



Research Paper

Parental Oral Health Literacy: A Key Determinant of Oral Hygiene in Wasting Toddlers in SILO II Public Health Center

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ABSTRACT: Parents' level of Oral Health Literacy is related to children's oral hygiene. Parents have the greatest influence on all aspects of health, including physical and psychosocial health, which begins at birth. Oral hygiene has an important role in dental health because poor oral hygiene can result in various local and systemic diseases. This research aimed to determine the relationship between parents' Oral Health Literacy and the oral hygiene of wasting toddlers aged 3-5 years in the Silo II Community Health Center working area. This type of research is analytical observational research. The sampling technique in this research was purposive sampling. The number of subjects was 117, and they were wasting toddlers and their parents. Data collection is done by checking the oral hygiene of wasting toddlers and giving questionnaires to be filled out by parents. Univariate analysis will be analyzed descriptively individually based on percentage values and frequency distribution.

Meanwhile, in the bivariate analysis, the relationship between parents' Oral Health Literacy and the oral hygiene of wasting toddlers will be analyzed. The results of the significance test show a value of $p = 0.014$ ($p < 0.05$), which means that the hypothesis in this study states that the Oral Health Literacy variable is significantly correlated with the oral hygiene of wasting toddlers. The correlation value is 0.227, which means the relationship is very weak.

KEYWORDS: Oral Health Literacy, oral hygiene, wasting.

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I. INTRODUCTION

Wasting is a form of malnutrition that puts toddlers at risk of experiencing long-term growth and development retardation [1]. According to the World Health Organization (WHO), in 2020, the global prevalence of children under five who experienced wasting was 45.4 million children under five (8%) (WHO, 2021). Meanwhile, in Indonesia, according to Basic Health Research (Riskesdas), in 2018, the waste percentage was 10.2%. In East Java province, the waste rate is 7.2%, and in Jember Regency, the waste rate is 12.7% [2].

Toddlers are a vulnerable group suffering from wasting. The nutritional needs of the early phase of a toddler's life must be considered. The worst consequence that can occur in wasted toddlers can be death. Parenting patterns can cause toddler wasting by providing additional food and milk that are not following the advice of health workers [3]. Parenting patterns in providing good food will improve the quality of food children consume. It will impact the nutritional status of toddlers [4]. Wasting toddlers is associated with impaired saliva secretion due to hypofunction of the salivary glands and changes in saliva composition. Bad eating habits in early childhood, especially during tooth development, can disrupt tooth mineralization [5]. Physiologically, debris can be cleaned by saliva flow and movement of muscles in the oral cavity [6].

Education is the second largest socioeconomic factor influencing a person's health status [7]. The illiteracy rate among the world's population is 17% [8]. The Ministry of Education and Culture noted that in 2018, there were still 3.29 million illiterate people in Indonesia [9]. The results of a survey conducted by the Program for International Student Assessment (PISA), which was released by the Organization for Economic Co-operation and Development (OECD) in 2019, show that Indonesia is ranked 62nd out of 70 countries, meaning that Indonesia is in the bottom 10 countries in terms of literacy level. Low. Unesco states that Indonesian people have a reading interest index of only 0.001 percent [10]. Previous studies have found that

people with low health literacy are more likely to have a higher risk of disease, utilize less preventive health services, and have higher rates of hospital admissions, including a higher risk of chronic disease than those with greater health literacy. Tall. Even though people can read, they do not necessarily fully understand health information that can affect their and their families' health [8].

Silo District is a plantation area where the majority of the people work as plantation workers and agricultural laborers. The economy in this area is still classified as lower middle class. The income received cannot meet the basic daily needs of these casual daily workers. This amount is smaller than the money they spend to meet their and their family's living needs [11]. The energy intake level of the poor population in Silo District is still below the energy adequacy rate [12]. Family economic status usually has a negative influence on health behavior. Families may be unable to afford food, health care, and housing or have poor sanitation. Nutritional disorders in toddlers caused by socioeconomic factors are stunting, underweight and wasting [13]. Incidents of wasting are still found in Jember, one of which is in the working area of the Silo II Health Center. In this area, there are 796 wasting toddlers aged 0-5 years, while for toddlers aged 3-5 years, there are 165 [14]. The reason for researching toddlers aged 3-5 years is because the primary teeth grow completely, reaching 20 pieces, and have completely erupted in the third year of the baby's age [15].

Oral Health Literacy (OHL) is how much an individual can obtain and process basic oral health information and services needed to make appropriate health decisions [16]. Parents' OHL level is a factor related to children's oral hygiene. Parents have the greatest influence on all aspects of health, including physical and psychosocial health, and this influence begins at birth [17]. Low parental OHL is associated with poor oral hygiene conditions among their children. Studies also show an association between reduced parental OHL and poorer oral health behavior, adversely impacting children's oral health-related quality of life [18]. Parents' high level of OHL indicates the good status of the child's dental and oral health.

Functional oral health literacy is necessary to understand and act on information written on prescription medication labels, appointment cards, pre-operative and post-operative instructions, consent forms, educational materials, and other important oral health-related materials. The instrument for measuring OHL is Health Literacy in Dentistry 29 (HeLD-29). HeLD-29 is an instrument containing 29 question items that were developed from the Health Literacy Management Scale (HeLMS) [19].

Dental and oral hygiene is a condition that shows that a person's oral cavity is free from dirt, such as plaque and calculus. If dental and oral hygiene is neglected, plaque will form on the teeth and spread throughout the surface [20]. Oral hygiene has an important role in dental health because poor oral hygiene can result in various local and systemic diseases. Bacterial plaque control is recognized as a key factor for preventing dental caries, gingivitis, and periodontitis and can be used to assess oral hygiene standards. Dental and oral health problems can be assessed through oral hygiene status [21]. An index is used to measure dental and oral hygiene. The examination carried out was a debris and calculus score using the Oral Hygiene Index Simplified (OHI-S) [22].

Wasting is a form of malnutrition that reflects a child's weight being too thin for his height, characterized by a weight/height z-score of less than -2 SD for wasting and a weight/height z-score of less than -3 SD for severe wasting [23]. Wasting in children results from rapid weight loss or an inability to gain weight. Toddlers who experience wasting are at risk of experiencing long-term growth and development delays, decreased immune system function, increased severity and susceptibility to infectious diseases, and increased risk of death, especially toddlers who experience severe wasting [1].

Factors that cause wasting include nutritional intake, family income, history of infectious diseases, complete immunization status, and exclusive breastfeeding. Wasting incidents can also be caused by management errors focusing on the treatment and rehabilitation of wasting sufferers, not more on preventive efforts against wasting incidents. This is because wasting is only considered a health problem after being in the severe wasting category [24]. Wasting It can also be caused by parenting patterns regarding the provision of additional food and milk that do not follow the advice of health workers. Their nutritional intake has not been fulfilled, even though they have received additional food from the Community Health Center. Apart from that, low-income families' economic conditions can influence parents' limitations in providing food, thereby impacting nutritional intake [3].

So far, much research on wasting has been seen from nutritional status. However, research on wasting seen from oral hygiene has not yet been widely studied. According to Be (1987), dental and oral hygiene is a condition that shows that a person's oral cavity is free from dirt, such as plaque and calculus. If dental and oral hygiene is neglected, plaque will form on the teeth and spread throughout the surface of the teeth. Oral hygiene has an important role in dental health because poor oral hygiene can result in various local and systemic diseases. Bacterial plaque control is a key factor in preventing dental caries, gingivitis, and periodontitis, and it can be used to assess oral hygiene standards (21). Dental and oral hygiene standards in children are usually influenced by socioeconomic factors and parents' attitudes toward dental and oral health [25].

Based on this description and the lack of research regarding this, the author is interested in examining the relationship between parents' Oral Health Literacy and the oral hygiene of wasting toddlers aged 3-5 years in the working area of Silo II Public Health Center.

Based on the description in the background above, the author developed a problem formulation: is there a relationship between parents' Oral Health Literacy and the oral hygiene of wasting toddlers aged 3-5 years? Furthermore, to determine the relationship between parents' oral health literacy and oral hygiene in wasting toddlers aged 3-5 years.

II. MATERIALS AND METHODS/METHODOLOGY

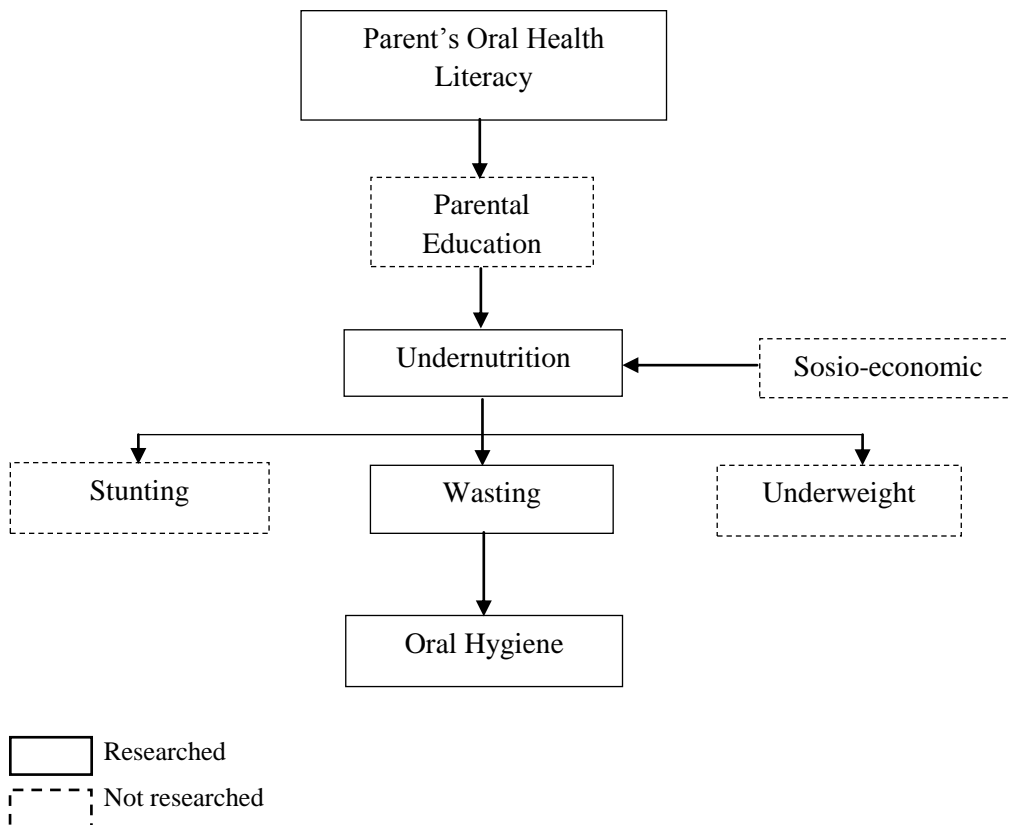


Figure 1 Conceptual Framework

Based on theory and conceptual framework, the research hypothesis is a relationship between parents' oral health literacy and the oral hygiene of wasting toddlers aged 3-5 years.

MATERIALS AND METHODS/METHODOLOGY

This type of research is analytical observational research, namely studying risk factors influencing the occurrence of effects [26]. This research measured and described the relationship between parents' oral health literacy and the oral hygiene of wasting toddlers aged 3-5 years. The method used in this research is cross-sectional research to study the relationship between independent and dependent variables by measuring them once and simultaneously [27].

Population is a generalization area consisting of objects or subjects with certain qualities and characteristics determined by researchers to be studied and then conclusions drawn [28]. The population in this study were parents who had wasting toddlers aged 3-5 years and wasting toddlers aged 3-5 years in the Silo II Public Health Center Working Area, Silo District, Jember Regency. There are 165 wasted toddlers aged 3-5 years in the Silo II Health Center working area.

The sample used in this study was wasting toddlers with the following inclusion criteria:

- Wasting toddlers aged 3-5 years who have parents.
- Wasting toddlers accompanied by their parents and willing to be research samples by signing an Informed Consent.
- A wasting toddler whose teeth have completely erupted.

Meanwhile, the exclusion criteria for this study are as follows:

- Wasting toddlers aged 3-5 years who are physically and mentally disabled.

b. Wasting toddler aged 3-5 years who is uncooperative.

After applying the Slovin formula, the number of samples that will be used as respondents is 117.

Table 1 Operational Definition of Variables

No.	Variable	Operational definition	Measuring Instrument	Measurement Methods and Measurement Results	Data Scale
1.	Oral Health Literacy	Oral Health Literacy is how an individual can obtain, understand, and process information regarding oral health and services necessary to make appropriate oral health decisions.	HeLD-29 index	There are 29 questions. Scores were coded 0 to 4, with high scores indicating high oral health literacy. The possible score range is 0-116. Category: a.0-28 is very bad b.29-57 is bad c.58-86 good d.87-116 is very good	Ordinal
2.	Oral Hygiene	In primary teeth, only debris measurements are carried out. Measurements are made by measuring six tooth surfaces.	DI-S Index	Total buccal debris score + lingual debris score divided by the number of segments assessed. Category: • Good 0 – 0.6 • moderate 0.7 – 1.8 • Poor 1.9 - 3.0	Ordinal
3.	Wasting	Wasting is a form of malnutrition that reflects a child's weight being too thin for height.	Stature meter and weight scale	• z-score BB/TB less than -2 SD for wasting • z-score BB/TB less than -3 SD for severe wasting	Ordinal

Data collection in this research used observation techniques and questionnaire techniques. Observation is a technique carried out by careful observations and systematic recording [29]. A questionnaire/questionnaire is a data collection method that has been carried out by asking several questions related to the research problem [30]. In this study, the subjects that will be studied are parents who have wasting toddlers aged 3-5 years and wasting toddlers aged 3-5 years, so data collection will be carried out by filling out questionnaires by parents who have wasting toddlers aged 3-5 years and observing in wasted toddlers aged 3-5 years. Interview techniques were used to complete the observation results.

Data processing was computerized using the Statistical Package for the Social Sciences (SPSS) 25. Data analysis used Spearman correlation. Spearman correlation is used to look for relationships or test the significance of association hypotheses if each linked variable is in ordinal form and the variables cannot be the same [31].

III. STATISTICAL ANALYSIS

This research is an analytical observational study that aims to see the relationship between parents' Oral Health Literacy and the oral hygiene of wasting toddlers aged 3-5 years in the Silo II Public Health Center working area, specifically in Silo Village, Pace Village, Mulyorejo Village, Harjomulyo Village, and Karangharjo Village. This research was conducted in August-October 2023. Research subjects were selected using a purposive sampling method, namely wasting toddlers aged 3-5 years who were in the working area of the SILO II Public Health Center. One hundred seventeen toddlers were research subjects. The research results are shown in tabular form.

Table 2 Characteristics of Toddler Respondents

Information		Frequency	Percentage
Gender	Woman	67	57.3
	Man	50	42.7
Age	3 years	28	23.9
	4 years	54	46.2
	5 years	35	29.9
Wasting Category	Severe wasting	14	12.0
	wasting	103	88.0

Source: SPSS 25 Data Processing Results (2023)

Table 3 Characteristics of Parent Respondents

Information		Frequency	Percent
Gender	Woman	105	89,7
	Man	12	10,3
Parental Education	No School	4	3,4
	Did not Finish Elementary School	2	1,7
	Elementary School	19	16,2
	Junior High School	56	47,9
	Senior High School	34	29,1
	Bachelor's Degree And Equivalent	2	1,7
Work	Does not Work	4	3,4
	Laborer	9	7,7
	Self-Employed	21	17,9
	Private Employees	1	0,9
	Government Employees	2	1,7
	Housewife	80	68,4
Income	< Rp1.000.000,- / month	114	97,4
	Rp1.000.000-Rp3.000.000,- / month	3	2,6

Source: SPSS 25 Data Processing Results (2023)

Table 4 Cross Tabulation between Literacy (HeLD) and Oral Hygiene

Literasi (HeLD)	Oral Hygiene	Good	Currently	Bad	Total
	Very bad	0	0	0	0
Bad	0	16	5	21	
Good	0	18	15	33	
Very Good	2	24	37	63	
Total		2	58	57	117

Source: SPSS 25 Data Processing Results (2023)

Hypothesis Testing

A table of guiding criteria for the correlation coefficient determines the level or degree of closeness of the relationship between the variables studied. The following is a table of test results regarding the relationship between parents' Oral Health Literacy and the oral hygiene of wasting toddlers.

Table 5 Spearman Correlation Test Results

Variable	Correlation	Results	Information
Oral Health Literacy with Oral Hygiene	Koefisien Correlation	0,227	The correlation coefficient value is 0.00 – 0.25 = very weak relationship
	Sig	0,014	Sig < 0.05 means a significant relationship exists between oral hygiene and HeLD.

Source: SPSS 25 Data Processing Results (2023)

IV. RESULTS

Table 2 above explains that of the 117 Wasting Toddlers who were respondents, 67 toddlers (57.3%) were girls, and 50 toddlers (42.7%) were boys. A total of 28 toddlers (23.9%) were 3 years old, 54 toddlers (46.2%) were 4 years old, and 35 toddlers (29.9%) were 5 years old. Fourteen toddlers (12%) were categorized as malnourished, and 103 (88%) were categorized as malnourished.

Table 3 above explains that of the 117 parents of wasting toddlers who were respondents, 105 (89.7%) were female, and 12 (10.3%) were male. A total of 4 parents (3.4%) did not go to school, 2 parents (1.7%) did not finish elementary school, 19 parents (16.2%) finished elementary school, 56 parents (47.9%) finished junior high school, 34 parents (29.1%) graduated from Senior High School, and 2 parents (1.7%) graduated from Diploma/Bachelor/Postgraduate studies. A total of 4 parents (3.4%) do not work, 9 parents (7.7%) work as laborers, 21 parents (17.9%) are self-employed, 1 parent (0.9%) works as a private employee, 2 parents (1.7%) work as civil servants, and 80 parents (68.4%) are housewives. One hundred fourteen parents (97.4%) earned less than 1 million per month, and 3 parents (2.6%) earned between 1 and 3 million monthly. Analysis Table 5 Spearman Correlation Test Results:

4.1 Direction of Correlation

Based on the table, it can be seen that the correlation between the variables of Oral Health Literacy and the oral hygiene of wasting toddlers shows a positive correlation figure of 0.227. This means that the higher the oral hygiene score of wasting toddlers, the higher the parents' Oral Health Literacy score, and vice versa.

4.2 Strength of Correlation

The magnitude of the Spearman Test correlation number is 0.227, which shows a weak relationship between parents' Oral Health Literacy and the oral hygiene of wasting toddlers.

4.3 Significance of Correlation Results

Because the probability figure of 0.014 is smaller than 0.05, it can be stated that parents' Oral Health Literacy variable is significantly correlated with the oral hygiene of wasting toddlers. This means the hypothesis that states "there is a relationship between parents' Oral Health Literacy and the oral hygiene of wasting toddlers" is accepted.

V. DISCUSSION

Health literacy can effectively prevent disease, eliminate health disparities, improve diagnosis and effectiveness of medical treatment, and improve health outcomes at minimal cost. This is because health literacy represents the cognitive and social skills that determine an individual's motivation and ability to gain access, understand, and use information in a way that promotes and maintains goodness. Health literacy is influenced by many factors, including education, income, sociocultural, demographics, ethnicity, race, mental and physical conditions, health systems, and geographic conditions. Socioeconomic factors are the strongest risk factors that influence OHL and poor health outcomes [32].

The environment of the Silo District area is one of the sub-districts, which is a mountainous area. The environment in which you live influences knowledge and awareness regarding dental health. Urban and rural areas with different situations and conditions will greatly influence dental and oral health awareness. The motivation to go to the dentist is still lacking in rural areas. This situation can occur because, in rural areas, many people still have a low economy and poor or nonexistent infrastructure and facilities [33].

Family environment is one of the factors that influences children's habits in maintaining the cleanliness of their teeth and mouth. This situation is associated with socioeconomic factors, where socioeconomic conditions and parental ignorance may cause children to be less aware of the importance of oral hygiene. Parents have a role in teaching their children dental and oral health knowledge. Parents' knowledge, awareness, and behavior toward maintaining oral hygiene are influenced by various factors, including education level, socio-economics, and the availability of dental health service facilities [34].

VI. CONCLUSION

Parents' oral Health Literacy level is related to the oral hygiene of wasting toddlers. The weak relationship between parents' Oral Health Literacy and oral hygiene is because other factors, such as economic and environmental factors, influence the oral hygiene of wasting toddlers. The oral hygiene of wasting toddlers is poor due to impaired saliva secretion due to hypofunction of the salivary glands and changes in saliva composition, even though physiologically, the debris can be cleaned by saliva flow and muscle movement in the oral cavity.

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