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Optimizing knowledge and attitude towards oral hygiene of elementary school students through think pair share health education

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ABSTRACT

Elementary school students need health education about dental and oral hygiene because many children still do not understand it. Using the Think Pair Share model, students are encouraged to think, discuss, and argue from the results of discussions about dental and oral hygiene. This research aims to analyze the effectiveness of Think Pair Share health education as an interactive and collaborative method in improving knowledge and attitudes about dental and oral hygiene among elementary school students. This research uses a quantitative method with a pre-experiment design (One Group Pre-test Post-test). The population was 69 students at SDN Pabelan 3. Using a purposive sampling technique, 30 respondents aged 9-10 were obtained. The results of analysis using the Wilcoxson signed rank test showed an increase in knowledge for 24 respondents (80%) and an increase in attitudes for 26 respondents (86.67%) after receiving health education through the Think Pair Share model. The conclusion of this research suggests the effectiveness of the Think Pair Share model in health education as an interactive and collaborative method to enhance elementary school student's knowledge and attitudes regarding dental and oral hygiene.

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INTRODUCTION

Children 6-12 years, in the transition between deciduous and permanent teeth, often experience dental and oral health issues in elementary school if hygiene is not maintained [1]. Dental and oral cleanliness entails the absence of plaque, tartar, and other stains on teeth surfaces, including food particles, and the absence of mouth odor [2]. The habit of brushing teeth at recommended times should ideally be instilled in children from an early age [3]. Children are not accustomed to being aware of dental and oral health, leading to suboptimal teeth brushing. A staggering 89% of children under 12 years old in Indonesia suffer from dental and oral diseases [4]. Many individuals, both adults and children, often neglect their dental and oral health. Despite this, during food consumption, teeth and mouth directly come

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into contact with food and beverages [5]. If a child fails to maintain oral hygiene, it can result in toothaches, making the child inactive, skipping school, experiencing decreased appetite, and hindering growth and development [6]. The Basic Health Research (Riskesdas) reported in 2018 that dental issues in Indonesian children remained high, reaching 93%, with only 7% of children being free from dental and oral problems. This aligns with a study in India 2010, which found that 60% to 90% of primary school children suffered dental damage due to poor behavior and inadequate oral hygiene [7]. The attitude and behavior of children toward oral hygiene may stem from imitating parental habits, but it is premature to conclude that these attitudes and behaviors should be blamed [8].

Factors influencing children's dental and oral hygiene are also shaped by the child's perception, motivation from internal and external environments, and habits of maintaining oral cleanliness [9]. Research indicates that children's dental and oral hygiene awareness could be much higher due to a lack of education and hygiene skills [10]. Parents play a crucial role in guiding, training, and motivating their children, including instilling dental and oral hygiene awareness for their health [11]. As children grow older, they become more receptive to the education they receive, allowing information conveyed to impact health positively[12].

Training, knowledge, and daily information received by elementary school students from school are closely related to child education [13]. The more positive aspects of an object known through knowledge, the more positive the attitude towards that object. One cooperative learning model that can be implemented in schools is the Think Pair Share (TPS) model. In this method, students are organized into small groups of 2 people to manage the given material collaboratively, effectively creating a change in the atmosphere and discussion in the classroom [14]. The application of the Think Pair Share (TPS) learning model is suitable for elementary school students. Students should be able to express their opinions and be willing to accept the answers or opinions of their classmates [15].

When applied, the weaknesses of the Think Pair Share learning model include the average students needing more vital skills and a limited period [16]. Without special attention, students tend to be busy relying on their groups and must acquire a more profound knowledge of cooperative learning team activities (Rivai & Mohamad, 2021). However, the contribution of the Think Pair Share model is deemed adequate for every subject in enhancing children's abilities. This is because the system in Think Pair Share supports children in achieving learning outcomes before and after being treated with a collaborative learning model [17].

A preliminary study conducted by researchers involving a total of 69 students revealed that 60% of them appear to be less concerned about dental and oral hygiene. This observation is based on habits such as snacking during breaks and not rinsing and gargling after meals, leading to leftover food particles on the teeth. The research reveals that 52.1% of children exhibit negative behaviors in maintaining oral hygiene, and 54.2% possess a low level of knowledge regarding oral hygiene. Consequently, there is uncertainty about whether children understand the attitudes they should adopt despite the mutual influence between attitudes and behaviors. This highlights that attitudes, subject to evaluation, play a crucial role in assessing the oral health of children [18]. Aligned with implementing a health program focused on students in grades 1, 4, and 6, the aim is to ensure the health and fitness of

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students throughout their education, considering the significant health development stage at those ages. In grade 1, as part of primary education, the focus is on preparing for improved health. In contrast, in grade 4 (age 9-10), it becomes crucial to understand better health information to shape healthy behaviors and disease prevention.

METHOD

This research employs a quantitative design with a pre-experimental approach (one-group pretest-posttest design). The following is the procedure used in collecting data for this study:

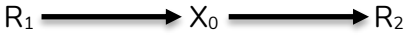

Figure 1. Research Design

Furthermore, the population in this study consists of 69 students from SDN Pabelan 3, with a non-random sampling technique using a purposive sampling method. The sampling method in this research is based on inclusion criteria, precisely the age characteristic of 9-10 years or 4th-grade students, resulting in a sample size of 30 students. The exclusion criteria for this study include students who were absent during the research period.

In this study, data gathering involved completing questionnaires on knowledge and attitudes distributed by the researcher. The knowledge questionnaire comprises 19 questions evaluating the students' knowledge level with true or false options. Respondents receive 1 point for a correct answer for favorable questions, while for unfavorable questions, a correct answer results in 0 points. The maximum knowledge score is 19 points, divided into three categories: good, sufficient, and poor knowledge. The validity test results for the previous research instrument, the knowledge questionnaire, were 0.361 > 0.05, and the reliability was 0.775 > 0.6 [18]. The attitude questionnaire consists of 17 questions assessing students' attitudes with options including strongly agree, agree, disagree, and strongly disagree. The attitude questions in this research are categorized as favorable and unfavorable. For favorable questions, respondents choosing strongly agree receive 4 points, agree 3 points, disagree 2 points, and strongly disagree 1 point. Conversely, the points are reversed for unfavorable questions. The maximum score attainable is 68. The previous research instrument's validity and reliability test results indicated values > 0.60, obviating the need for further testing [18].

Previously, the researcher obtained research permission from the School Principal by submitting a research request letter and Ethical Clearance from the Moewardi Hospital's ethics committee with reference number No. 906/V/HREC/2023. Furthermore, the data collection and research were carried out in one day by gathering 9-10-year-old students in one classroom to facilitate an oral health Think Pair Share learning session. The collected data included questions about knowledge and attitudes, which were later processed using a Learning Management System to conduct a Wilcoxon Sign-Rank test due to the non-normal distribution of the data. The research findings are presented in tabular form.

RESULTS AND DISCUSSION

Based on the test results and data tabulation conducted by the researcher on the research respondents, totaling 30 students who have agreed to participate as respondents according to

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the established inclusion and exclusion criteria, the following are the characteristics of the respondents in this study:

Based on Table 1 above, it can be observed that the majority of respondents from SDN Pabelan 3 are ten years old, with 22 respondents (73.3%). The most dominant gender is male, with 18 respondents (60%). Regarding the experience of receiving information about dental and oral hygiene, 11 respondents (36.7%) received it from teachers, while 17 respondents (56.7%) had previous experiences with health education on dental and oral hygiene.

Table 1. Characteristics Respondents

Characteristic	f	%
Age		
- Nine years	8	26,7
- Ten years	22	73,3
Gender		
- Man	18	60
- Woman	12	40
Information Experience		
- Family	7	23,3
- Teacher	11	36,7
- Friend	3	10
- Media	9	30
Health Education Experience		
- Ever	17	56,7
- Never	13	43,3

Table 2. Distribution Level Categories, n=30of Student Knowledge

Category	Before		After	
	N	%	N	%
Good	4	13,3	16	53,3
Enough	12	40,0	5	16,7
Less	14	46,7	9	30,0
Total	30	100,0	30	100,0

Based on the data in Table 2, it is evident that respondents have an increased level of knowledge after receiving health education on maintaining dental and oral hygiene using the Think Pair Share model. The results post-intervention show that 16 respondents fall into the good category (53.3%), five respondents are in the enough category (16.7%), and nine respondents are in the less category (30%).

Table 3. Distribution of Student Attitude Categories, n=30

Category	Before		After	
	N	%	N	%
Positive	3	10	10	33,3

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Category	Before		After	
Negative	27	90	20	66,7
Total	30	100,0	30	100,0

Table 3 above indicates that the results show three respondents in the positive category (10%) and 27 respondents in the negative category (90%) before being given health education using the Think Pair Share model. Meanwhile, after being provided with health education using the Think Pair Share model, it is evident that ten respondents fall into the positive category (33.3%), while 20 respondents remain in the negative category (66.7%).

Table 4. Comparison of Respondents' Knowledge Conditions Before and After Intervention, n=30

	Condition	N	%
Comparison of respondents' knowledge pre-test and post-test.	Skor pre-test > skor post-test	5	16,67
	Skor pre-test < skor post-test	24	80
	Skor pre-test = skor post-test	1	3,33
Total		30	100,0

Table 4 presents the pre-test and post-test results for children's knowledge in maintaining dental and oral hygiene. Out of 24 respondents, there was an increase in scores for pre-test < post-test in 1 respondent, one respondent had pre-test = post-test, and five respondents experienced a decrease in scores for pre-test > post-test. The statistical test using the Wilcoxon signed-rank test resulted in Asymp. Sig. (2-tailed) = 0.000 < 0.05, indicating optimal effectiveness in using the Think Pair Share health education method as an interactive and collaborative approach to improving knowledge of dental and oral hygiene.

Table 5. Comparison of Respondents' Attitude Conditions Before and After Intervention, n=30

	Condition	N	%
Comparison of respondents' pre-test and post-test attitudes	Skor pre-test > skor post-test	2	6,67
	Skor pre-test < skor post-test	26	86,67
	Skor pre-test = skor post-test	2	6,67
Total		30	100,0

Table 5 illustrates the pre-test and post-test results for children's attitudes toward maintaining dental and oral hygiene. Out of 26 respondents, there was an increase in scores for pre-test < post-test in 2 respondents, two respondents had pre-test = post-test, and two

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respondents experienced a decrease in scores for pre-test > post-test. The statistical test using the Wilcoxon signed-rank test resulted in Asymp. Sig. (2-tailed) = 0.000 < 0.05, indicating optimal effectiveness in using the Think Pair Share health education method as an interactive and collaborative approach to improving dental and oral hygiene knowledge.

Analysis of the effectiveness of the Think Pair Share health education method in improving knowledge of dental and oral hygiene among elementary school students

A child's knowledge can be influenced by age, parents' occupation, culture, environment, suboptimal healthcare services, education on proper tooth brushing from mother to child, and a mother's effort in maintaining the dental and oral hygiene of the child [19]. The knowledge gained from the results before and after the intervention in 30 respondents is the outcome of health education through the Think Pair Share (TPS) model. Think Pair Share (TPS) learning encourages students to think critically and theoretically, primarily enhancing students' learning motivation, which ultimately affects learning outcomes. This strategy is applied across educational levels, from elementary school to high school [20]. This research indicates that respondents with a good knowledge level category have scores of 14-19, those with a sufficient knowledge level category have scores of 7-13, and those with a poor knowledge level category have scores of 0-6. Out of 30 respondents, 24 experienced an increase in knowledge scores from before to after the intervention, five experienced a decrease, and one had the same score before and after the intervention.

Results from previous research indicate that the Think Pair Share (TPS) model encourages students to develop their own and group learning outcomes. It is designed through a process where students think, group, discuss, and conceptually communicate the results of their discussions. Increased knowledge is a sign that students understand the given material. The Think Pair Share model not only changes students' performance but also creates positive changes in their activities [21]. Before the intervention, many respondents answered incorrectly, especially regarding how to choose a good toothbrush for maintaining dental and oral hygiene, with 26 respondents giving incorrect answers. This can be attributed to the empirical and theoretical nature of the question, as evidenced by respondents needing to gain knowledge of the appropriate toothbrush to use for cleaning teeth and the mouth. Nevertheless, following the intervention, 17 respondents answered correctly, while 13 respondents continued to answer incorrectly.

The research results in Table 2 show that 16 respondents are in the good knowledge category (53.3%) after receiving health education, compared to only four respondents (13.3%) before the intervention. The remaining respondents are 5 in the sufficient knowledge category (16.7%) and 9 in the poor knowledge category (30%) after receiving health education on dental and oral hygiene. After the intervention, in Table 4, the comparison between pre-test and post-test results reveals that 24 respondents (80%) experienced an increase in knowledge scores, five respondents (16.67%) had a decrease in scores from pre-test to post-test, and one respondent (3.33%) had the identical scores in both pre-test and post-test. Based on the results of the Wilcoxon signed-rank test, there is significant effectiveness after the intervention with an Asymp. Sig. (2-tailed) significance value of p=0.000, where p < 0.05, indicating an optimal improvement in the knowledge of dental and oral hygiene among respondents after

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receiving health education using the Think Pair Share (TPS) learning method.

Analysis of the effectiveness of the Think Pair Share health education method in improving the attitudes toward dental and oral hygiene among elementary school students

Providing information from educational institutions can support the role of parents and change their mindset by offering considerations regarding the child's age-appropriate growth and development [22]. Previous researchers have found evidence that attitudes can change after educational interventions through storytelling interactions, and negative attitude categories can be transformed into positive attitudes, although not entirely demonstrated [23]. When students begin to develop an interest in learning science, there is a shift in attitudes and behaviors that can transform from negative to positive [24].

Before being given health education using the Think Pair Share (TPS) learning model, the attitude categories of respondents were divided into two categories: positive and negative. The pre-test results showed that three respondents had a positive attitude, and 27 respondents had a negative attitude. Some respondents had never received health education or information about maintaining oral hygiene and had a negative attitude. After implementing health education about maintaining dental and oral hygiene using the Think Pair Share learning model, ten respondents had a positive attitude category, indicated by the score results where respondents obtained ≥ 54.4 or ≥ 80%. Meanwhile, 20 respondents still had a harmful attitude category, indicated by the score results where respondents scored < 54.5 or < 80%. After the intervention, in Table 5, the comparison between pre-test and post-test results showed that 26 respondents (86.67%) experienced an increase in knowledge scores, two respondents (6.67%) had a decrease in scores from pre-test to post-test, and two respondents (6.67%) had the identical scores in both pre-test and post-test.

The post-test results still show that 20 respondents have a negative attitude. When connected with knowledge, there are respondents with a positive attitude but sufficient knowledge and those with a negative attitude but good knowledge. This is due to several factors that cause respondents to be less than optimal, starting from the behavior plan used to prepare children for attitude changes, applying, observing, and evaluating attitudes. Firstly, special attention is given to the preparation stage in creating a lesson plan and preparing assessment forms for students and the tools that will be used. Secondly, the implementation stage will not succeed without arousing high student enthusiasm to participate in discussions. Thirdly, the observation stage is in inappropriate conditions. Fourthly, the assessment stage must be better adjusted to solve student problems and change attitudes [25]. Based on the Wilcoxson signed-rank test results, it was found that the Asymp. Sig. (2-tailed) significance value was $p = 0.000$, where $p < 0.05$ means there is optimal improvement in the attitude toward dental and oral hygiene of respondents after being given education.

CONCLUSION

Health education related to dental and oral hygiene significantly impacts the knowledge and attitudes of elementary school children when employing the Think Pair Share learning model. This study aims to contribute valuable information regarding children's dental and oral hygiene. The results indicate a statistical significance with $p = 0.000$ for knowledge and

attitudes. Consequently, using the Think Pair Share model in health education is effective as an interactive and collaborative approach to enhance knowledge and foster positive attitudes toward dental and oral hygiene among elementary school students.

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