### **BUKTI KORESPONDING**

Judul : Intention and Oral Health Behavior Perspective of Islamic Traditional Boarding

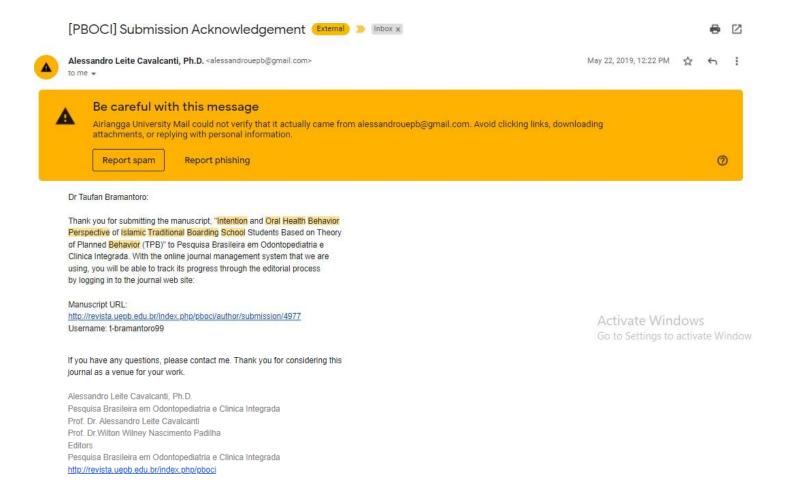
School Students Based on Theory of Planned Behavior

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PESQUISA BRASILEIRA EM
ODONTOPEDIATRIA E CLÍNICA INTEGRADA

to me



Dear Professor Bramantoro,

It is a pleasure to accept your manuscript entitled "Intention and Oral Health Behavior Perspective of Islamic Traditional Boarding School Students Based on Theory of Planned Behavior (TPB)" in its current form for publication in the Pesquisa Brasileira em Odontopediatria e Clinica Integrada. The manuscript was sent for editing and soon I will send the PDF proof.

**8 C** 

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Thank you for your fine contribution. On behalf of the Editors of the Pesquisa Brasileira em Odontopediatria e Clinica Integrada, we look forward to your continued contributions to the Journal.

Sincerely,

Alessandro Cavalcanti

#### 



Alessandro Cavalcanti <alessandrouepb@gmail.com>



Dear Dr. Bramantoro,

The proof of your article (Intention and Oral Health Behavior Perspective of Islamic Traditional Boarding School Students Based on Theory of Planned Behavior), to be published in Pesquisa Brasileira em Odontopediatria e Clínica Integrada is attached to this e-mail.

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## **Title Page**

## ORIGINAL RESEARCH

Islamic Boarding School Oral hygiene behavior

Bramantoro et al

Intention and Oral Health Behavior Perspective of Islamic Private Boarding School Students in Indonesia Based on Theory of Planned Behavior (TPB)

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## Usulan Judul:

1.Attitude, Knowledge, and Behavior Student of Islamic Boarding School Based on Theory of Planned Behavior

Intention and Oral Health Behavior Perspective of Islamic Private Boarding School Students in Indonesia Based on Theory of Planned Behavior (TPB)

1

2

## Abstract

3 **Background:** The pilot study to 30 students found that the dental health status of students was 4 poor, as the recorded DMF-T score was 4.6. Santri (students in Islamic School) who live in 5 boarding schools have unique behaviors, including the behavior of maintaining oral health. In the preliminary survey, it was found that the dental and oral health status of 30 santris was quite high. 6 7 which showed 4.6 with the details that 27 santris (90%) had cavities. The pilot study revealed that 8 among 30 students, 27 students had cavities. Islamic boarding school is a community 9 environment, in which interaction between teachers and students are influenced by culture, 10 religious norms, and certain habits, so as to build a certain pattern of a distinctive behavior. 11 Behavior that is formed in the lives of santri boarding schools can be influenced by several 12 interrelated aspects, for example the rules that are binding within the cottage institution so that 13 access to information is limited (not allowed to bring a cellphone) and also the facilities provided (eg dental polyclinic facilities are available, and there is more respect for teachers of Islamic 14 boarding schools. Data were obtained by a questionnaire which consisted of 2 types of questions, 15 16 semi-open ended and closed-ended questions. One of which is dental and oral health behavior. 17 Theory of planned behavior (TPB) is known as a socio-psychological model that is able to predict 18 and assess human behavior. Objective: This study aims to analyze the relationship of dental health status with the intention 19 20 of santri in private Islamic boarding schools through the Theory of Planned Behavior (TPB) 21 approach. 22 Method: A cross-sectional analytic study was conducted on 153 students of Islamic boarding 23 school who fulfilled the minimum criterion, i.e. living in the boarding school for 1 year. Data 24 were obtained by a questionnaire which consisted of 2 types of questions, semi-open ended and 25 closed-ended questions. The instrument in this study is a questionnaire that has been tested for normality and reliability. Questionnaires are open and closed questions. 26 27 Results: All study variables according to the theory of planned behavior, such as knowledge, 28 attitude, subjective norm, perceived behavior control, and intention had significant value to 29 predict and assess behavior with p-value<0.05. Conclusion: Attitude, subjective norms, perceived behavioral control, and oral health knowledge 30 31 in Private Boarding School's Santris influence the intention to improve oral hygiene behavior. 32 33 **Keywords**: theory of planned behavior; students of traditional Islamic boarding school; behavior 34

## Introduction

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Islamic boarding school is an Islam-based educational institution with a boarding school system, where the students and teachers live in the same neighborhood, in a dormitory, and tend to be a closed community. The number of Islamic boarding schools in Indonesia is about 27,230 with the majority located in Java Island (78.60%) with the total number of the student as many as 3.8 million, therefore, Islamic boarding school attracts special concern in research about the oral health maintaining behavior.<sup>2.3</sup> In Islamic boarding school, the interaction between teachers and students are influenced by culture, religious norms, and certain habits so as build a certain pattern of behavior that has the distinctive characteristic. This finding is contrary to the aforementioned proverb, yet previous study also found that the healthy living behavior of children in Islamic Boarding School was poor. Besides, Islamic Boarding School denotes one of the Islamic educational center, which holding proverb "purity is half of iman (faith)". Therefore, maintaining personal hygiene is not only a habit, but also a part of the faith itself. Islamic boarding schools are expected to be able to educate students in all aspects in accordance with the values and norms of Islam, including aspects of oral health, .4,5 Based on the result of a prior pilot study to 30 students at Al-Yasini Islamic boarding school, Pasuruan, East Java, it was found that the dental health status of students measured by means of DMF-T index showed high DMF-T score of 4.6. from 30 students, 27 students had cavities. The result denoted that about 90% of students had poor dental status. However, other study found that the general health conditions, with reference to health care access, healthy behavior, and healthy environment were unsatisfactory.<sup>6</sup> The current research aimed to analyze the role of students' intention in predicting dental and oral health maintaining behavior, based on the Theory of Planned Behavior (TPB). The human behavior can be explained by various theories, one of which is the TPB. This theory is known as the socio-psychological model that is able to predict and assess human behavior. Since the 2000s until now this theory has been widely used as a basis for research in

various fields of science, and has been carried out by applying this theory to research in different

country locations. this theory began to be widely used in various studies, especially researches on health behavior. Based on the theory of planned behavior, there are subjective norms variable to predict the influence of the closest-related people in the environment against the individual certain behavior. Theory of planned behaviour was develop to attempt to predict human behaviour. The TPB posits that attitude toward the behavior, subjective norm, and perceived behavioral control influence behavioral intention.

#### **Materials and Methods**

This cross-section analytical study was conducted in accordance to the approval of the Faculty of Dental Medicine Ethical Committee, with certificate number of 089/HRECC.FODM/VII.2017. The required data were obtained by means of a questionnaire and clinical examination. The questionnaire has been tested the validity of the content. After being declared valid, the questionnaire could be used as a tool to measure attitude, subjective norms, perceived control behavior, intention, oral hygiene behavior, and oral health knowledge to the respondents. Prior filling the questionnaire form, signing an informed consent were compulsory for the respondents who agreed to be respondents of this study. All respondents in this study have signed the informed consent represented by Ustadz / Ustadzah as guardian at the Islamic Boarding School, in accordance with the provisions of informed consent by the Ethics Commission.

## Sample

The respondents of this study were Al-Yasini Islamic boarding school students who had lived for at least 1 year, aged 14 years old. As many as 153 students were recruited by simple random sampling, consisting of 74 males and 79 females. All respondents came from the same race (100% Javanese). The sample socio-economic condition is the middle class (taken from the data that 60.78% of the sample gets money to fulfill their daily needs of less than IDR 500,000 or equivalent to 33 USD per month)

## **Instruments and measures**

There were 2 types of questions in this questionnaire form, which were semi-open ended and closed-ended questions. The semi-open ended question was intended to obtain information about the respondent characteristics. Whereas, closed-ended questions (35 questions) were used to determine the application of the theory of planned behavior that underlies the behavior of boarding school students in maintaining oral health, namely knowledge, attitudes, subjective norms, perceived behavior control, intentions, and behavior of the respondents in maintaining oral and dental health. All variables were given a score. The higher the score will show the better outcome.

## **Oral Hygiene Behavior**

The questionnaire with 5 questions, aiming to assess the behavior of Islamic boarding school students in maintaining oral hygiene, such as the frequency and duration of tooth brushing, tooth brushing time, gargling after meals, and the use of a shared toothbrush. Each answers were given a score in the range of 0-5, and subsequently, summarized to get behavior score. The higher the score indicated the better oral hygiene behavior.

#### **Intention**

The questionnaire 5 questions, aiming to evaluate the intention (INT) of Islamic boarding school students to behave, such as the intentions to brush tooth twice a day, the intention to brush tooth every morning after breakfast and the night before sleep, the intention to gargle after having meal, the intention to clean teeth using toothbrush and toothpaste, and the intention to not use shared toothbrush. Indicators for making questions on questionnaires based on basic dental and oral health behaviors according to the NSW Health Center for Oral Health Strategy. The respondents were asked to score each item in the range of 1-6, indicating disagree to agree. The range of the total score of this variable was 1-30.

#### Attitude

To assess the students' attitude, respondents were given with 5 questions about the attitude (ATT) toward behavior, such as brushing behavior, in terms of frequency, time, and

duration shared toothbrush, and brushing tooth for 2-3 minutes. The respondents were required to give a score to each question, in the range of 1-6. The range of the total score of this variable was 5-30. The higher the score showed the better attitude.

## **Subjective norms (SN)**

The questionnaire with 15 questions which aimed to find out the influence of the surrounding people in boarding school, such as peers, teachers, and parents towards the students' behavior. Respondents were required to give score for each statements, such as "My friends advise me to gargle after meals", "My parents advise me to brush my teeth with toothpaste and toothbrush to clean my teeth and mouth", "*Ustadz* (male Islamic teacher) and *ustadzah* (female Islamic teacher) advise me not to share toothbrush with friends". Each question had range of 1-6 scores. The range of total score of this variable was 15-90. The higher the score showed the higher the influence of the people around to behave.

## Perceived Behavioral control (PBC)

The questionnaire with 5 questions which aimed to assess the ability of respondents to conduct certain behavior, such as brushing tooth twice a day, brushing tooth after breakfast and night before sleep, brushing tooth using toothbrush and toothpaste, gargling after meals, and not sharing toothbrush between friends. Range score on each question was 1-6, from difficult to do until easy to do. The range of total scores in this variable was 5-30. So, the higher the score indicated that the respondent felt at ease to conduct the behavior. Therefore, it also indicated that they were certain of being able to perform such behavior.

## **Oral Health Knowledge (OHK)**

The questionnaire with 5 questions which aimed to observe the knowledge of the respondents. The questions were adopted from previous research.<sup>10</sup> Questions on this variable included "Does caries affect the aesthetic of a person's oral cavity?", "Does sweet food affect dental and oral health?", "Can soft drinks affect oral health?", "Can oral health affect general

health?", "Are dental and oral diseases treatment as important as other organs treatment?". The total number of scores on this variable was 0-5. The higher the score showed the higher the level of knowledge of the respondents.

Statistical analysis

The acquired data were tabulated and presented in mean and standard deviation in tables.

Multi-variat analysis was done using linear regression.

## Results

Characteristics of respondents in this study consisted of gender, age, duration of stay in the boarding school, number of parent visits in 1 month, the amount of allowance per month, and madrasah school level in Islamic boarding schools. The table 1 describes the distribution of respondents based on these five characteristics.

The result describes 2 findings: the descriptive explanation of factors influencing behavior based on the TPB, and the correlation of intention toward behavior. Besides, the acquired data also determine the correlation between each variable in influencing behavior. In Table 2, based on the questionnaire, the highest score of variable that affect behavior recorded from both male and female respondents was Subjective Norm (57.288±12.828), followed by Attitude (25.627±4.144). Meanwhile, the lowest score that affect behavior was Oral Health Knowledge (3.179±1.402). Observing the result based on the gender, the result also showing the same manner. The obtained data from male respondents showed that variable with the highest score was Subjective norm (55.662±12.861), followed by Attitude (24.405±4.354), while the lowest score was Oral Health Knowledge (3.270±1.520). As for female, variable with the highest score recorded was SN (58.923±12.732), followed by ATT (26.795±3.619). and the lowest score was from Oral Health Knowledge (4.154±1.140).

Based on Figure 1, it was found that Attitude variable had significant relationship with intention with p<0.003 and correlation coefficient (r) of 0.503. It means that Attitude had high significant correlation with intention. Then, subjective norm had significant relationship with intention with p<0.035 and correlation coefficient (r) 0.367, which means subjective norm had less significant correlation with intention.

Perceived behavioral control had a significant relationship with intention, with p-value <0.0001 and correlation coefficient (r) of 0.659. It means PBC had high significant correlation with intention. In addition, Oral Health Knowledge had a significant relationship with intention, with p <0.0001 and correlation coefficient (r) of 0.300 which means OHK had less significant correlation with intention. Whereas, the intention had significant relationship with OHB with p-

value <0.0001 and correlation coefficient (r) of 0.373. It means that intention variable had less significant correlation with OHB. However, the overall variable had strong significance value, evidenced by the statistical test of p-value <0.05 obtained. Table 3 explains the influence of variables toward intention. Among variables, the ones with the strongest influence recorded were perceived behavioral control and Oral Health Knowledge with the value of P < 0.0001.

## **Discussion**

This study found that the behavior of student in Islamic Boarding School could be predicted by assessing intention through theoretical approach, using TPB. We analyzed the students' behavior in maintaining dental and oral health. The result of the study showed that intention was significantly correlated to attitude, subjective norm, perceived behavioral control, and oral health knowledge with p-value of <0.05.

In general, there are variables that may influence the intention, i.e. attitude, subjective norm, perceived behavioral control, and oral health knowledge, assessed with the *goodness of fit statistics* (R2) in which resulted in score of 0.567. It means that the aforementioned variables affect the intention as much as 56.7%. These results are in accordance with previous studies which stated that (27%-52%) attitude, subjective norm, perceived behavioral control, and oral health knowledge influence the intention to improve oral hygiene behavior. <sup>11–14</sup> The perceived behavioral control and oral health knowledge had the strongest influence on intention compared to the other variables. This is in line with previous research which found that attitude, perceived behavioral control, and oral health knowledge can predict the intention to behave. <sup>14</sup>

We found that attitude had significant relationship with intention, which is in line with previous study which stated that there is a person's attitude toward behavior can affect one's intention to behave. The boarding school environment is an environment that has certain rules, certain facilities, so that students of Islamic boarding school or boarding school feel to be able to perform oral hygiene behavior with maximum facilities, while the constraints to perform oral hygiene behavior is minimal. So, the higher the perceived behavioral control of a boarding school student, the higher the intention to do oral hygiene behavior.<sup>15</sup>

The subjective norm variable had significant relationship with intention with p-value <0.05. In the boarding school environment, teachers become role models that will be imitated by the students. If the influence of the surrounding environment is strong, then subjective norm will be higher. This is in line with previous research conducted by Ajzen.<sup>16</sup>

The intention of santri to clean their teeth and mouth gets an average value for assessment.

This is in line with the results of the average oral hygiene behavior which is also quite good. This is also in line with previous research, which found that attitude, perceived behavioral control, and oral health knowledge can predict intention to behave.<sup>15</sup>

Boarding school environment educate students in all aspects in accordance with Islamic religious values and norms, including aspects of oral health. In the boarding school environment, the role of the teacher is very large as a student role model for Islamic boarding schools. The norms that apply to the boarding school environment are adherence and a high level of trust from students to the boarding school teachers. Overall components of the theory of planned behavior can predict the Islamic boarding school students' intentions to conduct oral health behavior. This result is consistent with the results of previous studies by Rhodes and Courneya. 1,18

#### Conclusion

- Attitude, subjective norms, perceived behavioral control, and oral health knowledge in Private
- Boarding School's Santris influence the intention to improve oral hygiene behavior. Moreover,
- in a closed environment that is limited by rules, norms, and human interactions

## Acknowledgement

# 228 Authors' contributions

T.B., E.B., Ti.B, D.S. contributed to the design and implementation of the study, to the analysis of the results and to the writing of the manuscript. The manuscript has been read and approved by all the authors, and that each author believes that the manuscript represents honest work.

- 233 References
- 234 1. Sari MME. The Role of Learning Management of Islamic Boarding School
- 235 (Pesantren) in Improvement of Their Students Religious Tolerance in West Java -
- 236 Indonesia. Int J Innov Appl Stud. 2017; 19(1):24-32.
- 237 2. Departemen Agama RI. Daftar Jumlah Santri Dan Nama Kyai Tahun 2008/2009
- [Internet]. Indonesian Department of Religion 2008.
- http://www.pendis.kemenag.go.id/. Accessed on September 10, 2018.
- 240 3. Departemen Agama RI. Analisis Dan Interpretasi Data Pada Pondok Pesantren,
- Madrasah Diniyah (Madin), Taman Pendidikan Quran (TPQ) Tahun Pelajaran
- 242 2011-2012. Indonesian Department of Religion 2012.
- 243 http://pendis.kemenag.go.id/file/dokumen/pontrenanalisis.pdf. Accessed on
- 244 September 10, 2018.
- 245 4. Budiarti R. Tingkat Keimanan Islam Dan Status Karies Gigi Santri. *J Heal Qual*.
- 246 2014;5(1):1-8.
- 5. Bramantoro T, Karimah N, Sosiawan A, et al. Miswak users' behavior model
- based on the theory of planned behavior in the country with the largest Muslim
- population. Clin Cosmet Investig Dent 2018;10:141-148.
- 250 6. Susanto T, Sulistyorini L, Wuryaningsih EW, Bahtiar S. School health
- promotion: A cross-sectional study on Clean and Healthy Living Program
- Behavior (CHLB) among Islamic Boarding Schools in Indonesia. Int J Nurs Sci.
- 253 2016;3(3):291-298.
- 254 7. Ab Malik N, Mohamad Yatim S, Lam OLT, Jin L, McGrath C. Factors
- influencing the provision of oral hygiene care following stroke: an application of
- the Theory of Planned Behaviour. Disabil Rehabil 2018;40(8):889-893.

- 8. Matthew A. Using the theory of Planned Behavior to determine the condom use
- behavior among college students. Am J Health Stud 2015; 30(1):43-50
- 9. New South Wales Health Centre. Helping adults with special needs to have a
- healthy mout. Available from
- 261 https://www.health.nsw.gov.au/oralhealth/Publications/adults-add-needs.pdf.
- Accessed on February 14 2019.
- 263 10. Dumitrescu AL, Dogaru BC, Duta C, Manolescu BN. Testing five social-
- 264 cognitive models to explain predictors of personal oral health behaviours and
- intention to improve them. Oral Health Prev Dent. 2014;12(4):345-355.
- 266 11. Al-Omiri MK, Al-Wahadni AM, Saeed KN. Oral health attitudes, knowledge,
- and behavior among school children in North Jordan. J Dent Educ.
- 268 2006;70(2):179-187.
- 269 12. Armitage CJ, Conner M. Efficacy of the Theory of Planned Behaviour: a meta-
- analytic review. Br J Soc Psychol. 2001;40(4):471-499.
- 271 13. Wang L, Wang L. Using Theory of Planned Behavior to Predict the Physical
- Activity of Children: Probing Gender Differences. Biomed Res Int. 2015;2015:1-
- 273 9.
- 274 14. Buunk-Werkhoven YAB, Dijkstra A, van der Schans CP. Determinants of oral
- 275 hygiene behavior: a study based on the theory of planned behavior. Community
- 276 Dent Oral Epidemiol. 2011;39(3):250-259.
- 277 15. Dumitrescu AL, Wagle M, Dogaru BC, Manolescu B. Modeling the theory of
- planned behavior for intention to improve oral health behaviors: the impact of
- attitudes, knowledge, and current behavior. J Oral Sci. 2011;53(3):369-377.
- 280 16. Ajzen I. The theory of planned behavior. Organ Behav Hum Decis Process.

17. Pan, Ning et al. Oral health knowledge, behaviors and parental practices among rural-urban migrant children in Guangzhou; a follow-up study. BMC Oral Health 2017;17(97); Pp: 5-10

Rhodes R, Courneya K. Modelling the theory of planned behaviour and past behaviour. Psychol Health Med. 2003;8(1):57-69.

# 288 Table list

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289 Table 1. Distribution of Respondents Characteristic

| Respondent Characteristic             | Frequency | Percentage |  |
|---------------------------------------|-----------|------------|--|
| Gender                                |           |            |  |
| 1. Male                               | 79        | 51,70%     |  |
| 2. Female                             | 74        | 48,30%     |  |
| Age                                   |           |            |  |
| <14 years                             | 31        | 20,26%     |  |
| >14 years                             | 122       | 79,73%     |  |
| Number of Parents Visit               |           |            |  |
| <3 times                              | 97        | 63,39%     |  |
| >3 times                              | 56        | 36,60%     |  |
| Level of Education in Boarding School |           |            |  |
| Middle School                         | 82        | 53,59%     |  |
| High School                           | 71        | 46,40%     |  |
| Duration of Stay in Boarding School   |           |            |  |
| < 2 years                             | 102       | 66,66%     |  |
| > 2 years                             | 51        | 33,33%     |  |
| Pocket Money per Month (Rupiah)       |           |            |  |
| <500.000                              | 93        | 60,78%     |  |
| >500.000                              | 60        | 39,21%     |  |

Table 2. Mean and standard deviation of variables that affect behavior according to theory of planned behavior

|                         | Total |      | Female |      | Male |      |
|-------------------------|-------|------|--------|------|------|------|
| Variables (range score) | Mean  | SD   | Mean   | SD   | Mean | SD   |
| Attitude (5-30)         | 25.6  | 4.1  | 26.7   | 3.6  | 24.4 | 4.3  |
| Subjective norm         | 57.2  | 12.8 | 58.9   | 12.7 | 55.6 | 12.8 |
| (15-90)                 |       |      |        |      |      |      |
| Perceived               | 23.9  | 4.5  | 24.9   | 3.8  | 23.0 | 5.0  |
| Behavior control (5-30) |       |      |        |      |      |      |
| Oral health             | 3.7   | 1.4  | 4.1    | 1.1  | 3.2  | 1.5  |
| knowledge (0-5)         |       |      |        |      |      |      |
| Intention (5-30)        | 24.1  | 5.1  | 25.8   | 3.7  | 22.4 | 5.7  |

Table 3. Parameters model of intention

| Source      | Value  | Standard<br>error | t      | Pr >  t  |
|-------------|--------|-------------------|--------|----------|
| Intercept   | -0.846 | 1.996             | -0.424 | 0.672    |
| Attitude    | 0.239  | 0.079             | 3.019  | 0.003    |
| Subjective  | 0.048  | 0.023             | 2.128  | 0.035    |
| Norm        |        |                   |        |          |
| Perceived   | 0.530  | 0.071             | 7.431  | < 0.0001 |
| behavioral  |        |                   |        |          |
| control     |        |                   |        |          |
| Oral Health | 0.913  | 0.207             | 4.416  | < 0.0001 |
| Knowledge   |        |                   |        |          |
|             |        |                   |        |          |

# Figure 1. Regression test result. \*P <0,05, \*\*\*P<0,0001

