1.38	1.59	0	5	148
Parental income	4,738,851.35	6573384,339	0	50000000	148
School children schedule	1	0	-	-	148

The last level of education of mothers: obtained as much as 40.3% of mothers had the last level of education was high school, then 32.5% had the last degree education. The level of junior high school education obtained a percentage of 11.7% and elementary school of 10.4%. For the diploma I / II / III level of 3.9% and mothers who did not provide information about the latest education of 1.3%.

Health insurance ownership: it was found that many respondents had health insurance with a percentage of 62.8% and 37.2% of respondents did not have health insurance.

Access to the health center: in the questionnaire there are columns of questions regarding access to the health center taking into account the distance from the respondent's house. The data obtained as much as 57.4% of respondents felt the distance from the house to the Mulyorejo Health Center was far, and the remaining 42.6% felt the distance was close.

Health facilities: in the questionnaire there are questions about the choice of health facilities that will be visited when receiving a school-based oral health education referral. The results of 148 data obtained, 56.1% chose to visit the health center with the most reason is the low cost. The next largest choice is hospitals by 18.9%; while for personal practice choices 16.9% and the remaining 8.1% choose others. Respondents who chose health center facilities from 148 samples were 83, if related to the history of having been to Mulyorejo Health Center before, the results obtained from 83 data found that 56.6% had visited Mulyorejo Health Center and the remaining 43.4% had never visited Mulyorejo Health Center.

Knowledge of parents: to measure the knowledge of parents about oral health. From 148 data obtained the results of parental knowledge about oral health have an average of 3.89 with a minimum value of 0 and a maximum of 5.

Knowledge of School-Based Oral Health Education

School-based Oral Health Education Program: knowledge of school-based oral health education can be measured by parents' knowledge of the school-based oral health education program. The results obtained by parents about the school-based oral health education program obtained the largest result is category 1, which is 78.4%, which means parents only know 1 program (dental examination or referral only). Category 2 means that parents know 2 school-based oral health education programs (dental examination and referral) by 12.8%, and category 0 is 8.8% which means parents do not know the school-based oral health education program.

Origin of Information: knowledge about school-based oral health education can also be measured from the origin of information obtained. The results obtained from 148 samples obtained the largest category is 4 with a value of 66.9%, namely the origin of information from the school. Next is category 0 at 25% which means parents do not know about school-based oral health education, category 3 information comes from the child itself at 4.1%. For category 1, information came from other parents by 2.7% and category 2 came from the health center by 1.4%.

Maintenance costs: the cost of dental care at Mulyorejo Health Center when using a referral from school-based oral health education is free. Most respondents already knew this, which amounted to 66.7% and the remaining 33.3% did not know.

Acceptance of school-based oral health education referrals: from 148 data obtained, only 8.1% of respondents received referrals and the rest (91.9%) did not receive referrals from school-based oral health education.

Behavioral Factors

Attitude: to calculate a person's attitude towards intentions, using assessment with a maximum value of 25 and a minimum of 5. Obtained results only 25.0% of mothers who have an attitude with a value of 21-25, and the remaining 75.0% have a value <21. The average of 148 samples have an attitude with a score of 18.6 which is relatively low.

Subjective norms: to calculate a person's subjective norms of intention, using the assessment with a maximum value of 30 and a minimum of 6, and the results obtained are only 16.9% of mothers who have the norm subjective with a score of 25-30, and the remaining 83.1% have a score <25. The average of 148 samples has a subjective norm with a score of 21.4 which is classified as low.

Behavioral control: to calculate a person's behavioral control over intentions, using the assessment with a maximum value of 50 and a minimum of 10. The results obtained are only 21.6% of mothers who have behavioral control with a score of 41-50, and the remaining 78.4% have a score <41. Average an average of 148 samples have behavioral control with a score of 36.6 which is classified as low.

Intentions: to calculate one's intention, use the assessment with a maximum value of 55 and a minimum value of 11, and the results obtained are only 18.2% of parents who have an intention with a score of 45-55, and the remaining 81.8% have a score of <45. The average of 148 had intention with a score of 39.2 which was classified as low.

The correlation and significance of maternal characteristics on factors influencing intention

TABLE 2: Correlations and significance of maternal characteristics on factors influencing intention.

Characteristics		Attitude	Subjective norms	Behavioral control	Intention
Mother's age	Correlation coefficient	-0.86	-0,132	0.041	0000
	Sig. (2-tailed)	0.302	0.113	0.628	0.245
Mother's educational level	Correlation coefficient	-0.171	-0,179	-0,187	-0,159
	Sig. (2-tailed)	0.038	0.030	0.023	-0.054
Working time	Correlation coefficient	-0,035	-0,046	-0.115	-0.042
	Sig. (2-tailed)	0.677	0.575	0.166	0.613
Parental income level	Correlation coefficient	-0,097	-0,203	-0.105	-0.008
	Sig. (2-tailed)	0.243	0.013	0.203	0.925
Access ownership	Correlation coefficient	-0.008	-0,064	-0,106	-0.71
	Sig. (2-tailed)	0.922	0.441	0.202	0.390
Distance to health center	Correlation coefficient	0.071	-0,023	0.179	0.053
	Sig. (2-tailed)	0.391	0.778	0.030	0.520
Health facility priority	Correlation coefficient	0.254	0.237	0.222	0.074
	Sig. (2-tailed)	0.002	0.004	0.007	0.375
Giving a referral	Correlation coefficient	0.057	-0,068	0.024	0.052
	Sig. (2-tailed)	0.490	0.413	0.769	0.530

Table description: 0.81 - 1.00 = Perfect correlation; 0.61 - 0.80 = High correlation; 0.41 - 0.60 = Medium correlation; 0.21 - 0.40 = Low correlation; 0.00 - 0.20 = Very low correlation; <0.00 = negative correlation.

To determine the effect of the two factors seen the significance value, if p <0.05 then the two factors influence each other significantly. After that see the correlation coefficient r, if r> 0.00 has a positive or proportional correlation and vice versa if r <0.00 has a negative correlation or inversely proportional.

From the table above it was found that the level of mother's education had a significant influence on attitude factors (p = 0.038) and had a very low negative correlation (r = -0.171). The level of maternal education also has a significant effect on subjective norms (p = 0.030) and has a very low negative correlation (r = -0.179). In addition, the level of education also has a significant influence on behavioral control (p = 0.023) and has a very low negative correlation (r = -0.187).

Parental income level has a significant effect on subjective norms (p = 0.013) and has a negative correlation (r = -0.203). Distance to health centers have influence significantly to the behavioral control (p = 0.030) and had a very low positive correlation (r = 0179).

Priority factor selection of health facilities has a significant effect on attitudes (p = 0.002) and has a low positive correlation (r = 0.254). Priority selection of health facilities also has a significant effect on subjective norms (p = 0.004) and has a low positive correlation (r = 0.237). In addition, the priority factor for health facility selection has a significant effect on behavioral control (p = 0.007) and has a relatively low positive correlation (r = 0.222).

Correlation and Significance Between Factors That Influence Intention

TABLE 3: Correlations and significance between factors that influence intention.

		Attitude	Subjective norms	Behavioral control	Intention
Attitude	Correlation coefficient		0.406	0.455	0.374
	Sig. (2-tailed)		0,000	0,000	0,000
Subjective norms	Correlation coefficient	0.406		0.333	0.207
	Sig. (2-tailed)	0,000		0,000	0.011
Behavioral control	Correlation coefficient	0.455	0.333		0.474
	Sig. (2-tailed)	0,000	0,000		0,000
Intention	Correlation coefficient	0.374	0.207	0.474	
	Sig. (2-tailed)	0,000	0.011	0,000	

Table description: 0.81 - 1.00 = Perfect correlation; 0.61 - 0.80 = High correlation; 0.41 - 0.60 = Medium correlation; 0.21 - 0.40 = Low correlation; 0.00 - 0.20 = Very low correlatio; <0.00 = negative correlation.

The measurement of factors that influence maternal intentions is correlated and the significance of attitudes, subjective norms, behavioral control, and intention. For correlation, the results show that attitudes and subjective norms (0.406); attitude and behavior control (0.455); and behavioral and intention control (0.474) have a moderate correlation. While attitudes and intentions (0.374); subjective norms and behavior control (0.333); and subjective norms and intentions (0.207) have a low correlation.

For the significance value if the results obtained p <0.05, the data is significant influence. From the above data it is found that all factors influence each other significantly.

DISCUSSION

In this study, discussed several characteristics related to attitude factors, subjective norms, and behavioral control perceptions. These three factors will affect the intention of mothers in visiting Mulyorejo Health Center. Characteristics of respondents can be seen based on the age of parents (mothers), number of children, working time, mother's education level, income per month, schoolchildren 's schedule, parental knowledge, ownership of health insurance, access to the Mulyorejo health center, and selected health facilities. On average, the age distribution of respondents is 35 years old, the last education of parents is a high school with a value of 40.3%, the average occupation of people working in the morning, the average income of Rp 4,738,851 with a minimum income of Rp 0 and a maximum of Rp50 .000,000, and the average person who has health insurance is 62.8%.

When viewed from the schedule of school children, the results of all respondents included in category 1, which means getting a morning school schedule. This schoolchild's schedule is related to the availability of children with a schedule at the health center because it must be adjusted to the schedule of the Mulyorejo Health Center which operates from 07.30-17.00 on weekdays and 07.30-12.00 on Saturdays. When viewed from insurance ownership, it is known that 62.8% have health insurance. The ownership of this health insurance is expected to affect the mother's intention so that she does not hesitate to bring her child to do treatment at the health center even though dental and oral care according to the school-based oral health education referral does not pay. The importance of dental care for children is supported by previous research showing that dental caries is associated with general health conditions and daily performance in children [14]. This is because 33.3% of respondents still do not know that dental and oral care costs for children who have a school-based oral health education referral are free.

Based on the results of the data analysis test, of all the characteristics mentioned above that significantly influence the attitudes, subjective norms, and control of maternal behavior are the level of maternal education and priority selection of health facilities. Significant influence of attitudes, subjective norms, and behavior control will later be related to the intention of mothers visiting the Mulyorejo Community Health Center to care for children's teeth based on school-based oral health education referral. In addition, it was also found that the level of parental income affects the subjective norms and the distance to the health center influences behavioral control.

At the level of maternal education, significant results (p <0.05) were obtained for attitudes, subjective norms, and behavioral control with values of 0.0038, 0.0030 and 0.023, respectively. With these results, it can be said that the characteristics of the mother's educational level affect attitudes, subjective norms, and behavioral control. This is in accordance with the opinion of Notoatmodjo (2003) which says if the level of education a person has will influence the values adopted, ways of thinking, ways of looking, and perceptions. As many as 76.7% of respondents in this study have received a level of education or above high school, thus it is expected that the level of education is supportive in obtaining information about the school-based oral health education program and children's dental health knowledge so that it has a positive impact on attitudes, subjective norms, and behavioral control taken and able to build intention to visit the Mulyorejo Health Center.

Notoatmodjo (2003) says that the higher the level of education, the easier it is for someone to receive information[4]. This statement is in line with the results of the questionnaire which shows that most mothers receive information about school-based oral health education well. 91.2% of mothers know the school-based oral health education program and 66.7% of mothers know that dental care at the Mulyorejo Community Health Center based on school-based oral health education referral is free of charge. However, the correlation coefficient or the value of r education level with attitudes, subjective norms, and negative behavioral control values are -0.171, -0.179, and -0.0187 respectively. These results illustrate that the level of education is inversely proportional to attitudes, subjective norms, and behavioral control. The higher the mother's education, the lower the attitudes, subjective norms, and control of maternal behavior towards visits to the health center based on school-based oral health education referral. If the influence on these three things tends to be negative, the mother's intention is also negative, causing no intention to visit the health center under the school-based oral health education referral.

In addition to the level of maternal education, the level of parental income also has a significant effect but only on subjective norms (p <0.05). The correlation coefficient of this relationship shows a negative number that is -0.105. This shows that the higher the respondent's income, opinion or response from the closest people and the surrounding community, the less influential on it.

Distance to the health center, which has a significant effect on behavioral control (p <0.05), is not a big

problem for respondents because although the results show that 57.4% of respondents feel the distance between Mulyorejo's health center is far, but 56.1% of respondents still choose health center Mulyorejo as the first choice in performing dental and oral health care. Although many respondents stated that the distance to the Mulyorejo Health Center was far, in the selection of priority health facilities, the results obtained were significantly (p <0.05) on attitudes, subjective norms, and behavioral control with values of 0.002, 0.004, and 0.007, respectively. This is in accordance with the questionnaire data which states that 56.1% of respondents stated that they would prefer to visit the Mulyorejo health center if they were referred and 56.6% of the respondents actually went to the Mulyorejo health center. The priority selection of the respondent's health facilities in the Mulyorejo Health Center can be interpreted that the community trusts the health center more than other existing health facilities. This can be influenced by the cost, time of service, community outreach, and community knowledge about the services provided by the Mulyorejo Health Center. In the explanation above, it has been explained that most respondents prefer health center over other health facilities. This is consistent with the correlation results which show that the effect of distance to health center only has a low correlation with control of respondents' behavior.

After discussing some of the characteristics, will discuss the results of research on attitudes, subjective norms, and behavioral control. Attitude is a factor determined by beliefs about the consequences of a behavior or briefly called behavioral beliefs [5]. According to the questionnaire, 75.0% of the respondents' attitudes had an attitude that did not support the intention to visit the health center based on school-based oral health education referral. When viewed from the results of calculations in research, attitudes from respondents significantly influence (p <0.05) on subjective norms, behavioral control, and intention with a value of 0,000. Thus, it can be interpreted that the majority of respondents have an attitude that is less supportive of mothers' intention in visiting the health center based on school-based oral health education referral. This finding is consistent with previous research showing that school-based dental health promotion can improve parental attitudes toward oral and dental health. School-based dental health promotions was reported to be more effective that home visit-based promotion in improving parental attitudes toward oral hygiene [12]. This indicates that school- based oral health promotion may contribute to strengthening parents' attitudes toward maintaining their children's oral health and seeking appropriate dental care.

Subjective norms are one's perceptions of pressure from the surrounding environment to do or not do behavior6. When viewed from the questionnaire, 83.1% of respondents fall into the category of those who feel the closest person has no influence in decision making and the intention to make a visit to the health center based on school-based oral health education referral. However, when viewed from the results of calculations in research, subjective norms have a significant effect (p <0.05) on attitudes and behavioral control valued at 0,000 and affect the intention with a value of 0.011. With these results it can be interpreted that the majority of respondents have subjective norms that do not support the intention of mothers in visiting the health center based on school-based oral health education referral.

Behavioral control is an individual's perception of the ease or difficulty of realizing a particular behavior [7]. The results of the study found that 78.4% of respondents included in the category that did not have good behavioral control in the intention of visiting the school-based oral health education referral. When viewed from the results of the data analysis test, behavioral control has a significant effect (p <0.05) on attitudes, subjective norms, and intentions with a value of 0,000. Thus, it can be interpreted that the majority of respondents have behavioral controls that do not support the intention of mothers in visiting the health center based on school-based oral health education referral.

Intention is an indication of how hard a person is willing to try various efforts they plan to conduct behavior [8]. These intentions can be predicted by three things, namely attitudes towards behavior (attitude toward the behavior), subjective norms (subjective norm), and perception of self-control (perceived behavioral control) [6]. In the calculation results in the study, a significant correlation was obtained between intention and attitude, subjective norms, and behavioral control with values of 0,000, 0.011, and 0.000, respectively. Based on the questionnaire, only 18.2% of respondents had the intention to support visiting the Mulyorejo health center while the remaining 81.8% had an unsupportive intention to visit the Mulyorejo health center. This can occur because attitudes, subjective norms, and behavioral controls that affect not attitudes, subjective norms, and behavioral controls that are supportive of building good intentions in visiting health centers. Furthermore, in this study another factor that made mothers not yet have the intention of visiting Mulyorejo Health Center was that there was no referral from school-based oral health education to care for children's teeth. The implementation of school dental health programs requires coordination between schools, parents, and public health centers. Schools, parents, and public health centers are important components in the implementation of School Dental Health Efforts (UKGS), which can affect the quality of school dental health services. Therefore, the limited receipt of referrals in the present study may indicate that coordination between schools, parents, and the health center needs to be strengthened [13]. components in the implementation of school dental From 148 data obtained, only 8.1% of respondents received referrals from school-based oral health education.

Job, busyness at home, distance from home to Mulyorejo Health Center, and transportation costs do not preclude a mother's intention to invite her child to visit a health center if she gets a referral from school-based oral health education program. However, information about the school-based oral health education that is not clear and the program that is not yet running has led to visits to the health center under school-based oral health education referral

CONCLUSIONS

The study found that maternal attitudes, subjective norms, and perceived behavioral control were significantly correlated with mothers' intention to visit the Mulyorejo Health Center based on school-based oral health education referrals. However, the majority of respondents had attitudes, subjective norms, perceived behavioral control, and intentions that did not support health center visits. Furthermore, information about the school-based oral health education program and its implementation remained limited, and only 8.1% of respondents reported receiving a referral from the school. These findings highlight the need to improve program implementation and strengthen coordination between schools, parents, and the Mulyorejo Health Center to encourage mothers to seek dental and oral health care for their children.

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