

# Model Theory of Planned Behaviour Untuk Menentukan Determinan Perilaku Kesehatan Gigi Yang Dikonfirmasi Dengan Skor Plak Remaja Di Kota Bandung = Using The Theory of Planned Behaviour Model to Discover Oral Health Behavior Determinants With Conformition From Adolescent Score Plaque In Bandung

Netty Suryanti, author

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## Abstrak

Prevalensi karies gigi remaja di Indonesia masih tinggi. Salah satunya karena perilaku kesehatan gigi yang masih buruk. Perilaku remaja yang tidak stabil secara emosional dapat mempengaruhi perawatan kesehatan giginya. Keadaan kesehatan gigi yang buruk akan berdampak pada kepercayaan diri dalam hubungan sosialnya. Oleh karena itu diperlukan evaluasi penilaian determinan kesehatan gigi remaja. Alat ukur yang sesuai dengan karakteristik remaja, sampai saat ini belum tersedia. Tujuan penelitian adalah membuat alat ukur untuk mengukur perilaku kesehatan gigi remaja dan menguji model perilaku kesehatan gigi remaja berdasarkan *theory of planned behavior* serta menentukan determinannya. Penelitian ini menggunakan studi deskriptif eksploratif dengan desain *cross sectional*. Sejumlah 723 siswa SMP berusia 13-15 tahun adalah siswa SMP di Kota Bandung menjadi subjek penelitian. Sampel dipilih dengan metoda *probability proportional to size* (*PPS*) menggunakan *random group methods*. Penelitian terdiri dari: (1) membuat alat ukur dan memvalidasinya; (2) menilai perilaku kesehatan gigi remaja dan plak skor (3) menguji model determinan perilaku kesehatan gigi remaja. Hasil penelitian menunjukkan, alat ukur perilaku kesehatan gigi remaja (*oral hygiene, dietary habits, dental attendance*) berdasarkan *theory of planned behavior* serta perilaku aktual (*oral hygiene, dietary habits, dental attendance*), dan dengan dua faktor terkait yaitu harapan hasil sosial dan pengetahuan dinyatakan valid dan reliabel. Hasil untuk model struktural ketiga perilaku kebersihan gigi, kebiasaan diet, kunjungan ke Dokter Gigi, berdasarkan *theory of planned behaviour*, harapan hasil sosial dan pengetahuan hasilnya data *fit* (sesuai dengan model). Hasil analisis hubungan (1) model struktural perilaku kebersihan gigi: kontrol perilaku, harapan hasil sosial dan pengetahuan kesehatan gigi mempengaruhi skor plak melalui intensi dan perilaku aktual kebersihan gigi, (2) model struktural perilaku kebiasaan diet: kontrol perilaku dan pengetahuan kesehatan gigi mempengaruhi skor plak melalui intensi dan perilaku aktual kebiasaan diet, (3) model struktural perilaku kunjungan ke Dokter Gigi: kontrol perilaku dan pengetahuan kesehatan gigi mempengaruhi skor plak melalui intensi dan perilaku aktual kunjungan ke Dokter Gigi (4) model struktural perilaku kesehatan gigi: ketiga kontrol perilaku (kebersihan gigi, kebiasaan diet dan kunjungan ke Dokter Gigi) berkontribusi kuat terhadap masing-masing intensi (kebersihan gigi, kebiasaan diet dan kunjungan ke Dokter Gigi), dan yang terbesar kontribusinya adalah kontrol perilaku kebiasaan diet. Kesimpulan, kontrol perilaku yang kuat pada komponen intensi akan menentukan ketiga perilaku kesehatan gigi pada remaja, namun yang secara empiris menentukan adanya hubungan dengan skor plak hanya perilaku kebersihan gigi dan kebiasaan diet.

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The prevalence of adolescent caries in Indonesia is still high. Poor oral health behaviour is one of the causes. Unstable emotional behaviour in adolescent can affect their oral health care. Poor oral health condition can

affect their self-confidence in social environment. Therefore evaluation for adolescent oral health determinant and assessment is needed. Measuring instruments that suitable for adolescent characteristics are not yet available. The purpose for this research is to make an effective measuring instrument to assess adolescent oral health behaviour and to test adolescent the model of oral health behaviour based on theory of planned behavior alongside by determining the determinants. This research uses explorative description with cross sectional design. A total of 723 junior high school students aged 13-15 years in the city of Bandung became the subject of study. The sample was chosen with probability proportional to size (PPS) method using random group methods. The research consist of (1) make an effective measuring instrument and validate it; (2) assessing adolescent oral health behavior and score plaque (3) assessing the determinant model of adolescent oral health behaviour. Research result shown that measuring instrument of adolescent oral health behaviour based on theory of planned behaviour, the expectation of social outcome, oral health knowledge, and actual behaviour confirmed as valid and reliable. The result of third structural oral hygiene behaviour model, dietary habits, dental based on the theory of planned behaviour, expected social outcome and knowledge which resulted of data fit with model. The result of result of relationship analysis consist of (1) structural models of oral hygiene behaviors: perceived behavior control, expectations social outcomes and oral health knowledge influence plaque scores through the intention and actual behavior of oral hygiene, (2) structural models of dietary habits: perceived behavior control and oral health knowledge influence plaque scores through the intention and actual behavior of dietary habits, (3) structural models of dental attendance: perceived behavior control and oral health knowledge influence plaque scores through the intention and actual behavior of dental attendance (4) structural models of oral health behavior: perceived behaviora control (oral hygiene, dietary habits and dental attendance) have a strong contribution to each intention (oral hygiene, dietary habits and dental attendance), and the biggest contribution is perceived behavior control of dietary habits. Conclusion, strong perceived behavioral control on the intention component will determine the three oral health behaviors in adolescents, but which empirically determines the association with plaque scores only oral hygiene behavior and dietary habits.