

THE EFFECT OF HEALTH EDUCATION WITH AUDIOVISUAL MEDIA ON PARENTS' KNOWLEDGE ABOUT DENTAL CARIES IN ELEMENTARY SCHOOL

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ABSTRACT

SD Negeri 9 Panca Jaya has the highest number of students in the Adi Luhur Health Center's service area and a high incidence of dental problems. In 2022, out of 268 students examined, 185 students (69%) had dental problems. In 2023, out of 384 students examined, 306 students (79.7%) were found to have dental problems. The purpose of this study is to determine the effect of health education using audiovisual media on parents' knowledge about dental caries at SD Negeri 9 Panca Jaya, Mesuji Regency, in 2024. The type of research is quantitative, using a pre-experimental method with a one-group pretest-posttest research design. The study population consists of 226 parents of students in grades 1-3, with a sample size of 70 respondents. The statistical test used is the Wilcoxon Signed Ranks Test. The results of the study showed that the average knowledge of parents before health education at SD Negeri 9 Panca Jaya was 53.07 with a standard deviation of 13.46, with a minimum knowledge score of 25 and a maximum of 80. The average knowledge of parents after the health education was 75.43 with a standard deviation of 10.24, with a minimum knowledge score of 55 and a maximum of 100. The Wilcoxon Signed Ranks Test yielded a p-value of 0.000 ($\alpha = 0.05$), indicating that p-value < 0.05. Conclusion: There is an effect of health education using audiovisual media on parents' knowledge about dental caries at SD Negeri 9 Panca Jaya, Mesuji Regency, in 2024. Suggestions: It is suggested that the school send messages, information, or images containing health education through class WhatsApp groups, or by posting posters on the prevention of dental caries. Additionally, organizing sessions for students to watch videos about the consequences of poor oral hygiene, accompanied by their parents, is recommended to enhance knowledge and improve the maintenance of children's oral and dental health.

Keywords: health education; dental caries; knowledge

INTRODUCTION

Maintaining healthy teeth and mouth is very important to ensure the overall health of the body. Many health problems can arise if oral and dental hygiene is not maintained. According to the WHO Global Oral Health Status Report (2022), oral diseases are estimated to affect nearly 3.5 billion people worldwide, with 3 out of 4 affected living in middle-income countries. Globally, about 2 billion people are estimated to have permanent dental caries, and 514 million children have primary dental caries (WHO, 2023). The results of the Basic Health Research (Riskesdas) (2018) state that the proportion of the population with oral and dental problems in Indonesia is 57.6% with the most common dental problem in Indonesia is damaged teeth / cavities / pain as much as 45.3%. (Indonesian Ministry of Health, 2018). The proportion of the population with oral and dental problems in Lampung Province, with distribution in 5 districts with the following prevalence Tanggamus Regency at 67.26%, West Lampung Regency at 64.33%, North Lampung Regency at 61.89%, Mesuji Regency at 61.6% and South Lampung Regency with a prevalence of 58.71%. (Indonesian Ministry of Health, 2019). This shows that oral and dental problems in Lampung Province require special attention to be resolved.

Based on Mesuji District Health profile data from 14 health centers in Mesuji district, the number of elementary school students experiencing dental problems at Puskesmas Adi Luhur is still high, recorded in 2022 from 2,207 students examined as many as 1,667 students (75.5%) experienced dental problems and increased by 2.8% in 2023 from 2,346 students examined as many as 1,838 students (78.3%) experienced dental problems. (Mesuji District Health Office, 2022; 2023). The data are the results of examinations conducted by the puskesmas in 13 elementary schools in the Adi Luhur puskesmas working area, the school that has the most students and high dental problems is SD Negeri 9 Panca Jaya in 2022 out of 268 students as many as 185 students (69%) experienced problems and in 2023 out of 384 students as many as 306 students (79.7%) experienced dental problems. (Puskesmas Adi Luhur, 2022; 2023). Based on the results of a preliminary study conducted at SD Negeri 9 Panca Jaya, based on the results of the examination by looking at the condition of the teeth and mouth in several students in grades 1-3, around 11 children experienced dental and oral health problems, as many as 5 children experienced caries of the back milk teeth, 4 children experienced the remaining roots of the back milk teeth and others experienced the remaining roots and blackening of the front teeth. 8 children said that they brushed their teeth twice a day, namely in the morning and evening showers and had used toothpaste, the rest said they only brushed their teeth in the morning shower and did not brush their teeth at night before going to bed. Then they said that they had received oral health education from community health workers. From the interview with the UKS teacher also said that the activities of the Puskesmas only focus on students, never involving parents so that the application of health education provided cannot be monitored. From the results of interviews and examinations by looking at their teeth and mouths, it shows that they still pay little attention to how to properly care for and maintain oral health. From the above background, the researcher is interested in conducting a study entitled "The Effect of Health Education with Audio Visual Media on Parents' Knowledge of Dental Caries at SD Negeri 9 Panca Jaya, Mesuji Regency in 2024".

METHOD

This type of research is quantitative using pre-experimental methods and *a one group pretest posttest* research design. Which means this design is a design with no comparison group (control), but at least the first observation (pretest) has been made which allows testing changes that occur after the experiment (program). The population in this study were all parents of students in grades 1-3 at SD Negeri 9 Panca Jaya, Mesuji Regency, totaling 226 people. With a sample size of 70 respondents. The sampling technique used in this study was purposive sampling, namely sampling using certain considerations in accordance with the desired criteria. The data collection instrument used in the study used a questionnaire. This research has also been declared ethical by the Mitra Indonesia University Research Ethics Commission with Number: No. S.25 / 134 / FKES10 / 2024. The test in the study uses Univariate analysis which is presented in the form of a frequency distribution and before bivariate analysis is carried out, a prerequisite test will be carried out, namely the normality test using Kolmogorov Smirnov. Based on the results of the normality test that has been carried out, the statistical test on bivariate analysis uses non-parametric, namely by using the *Wilcoxon Signed Ranks Test*.

RESULT AND DISCUSSION

Based on the results of research on the effect of health education with audio-visual media on parents' knowledge about dental caries at SD Negeri 9 Panca Jaya, Mesuji Regency which was carried out in June 2024 on 70 respondents, all respondents have met the inclusion and exclusion

criteria as research subjects. The results obtained were tabulated and univariate and bivariate analysis was carried out.

Table 1.
Frequency Distribution of Knowledge Before Health Education

Knowledge	Total	Average	Standard Deviation	Minimal	Maximum
Before Health Education	70	53,07	13,46	25	80

Based on table 1, it can be seen that the average knowledge of parents before health education in SD Negeri 9 Panca Jaya is 53.07 with a standard deviation of 13.46, the minimum knowledge is 25 and the maximum is 80.

Table 2.
Frequency Distribution of Knowledge Level Criteria Before Health Education

Criteria	f	%
Not so good	42	60
Good enough	27	38,6
Good	1	1,4

Based on table 2, it can be seen that out of 70 parents of students before health education with poor knowledge as many as 42 (60%) people, sufficient knowledge as many as 27 (38.6%) people and good knowledge as many as 1 (1.4%) people.

Table 3.
Frequency Distribution of Knowledge After Health Education

Knowledge	Total	Average	Standard Deviation	Minimal	Maximum
After Health Education	70	75,43	10,24	55	100

Based on table 3, it can be seen that the average of parents of students after health education at SD Negeri 9 Panca Jaya is 75.43 with a standard deviation of 10.24, the minimum knowledge is 55 and the maximum is 100.

Table 4.
Frequency Distribution of Knowledge Level Criteria After Health Education

Criteria	f	%
Less Good	3	4,3
Good enough	37	52,9
Good	30	42,9

Based on table 4, it can be seen that out of 70 parents of students after health education with poor knowledge as many as 3 (4.3%) people, sufficient knowledge as many as 37 (52.9%) people and good knowledge as many as 30 (42.9%) people.

Table 5.
Normality Test Results

Variables	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Prior Knowledge	.128	70	.006	.963	70	.037
Knowledge After	.145	70	.001	.966	70	.055

Based on Table 5, the results of the normality test using *Kolmogorov Smirnov* obtained a *p-value* of the knowledge variable before 0.006 and knowledge after 0.001 (*p-value* <0.05) so that the data distribution was declared not normally distributed. Thus, the statistical test used is the *Wilcoxon Signed Ranks Test*.

Table 6.
 The Effect of Health Education with Audio Visual Media on Parents' Knowledge of Dental Caries

Knowledge	Total	Average	Difference	Standard Deviation
Before Health Education	70	53,07	22,36	13,46
After Health Education	70	75,43		10,24

Table 6 shows that there is a difference in knowledge between before and after health education. The average knowledge value before health education was 53.07 with a standard deviation of 13.46, while the average knowledge value after health education was 75.43 with a standard deviation of 10.24. There was an increase in the average knowledge of dental caries in parents of students by 22.36 after health education was given to parents. The average value of parental knowledge after health education appears higher than the average value of knowledge before health education.

Table 7.
Wilcoxon Signed Ranks Test Results

		N	Percentage	Mean Rank	Z	p-value
Knowledge After- Knowledge Before	Negative Ranks	0	0	.00	-7,184	0,000
	Positive Ranks	68	97,14	34.50		
	Ties	2	2,86			
	Total	70	100			

Based on table 7, it shows positive ranks or respondents who have increased the answer score before and after health education as many as 68 (97.14%) people and ties or respondents with the same answer score before and after health education as many as 2 (2.86%) people. The statistical test results obtained *p-value* = 0.000 ($\alpha = 0.05$), means *p-value* <0.05, so it can be concluded that there is an effect of health education with audio-visual media on parental knowledge about dental caries at SD Negeri 9 Panca Jaya Mesuji Regency in 2024.

DISCUSSION

Knowledge before health education

Based on table 1, it can be seen that the average knowledge of parents of students before health education at SD Negeri 9 Panca Jaya is 53.07 with a standard deviation of 13.46, the minimum knowledge is 25 and the maximum is 80. Based on table 2 of the research results, it appears that the knowledge of parents of students related to dental caries disease before being given health education with poor knowledge of parents of students as many as 42 (60%) people, sufficient knowledge of parents of students as many as 27 (38.6%) people and good knowledge of parents of students only 1 (1.4%) people. Lack of parental knowledge about children's dental health, especially related to dental caries, can be caused by several factors. One of them is the limited access to information they receive. Many parents may not get enough information due to the lack of effective media to disseminate knowledge about dental health, such as educational materials at school, or mass media. In addition, the low interest and willingness of parents to find out more about dental caries is also an important factor. Some parents may feel that dental health issues are not that urgent or do not realize the long-term impact that dental caries can have. This limitation

causes them to play a less active role in efforts to prevent and maintain their children's dental health. As a result, this low knowledge can affect the decisions and actions they take in maintaining their children's dental health.

According to Notoatmodjo in Pakpahan, M. et al (2021) knowledge is the result of knowing, which occurs after a person senses a certain object. This sensing involves the five human senses, including the senses of sight, hearing, smell, taste, and touch. The majority of a person's knowledge is obtained through the eyes and ears. Without knowledge, a person does not have the foundation to make decisions and determine the right action to the problem at hand. Based on research by Ulfah, R. et al (2020) with the results of the study showing parents who have poor knowledge in maintaining dental health have children who experience dental caries as much as 65% and poor parental behavior in maintaining dental health has children who experience dental caries by 73.4%. With the results of statistical analysis showing a relationship between knowledge and parental behavior in maintaining oral health with dental caries in children at Pertiwi Simpang Empat Kindergarten, Banjar Regency (p value 0.000). So it is necessary to conduct oral health counseling for parents so that it is expected to increase public knowledge and awareness in maintaining oral health. This is in line with the research of Mutia, N. et al (2022) with the results of the *Paired Samples Test* obtained a value for parental knowledge $p=0.001 \leq \alpha$ (0.05) where there is an effect of providing education related to the incidence of dental caries on parental knowledge in children at SD Inpres Lanraki 1, and a value for the role of parents $p=0.000 \leq \alpha$ (0.05) where there is an effect of providing education related to the incidence of dental caries on the role of parents in children at SD Inpres Lanraki 1. So the conclusion obtained is that there is an effect of providing education related to the incidence of dental caries on the knowledge and role of parents in children at SD Inpres Lanraki 1. This research is also reinforced by research by Fitriani, I.D. et al (2023) which states that there is a significant relationship between the level of knowledge and the incidence of dental caries ($p = 0.001$) and the OR value = 5.385 which means that poor knowledge has a 5.385 times higher risk of experiencing dental caries compared to those with good knowledge. Parental behavior is also significantly associated with the incidence of dental caries ($p = 0.003$), and the OR value = 4.720, which means that bad behavior has a 4.720 times higher risk of experiencing dental caries compared to those with good behavior.

Based on the description of the discussion above, the researcher argues that individual perspectives are formed not only by environmental stimuli, but also by their own personal experiences and feelings and thoughts associated with certain events. Similarly, parents' knowledge about dental caries in children is not only influenced by the information they receive from external sources, such as dentists or health campaigns, but also by their personal experiences in caring for their children's teeth, the events they face related to dental problems and the thoughts that come along with these experiences. For example, parents who have faced a situation where their child suffers from severe toothache may be more vigilant and put more effort into dental caries prevention. From this data, it is clear that efforts to increase parental knowledge about dental caries are needed, by utilizing various existing information sources and maximizing developing technology for more effective information dissemination. Intensive health education and continuous education are essential to increase parents' awareness and knowledge, which in turn can have a positive impact on the prevention of dental caries in children.

Knowledge after health education

Based on table 3, it can be seen that the average knowledge of parents after health education at SD Negeri 9 Panca Jaya is 75.43 with a standard deviation of 10.24, the minimum knowledge is 55 and the maximum is 100. Based on table 4 of the research results, it appears that the knowledge of parents of students related to dental caries disease after being given health education has increased, the knowledge of parents of students who are less good is 3 (4.3%) people, the knowledge of parents of students is quite good as many as 37 (52.9%) people and the knowledge of parents of students who are good is 30 (42.9%) people. According to Kriswanto in Pakpahan, M. et al, (2021) "Health education is the process of helping a person, by acting individually or collectively, to make decisions based on knowledge about matters that affect their personal health and others to improve the community's ability to maintain their health and not only bind themselves to improving knowledge, attitudes and practices, but also improve or improve the environment (both physical and non-physical) in order to maintain and improve health with full awareness". Health education is a process of changing healthy living behavior based on self-awareness both within individuals, groups and communities to maintain and improve health.

Based on research conducted by Jumriani. et al (2022), with the title use of audio-visual counseling media in increasing knowledge about oral health in grade V elementary school children Maccini 2 Makassar City South Sulawesi. With the results of the study, the level of knowledge of students before counseling using audiovisual media had knowledge in the poor category and the level of knowledge of students after counseling there was an increase in student knowledge and had knowledge in the good category. The conclusion in this study is the effectiveness of using audiovisual media can increase knowledge about oral health in school-age children with a significance value of 0.000 (<0.05). This is also supported by the results of research conducted by Rumae, D.I.A. et al (2023) with the title the effect of video media on the behavior of maintaining oral hygiene in students of SDN 229 Waru, East Luwu Regency. With the results there is an effect of video media on knowledge ($p = 0.000$), there is no effect of video media on attitudes ($p = 0.359$) and actions ($p = 0.555$). Conclusion: Schools need to collaborate with relevant agencies so that counseling and practice in schools are still scheduled for the target students in grades 1, 2, and 3.

Based on the description of the discussion above, the researcher argues that education in the health sector is directed at changing public health behavior. Health education as an approach to health behavior factors its activities are inseparable from the factors that determine these behaviors. One of the factors that influence the success of health education is the media used. Educational media has several benefits, including attracting target interest, preventing boredom and boredom, helping to overcome various barriers to understanding, facilitating the delivery of information, and facilitating the receipt of information by the target. Therefore, in this study, researchers used audiovisual media that is able to focus individuals through several senses that are considered to have the most influence on knowledge into their brains through the eyes and ears. Thus the information conveyed about dental caries disease to respondents can be received properly and is able to change the knowledge of respondents after being given health education that can be beneficial for their children's dental health, because a person tends to have an attitude that is adjusted or in line with the attitudes of people who are considered influential, including parents.

Bivariate Analysis

Table 6 shows that there is a difference in knowledge between before and after health education. The average knowledge value before health education was 53.07 with a standard deviation of 13.46, while the average knowledge value after health education was 75.43 with a standard deviation of 10.24. There was an increase in the average knowledge of dental caries in children by 22.36 after being given health education to parents. Table 7 shows positive ranks or respondents who experienced an increase in answer scores before and after health education as many as 68 (97.14%) people and ties or respondents with the same answer score before and after health education as many as 2 (2.86%) people. The statistical test results obtained $p\text{-value} = 0.000$ ($\alpha = 0.05$), means $p\text{-value} < 0.05$, so it can be concluded that there is an effect of health education with audio-visual media on parental knowledge about dental caries at SD Negeri 9 Panca Jaya Mesuji Regency in 2024. According to Notoatmodjo in Pakpahan, M. (2021) health education is an integral part of overall health efforts (promotive, preventive, curative, and rehabilitative), whose main focus is to improve healthy living behavior. Conceptually, health education is an effort to influence or invite individuals, groups, and communities to lead healthy living behaviors. Operationally, health education includes all activities to provide or improve people's knowledge, attitudes, and practices in maintaining and improving their health.

According to Mumpuni and Pratiwi (2013) Caries begins with the appearance of brown or white spots which then develop into brown holes. This hole occurs due to the loss of tooth minerals due to the fermentation reaction of food, especially foods containing carbohydrates including sucrose, fructose, and glucose by several types of acid-producing bacteria which causes the pH in the mouth to become acidic until the tooth minerals are destroyed. Dental caries can be seen with the naked eye. All teeth that have white or brownish spots on the enamel can be diagnosed with caries. So it can actually be detected early even though the hole in the tooth is not physically visible. Cavities are most common in children. This is because children do not yet have enough awareness to care for and keep their teeth clean. Caries can be prevented by practicing good habits of brushing your teeth after meals and before bed and regularly checking your teeth every six months. This is also supported by the results of research conducted by Ardhani, R.A. et al (2022) with the title the effect of providing oral health education with video methods on the practice of brushing teeth in school-age children in Madiun. The results of this study indicate that before being given oral health education with video media, students who had good knowledge were 2.8% and after being given health education increased to 80.6%. Based on the results of the analysis obtained, the $p\text{ value} = 0.000 < 0.05$, which means that there is an effect of providing oral health education with video methods on the practice of brushing teeth in school-age children. It is hoped that after providing health education it can make good habits for students in maintaining oral health.

Research conducted by researchers uses audio-visual media as a medium for delivering education about dental caries disease. Media is a tool for distributing information by stimulating the five senses. The audio-visual media used is using an LCD screen with loudspeakers so that it can display image slides and moving videos and sounds that can be heard by respondents clearly. The use of audio-visual media has its own advantages, namely it can increase interest and can improve the ability to listen to respondents. This is in line with Sitanaya's research, R.I. 2019 on the effectiveness of using flip charts and audiovisual media on dental caries that there was an increase in the level of student knowledge in the group given audiovisual media greater than in the group with flip charts, namely the mean value of the difference between the group given material with

audiovisual media is 17.75 while the group with flip chart media is 15.25. It can be concluded that using audiovisual media is more effective than flip charts, this is because audiovisual media has the advantage of being able to stimulate motion effects so that it looks more interesting besides that audiovisual media is easier to stimulate student understanding cognitively, affectively, and psychomotorically. Reinforced by research that has been conducted by Novitri, F. et al, 2022 regarding health counseling using audio-visual media and props. The results of this study indicate that it is very important to conduct counseling on caries knowledge and oral hygiene using audio video media to shape children's behavior in preventing dental caries. This is because by using audio-visual media tools, such as dental props, using LCD screens, loudspeakers, it makes children more interesting to pay attention to the material presented by researchers.

Based on the description of the discussion above, the researcher argues that oral and dental problems in children can be prevented as early as possible through providing appropriate information about disease prevention efforts, which are delivered through health education activities. health education in this study provides knowledge to parents about how to maintain oral health, so that they can understand the risks and consequences of dental disease and the importance of preventive measures. This knowledge triggers the formation of awareness about the importance of maintaining oral health. The awareness that is formed then creates a desire to apply the knowledge in everyday life, which ultimately results in good habits such as routine brushing of teeth, reducing consumption of sweet foods, and making regular visits to the dentist. The emergence of this awareness, desire and habit is what is called a positive attitude. When someone already has the awareness and desire to do positive activities, it can be said to have a good attitude. The success of health education is influenced by supporting factors, one of which is attractive educational media. In this study using audio-visual educational media that can focus the recipient's attention on the information provided. With the increase in parents' knowledge of dental caries, it is hoped that it can provide an increase in the maintenance of oral health in their children, so that there are no oral health problems in children.

CONCLUSION

The average knowledge of parents before health education in SD Negeri 9 Panca Jaya is 53.07 with a standard deviation of 13.46, the minimum knowledge is 25 and the maximum is 80. The average of parents of students after health education in SD Negeri 9 Panca Jaya is 75.43 with a standard deviation of 10.24, the minimum knowledge is 55 and the maximum is 100. There is an effect of health education with audio-visual media on parents' knowledge about dental caries at SD Negeri 9 Panca Jaya Mesuji Regency in 2024, with a p-value = 0.000 ($\alpha = 0.05$), meaning the p-value <0.05. 5.2

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