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The Relationship Between Oral Health Knowledge And Oral Health Behavior Among Students Of SMA N 1 Kerinci Kanan

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ABSTRACT

Based on basic health research in 2018, the percentage of dental and oral problems in Indonesia is relatively high, namely 57.6%. One of the groups is prone to dental and oral health problems in adolescents. Knowledge and behavior influence and play an important role in dental and oral health directly. The purpose of this study was to determine the relationship between oral health knowledge and oral health maintenance behaviors in students aged 15 – 18 at SMAN 1 Kerinci Kanan, Siak Regency, Riau Province. The cross-sectional study was conducted on 192 students in grades 10 – 12 using a random sampling method. The research instrument used questionnaires regarding oral health knowledge and behaviors that have been tested for validity and reliability. The analysis used to see the relationship between oral health knowledge variables and oral health behavioral behaviors in the study subjects was carried out using the Spearman Rank correlation technique ($p < 0.05$). The results of the study obtained 74% of students had good oral health knowledge and 59.9% had sufficient oral health behaviors. The results of the Spearman Rank test obtained that a p-value of 0.017 which ($p < 0.05$) and the Spearman correlation coefficient showed a positive value of 0.172. Conclusion: there is a significant relationship between oral health knowledge variables and oral health behaviors in students of SMAN 1 Kerinci Kanan, Siak Regency, Riau Province. The better the oral knowledge possessed, the better the oral health maintenance

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1. INTRODUCTION

Oral health is the state of well-being of the hard and soft tissues of the teeth and related structures in the oral cavity, which allows individuals to eat, speak, and socialize without dysfunction, aesthetic disturbances, and discomfort caused by disease, occlusal abnormalities, and tooth loss, enabling them to live socially and economically productive lives. (Muliadi dkk., 2022). Oral health is an essential component of overall health and can significantly enhance quality of life. Oral health, initially referred to as dental health, encompasses the well-being of the oral cavity, including the teeth and their supporting tissues, which can function optimally and remain free from pain. (Suanda, 2018)

One vulnerable group to oral health issues is adolescents. The results of the 2018 Riskesdas (Basic Health Research) showed that 51.9% of adolescents aged 15-18 years suffer from dental and oral diseases, primarily due to low awareness and behavior regarding oral health maintenance. (Rakhmawati dkk., 2020). Adolescence is a transitional period between childhood and adulthood, characterized by significant changes in physical, cognitive, and socio-psychological conditions. development. Papalia (2018), states that high school students are in the stage of formal operational cognitive.

Ruwanda dan Basid (2019), revealed that there are four factors that directly influence and play a crucial role in oral health, namely the environment (both physical and socio-cultural), behavior, healthcare services, and genetics. Among these four factors, knowledge and behavior have a direct impact on oral health. The domain of health behavior is divided into three components: knowledge, attitude, and practice (Wulandari dkk., 2017). Behavior in adolescents is influenced not only by the level of knowledge, attitude, and practice, but it can also be influenced by other factors such as gender, sources of information, and family conditions. In the age group of 15-18 years, there is a higher preference for consuming fast food. The commonly consumed types of fast food include fried chicken

and french fries. Additionally, soft drinks are the preferred choice of beverage [7]. The habit of consuming high-sugar foods/drinks, fast food, and snacks between meals increases the risk of dental caries in children. Children with overnutrition and obesity also have a higher risk of dental caries. [8].

The level of knowledge is one of the important factors, as good knowledge influences health behavior in improving oral health. Conversely, lack of knowledge about the importance of dental and oral care can lead to a negligent attitude towards dental and oral hygiene (Rahtyanti dkk., 2018). Correct knowledge influences health behavior in improving oral health, specifically dental and oral health. However, there is often a discrepancy between an individual's knowledge and their actual behavior in maintaining dental and oral health. According to the Basic Health Research (2017), 91.1% of the Indonesian population brushes their teeth every day, but only 7.3% of them do it correctly [10]. Good knowledge can motivate individuals to have positive attitudes and behaviors towards dental and oral health maintenance, ultimately affecting their dental and oral health status. By having accurate knowledge about dental and oral health, individuals are more likely to adopt healthy habits such as regular brushing, flossing, and visiting the dentist for check-ups. These behaviors, in turn, contribute to better oral hygiene, reduced risk of dental problems, and improved overall dental and oral health. (Aryanita dkk., 2018).

According to Riskesdas (2018), the data on the proportion of dental and oral problems in the population aged ≥ 3 years in Siak District, Riau Province, showed a result of 46.55%, and the actions taken to address dental and oral problems in Siak District amounted to 8.29%. From the obtained data, it indicates that the prevalence of dental and oral problems in Siak District is still quite high, while the actions taken to address these problems are relatively low. SMA Negeri 1 Kerinci Kanan is one of the schools located in Kerinci Kanan Subdistrict, Siak District, Riau Province. The school does not yet have a School Oral Health Program (UKGS) and has not conducted any oral health education or services, either by educators or local healthcare providers. The aim of this research is to determine the relationship between oral health knowledge and oral health behavior among students of SMAN 1 Kerinci Kanan.

2. METHOD

This study is a quantitative research with an Analytical Observational research design. By using a cross-sectional approach, the researcher aims to investigate the relationship between oral health knowledge and oral health behavior variables. The independent variable in this study is oral health knowledge, while the dependent variable is oral health maintenance behavior. Knowledge of oral health is assessed from several assessment components including knowledge of teeth and mouth causes of dental and oral health problems, consequences of dental and oral health problems, and how to properly care for teeth and mouth, all of which can be measured using a questionnaire with an interval scale data. Oral health maintenance behavior is all activities or activities of a person both observable and unobservable related to the maintenance and improvement of dental and oral health which can be measured using a questionnaire with interval data scale. The inclusion criteria for this study are students who are currently enrolled and active in SMAN 1 Kerinci Kanan, aged between 15-18 years, willing to participate as research subjects, able to operate electronic devices, and understand the researcher's instructions. The exclusion criterion for this study is students with extremity disorders. This study uses simple random sampling method, with a sample size of 175 students obtained.

Before conducting the research, the researcher obtained research permission and an ethical clearance letter. The ethical clearance letter was issued by the Research Commission of the Faculty of Dentistry, Gadjah Mada University, with the number 171/KE/FKG-UGM/EC/2022. Additionally, a research recommendation letter was issued by the Investment and Integrated One-Stop Service Agency of Riau Province, with the number 503/DPMPTSP/NON IZIN-RISET/52246. The questionnaire for assessing oral health knowledge uses the Guttman scale. The Guttman scale is a measurement scale where the data obtained are in the form of dichotomous (two-alternative) interval or ratio data. Responses can be assigned a score of 1 (one) for the highest score and 0 (zero) for the lowest score. The scoring method involves assigning a value of 1 for the answer "yes" and a value of 0 for the answer "no"" (Abidi dkk., 2014). The questionnaire for assessing oral health maintenance behavior uses the Likert scale. The Likert scale is a psychometric scale commonly used in questionnaires and is widely

used in survey research. There are two types of Likert scale questions: positive statements to measure positive attitudes and negative statements to measure negative attitudes. For positive statements, responses are scored as 4, 3, 2, and 1, with 4 indicating a strong agreement and 1 indicating strong disagreement. For negative statements, the scoring is reversed, with 1 indicating strong agreement and 4 indicating strong disagreement. In the context of positive behavior statements, a response of "always" would be given a score of 4, "often" a score of 3, "sometimes" a score of 2, and "never" a score of 1. Conversely, for negative behavior statements, a response of "always" would be given a score of 1, "often" a score of 2, "sometimes" a score of 3, and "never" a score of 4 (Taluke dkk., 2019). The minimum score for oral health maintenance behavior is 10, while the maximum score is 40.

The data analysis used is correlation analysis. Correlation analysis is used to examine the relationship between oral health knowledge variable and oral health behavior variable. The correlation technique used to test the relationship between the two variables is adjusted according to the obtained data analysis. The validity and reliability test that has been conducted on 50 students regarding 10 questions about oral health knowledge and 10 questions about oral health maintenance behavior. The correlation technique used is Pearson Correlation, calculated using the SPSS version 26 computer program. The validity of the questionnaire items is determined based on the criterion that the obtained r-value should be greater than the critical r-value statement number X5 and X9 are considered invalid as they have an r-value less than 0.273, and therefore these statements are eliminated. The valid statements are then subjected to reliability testing using Cronbach's Alpha test. Based on the summary of the reliability test results as presented in the table above, it can be observed that the Cronbach's Alpha coefficients for all research variables are greater than 0.6. Referring to the opinion expressed by Ghozali (2001), it can be concluded that all questionnaire items in the research variables are reliable

3. RESULTS AND DISCUSSION

Table 1. The Level of Knowledge and Behavior of Oral Health Maintenance among Male and Female Students of SMAN 1 Kerinci Kanan

Category	Knowledge	Behaviour
		n (%)
Poor	19 (9,9)	39 (20,3)
Moderate	31 (16,1)	115 (59,9)
Good	142 (74,0)	38 (19,8)

Based on the research conducted by the researcher on the respondents, consisting of students from SMAN 1 Kerinci Kanan with a total of 192 individuals, it was found that in terms of oral health knowledge, 142 respondents (74.0%) have good knowledge, 31 respondents (16.1%) have moderate knowledge, and 19 respondents (9.9%) have poor knowledge. Therefore, it can be concluded that the majority of students from SMAN 1 Kerinci Kanan have good oral health knowledge.

As many as 80.2% of male and female students use social media as a source of information about oral health. The research findings align with Mubarak dkk., (2011), regarding factors that influence knowledge, namely education and sources of information. Individuals who have access to more sources of information tend to have broader knowledge. The easier it is to obtain information, the quicker someone can acquire new knowledge.

Table 2. The Level of Knowledge and Behavior of Oral Health Maintenance among Students of SMAN 1 Kerinci Kanan Based on Gender, Economic Status, Parental Occupation, and Parental Education

Variable	Knowledge				Behaviour			
	Poor n (%)	Moderat n (%)	Good n (%)	*P (sig.)*	Poor n (%)	Moderat n (%)	Good n (%)	*P (sig.)*
Gender								
Male	4 (2,1)	12 (6,3)	49 (25,5)	0,418	19 (9,9)	37 (19,3)	9 (4,7)	0,056

Variable	Knowledge				Behaviour			
	Poor n (%)	Moderat n (%)	Good n (%)	*P (sig.)*	Poor n (%)	Moderat n (%)	Good n (%)	*P (sig.)*
Female	15 (7,8)	19 (9,9)	93 (48,4)		20 (10,4)	78 (40,6)	29 (15,1)	
Parents Income								
Less than Rp 1.000.000 / month	6 (3,1)	9 (4,7)	55 (28,6)		18 (9,4)	40 (20,8)	12 (6,3)	
Rp 1.000.000 – Rp 4.999.999 / month	11 (5,7)	18 (9,4)	69 (35,9)	0,826	15 (7,8)	60 (31,3)	23 (12,0)	0,382
More than Rp 5.000.000 / month	2 (1,0)	4 (2,1)	18 (9,4)		6 (3,1)	15 (7,8)	3 (1,6)	
Parents Occupation								
PNS/TNI/Polisi	2 (1,0)	3 (1,6)	7 (3,6)		2 (1,0)	7 (3,6)	3 (1,6)	
Private sector	1 (0,5)	1 (0,5)	8 (4,2)		4 (2,1)	5 (2,6)	1 (0,5)	
business owners/entrepreneurs	4 (2,1)	7 (3,6)	19 (9,9)	0,632	5 (2,6)	18 (9,4)	7 (3,6)	0,779
Workers/labourers/domestic helpers	12 (6,3)	20 (10,4)	108 (56,3)		28 (14,6)	85 (44,3)	27 (14,1)	
Parents Education								
Elementary school (SD)	4 (2,1)	4 (2,1)	26 (13,5)		7 (3,6)	21 (10,9)	6 (3,1)	
Junior high school (SMP)	5 (2,6)	7 (3,6)	45 (23,4)	0,398	12 (6,3)	35 (18,2)	10 (5,2)	0,981
Senior high school (SMA)	7 (3,6)	16 (8,3)	64 (33,3)		17 (8,9)	50 (26,0)	20 (10,4)	
Diploma degree (D3)/Bachelor's degree (S1)/Master's degree (S2)	3 (1,6)	4 (2,1)	7 (3,6)		3 (1,6)	9 (4,7)	2 (1,0)	
Information Source								
Social Media (Instagram, Facebook, Tiktok, Twitter, Youtube, dll)	10 (5,2)	27 (14,1)	117 (60,9)		32 (16,7)	94 (49,0)	28 (14,6)	
Print Media (Leaflet, Newspaper, etc)	1 (0,5)	0 (0,0)	1 (0,5)	0,062	0 (0,0)	1 (0,5)	1 (0,5)	0,279
Electronic Media (TV, Radio)	1 (0,5)	0 (0,0)	2 (1,0)		1 (0,5)	2 (1,0)	0 (0,0)	
Health Worker (Dentist, etc)	6 (3,1)	2 (1,0)	18 (9,4)		3 (1,6)	17 (8,9)	6 (3,1)	
Parenting	1 (0,5)	2 (1,0)	4 (2,1)		3 (1,6)	1 (0,5)	3 (1,6)	

Uji Chi Square, p < 0,05

The analysis conducted is cross-tabulation analysis and Chi-Square test. Cross-tabulation analysis, also known as Crosstabs, is used to calculate the frequencies and percentages of two or more variables simultaneously by crossing the variables considered to be related, making it easier to understand the descriptive meaning of the relationship between the two variables. The purpose of this analysis is to identify correlations between one variable and other variables (Ashari dkk., 2017).

The cross-tabulation results in Table 2 show that female students have the highest percentage (48.4%) of good oral health knowledge, and those with a middle economic status have the highest percentage among parents working as laborers/workers/domestic helpers. The Chi-Square test for the variable of knowledge level in relation to gender, economic status, parental occupation, and parental

education level indicates that there is no significant difference, indicating that oral health knowledge level is not influenced by gender, economic status, parental occupation, and parental education level. Thle cross-tabulation results for the variable of oral health maintenance behavior with good behavior show that females with a middle economic status, whose parents work as laborers/workers/domestic helpers, and whose highest education level is senior high school have the highest percentage. The Chi-Square test for the behavior variable in relation to gender, economic status, parental occupation, and parental education level shows no significant difference, indicating that the oral health behavior level of the subjects in this study is not influenced by gender, economic status, parental occupation, and parental education level.

Behavior in maintaining oral health refers to all activities and efforts undertaken by an individual to maintain oral health, prevent the development of diseases, and improve oral health status [17].The research results indicate that 38 respondents (19.8%) have good behavior, 115 respondents (59.9%) have moderate behavior, and 39 respondents (19.8%) have poor behavior. The majority of students exhibit moderate behavior because information about oral health is not only obtained at school but also through print media, television, the internet, and various other sources of information. The research findings align with previous studies, such as Jannah dkk., (2020), which stated that knowledge and attitude are related to behavior in maintaining oral health. It is said that health maintenance behavior is associated with individual actions. Knowledge influences an individual's decision-making regarding health behavior. Knowledge and attitude have a significant impact on a person's decision to maintain their oral health. Good behavior in maintaining oral health leads to improved oral health status, whereas an individual's oral health status may decline and lead to negative physical and psychosocial impacts if their oral health maintenance behavior is inadequate (Purwaningsih dan Sirat, 2016).

Fitri dkk., (2017), in their journal article, explain that behavior is influenced by the presence or absence of health facilities and infrastructure as supporting factors. Limited access to information media affects individual behavior. The living environment also influences oral health behavior. An environment with limited facilities and infrastructure can pose obstacles that ultimately affect individuals in maintaining their oral health.

Table 3. Results of Rank Spearman Correlation Test

Variable		**Behaviour**
Knowledge	ρ	0,172
	p	0,017
	n	192

The research results have shown a significant relationship between knowledge and adolescent behavior regarding oral health maintenance in SMAN 1 Kerinci Kanan. The better the oral knowledge, the better the oral health maintenance behavior. The analysis was further conducted using Spearman's rank correlation analysis. This test is a counterpart to the Pearson product-moment correlation test used to determine the presence or absence of relationships between variables studied on an interval scale, and the results indicate a significant relationship ($p < 0.05$) between the Knowledge variable and the Behavior variable. The Spearman correlation coefficient indicates a positive correlation, indicating a positive relationship between the variables under study. This research aligns with the findings of Rahtyanti dkk., (2018), which state that good knowledge influences health behavior in improving oral health, while lacking knowledge about the importance of oral health maintenance can lead to a disregard for dental and oral hygiene.

The study conducted by Panjaitan dkk (2018), which investigated the relationship between knowledge, attitudes, and behavior related to dental and oral health and the DMF-T index among students with a sample size of 112 students, found that there was a significant relationship between knowledge of dental and oral health and the DMFT index. Similarly, the results of the behavior study showed a significant relationship between dental and oral health behavior and the DMF-T index. Yusmanijar dan Abdulhaq (2018) conducted a study on the relationship between the level of knowledge about dental and oral health and dental and oral care behavior in school-aged children (7-9 years). The research revealed a relationship between knowledge about dental and oral health and dental and oral

care behavior in school-aged children (7-9 years). The policy of the UKGS (Usaha Kesehatan Gigi Sekolah) is an integral part of the UKS (Usaha Kesehatan Sekolah) that provides planned dental and oral health services within a specific period continuously through the UKS package to achieve the goal of optimal dental health. One of the key aspects is to foster knowledge and attitudes in maintaining oral health.

One weakness of this study is that data collection was done online using Google Forms, which can have an impact on the questionnaire data. Online data collection has limitations, such as the possibility of deliberate misrepresentation by respondents, providing answers that do not reflect the actual situation, or searching for answers using sources that may not provide accurate knowledge. Another weakness is that some respondents provided identical answers in the questionnaire, possibly due to their various engagements, leading them to take shortcuts by copying the answers of other respondents who had completed the survey.

4. CONCLUSION

Based on the research findings, it can be concluded that there is a significant relationship between oral health knowledge and oral health behavior among students of SMAN 1 Kerinci Kanan. The better the oral health knowledge, the better the oral health maintenance behavior. The Chi-Square test for the variables of knowledge level and behavior in relation to gender, economic status, parental occupation, and parental education level shows no significant differences, indicating that the oral health knowledge and behavior levels of the subjects in this study are not influenced by gender, economic status, parental occupation, and parental education level.

REFERENCES

[1] A. Muliadi, Isnanto, and Agus Marjianto, "Pengetahuan Kebersihan Gigi Dan Mulut Pada Siswa Kelas Vi Mi Nahdlatul Wathan Pringgasela Lombok Timur," *J. Ilm. Keperawatan Gigi*, vol. 3, no. 1, pp. 1–12, 2022.

[2] I Wayan Suanda, "Gerakan Masyarakat Hidup Sehat Dalam Mencegah Terjadinya Penyakit Gigi Dan Mulut," *J. Kesehat. Gigi*, vol. 6, no. 1, pp. 29–34, 2018.

[3] N. S. Rakhmawati, I. Budiono, and E. R. Rustiana, "Determinan Perilaku Pemeliharaan Kesehatan Gigi dan Mulut Pada Remaja," *Pros. Semin. Nas. Pascasarj. UNNES*, 2020.

[4] E. . Papalia DE, *Human development (psikologi perkembangan)*, 9th ed. Jakarta: Terj. A. K. Anwar, Kencana, 2018.

[5] Astannudinsyah, R. A. Ruwanda, and A. Basid, "Faktor-Faktor Yang Berhubungan Dengan Status Karies Gigi Pada Anak Sekolah Min 1 Kota Banjarmasin," *J. Kesehat. Indones.*, vol. 9, no. 3, p. 149, 2019.

[6] F. K. Wulandari, D. H. C. Pangemanan, and C. N. Mintjelungan, "Perilaku Pemeliharaan dan Status Kebersihan Gigi dan Mulut Masyarakat di Kelurahan Paniki Kabupaten Sitaro," *e-GIGI*, vol. 5, no. 2, 2017.

[7] S. Mardeilita, "Perilaku pemeliharaan kesehatan gigi remaja di Sekolah Menengah Pertama Negeri 4 Kota Banda Aceh," *J. SAGO Gizi dan Kesehat.*, vol. 1, no. 1, p. 45, 2020.

[8] I. G. A. A. Agung and D. F. Nurlitasari, "Asupan Gizi, Pola Makan Dan Kesehatan Gigi Anak," *J. Kedokt. Gigi*, vol. 13, no. 1, pp. 21–24, 2017.

[9] G. C. S. Rahtyanti, H. Hadnyanawati, and E. Wulandari, "Hubungan Pengetahuan Kesehatan Gigi dan Mulut dengan Karies Gigi pada Mahasiswa Baru Fakultas Kedokteran Gigi Universitas Jember Tahun Akademik 2016/2017," *Pustaka Kesehat.*, vol. 6, no. 1, pp. 1671. Rahtyanti GCS, Hadnyanawati H, Wulandari E., 2018.

[10] R. W. Gayatri, "Hubungan Tingkat Pengetahuan Dengan Perilaku Pemeliharaan Kesehatan Gigi Anak Sdn Kauman 2 Malang," *J. Heal. Educ.*, vol. 2, no. 2, pp. 201–210, 2017.

[11] M. A. R. Aryanita, M. A. Prasetya, and W. Md, "Gambaran Tingkat Sosal Ekonomi Oran Tua dan Perilaku Anak Terhadap Indeks Karies DI Sekolah Dasar 1 Kerobokan Dan Sekolah Dasar 1 Kamasan," *Bali Heal. J.*, vol. 2, no. November, pp. 103–112, 2018.

[12] Z. Abidin, A. N. Bambang, and D. Wijayanto, "Manajemen Kolaboratif Untuk Introduksi Pengelolaan Rajungan Yang Berkelanjutan Di Desa Betahwalang, Demak," *J. Fish. Resour. Util.*

Manag. Technol., vol. 3, no. 4, pp. 29–36, 2014.
[13] D. Taluke, R. S. M. Lakat, A. Sembel, E. Mangrove, and M. Bahwa, "Analisis Preferensi Masyarakat Dalam Pengelolaan Ekosistem Mangrove Di Pesisir Pantai Kecamatan Loloda Kabupaten Halmahera Barat," *Spasial*, vol. 6, no. 2, pp. 531–540, 2019.
[14] I. Ghozali, *Aplikasi Analisis Multivariate dengan program SPSS*, Cetakan ke. Semarang: BadanPenerbitUniversitasDiponegoro, 2001.
[15] W. I. Mubarak, N. Cayatin, and K. Rozikin, *Promosi Kesehatan*, Pertama. Yogyakarta: Graha Ilmu, 2011.
[16] B. H. Ashari, B. M. Wibawa, and S. F. Persada, "Analisis Deskriptif dan Tabulasi Silang pada Konsumen Online shop di Instagram (Studi Kasus 6 Universitas di Kota Surabaya)," *J. Sains dan Seni ITS*, vol. 6, no. 1, pp. 17–21, 2017.
[17] S. Notoatmodjo, *Pendidikan dan Perilaku Kesehatan*. Jakarta: PT. Rineka Cipta, 2012.
[18] Jannah, Nyorong, and Yuniati, "Effect of the Behavior of Primary School Students on the Visit of Dental Health and Mouth Health Care.," *Sci. Period. Public Heal. Coast. Heal.*, vol. 2, no. 1, pp. 15–28, 2020.
[19] D. R. Tuhuteru, B. S. Lampus, and V. N. S. Wowor, "Status Kebersihan Gigi Dan Mulut Pasien Poliklinik Gigi Puskesmas Paniki Bawah Manado," *e-GIGI*, vol. 2, no. 2, 2014.
[20] A. B. Fitri, C. Zubaedah, and Riana Wardani, "Hubungan pengetahuan dengan sikap pemeliharaan kesehatan gigi dan mulut siswa Pondok Pesantren Salafiyah Al-Majidiyah," *J. Kedokt. Gigi Univ. Padjadjaran*, vol. 29, no. 2, pp. 145–150, 2017.
[21] M. Panjaitan, I. Anastasia, and Novelia, "Hubungan Pengetahuan, Sikap dan Perilaku Kesehatan Gigi dan Mulut Terhadap Indeks DMF-T Pada Siswa Kelas XII Di SMA Y.P Antasari Deli Serdang," *J. Oral Dent. Sci.*, vol. 1, no. 1, pp. 32–40, 2018.
[22] Yusmanijar and M. Abdulhaq, "Hubungan Tingkat Pengetahuan Tentang Kesehatan Gigi Dan Mulut Dengan Perilaku Perawatan Gigi Dan Mulut Pada Anak Usia Sekolah 7-9 Tahun Di Sd Islam Al Amal Jaticempaka," *J. Kesehat. Gigi*, vol. 3, no. 3, pp. 199–208, 2018.