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H-INDEX
13



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Subject: Your article has been accepted for Publication. **(The Importance Of Saliva Total Protein And α -Amilase On Cerebral Palsy Children, Mega Moeharyono Puteri, Sindy Cornelia Nelwan, Brian Maulani, Barnabas Bonardo, Nita Naomi, Alit Rahma Estu, Nunthawan Nowwarote / The Correlation between Oral Health Condition in Down Syndrome Children with Physical Fitness: A Literature Review, Mega Moeharyono Puteri, Tania Saskianti, Alit Rahma Estu, Barnabas Bornado, Brian Maulani, Nita Naomi / Cellulose Fiber from Coconut Coir for Development of Dental Composite Filler, Twi Agnita Cevanti, Nur Shiyama Purnama Sari, Steella Ilham Isnaini, Mahardika F. Rois, Heru Setyawan, Adioro Soetojo, Ira Widjiastuti / The Effect of the Application of Mangosteen Peel Extract (Garcinia mangostana L.) towards PDGF-B Expression on Human Gingival Fibroblast Cell Culture After Wound Healing Scratch Test Assay (In-Vitro Study), Felicia Laurens Lesmana, Andra Rizqiawan, Indra Mulyawan, Ni Putu Mira Sumarta, David B. Kamadjaja, Coen Pramono D, Tobiumei Kei, Gde Djodi Satria Rurus, Naura Athiyyah Sativa, Rozhaline Apriliany Fanddhy / Physical Modification of Bovine Amniotic Membrane for Dental Application, Octarina, Elly Munadzihroh, Fathilah Abdul Razak / Spectroscopy Structure Analysis of Ellagic Acid and Calcium Phosphate, Debby Saputera, Intan Nirwana, Michael Josef Kridanto Kamadjaja / The Pattern of Collagen, Col1a, Bsp and Mmp-8 in Alveolar Bone Socket Post Tooth Extraction of Rattus Norvegicus Strain Wistar After Induced With Hydroxyapatite Bovine Tooth Graft, Nanik Zubaidah, Yosefin Adventa, Dian Dwi Pratiwi, Latief Mooduto, Ernie Maduratna Setiawati, Sri Kunarti / Periodontitis Affects Skeletal Muscle Metabolism Through an Increase in Proinflammatory Cytokines, Risma Aprinda Kristanti, Taufan Bramantoro, Pratiwi Soesilawati, Erni Maduratna Setiawati, Bambang Purwanto / Elements Affecting Toothbrushing Parenting among Mothers in Banjarbaru City, Widodo, R. Darmawan Setijanto, Taufan Bramantoro / The Benefits of the Combination of Vitamin D3, K2 Supplements, and UV-B Exposure for Increasing Bone Density: A Simple Solution for Bone Health, Sindy Cornelia Nelwan, Udijanto Tedjosongko, Satiti Kuntari, Daniel Haryono Utomo, Tania Saskianti, Mega Moeharyono Puteri, Devi Dharmawan, Yufita Fitriani, Pradita Agung Kurnia, Amalia Ramadhani Mufida, Nadhia Zahria Fajrin, Retno Pudji Rahayu, Nunthawan Nowwarote / Comparison Of The Effect Of Calcium Hydroxide Combination With Cocoa Pod Husk Extract And Green Tea Extract On On Fibroblast And Alp Activation, Tamara Yuanita, Lailatun Tedja, Debby Suryani, Irma Drismayanti / Role of Salivary Nitric Oxide on Caries Status of Children with Down Syndrome, Nita Naomi, Tania Saskianti, Ardianti Maartrina Dewi, Barnabas Bonardo, Alit Rahma Estu, Brian Maulani / Teachers' Role in Regular and Special Need Students' Oral Health: A Narrative Review, Tania Saskianti, Mega Moeharyono Puteri, Barnabas Bonardo, Brian Maulani, Nita Naomi, Alit Rahma Estu / Clinical Dental Risk Management: The Needs and Challenges, Didin Mirandani, Taufan Bramantoro, Dini Setyowati / Lifestyle as a Risk Factor of High Periodontitis Prevalence with and without Type 2 Diabetes Mellitus in Surabaya, Titiek Berniyanti, Retno Palupi, Dini Setyowati, Aulia Rahmadhani, Dinda Novia, Novitasari Mira Afanda, Nadya Innasa Khairani, Annisa Zahra Nurlaili, Fidelia Kartikasari)**

Dear Prof. Dr. Dian Agustin,

It's a great pleasure for me to inform you that manuscripts from your Faculty of Dental Medicine, Universitas Airlangga have been accepted and will be finalized for issue 2021; volume 14 number 4 which will be released either late December 2021 or early January 2022.

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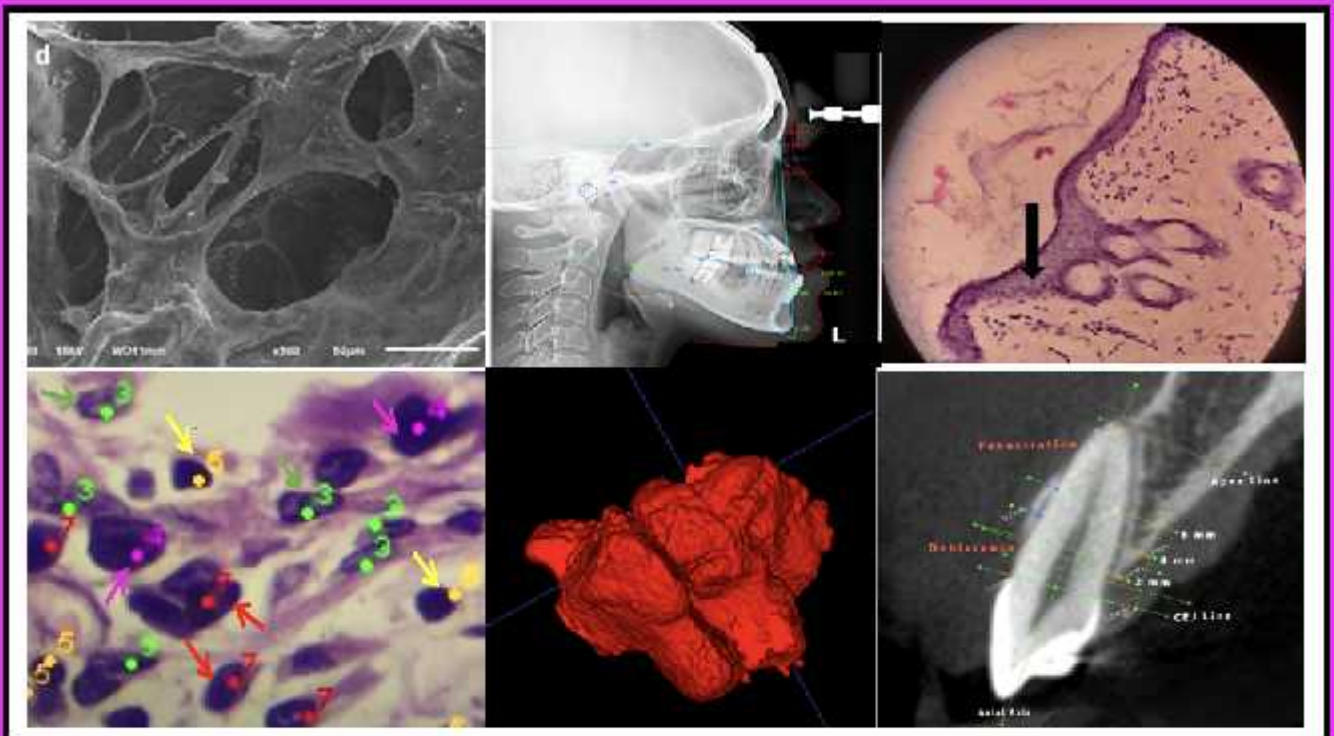
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Pages 1580-1586

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COVERING LETTER

Sub: Submission of manuscript for publication

Respected Editor,

We would like to publish our manuscript titled “Mothers Parenting Pattern on Tooth Brushing Based on The Theory of Planned Behavior in Banjarbaru City” in your esteemed journal “Journal of International Dental and Medical Research” as an original article.

On behalf of all the contributors I will act as guarantor and will correspond with the journal from this point onward.

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We're would like to participate in your regular issue, looking forward to hear you.

Yours' sincerely,

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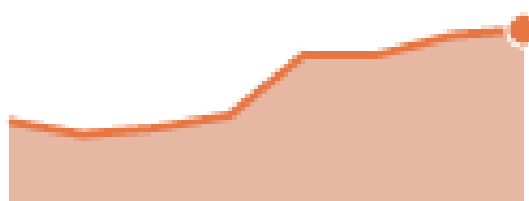
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Dentistry
(miscellaneous)

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DENTISTRY

- EXPERIMENTAL ARTICLE**
1. **Comparative evaluation of the remineralization potential of Theobromine and Fluoride containing dentifrices using Scanning Electron Microscopy with Energy Dispersive X-Ray Analysis: An in-vitro Study**
Nithya Annie Thomas, Priya Shetty, Charisma Thimmaiah, Sowmya B. Shetty, Nimmy Sabu, Kavita Bekal Kripalani
Pages 1314-1320
- EXPERIMENTAL ARTICLE**
2. **Attachment of Streptococcus Mutans to Intraoral Suture Materials: An in Vitro Study**
Denta Aditya Prasetya, Poerwati Soetji Rahajoe, Bambang Dwirahardjo, Michael Haryadi Wibowo
Pages 1321-1326
- EXPERIMENTAL ARTICLE**
3. **Erythrocyte Sedimentation Rate as an Alternative to C-Reactive Protein in Rheumatoid Arthritis Patients with Periodontitis**
Anirudh B. Acharya, Ibbani Padakannaya, Srinath Thakur
Pages 1327-1333
- EXPERIMENTAL ARTICLE**
4. **Effect of Platelet Rich Plasma Incorporated to Autologous Bone Graft on Collagen Production in vivo**
Vera Julia¹, Fitriana, Benny Sjariefsjah Latief, Lilies Dwi Sulistyani, Bambang Pontjo, Tri Isyani Tungga Dewi
Pages 1334-1338
- EXPERIMENTAL ARTICLE**
5. **An Invitro Study to Evaluate and Compare the Effect of Surface Treatment of Implant Abutments on the Retentiveness of Three Commercially Available Provisional Cements**
Ayesha Shaziya Jubapu, Brilvin Pinto
Pages 1339-1350
- EXPERIMENTAL ARTICLE**
6. **Microvascular Activity from the Wound Healing Process in Wistar Rats Due to Administration of Anredera Cordifolia (Ten.) Steenis**
Christian Khoswanto
Pages 1351-1356
- EXPERIMENTAL ARTICLE**
7. **The Effect of Polyvinyl Alcohol on the Physico-Chemical Properties of Collagen-Chitosan Membranes**
Agus Susanto, Ira Komara, Arief Cahyanto, Basril Abbas, Fajar Lukitowati, Yessy Warastuti
Pages 1357-1362
- EXPERIMENTAL ARTICLE**
8. **Efficacy of Bidara Leaf (Ziziphus Mauritiana) Viscous Extract to Gingival Wound Healing in Wistar Rats**
Mochammad Taha Ma'ruf, Putu Sulistiawati Dewi, Dewi Farida Nurlitasari
Pages 1363-1372
- EXPERIMENTAL ARTICLE**
9. **Antibiofilm Efficacy of Myrmecodia Pendens Methanol Extract and NaOCl Against Enterococcus Faecalis ATCC 29212**
Faisal Kuswandani, Mieke H. Satari, Ani M. Maskoen
Pages 1373-1378
- EXPERIMENTAL ARTICLE**
10. **In Vitro Wound Healing Potential of Stem Extract of Spatholobus littoralis Hassk**
Yessy Ariesanti, Wiwiek Poedjiastoeti, Komariah, Amalia Fauzana Wijaya
Pages 1379-1385

TABLE OF CONTENTS / 2021; 14 (4)

- EXPERIMENTAL ARTICLE
- 11. Osteoinduction Ability of Human Adipose-Derived Mesenchymal Stem Cell with Chitosan Scaffold Combination Towards Blood Serum Phosphorus Levels**
Dian Agustin Wahjuningrum, Nindya R A Marhendra, M. Roelianto, Ari Subiyanto, Irmaleny, Fery Setiawan, Syania E Febriyanti, Setyabudi, Tamara Yuanita, Swadheena Patro, Anuj Bhardwaj
Pages 1386-1393
- EXPERIMENTAL ARTICLE
- 12. The Effect of Tooth-Brushing Activity, Temperature, and pH to Acrylic and Composite Resin Microplastic Release**
Jackson Dipankara, Joko Kusnoto, Rosalina Tjandrawinata, Rahmi Amtha
Pages 1394-1400
- EXPERIMENTAL ARTICLE
- 13. Cellulose Fiber from Coconut Coir for Development of Dental Composite Filler**
Twi Agnita Cevanti, Nur Shiyama Purnama Sari, Steella Ilham Isnaini, Mahardika F. Rois, Heru Setyawan, Adioro Soetojo, Ira Widjiastuti
Pages 1401-1406
- EXPERIMENTAL ARTICLE
- 14. Mefenamic Acid Induces Apoptosis in Oral Malignant Burkitt's Lymphoma Through Caspase-3 and -9 Pathways Followed by Down-Regulation of Cox-2 and Overexpression of p27Kip-1**
Supriatno, Fauzi Adityawan, Faizal Dentawan Pritama, Muhammad Arindra Saka, Sartari Entin Yuletnawati, Faisal Fikri Hakim
Pages 1407-1412
- EXPERIMENTAL ARTICLE
- 15. The Effect of the Application of (Garcinia mangostana L.) towards PDGF-B Expression on Human Gingival Fibroblast Cell Culture After Wound Healing Scratch Test Assay (In-Vitro Study)**
Felicia Laurens Lesmana, Andra Rizqiawan, Indra Mulyawan, Ni Putu Mira Sumarta, David B. Kamadjaja, Coen Pramono D, Tobiumei Kei, Gde Djodi Satria Rurus, Naura Athiyyah Sativa, Rozhaline Apriliany Fanddhy
Pages 1413-1418
- EXPERIMENTAL ARTICLE
- 16. The Effects of Ag⁺ Ion in Osteoblast Cell Proliferation (In Vitro Study)**
R. Aries Muharram, Coen Pramono D, Pratiwi Soesilawati, Muhammad Subhan Amir, Aisyah Rachmadani Putri Gofur, Ajeng Hayyuning Citrasari
Pages 1419-1424
- EXPERIMENTAL ARTICLE
- 17. Physical Modification of Bovine Amniotic Membrane for Dental Application**
Octarina, Elly Munadzirah, Fathilah Abdul Razak
Pages 1425-1428
- EXPERIMENTAL ARTICLE
- 18. Effects of Centella asiatica Leaves Extract on Dimethyl Benz(A) Anthracene (DMBA) Induced Oral Epithelial Dysplasia in Rats**
Ahyar Riza, Gostry Aldica Dohude, Anisa Fitri
Pages 1429-1434
- EXPERIMENTAL ARTICLE
- 19. Spectroscopy Structure Analysis of Ellagic Acid and Calcium Phosphate**
Debby Saputera, Intan Nirwana, Michael Josef Kridanto Kamadjaja
Pages 1435-1441

EXPERIMENTAL ARTICLE

- 20. The Effect of Titanium Oxide (TiO₂) Nanoparticles Addition on Polymethyl Methacrylate Denture Base Impact Strength, Tensile Strength, and Hardness**

Sanggry Mutiara, Hubban Nasution, Ricca Chairunnisa, Kholidina Harahap, Sefty Aryani Harahap, Astrid Yudhit, Febby Revita Sari, Slamet Tarigan
Pages 1442-1446

EXPERIMENTAL ARTICLE

- 21. The Pattern of Collagen, Col1a, Bsp and Mmp-8 in Alveolar Bone Socket Post Tooth Extraction of Rattus Norvegicus Strain Wistar After Induced With Hydroxyapatite Bovine Tooth Graft**

Nanik Zubaidah, Yosefin Adventa, Dian Dwi Pratiwi, Latief Mooduto, Ernie Maduratna Setiawati, Sri Kunarti
Pages 1447-1452

EXPERIMENTAL ARTICLE

- 22. The Benefits of the Combination of Vitamin D3, K2 Supplements, and UV-B Exposure for Increasing Bone Density: A Simple Solution for Bone Health**

Sindy Cornelia Nelwan, Udijanto Tedjosongko, Satiti Kuntari, Daniel Haryono Utomo, Tania Saskianti, Mega Moeharyono Puteri, Devi Dharmawan, Yufita Fitriani, Pradita Agung Kurnia, Amalia Ramadhani Mufida, Nadhia Zahria Fajrin, Retno Pudji Rahayu, Nunthawan Nowwarote
Pages 1453-1458

EXPERIMENTAL ARTICLE

- 23. The Effect of Chitosan and Acrylate Acid Complex into Acrylic Resin as Denture Material Against Fibroblast and Inflammatory Cells**

Titik Ismiyati, Ananto Ali Alhasyimi, Widowati Siswomihardjo, Supriatno
Pages 1459-1464

EXPERIMENTAL ARTICLE

- 24. Comparison of the Effect of Calcium Hydroxide Combination with Cocoa Pod Husk Extract and Green Tea Extract on Fibroblast and Alp Activation**

Tamara Yuanita, Lailatun Tedja, Debby Suryani, Irma Drismayanti
Pages 1465-1471

CLINICAL ARTICLE

- 25. To assess the usefulness of the Mandibular Ramus in determining Age and Gender among Malaysians in digital OPGs**

Ranjana GARG, Tiew JACKY, Timothy Gan Hwa YUNG, Young Wen LI, Tengku Mariam Batrisyia Tengku BRAHANUDIN
Pages 1472-1477

CLINICAL ARTICLE

- 26. The Relationship Between Parenting Stress in Parents and Oral Health-Related Quality of Life (OHRQoL) Children with Down Syndrome**

Masayu Sesiliana, Willyanti Soewondo, Inne Suhera Sasmita
Pages 1478-1484

CLINICAL ARTICLE

- 27. Accuracy of Sphenoidal Sinus Morphometry in Forensic Identification Using Cone Beam Computed Tomography**

Asmaa T Uthman, Abdullah Alomar, Ali Almkhtar, Rama Jaber, Raneen Essale, Rifqa Abdulsalam, Samsam Warsame, Walid Shaaban Elsayed, Natheer H Al-Rawi
Pages 1485-1491

CLINICAL ARTICLE

- 28. Relationship Between the Satisfaction of Removable Denture Patients and Nutritional Status**

Rifka Dennisa, Lia Kartika Wulansari, Fakhrana Ariani Ayub
Pages 1492-1497

TABLE OF CONTENTS / 2021; 14 (4)

CLINICAL ARTICLE

- 29. Fruits and Vegetables: A Cost-effective Practical Solution in Periodontal Pre-Clinical Surgical Training for Postgraduate Students**

Fouad H AL-Bayaty, MFH Hidayat, Farha Ariffin, Erni Noor, Mahyunah Masud,
Muhammad Hilmi Bin Zainal Ariffin, Hafizul Izwan Mohd Zahari, Fara Azwin Adam
Pages 1498-1502

CLINICAL ARTICLE

- 30. Lifestyle as a Risk Factor of High Periodontitis Prevalence with and without Type 2 Diabetes Mellitus in Surabaya**

Titiek Berniyanti, Retno Palupi, Dini Setiyowati, Aulia Rahmadhani, Dinda Novia, Novitasari Mira Afanda,
Nadya Innasa Khairani, Annisa Zahra Nurlaili, Fidelia Kartikasari
Pages 1503-1508

CLINICAL ARTICLE

- 31. Effects of Sucking Exercise using Straws on Mouth Rinsing Ability in Children with Down syndrome**

Megananda Hiranya Putri, Susi Sukmasari, Eliza Herijulianti, Hetty Anggrawati, Neneng Nurjanah,
Arlette Suzy Setiawan
Pages 1509-1516

CLINICAL ARTICLE

- 32. Effect of Carbonate Apatite Membrane as Adjunctive Therapy of Scaling and Root Planing on Gingival Crevicular Fluid Matrix Metalloproteinase-8 in Chronic Periodontitis Patient**

Ira Komara, Siti Sopiadin, Ina Hendiani, Nunung Rusminah, Agus Susanto
Pages 1517-1522

CLINICAL ARTICLE

- 33. Position of Unilateral / Bilateral Permanent Canine Impaction on the Prognosis of Treatment with KPG Index: 3D Cone Beam Computed Tomography Analysis**

Nina Agustin Chrystinasari, Ida Bagus Narmada, Ari Triwardhani
Pages 1523-1530

CLINICAL ARTICLE

- 34. Development of the Indonesian version of the Oral Health Impact Profile in Edentulous Prosthodontic Patients**

Muslita Indrasari, Lindawati S. Kusdhany, Diah Ayu Maharani, R. Irawati Ismail
Pages 1531-1536

CLINICAL ARTICLE

- 35. Correction of Gummy Smile using Botulinum Toxin**

Awad Ashekhi, Maher Al Shayeb, Danyah Ashekhi, Amany Ghazy, Aiman Abu-fanas, Syed Kuduruthullah,
Ahmed Taha, Ibrahim Taher
Pages 1537-1541

CLINICAL ARTICLE

- 36. Surface Electromyography Reveal Association between Masticatory Muscles with Malocclusion Class I And Class III Skeletal in Javanese Ethnic Patient**

Dwi Rahmawati, I Gusti Aju Wahyu Ardani, Thalca hamid, Irina Fardhani, Haydar Taftazani,
Alexander Patera Nugraha, Martha Kurnia Kusumawardani
Pages 1542-1546

CLINICAL ARTICLE

- 37. Factors Associated with Dental Attendance Among Indonesian Adults: A Cross-Sectional Study**

Latifah Fitriani Rakhman, Atik Ramadhani, Diah Ayu Maharani
Pages 1547-1551

TABLE OF CONTENTS / 2021; 14 (4)

- 38. Knowledge, Attitude, Practice Towards Plaque Disclosing Agent Among Dentists in West Java, Indonesia**
Giannissah Fathina Fairuz, Siti Sopiati, Amaliya Amaliya
Pages 1552-1560
CLINICAL ARTICLE
- 39. Prevalence of Dehiscence and Fenestration on Incisors after Orthodontic Treatment in High-Angle Patients using Cone Beam Computed Tomography**
Yoshua Christian Hendrik, Retno Widayati, Menik Priaminiarti, Miesje Karmiati Purwanegara
Pages 1561-1568
CLINICAL ARTICLE
- 40. Prevalence of Most Common Tongue Lesions Related to Degenerative Diseases in the Elderly**
Adiastuti Endah Parmadiati, Diah Savitri Ernawati, Fatma Yasmin Mahdani, Nurina Febriyanti Ayuningtyas, Meircurius Dwi Condro Surboyo, Aulya Setyo Pratiwi, Riyan Iman Marsetyo, Candrika Ramya Inastu, Vint Erawati
Pages 1569-1572
CLINICAL ARTICLE
- 41. Associated Factors of Early Childhood Caries (ECC) Among 24–42-Month-Old-Children in Jakarta: A Cross-Sectional Study**
Febriana Setiawati, Iwany Amalliah, Preticia, Atik Ramadhani, Diah Ayu Maharani
Pages 1573-1579
CLINICAL ARTICLE
- 42. Elements Affecting Toothbrushing Parenting among Mothers in Banjarbaru City**
Widodo, R. Darmawan Setijanto, Taufan Bramantoro
Pages 1580-1586
CLINICAL ARTICLE
- 43. The First Case Report about Noninvasive Impression Taking in Orthodontic Patient with Epidermolysis Bullosa**
Oleg Valovikov, Ellina Velichko, Svetlana Razumova, Olga Bait Said
Pages 1587-1591
CASE REPORT
- 44. Oral Hygiene, Periodontal Condition and Their Treatment Need of Teaching Faculty in Higher Schools**
Sunitha.S, Aruna.G, Vidya Doddawad, Arunpriya Srinivasan
Pages 1592-1598
CASE REPORT
- 45. Dental Management of Severe Malocclusion and Syndromic Multiple Odontogenic Keratocysts**
Nabeel Almotairy
Pages 1599-1603
CASE REPORT
- 46. Intraosseous Anesthesia of the Mandibular Molars: A Critical Literature Review**
Emiliya Simeonova, Valeriya Aleksandrova, Svetlin Aleksandrov
Pages 1604-1610
REVIEW
- 47. Role of Salivary Nitric Oxide on Caries Status of Children with Down Syndrome**
Nita Naomi, Tania Saskianti, Ardianti Maartrina Dewi, Barnabas Bonardo, Alit Rahma Estu, Brian Maulani
Pages 1611-1616
REVIEW

TABLE OF CONTENTS / 2021; 14 (4)

REVIEW

- 48. Minimally Invasive Posterior Full Crown Competitors: Onlays, Occlusal Veneers, Vonlays and Endocrowns: A Review and Proposed Classification**
Sherif Sultan, Hmoud Al Garni, Meshal Al Onazi, Kiran Gangi, Salah Al Otha, Fahad Al Ruwaili, Saif Al Anazi, Sultan Al Shammari, Abdul Aziz Fandi, Mostafa Fayad
Pages 1617-1622

REVIEW

- 49. Periodontitis Affects Skeletal Muscle Metabolism Through an Increase in Proinflammatory Cytokines**
Risma Aprinda Kristanti, Taufan Bramantoro, Pratiwi Soesilawati, Erni Maduratna Setiawatie, Bambang Purwanto
Pages 1623-1628

REVIEW

- 50. Dental Articulators**
Rawan Abu Zaghlan, Jamal Aqrabawi, Omar Al-Fatyan, Basmah AbuZaghllan
Pages 1629-1638

REVIEW

- 51. Teachers' Role in Regular and Special Need Students' Oral Health: A Narrative Review**
Tania Saskianti, Mega Moeharyono Puteri, Barnabas Bonardo, Brian Maulani, Nita Naomi, Alit Rahma Estu
Pages 1639-1647

REVIEW

- 52. Strategically Important Features of the Influence of Sodium Hypochlorite on the Mechanical Properties of Dentin: A Systematic Review**
Zurab Khabadze, Alexandra Kotelnikova, Mikhail Protsky, Oleg Mordanov, Ekaterina Faustova, Irina Nikolskaya, Shushanik Minosyan, Khadizhat Omarova, Ekaterina Shilyaeva, Daria Nazarova, Alena Kulikova
Pages 1648-1655

REVIEW

- 53. Comparison of Screw- and Cement-Retained Dental Implant from Biological, Clinical, and Technical Complications: A Systematic Review**
Margaretha Elfridamanela Samosir, Nada Fairuzia Soadi, Sheila Indrisavira, Hubban Nasution
Pages 1656-1663

REVIEW

- 54. Clinical Dental Risk Management: The Needs and Challenges**
Didin Mirandani, Taufan Bramantoro, Dini Setyowati
Pages 1664-1666

MEDICINE

EXPERIMENTAL ARTICLE

- 55. Mangiferin Attenuates Doxorubicin-Induced Nephrotoxicity in Rats Through Reduction of Oxidative Stress**
W. Arozal, A.J. Barinda, E.R. Monayo, R. Aulia
Pages 1667-1674

CLINICAL ARTICLE

- 56. Evaluation of 900 and 1800 Mhz Radiofrequency Radiation Emitted from Mobile Phones on Pregnant Women**
Hava Bektas, Suleyman Dasdag, Mehmet Selcuk Bektas
Pages 1675-1683

- CLINICAL ARTICLE**
- 57. Infrared Thermography as a Evaluation Metod an Athlete's Emotional Readiness**
 Kozhevnikova I. S., Anikina N.Yu., Pankov M. N., Plaksin V.A., Startseva L. F.
 Pages 1684-1687
- CLINICAL ARTICLE**
- 58. Effect of Nutritional Literacy on Mother's Self Efficacy in Child Feeding (Effect of Nutritional Literacy on Mother's)**
 Maula Mar'atus Solikhah, Lita Heni Kusumawardani, Nurul Devi Ardiani, Annisa Cindy Nurul Afni, Atiek Murharyati¹, Siti Nurjanah, Erinda Nur Pratiwi
 Pages 1688-1693
- CLINICAL ARTICLE**
- 59. The Implementation of Theory of Planned Behavior in Identifying Behavioral Models of Nursing Documentation in "X" Hospital**
 Erna Dwi Wahyuni, Nursalam, Yulis Setiya Dewi, Amel Dawod Kamel
 Pages 1694-1700
- CLINICAL ARTICLE**
- 60. Overview of Self-Care of Patients with Chronic Kidney Disease based on a Family Perspective**
 Virgianti Nur Faridah, Nursalam Nursalam, Ninuk Dian Kurniawati, Trijati Puspita Lestari, Nurul Hikmatul Qowi, Arifal Aris
 Pages 1701-1704
- CLINICAL ARTICLE**
- 61. Factors Affecting Anemia Prevention Behavior in Pregnant Women based on Lawrence Green's Theory**
 Mira Triharini, Ayu Rahmawati, Aria Aulia Nastiti, Yulis Setiya Dewi, Smriti Kana Mani
 Pages 1705-1708
- CLINICAL ARTICLE**
- 62. Cinematherapy-based Group Reminiscence on Older Adults' Quality of Life**
 Intan M. S. Batubara, Niken Y. Sari, Febriana S. Sari, Megan Eagle, Erlina Windyastuti, Erlyn Hapsari, Desy Widyastutik, Joko Santoso
 Pages 1709-1714
- CLINICAL ARTICLE**
- 63. Comparison of Urogynecological Care in Hospitals Before and During the SARS CoV-2 Infection: The Case Approach in Dr. Soetomo Hospital Indonesia**
 Eighty Mardiyani Kurniawati, Hari Paraton, Gatut Hardiyanto, Azami Denas Azinar, Tri Hastono Setyo Hadi, Rizqy Rahmatyah, Nur Anisah Rahmawati
 Pages 1715-1721
- CLINICAL ARTICLE**
- 64. Effectiveness of the "Emotion Recognition" Music Therapy Module in Schizophrenia Patients: A Quasi Experimental Study**
 Pangeran Ericson Arthur Siahaan, AAAA Kusumawardhani, Raden Irawati Ismail, Khamelia Malik
 Pages 1722-1726
- CLINICAL ARTICLE**
- 65. Suboptimal Care on Maternal Near-Miss Cases: A Study from s Tertiary Referral Hospital in East Java, Indonesia**
 Hendy Hendarto, Hanifa Erlin Dharmayanti, Baksono Winardi, Budi Prasetyo, Muhammad Ardian Cahya Laksana, Muhammad Yusuf, Rizki Pranadyan, Pandu Hanindito Habibie, Bambang Trijanto, Erni Rosita Dewi, Alifina Izza, Mohammad Afzal Mahmood
 Pages 1727-1735

CLINICAL ARTICLE

66. Natural Killer Cell in Mild and Severe Systemic Lupus Erythematosus

Wita Kartika Nurani, Gatot Soegiarto, Yuliasih
Pages 1736-1742

CASE REPORT

67. Case Study: Health Workers' Perspective on Treatment of People with Post-Pasung Mental Disorder

Febriana S. Sari, Novy H.C. Daulima, Ice Y. Wardani, Intan M.S. Batubara, Ariyanti, Heni N. Kusumawati,
Wahyuningsih Safitri, Yunita Wulandari
Pages 1743-1747

REVIEW

68. Diabetes and Metabolic Syndrome – Risk Factors for Covid-19 (literature review)

Nartikoeva M.I., Dzampaeva Zh.V., Takoeva E.A.
Pages 1748-1752

REVIEW

69. The Effectiveness of Tai Chi on Increasing Exercise Capacity and Quality of Life in Patients with Chronic Obstructive Pulmonary Disease: A Systematic review. (Tai Chi Effectiveness in COPD Patients)

Yosin Herloheti Pella, Hasanudin, Yoyok Bektı Prasetyo, Joel Rey Ugsang Acob, Yulis Setiya Dewi
Pages 1753-1759

REVIEW

70. Analysis Factor Affecting Continuous Learning Based Transformative Learning Theory and Digitalization to Improve Nurse Competencies: Literature Review

Domingos Soares, Nursalam
Pages 1760-1764

REVIEW

71. Energy-Drink and Adverse Kidney Function: A Review of Public Health Concern and Ethical Issue

Ira Suarilah, Chiu-Chu Lin, Ika Yuni Widayawati
Pages 1765-1770

Elements Affecting Toothbrushing Parenting among Mothers in Banjarbaru City

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Abstract

Mothers' brushing teeth habit affects children's dental health. How mother's toothbrushing parenting based on the theory of planned behavior can be used to predict the level of intention to perform health behavior. This study aimed to analyze the influence of attitudes, subjective norms and perceived control on mothers' intentions and behavior towards tooth brushing in children aged 6 years in Banjarbaru city. **The research was** observational analytic and used a cross-sectional design. A total of 82 mothers were randomly selected from the first-grade students at three elementary schools in the urban area of Banjarbaru. The average value was 5.8 for attitude, 4.8 for subjective norm, 5 for perceived control, 7 for intention, and 20 for behavior. The first path model on the elements of the theory of planned behavior i.e., intention obtained a p-value of 0.0001. In the second model, intention to behavior had a p-value of 0.0001. There is an influence of elements of the theory of planned behavior on intentions. Intention also influenced behavior. Intention is a mediator that likely causes the elements of the theory of planned behavior to influence toothbrushing parenting.

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Introduction

Mothers' parenting could affect child's dental and oral health. Mothers can be a motivator for their children to perform appropriate health behaviors. They need to provide health education to their families and instill healthy behavior changes. Mothers' parenting may suggest how children solve various problems in dental and oral health. Educating children about early-age tooth brushing with fluoride toothpaste twice a day could be an indicator of dental caries prevention in children. Nayyar highlights a significant relationship between mothers' parenting and caries status in children.¹

Parents, especially mothers, hold an important role in dental hygiene for children under the age of twelve as children generally have a closer inner relationship with their mothers. With that said, mother's knowledge,

attitudes, and actions may determine child's dental and oral health status. Research on parents of children aged 7 years has mentioned that children's tooth brushing habit is influenced by parents' knowledge, perceptions and beliefs, e.g., parents' control, monitoring and supervision.²

Various factors may affect dental health parenting. For example, there are mother's knowledge about dental health, sources of information, supporting resources e.g., the community, and family's socioeconomic status. Parents of students (aged 6-7 years) at grade I of elementary school in Banjarbaru city, Indonesia had poor toothbrushing parenting (29.30%). It can be seen from how mothers assessed their children's dental hygiene after toothbrushing, assisted, and supervised the toothbrushing steps. With this said, low toothbrushing parenting likely causes a high caries rate in primary teeth with an average def-t of 9.52.³

The theory of planned behavior explains human behavior. This theory consists of three elements, namely attitudes, subjective norms, and perceived behavioral control. These three elements are influenced by to which extent the strength or weakness of attitudes, normative

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beliefs and behavioral control beliefs are in producing strong or weak intentions to performing behavior. Many researchers have proven and applied the theory of planned behavior to predict changes in health behavior after people receive treatment.^{4,5} Toothbrushing parenting based on the theory of planned behavior was measured to explain the influence of attitudes, subjective norms, and perception of control on intention and behavior of toothbrushing parenting. The benefits of the research can be used to determine types of treatment that improve mothers' behavior in implementing toothbrushing parenting.

Materials and methods

Research Samples

The research employed a cross-sectional analytic observational method. It included the population of all mothers of first-grade students at three elementary schools located in the urban areas of Banjarbaru, Indonesia. Samples were randomly taken from the population that met the inclusion. There were 82 mothers selected based on the Lemeshow' formula.⁶ Questionnaires were distributed to the respondents online via parents' WhatsApp groups.

Research Methods

The study used a closed questionnaire which was compiled based on the guidelines of constructing questionnaires based on the theory of planned behavior.⁵ The questionnaire consisted of 24 questions on each element of the theory of planned behavior. The measurement of mother's parenting was fundamentally based on six indicators, namely directing children to brush their teeth after breakfast, directing children to brush their teeth before sleeping at night, assisting children to brush their teeth after breakfast, assisting children to brush their teeth before going to bed at night, supervising children to brush their teeth after breakfast, and supervising children to brush their teeth before going to bed at night.

Attitude was referred to support for parenting. There were 4 pairs of responses that were bipolar on six parenting indicators, namely detrimental-beneficial, good-bad, unpleasant-pleasant, and useful-worthless. While subjective norm was feelings of pressure from important people around them to do parenting. Questions related to subjective norms consisted of 4 pairs

of responses that were bipolar on six parenting indicators, namely one response to the feeling of compulsion (I should-I should not) to do what important people around him thought and three approval responses (strongly disagree-strongly agree) to hope, pressure and desire from important people around them to do toothbrushing parenting. Perceived behavioral control measured the ability of mothers to do parenting. This element had 4 pairs of responses that were bipolar on six parenting indicators, namely one response to the level of ease (easy-difficult) and three approval responses (strongly disagree-strongly agree) towards ability, control, and decision making to carry out toothbrushing parenting.⁵

The range of each response was one to seven. The element assessment was done by rearranging the responses from negative end points on the right to the left. Higher points reflected a positive attitude, existence of pressure, and ability to do. In the good-bad response, answer 6 was changed to two, and answer 4 remained to four. The whole value of the elements was from the average of the total value of responses.⁵ The value categories were as follows: scores 1.0 to 2.0 (very weak), 2.1 to 3.3 (weak), 3.4 to 4.6 (moderate), 4.7 to 5.9 (strong), and 6.0 to 7.0 (very strong).

Intention was measured through a closed questionnaire that addressed how many times the respondents carried out 6 indicators of parenting within 10 days. Response scores ranged from 0 to 10. The overall score of intention was the average of the total of response scores. The intention was divided into five categories: 0 (no intention), 0.1-2 (very weak), 2.1-4 (weak), 4.1-6 (moderate), 6.1-8 (strong), and 8.1-10 (very strong).⁵

Besides, behavior was measured through a closed questionnaire related to which six indicators of parenting the respondents had done. The assessment of behavior was in a Likert scale consisting of 5 levels: 5 (regularly), 4 (frequently), 3 (occasionally), 2 (rarely), and 1 (never do). The sum of all parenting indicators' values would be the overall score of behavior element. The scores for behavior ranged from 6 to 30 that were divided into 5 categories: 6-10 (very poor), 11-15 (poor), 16-20 (moderate), 21-25 (good), and 26-30 (very good).⁵

The validity and reliability test of the questionnaires was done using the Pearson and

Cronbach's Alpha correlation test at a significance of 5% and r-table value of N 80 (0.220). It showed that all r values were greater than r table with a significance of < 0.05 and Cronbach's Alpha of > 0.70. It can be stated that all question items in the questionnaire were valid and reliable to measure the elements.

Results

The average value of mothers' attitude towards toothbrushing was 5.8, meaning overall, the respondents strongly supported child's toothbrushing. The lowest average score was on assisting children to brush their teeth after breakfast. The lowest response value was unpleasant-pleasant response as shown by Table 1.

Attitude towards Child's Toothbrushing	Mean Response Value				Mean
	Detrimental-Beneficial	Bad-Good	Unpleasant-Pleasant	Worthless-Useful	
Directing children to brush their teeth after breakfast	6.6	5.9	5.3	5.8	5.9
Directing children to brush their teeth before going to bed at night	6.8	5.8	5.2	5.7	5.8
Assisting children to brush their teeth after breakfast	6.1	5.6	5.2	5.6	5.6
Assisting children to brush their teeth before going to bed at night	6.4	6.0	5.3	5.8	5.8
Supervising the way children toothbrush after breakfast	6.0	5.7	5.4	5.7	5.7
Supervising the way children toothbrush before going to bed at night	6.2	5.8	5.2	5.5	5.7
Mean	6.3	5.8	5.3	5.7	5.8

Table 1. Mothers' attitude towards child's toothbrushing.

The measurement on the subjective norm of mothers' toothbrushing parenting resulted in the average value of 4.8, meaning overall, the respondents experienced strong pressure from people around them to implement toothbrushing parenting. The lowest average score was on assisting children to brush their teeth after breakfast. The lowest response value was on getting pressure from important people around them to implement toothbrushing parenting as presented in Table 2.

The perceived behavior control over mothers' toothbrushing parenting averaged five. Overall, the respondents had a strong ability to implement toothbrushing parenting. The lowest average score was on directing children to brush their teeth after breakfast. The lowest response was found in decision making on toothbrushing parenting. The results of perceived behavior are

explained in Table 3.

Attitude towards Child's Toothbrushing	Mean Response Value				Mean
	Detrimental-Beneficial	Bad-Good	Unpleasant-Pleasant	Worthless-Useful	
Directing children to brush their teeth after breakfast	6.6	5.9	5.3	5.8	5.9
Directing children to brush their teeth before going to bed at night	6.8	5.8	5.2	5.7	5.8
Assisting children to brush their teeth after breakfast	6.1	5.6	5.2	5.6	5.6
Assisting children to brush their teeth before going to bed at night	6.4	6.0	5.3	5.8	5.8
Supervising the way children toothbrush after breakfast	6.0	5.7	5.4	5.7	5.7
Supervising the way children toothbrush before going to bed at night	6.2	5.8	5.2	5.5	5.7
Mean	6.3	5.8	5.3	5.7	5.8

Table 2. Subjective norm of mothers' toothbrushing parenting

Perceived Behavior Control over Toothbrushing Parenting	Mean Response Value of Perceived Behavior Control				Mean
	Ability	Difficult-Easy	Control	Making Decision	
Directing children to brush their teeth after breakfast	5.3	5.1	5	4	4.8
Directing children to brush their teeth before going to bed at night	5.8	5.5	5.2	4	5.1
Assisting children to brush their teeth after breakfast	5.0	5	5.0	4.7	4.9
Assisting children to brush their teeth before going to bed at night	5.4	5.2	5.0	4.6	5.0
Supervising the way children toothbrush after breakfast	5.2	5	5.1	4.8	5.0
Supervising the way children toothbrush before going to bed at night	5.4	5.2	5.2	4.9	5.2
Mean	5.3	5.2	5	4.5	5

Table 3. Mothers' perceived behavior control over toothbrushing parenting for children.

The average value of intention was seven, meaning that overall, the respondents had the intention to strongly implement toothbrushing parenting. The lowest average score was on assisting children to brush their teeth after

breakfast. Table 4 presents the results of intention to toothbrushing parenting.

Intention to Toothbrushing Parenting in 10 Days	Mean
Directing children to brush their teeth after breakfast	7.4
Directing children to brush their teeth before going to bed at night	8.0
Assisting children to brush their teeth after breakfast	6.2
Assisting children to brush their teeth before going to bed at night	6.7
Supervising the way children toothbrush after breakfast	6.4
Supervising the way children toothbrush before going to bed at night	7.3
Mean	7

Table 4. Mothers' intention to toothbrushing parenting.

The behavior towards mothers' toothbrushing parenting obtained 20 points, indicating that on average, the respondents had moderate behavior towards toothbrushing parenting. The lowest average score was on assisting children to brush their teeth after breakfast. There were 62 samples (76%) who obtained less than the average. More details are described in Table 5.

Behavior towards Toothbrushing Parenting	Regularly	Frequently	Occasionally	Rarely	Never	Mean
	N	N	N	N	N	
Directing children to brush their teeth after breakfast	16	23	33	9	1	3.5
Directing children to brush their teeth before going to bed at night	28	19	26	9	0	3.8
Assisting children to brush their teeth after breakfast	6	14	42	17	3	3.0
Assisting children to brush their teeth before going to bed at night	14	21	30	14	3	3.4
Supervising the way children toothbrush after breakfast	9	16	32	23	2	3.1
Supervising the way children toothbrush before going to bed at night	17	18	30	16	1	3.3
Total Mean = 20						

Table 5. Mothers' behavior towards toothbrushing parenting.

The One-Sample Kolmogorov-Smirnov test was performed to identify the normality of data. It

showed a significance value of > 0.05 , meaning all research data were normally distributed. Then, the data were analyzed using parametric analysis tests. The analysis of first path model examined the influence of attitudes, subjective norms and perceived control on intentions to toothbrushing parenting (Table 6).

Independent Variables	Dependent Variable	Sig.	Standardized Coefficients Beta	Model Summary R Square
Attitudes	Intention	0.001	.279	0.800
Subjective Norms	Intention	0.001	.447	
Perceived Control	Intention	0.001	.478	

Table 6. The analysis results of first path model.

There was a significant positive effect (sig. < 0.05) of attitudes, subjective norms and perceived control on intention to toothbrushing parenting. Perceived control held the biggest influence on intention (47.8%). The joint influence of attitude, subjective norm and perceived control on intention was 0.800 or 80%, and the remaining 20% was influenced by other factors.

The second path model examined the influence of attitude, subjective norm, perceived control, and intention on toothbrushing parenting behavior. The results showed intention became a mediator in the theory of planned behavior. Table 7 presents the results in more details.

Independent Variables	Dependent Variable	Sig.	Standardized Coefficients Beta	Model Summary R Square
Attitudes	Behavior	0.420	0.078	0.600
Subjective Norms	Behavior	0.948	0.007	
Perceived Control	Behavior	0.171	0.159	
Intention	Behavior	0.001	0.602	

Table 7. The analysis results of second path model.

The second path model showed attitudes, subjective norms and perceived control had no direct influence on behavior. There was a direct strong influence of intention on behavior (60.2%). Intention mediated attitudes, subjective norms and perceived control to influence behavior. The joint influence of attitude, subjective

norm, perceived control, and intention on behavior towards toothbrushing parenting was 60%, and the remaining 40% was influenced by other factors. The path analysis goes as in Figure 1.

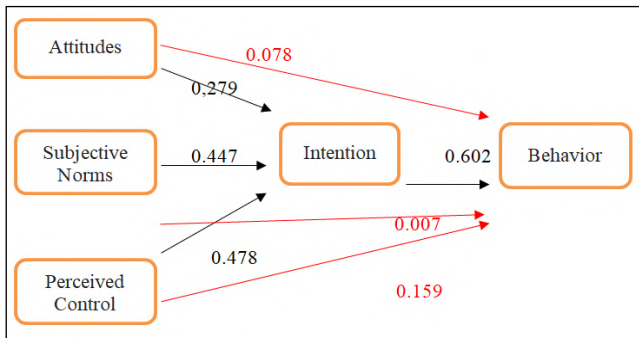


Figure 1. Path analysis diagram.

Discussion

The attitude to perform a behavior depends on the expectation and beliefs in advantages and disadvantages after someone performs certain behaviors⁷. The respondents thought toothbrushing would be beneficial for child's dental health. Beliefs in the benefits will strengthen attitudes and later ignite behavior. Assisting children to brush their teeth contributed the least to attitude. Beliefs in consequences for assisting children to brush their teeth after breakfast will be troublesome to be considered in determining attitudes, this trouble include mother's various household activities and morning work, and more time is needed to help the children to brush their teeth in the morning after breakfast.⁸

Regarding attitude, the unpleasant-pleasant response to toothbrushing parenting was the lowest.^{9,10} Lack of knowledge about the importance of primary dental health is likely to neglect toothbrushing parenting for daily basis. The majority of mothers had poor knowledge about caries and its causes although they knew the importance of child toothbrushing.^{11,12} Such a situation could lead to the perception of toothbrushing as an unpleasant activity¹³. Mothers' knowledge about health will affect beliefs and attitudes towards dental and oral health and even their parenting model. Parents, especially mothers, are role models on dental health among their children. Mothers should teach their children as early as possible through good parenting model to prevent dental caries.

The better mothers' knowledge about dental and oral health, the better children's dental and oral health¹⁴.

Subjective norms are feelings or assumptions about people's behaviors. Belief of surrounding people would affect mothers' subjective norms to perform certain behaviors. Such feelings may give mothers pressure to perform certain behaviors. However, in a good way, a strong subjective norm will motivate mothers to implement toothbrushing parenting⁷. Feelings of others' approval of behavior was the most influential on subjective norms. Mothers' belief in others' support to toothbrushing parenting will increase subjective norms. The lowest response was on the pressure from surrounding people. Generally, mothers feel pressured because of their husbands not involved in toothbrushing parenting.

Subjective norms are the output of controversial decisions (normative beliefs) on toothbrushing among surrounding people.¹⁵ The norms also will determine how to comply with some recommendations (motivation to comply) including from dental health experts about the benefits and consequences of tooth brushing.

The respondents had strong perceived control, the perceived ability to carry out toothbrushing parenting. It was supported by the availability of resources i.e., equipment, competencies, opportunities (control belief), and the large role of resources (power of control factor) in raising parenting, including high education level and income level of respondents. Beliefs in behavioral control will strengthen perceived control⁴. Easy access to dental health information on the Internet, especially social media, will increase mothers' confidence about behavior control. On social media, parents can get additional knowledge, support from others, improve social relations with other parents, and get opinions or advice from experts to improve their parenting¹⁶.

Intention to toothbrushing was strong. According to the first path model analysis, there was a positive influence of attitude, subjective norms, and perceived control on intentions. Similar to the theory of planned behavior, the better attitudes, subjective norms, and perceived control, the stronger the intention to performing a behavior⁴. The most influential element on intention was perceived control value. Besides, old behavior would determine intention to

performing future behavior. It also had a moderating effect on perceived control that may strengthen intention⁴.

The respondents had medium parenting behavior towards toothbrushing. The second path model showed no direct influence of attitude, subjective norms, and perceived control on behavior. Intention significantly had a positive effect on behavior. This finding follows the scheme in the theory of planned behavior which states that intention is a mediator for attitudes, subjective norms, and perceived control to influence behavior⁷. The main factor in the theory of planned behavior is intention to performing behavior. The stronger intention is, the greater it contributes to shape behavior⁷.

Although the theory of planned behavior and intention was in the strong category, behavior towards toothbrushing parenting was still in the moderate category. Meanwhile, subjective norms had the lowest score among all, especially in the response to feelings of pressure from important people around him. Overall, the lowest indicator was helping children brush their teeth after breakfast. The elements can be used to predict parenting behavior and find strategies to improve toothbrushing parenting⁵. This study recommends mothers improve toothbrushing parenting behavior by educating family members about the importance of parents' assistance.

Conclusions

The elements of the theory of planned behavior i.e., attitudes, subjective norms, and perceived control affect intentions to toothbrushing parenting. Besides, intention also affects behavior and becomes a mediator for the elements to influence mothers' behavior.

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The authors declare that there is no conflict of interest.

Declaration of Interest

The authors report no conflict of interest.

Ethical Policy and Institutional Review Board Statement

The research has received a certificate of ethics from the Health Research Ethic Clearance Commission, Faculty of Dental Medicine, Universitas Airlangga, Surabaya, Indonesia with the Ethic Code: 561/HRECCFODM/XII/2020.

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Materials and methods

Research Samples

The research employed a cross-sectional analytic observational method. It included the population of all mothers of first-grade students at three elementary schools located in the urban areas of Banjarbaru, Indonesia. Samples were randomly taken from the population that met the inclusion. There were 82 mothers selected based on the Lemeshow' formula.⁶ Questionnaires were distributed to the respondents online via parents' WhatsApp groups.

Research Methods

The study used a closed questionnaire which was compiled based on the guidelines of constructing questionnaires based on the theory of planned behavior.⁵ The questionnaire consisted of 24 questions on each element of the theory of planned behavior. The measurement of mother's parenting was fundamentally based on six indicators, namely directing children to brush their teeth after breakfast, directing children to brush their teeth before sleeping at night, assisting children to brush their teeth after breakfast, assisting children to brush their teeth before going to bed at night, supervising children to brush their teeth after breakfast, and supervising children to brush their teeth before going to bed at night.

Attitude was referred to support for parenting. There were 4 pairs of responses that were bipolar on six parenting indicators, namely detrimental-beneficial, good-bad, unpleasant-pleasant, and useful-worthless. While subjective norm was feelings of pressure from important people around them to do parenting. Questions related to subjective norms consisted of 4 pairs

of responses that were bipolar on six parenting indicators, namely one response to the feeling of compulsion (I should-I should not) to do what important people around him thought and three approval responses (strongly disagree-strongly agree) to hope, pressure and desire from important people around them to do toothbrushing parenting. Perceived behavioral control measured the ability of mothers to do parenting. This element had 4 pairs of responses that were bipolar on six parenting indicators, namely one response to the level of ease (easy-difficult) and three approval responses (strongly disagree-strongly agree) towards ability, control, and decision making to carry out toothbrushing parenting.⁵

The range of each response was one to seven. The element assessment was done by rearranging the responses from negative end points on the right to the left. Higher points reflected a positive attitude, existence of pressure, and ability to do. In the good-bad response, answer 6 was changed to two, and answer 4 remained to four. The whole value of the elements was from the average of the total value of responses.⁵ The value categories were as follows: scores 1.0 to 2.0 (very weak), 2.1 to 3.3 (weak), 3.4 to 4.6 (moderate), 4.7 to 5.9 (strong), and 6.0 to 7.0 (very strong).

Intention was measured through a closed questionnaire that addressed how many times the respondents carried out 6 indicators of parenting within 10 days. Response scores ranged from 0 to 10. The overall score of intention was the average of the total of response scores. The intention was divided into five categories: 0 (no intention), 0.1-2 (very weak), 2.1-4 (weak), 4.1-6 (moderate), 6.1-8 (strong), and 8.1-10 (very strong).⁵

Besides, behavior was measured through a closed questionnaire related to which six indicators of parenting the respondents had done. The assessment of behavior was in a Likert scale consisting of 5 levels: 5 (regularly), 4 (frequently), 3 (occasionally), 2 (rarely), and 1 (never do). The sum of all parenting indicators' values would be the overall score of behavior element. The scores for behavior ranged from 6 to 30 that were divided into 5 categories: 6-10 (very poor), 11-15 (poor), 16-20 (moderate), 21-25 (good), and 26-30 (very good).⁵

The validity and reliability test of the questionnaires was done using the Pearson and

Cronbach's Alpha correlation test at a significance of 5% and r-table value of N 80 (0.220). It showed that all r values were greater than r table with a significance of < 0.05 and Cronbach's Alpha of > 0.70. It can be stated that all question items in the questionnaire were valid and reliable to measure the elements.

Results

The average value of mothers' attitude towards toothbrushing was 5.8, meaning overall, the respondents strongly supported child's toothbrushing. The lowest average score was on assisting children to brush their teeth after breakfast. The lowest response value was unpleasant-pleasant response as shown by Table 1.

Attitude towards Child's Toothbrushing	Mean Response Value				Mean
	Detrimental-Beneficial	Bad-Good	Unpleasant-Pleasant	Worthless-Useful	
Directing children to brush their teeth after breakfast	6.6	5.9	5.3	5.8	5.9
Directing children to brush their teeth before going to bed at night	6.8	5.8	5.2	5.7	5.8
Assisting children to brush their teeth after breakfast	6.1	5.6	5.2	5.6	5.6
Assisting children to brush their teeth before going to bed at night	6.4	6.0	5.3	5.8	5.8
Supervising the way children toothbrush after breakfast	6.0	5.7	5.4	5.7	5.7
Supervising the way children toothbrush before going to bed at night	6.2	5.8	5.2	5.5	5.7
Mean	6.3	5.8	5.3	5.7	5.8

Table 1. Mothers' attitude towards child's toothbrushing.

The measurement on the subjective norm of mothers' toothbrushing parenting resulted in the average value of 4.8, meaning overall, the respondents experienced strong pressure from people around them to implement toothbrushing parenting. The lowest average score was on assisting children to brush their teeth after breakfast. The lowest response value was on getting pressure from important people around them to implement toothbrushing parenting as presented in Table 2.

The perceived behavior control over mothers' toothbrushing parenting averaged five. Overall, the respondents had a strong ability to implement toothbrushing parenting. The lowest average score was on directing children to brush their teeth after breakfast. The lowest response was found in decision making on toothbrushing parenting. The results of perceived behavior are

explained in Table 3.

Attitude towards Child's Toothbrushing	Mean Response Value				Mean
	Detrimental-Beneficial	Bad-Good	Unpleasant-Pleasant	Worthless-Useful	
Directing children to brush their teeth after breakfast	6.6	5.9	5.3	5.8	5.9
Directing children to brush their teeth before going to bed at night	6.8	5.8	5.2	5.7	5.8
Assisting children to brush their teeth after breakfast	6.1	5.6	5.2	5.6	5.6
Assisting children to brush their teeth before going to bed at night	6.4	6.0	5.3	5.8	5.8
Supervising the way children toothbrush after breakfast	6.0	5.7	5.4	5.7	5.7
Supervising the way children toothbrush before going to bed at night	6.2	5.8	5.2	5.5	5.7
Mean	6.3	5.8	5.3	5.7	5.8

Table 2. Subjective norm of mothers' toothbrushing parenting

Perceived Behavior Control over Toothbrushing Parenting	Mean Response Value of Perceived Behavior Control				Mean
	Ability	Difficult-Easy	Control	Making Decision	
Directing children to brush their teeth after breakfast	5.3	5.1	5	4	4.8
Directing children to brush their teeth before going to bed at night	5.8	5.5	5.2	4	5.1
Assisting children to brush their teeth after breakfast	5.0	5	5.0	4.7	4.9
Assisting children to brush their teeth before going to bed at night	5.4	5.2	5.0	4.6	5.0
Supervising the way children toothbrush after breakfast	5.2	5	5.1	4.8	5.0
Supervising the way children toothbrush before going to bed at night	5.4	5.2	5.2	4.9	5.2
Mean	5.3	5.2	5	4.5	5

Table 3. Mothers' perceived behavior control over toothbrushing parenting for children.

The average value of intention was seven, meaning that overall, the respondents had the intention to strongly implement toothbrushing parenting. The lowest average score was on assisting children to brush their teeth after

breakfast. Table 4 presents the results of intention to toothbrushing parenting.

Intention to Toothbrushing Parenting in 10 Days	Mean
Directing children to brush their teeth after breakfast	7.4
Directing children to brush their teeth before going to bed at night	8.0
Assisting children to brush their teeth after breakfast	6.2
Assisting children to brush their teeth before going to bed at night	6.7
Supervising the way children toothbrush after breakfast	6.4
Supervising the way children toothbrush before going to bed at night	7.3
Mean	7

Table 4. Mothers' intention to toothbrushing parenting.

The behavior towards mothers' toothbrushing parenting obtained 20 points, indicating that on average, the respondents had moderate behavior towards toothbrushing parenting. The lowest average score was on assisting children to brush their teeth after breakfast. There were 62 samples (76%) who obtained less than the average. More details are described in Table 5.

Behavior towards Toothbrushing Parenting	Regularly	Frequently	Occasionally	Rarely	Never	Mean
	N	N	N	N	N	
Directing children to brush their teeth after breakfast	16	23	33	9	1	3.5
Directing children to brush their teeth before going to bed at night	28	19	26	9	0	3.8
Assisting children to brush their teeth after breakfast	6	14	42	17	3	3.0
Assisting children to brush their teeth before going to bed at night	14	21	30	14	3	3.4
Supervising the way children toothbrush after breakfast	9	16	32	23	2	3.1
Supervising the way children toothbrush before going to bed at night	17	18	30	16	1	3.3
Total Mean = 20						

Table 5. Mothers' behavior towards toothbrushing parenting.

The One-Sample Kolmogorov-Smirnov test was performed to identify the normality of data. It

showed a significance value of > 0.05 , meaning all research data were normally distributed. Then, the data were analyzed using parametric analysis tests. The analysis of first path model examined the influence of attitudes, subjective norms and perceived control on intentions to toothbrushing parenting (Table 6).

Independent Variables	Dependent Variable	Sig.	Standardized Coefficients Beta	Model Summary R Square
Attitudes	Intention	0.001	.279	0.800
Subjective Norms	Intention	0.001	.447	
Perceived Control	Intention	0.001	.478	

Table 6. The analysis results of first path model.

There was a significant positive effect (sig. < 0.05) of attitudes, subjective norms and perceived control on intention to toothbrushing parenting. Perceived control held the biggest influence on intention (47.8%). The joint influence of attitude, subjective norm and perceived control on intention was 0.800 or 80%, and the remaining 20% was influenced by other factors.

The second path model examined the influence of attitude, subjective norm, perceived control, and intention on toothbrushing parenting behavior. The results showed intention became a mediator in the theory of planned behavior. Table 7 presents the results in more details.

Independent Variables	Dependent Variable	Sig.	Standardized Coefficients Beta	Model Summary R Square
Attitudes	Behavior	0.420	0.078	0.600
Subjective Norms	Behavior	0.948	0.007	
Perceived Control	Behavior	0.171	0.159	
Intention	Behavior	0.001	0.602	

Table 7. The analysis results of second path model.

The second path model showed attitudes, subjective norms and perceived control had no direct influence on behavior. There was a direct strong influence of intention on behavior (60.2%). Intention mediated attitudes, subjective norms and perceived control to influence behavior. The joint influence of attitude, subjective

norm, perceived control, and intention on behavior towards toothbrushing parenting was 60%, and the remaining 40% was influenced by other factors. The path analysis goes as in Figure 1.

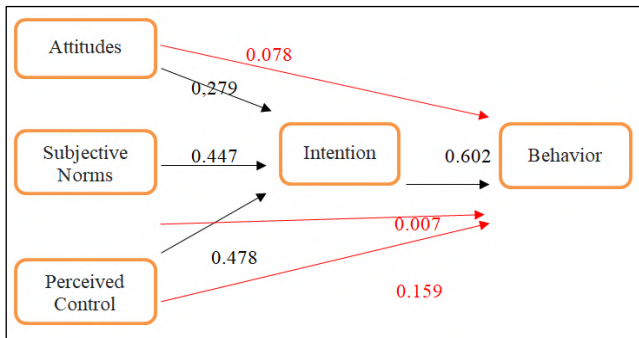


Figure 1. Path analysis diagram.

Discussion

The attitude to perform a behavior depends on the expectation and beliefs in advantages and disadvantages after someone performs certain behaviors⁷. The respondents thought toothbrushing would be beneficial for child's dental health. Beliefs in the benefits will strengthen attitudes and later ignite behavior. Assisting children to brush their teeth contributed the least to attitude. Beliefs in consequences for assisting children to brush their teeth after breakfast will be troublesome to be considered in determining attitudes, this trouble include mother's various household activities and morning work, and more time is needed to help the children to brush their teeth in the morning after breakfast.⁸

Regarding attitude, the unpleasant-pleasant response to toothbrushing parenting was the lowest.^{9,10} Lack of knowledge about the importance of primary dental health is likely to neglect toothbrushing parenting for daily basis. The majority of mothers had poor knowledge about caries and its causes although they knew the importance of child toothbrushing.^{11,12} Such a situation could lead to the perception of toothbrushing as an unpleasant activity¹³. Mothers' knowledge about health will affect beliefs and attitudes towards dental and oral health and even their parenting model. Parents, especially mothers, are role models on dental health among their children. Mothers should teach their children as early as possible through good parenting model to prevent dental caries.

The better mothers' knowledge about dental and oral health, the better children's dental and oral health¹⁴.

Subjective norms are feelings or assumptions about people's behaviors. Belief of surrounding people would affect mothers' subjective norms to perform certain behaviors. Such feelings may give mothers pressure to perform certain behaviors. However, in a good way, a strong subjective norm will motivate mothers to implement toothbrushing parenting⁷. Feelings of others' approval of behavior was the most influential on subjective norms. Mothers' belief in others' support to toothbrushing parenting will increase subjective norms. The lowest response was on the pressure from surrounding people. Generally, mothers feel pressured because of their husbands not involved in toothbrushing parenting.

Subjective norms are the output of controversial decisions (normative beliefs) on toothbrushing among surrounding people.¹⁵ The norms also will determine how to comply with some recommendations (motivation to comply) including from dental health experts about the benefits and consequences of tooth brushing.

The respondents had strong perceived control, the perceived ability to carry out toothbrushing parenting. It was supported by the availability of resources i.e., equipment, competencies, opportunities (control belief), and the large role of resources (power of control factor) in raising parenting, including high education level and income level of respondents. Beliefs in behavioral control will strengthen perceived control⁴. Easy access to dental health information on the Internet, especially social media, will increase mothers' confidence about behavior control. On social media, parents can get additional knowledge, support from others, improve social relations with other parents, and get opinions or advice from experts to improve their parenting¹⁶.

Intention to toothbrushing was strong. According to the first path model analysis, there was a positive influence of attitude, subjective norms, and perceived control on intentions. Similar to the theory of planned behavior, the better attitudes, subjective norms, and perceived control, the stronger the intention to performing a behavior⁴. The most influential element on intention was perceived control value. Besides, old behavior would determine intention to

performing future behavior. It also had a moderating effect on perceived control that may strengthen intention⁴.

The respondents had medium parenting behavior towards toothbrushing. The second path model showed no direct influence of attitude, subjective norms, and perceived control on behavior. Intention significantly had a positive effect on behavior. This finding follows the scheme in the theory of planned behavior which states that intention is a mediator for attitudes, subjective norms, and perceived control to influence behavior⁷. The main factor in the theory of planned behavior is intention to performing behavior. The stronger intention is, the greater it contributes to shape behavior⁷.

Although the theory of planned behavior and intention was in the strong category, behavior towards toothbrushing parenting was still in the moderate category. Meanwhile, subjective norms had the lowest score among all, especially in the response to feelings of pressure from important people around him. Overall, the lowest indicator was helping children brush their teeth after breakfast. The elements can be used to predict parenting behavior and find strategies to improve toothbrushing parenting⁵. This study recommends mothers improve toothbrushing parenting behavior by educating family members about the importance of parents' assistance.

Conclusions

The elements of the theory of planned behavior i.e., attitudes, subjective norms, and perceived control affect intentions to toothbrushing parenting. Besides, intention also affects behavior and becomes a mediator for the elements to influence mothers' behavior.

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The authors declare that there is no conflict of interest.

Declaration of Interest

The authors report no conflict of interest.

Ethical Policy and Institutional Review Board Statement

The research has received a certificate of ethics from the Health Research Ethic Clearance Commission, Faculty of Dental Medicine, Universitas Airlangga, Surabaya, Indonesia with the Ethic Code: 561/HRECCFODM/XII/2020.

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