

Social Support in Forming Dental and Oral Health Behavior in Islamic Boarding School

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Indonesia has the largest Muslim population in the world. Thus, there are many boarding schools in Indonesia. Boarding school students are expected to have good health behaviours relating to the hadith about cleanliness. However, many Islamic boarding schools still have high caries rates. The objective is to find out social support in forming oral and dental health behaviours of students in Tebuireng Islamic Boarding School, Jombang. Method: This is a descriptive study and conducted in Tebuireng Islamic Boarding School, Jombang. The data was collected from 177 students who matched the criteria from middle and senior high school. The information was obtained using a questionnaire. The results showed that the majority of students have good oral health behaviours. Most of the students also received emotional support, instrumental support, and high information support. In conclusion, students who have good dental and oral health behaviours tend to get high social support from the closest people in school.

Keywords: *Social support, Dental and oral health behaviour, Islamic boarding school students.*

Introduction

Indonesia is a country with the largest Muslim population in the world. Hence, it cannot be denied that there are many Islamic education institutions in Indonesia (LPI), and one of them is the Islamic boarding school (Efendi, 2008). The number of Islamic boarding schools in Indonesia is around 27,230, and most of them are located in Java. Health issues are one of the concerns due to a large number of Islamic boarding school in Indonesia (Departemen Agama

Republik Indonesia, 2011). In terms of beliefs or culture as well as values and norms in life, faith is one of the elements to increase one's motivation and behaviour following the beliefs held. Muslims are expected to have good health behaviours because there is a hadith in Islam that encourages people to maintain personal hygiene and the environment to shape a life of physical and spiritual prosperity (Bramantoro et al., 2018; Budiarti, 2014). Many verses in the Quran convey how to maintain cleanliness and health, such as in Al-Baqarah (2; 222), which reminds humans to maintain purity and holiness (Budiarti, 2014). As for Al-Baqarah (2; 222) stated: "Verily, Allah loves those who repent much and love those who purify themselves." However, there are many health and disease problems in many Islamic boarding schools in Indonesia (Efendi, 2008); one of them is dental and oral health problems. The results of a survey conducted at Al-Yasini Islamic Boarding School found that 90% of students had poor dental health status (Basiroh, 2018). A similar study conducted at Al-Ashriyyah Islamic Boarding School Nurul Iman Parung found caries experience (DMFT) = 4.81, which means there are still many students with high caries rates (Noviani, 2010).

Caries in children has become a worldwide health problem due to its prevalence (Pinat, Setijanto, & Bramantoro, 2017). The pain caused by dental caries can disrupt students learning activities. Tooth loss due to caries will reduce the quality of life associated with oral health. The more teeth they loss, the more they loss focus and will affect communication as well as the ability to chewing food (Berniyanti et al., 2019; Lexomboon, Trulsson, Wårdh, & Parker, 2012). Caries can also cause psychological and social disabilities (Masood, Newton, Bakri, Khalid, & Masood, 2017). People who have oral and dental health problems will experience a disorder in his psychology which can be characterised by a decrease in self-confidence that causes them to tend to isolate themselves from the environment (Locker & Allen, 2007). The occurrence of caries is influenced by several factors, resulting from interactions between the environment, genetic factors, and a person's behaviour (Cameron & Widmer, 2013). According to the previous study, the most influential factor in the high prevalence of caries is behaviour in maintaining oral health. If dental and oral health behaviour is inaccurate, the tendency for dental caries to increase is more significant. It is necessary to change the behaviour for better oral health and reduce caries prevalence (Sutjipto, Wowor, & Kaunang, 2013).

People must improve the factors that influence practise to enhance oral health. Internal and external factors can influence dental and oral health behaviour. Internal factors that can affect dental and oral health are knowledge, attitudes, and level of education. However, external factors that can influence include social support from the closest people (Umaroh, Hanggara, & Choiri, 2016). Social support can be formed as attention, comfort, or assistance received by individuals from other people, where others can be individually or in groups (Sarafino & Smith, 2014). The support comes from people to the individual. There are four aspects of social support, such as emotional support, appreciation, instrumental, and information (Glanz,

Rimer, & Viswanath, 2008). Emotional support will give someone a sense of comfort, certainty, a feeling of belonging, and being loved. Appreciation support will build an atmosphere that makes a person feel precious, competent, and valuable for someone. Instrumental support can reduce stress by solving problems directly after received assistance in the form of services, goods, and time instantly from the people closest to them. Information support can be formed in giving advice, suggestions, or feedback to someone. Social support can help someone to develop dental and oral health behaviour. Someone who gets social support will be more helpful in developing better dental and oral health behaviour. That is initially only limited to perception, then the intention and desire to manifest an action (Araújo, Freire, Padilha, & Baldisserotto, 2006). The absence of social support will make someone feel unsupported to behave well in maintaining oral health. Thus it will have an impact on the declining health of one's dental and oral (Goleman, 2005). The aim of this study to determine the description of social support in forming dental and oral health behaviour in Islamic boarding school students.

Methods

This was a descriptive study with a cross-sectional study design. The aim of this study is to seek social support in forming oral and dental health behaviour of students in Tebuireng Islamic Boarding School in Jombang. The population in this study were all students in Tebuireng Islamic Boarding School, Jombang. Stratified random sampling method was used to sample 177 sample based on inclusion criteria including respondents who were still active as students, cooperative, could read and write, willing to participate in the study and to sign the inform consent. Variables that included in this study are emotional support, instrumental, appreciation, and support for information and dental and oral health behaviour. Primary data were obtained using a questionnaire. The collected data were analysed descriptively.

Results

In the cross-tabulation table (Table 2), it can be seen that the highest frequency of students who get emotional support is high and dental and oral health behaviour is excellent. Students who have bad dental and oral health behaviour are mostly got low emotional support. The result of this study showed that male student with bad dental and oral health (38.0%) is higher than the female student (Table 2). Based on Table 2, 35.4% of junior high school students tend to have lousy dental and oral health behaviour and higher than senior high school students. Our analysis shows that students with low emotional support tend to have bad dental and oral health behaviour (36.5%). Meanwhile, a student with great emotional support has good dental and oral health behaviour (77.2%). Appraisal support also affects dental and oral health behaviour, a student with high appraisal support tend to have good dental and oral health (75.0%) (Table 2). Table 2 shows that a student with great

informational support has excellent dental and oral informational support (77.8%) compared to a student with low informational support.

Discussion

Characteristics of a person such as gender, age, and educational level can influence health behaviour. A person's health behaviour can be formed by three factors, namely predisposing factors, enabling factors, and reinforcing elements (Green, 1984; Notoatmodjo, 2014). Predisposing factors are internal factors that exist in a person who makes it easier for someone to behave. These factors include knowledge and attitude. The enabling factors are factors that enable or facilitate a person's behaviour, including the availability of health facilities and infrastructure. The last factor is the reinforcing factor that encourages or reinforces the occurrence of a person's behaviour. This factor includes a motivating factor for healthy behaviours such as social support provided by people closest to the individual such as friends, family, and teachers. This factor is essential to serve the basis of the behaviour formation that support their oral hygiene (Setijanto, Bramantoro, Palupi, & Hanani, 2019). This study aims to determine the characteristics of students and social support in forming oral and dental health behaviours of Tebuireng Islamic Boarding School students in Jombang. The characteristics of respondents in this study include sex, age, educational level, domicile, length of stay in an Islamic boarding school, and the amount of allowance in one month. Meanwhile, the variables include social support consisting of emotional support, instrumental support, appraisal support, informational support, and dental and oral health behaviour.

Female student shows better dental and oral health behaviours than male students. Dental and oral health behaviours according to sex characteristics in this study show that the percentage of female students is higher than a male student. These results are similar to previous studies, conducted on students of the Faculty of Medicine at the University of Medicine and Pharmacy Carol Davila (Zetu, Zetu, Dogaru, Duță, & Dumitrescu, 2014). Female students tend to have better dental and oral health behaviour compared to male students. This is because a female student is usually more concerned with appearance and physicality. Thus, they will be more concerned about dental health and always maintain healthy dental and oral by brushing teeth regularly, doing dental flossing, and making regular visits to the dentist (Zetu et al., 2014). Based on the characteristics of the educational level in Islamic boarding schools, the results show that junior high school student who has good dental and oral health behaviour is lower than students at the level of senior high school are. This is obtained because the educational level is related to one's ability to receive and respond to information. Education level is an essential part of the process of changing behaviour since a high level of education will make someone more comfortable to absorb the information. This means that the higher the level of one's education, the better the ability to absorb health knowledge (Gumiarti & Yuningsih, 2015; Soekidjo Notoatmodjo, 2010). Senior high school students are

considered to have the ability to absorb higher dental and oral health knowledge compared to junior high school students. Hence, students at senior high school have a tendency for better dental and oral health behaviours.

The prevalence of dental and oral health behaviour based on the students' domicile is 0.77, which means that the origin of the living area is not a risk factor for forming oral health behaviour. This result was in line with previous studies which explained that the relationship between the domiciles of students in Al-Bisyri Tinjomoyo Islamic Boarding School Semarang is not related to the practice of doing dental and oral health, where the results of the study show that there is no relationship between the areas of origin and health behaviour (Rahman, Prabamurti, & Riyanti, 2016). Regional domicile factors are related to social culture that can influence a person's behaviour or habits (Susilowati, 2011). Students live and stay in the same socio-cultural environment which is Tebuireng Islamic Boarding School in Jombang in this study, thus informing habits or behaviours of dental and oral health are influenced by the environment of the Islamic Boarding School but not the environment of the domicile area.

Dental and oral health behaviour based on the characteristics of the length of stay in Islamic boarding schools shows that students who live more than 3 years have a higher percentage of good dental and oral health behaviour compared to students who live in boarding schools less than 3 years. The act of a person is related to the environment in which they live. The environment can be fellow students, teachers, boarding school officials, and et cetera (Ajzen, 2015). Based on the results of this study, it was found that the environment of Tebuireng Islamic Boarding School in Jombang provides tremendous social support for students to behave well in oral health. This means that students with a longer duration of stay receive higher social support to change their dental and oral health behaviour better compared to students with shorter length of stay at the dorm. Based on the characteristics of the amount of allowance for students every month, the results show that the percentage of dental and oral health behaviour of students with an allowance of more than 500,000 rupiahs is higher than that of students with an allocation of less than 500,000 rupiahs. Based on the theory of planned behaviour, one of the things related to one's behaviour is economic or financial factors (Ajzen, 2015). Someone with higher financial status will make it possible to get health services or facilities quickly, and it will reinforce to change better health behaviour (Silfia, Riyadi, & Razi, 2019). Therefore, students with a higher allowance are likely to purchase toothbrushes, toothpaste, and other necessities routinely to maintain oral health.

Emotional support in this study refers to the attention, empathy, and concern felt by students from the closest people in the boarding school environment such as fellow students and religious teachers. Based on the results of the study, students who have a tendency for good dental and oral health behaviours receive great emotional support. This is in line with

previous studies that emotional support from the family can encourage someone to do better health behaviours (Reblin & Uchino, 2008). In this case, families can be replaced by fellow students or religious teachers in the boarding school dormitory environment. The availability of friends or religious teachers helps students make decisions about efforts to maintain oral health, remind students to brush their dental twice a day routinely and check with the dentist at least every six months. This will increase self-efficacy students to maintain healthy dental and oral, thus making dental and oral health behaviours for students better (Wijayanti & Munawaroh, 2014).

Instrumental support in this study includes transportation support to go to the dentist or clinic, emergency money loans for dental and oral health needs, the provision of toothbrushes or other tools that can help maintain oral and dental hygiene. Students with good dental and oral health behavioural tendencies receive tremendous instrumental support from those around them such as fellow students and the religious teachers in Islamic boarding schools. Regarding the instrumental support of the closest people in the boarding school environment, it is easier for students to get access to dental and oral health. The availability of dental and oral health facilities or access to instrumental support provided will make students have better dental and oral health behaviours (S Notoatmodjo, 2014). It can be seen that students in this study who have good dental and oral health behaviour get high appraisal support from those closest to the boarding school environment. Appraisal support in this study emphasises the assessment and positive appreciation for having good oral health behaviours. This support functions indirectly and influences through the mediation of cognitive processes, for instance, by increasing self-efficacy. Self-efficacy will form self-efficacy judgments that will affect one's behaviour (Glanz et al., 2008).

Supporting appreciation for dental and oral health behaviours that given by fellow students or religious teachers can increase self-efficacy. High self-efficacy can increase students' confidence in terms of dental and oral care. Thus students are more comfortable to perform better oral health behaviours (Uchino, 2009). Information support in this study includes providing information about dental and oral health behaviours from the closest people to students in the boarding school environment. Based on the study result, students who receive high informational support tend to have better dental and oral health behaviours. The more dental and oral health information obtained by students, the more the oral health knowledge of students. The increasing oral health knowledge can make students know the adverse effects caused if they have bad dental and oral health behaviours. Therefore, in order to prevent these adverse effects, it is necessary to make the better changes in dental and oral health behaviour (Al-wesabi, Abdelgawad, Sasahara, & El Motayam, 2019).

Conclusion

Based on the results of the study, it can be concluded that the majority of students have good dental and oral health behaviour. One way to improve dental and oral health behaviour of students in Islamic boarding schools is through social support approaches.

Table 1: Respondent Characteristics

Indicator		Total	Percentage (%)
Sex	Male	71	40.1
	Female	106	59.9
	Total	177	100.0
Age	≤ 13 Years old	41	23.2
	> 13 Years old	38	21.5
	≤ 16 Years old	45	25.4
	> 16 Years old	53	29.9
	Total	177	100.0
Educational Level	JHS	79	44.6
	SHS	98	55.4
	Total	177	100.0
Domicile	East Java	61	34.5
	Outside East Java	116	65.5
	Total	177	100.0
Length of Stay in Islamic Boarding School	< 3 Years old	119	67.2
	> 3 Years old	58	32.8
	Total	177	100.0
Allowance for a month	< 500.000	101	57.1
	> 500.000	76	42.9
	Total	177	100.0

Table 2: Cross-tabulation of Dental and Oral Health Behaviour Variables

Variable		Dental and Oral Health Behaviour				Total	
		Bad		Good			
		n	%	n	%	n	%
Sex	Male	27	38.0%	44	62.0%	71	100.0%
	Female	25	23.6%	81	76.4%	106	100.0%
Total		52	29.4%	125	70.6%	177	100.0%
Variable		Bad		Good		Total	
		n	%	n	%	n	%
Sex	JHS ≤ 13 Years old	13	31.7%	28	68.3%	41	100.0%
	JHS > 13 Years old	15	39.5%	23	60.5%	38	100.0%
	SHS ≤ 16 Years old	13	28.9%	32	71.1%	45	100.0%
	SHS > 16 Years old	11	20.8%	42	79.2%	53	100.0%
Total		52	29.4%	125	70.6%	177	100.0%
Variable		Bad		Good		Total	
		n	%	n	%	n	%
Educational Level	JHS	28	35.4%	51	64.6%	79	100.0%
	SHS	24	24.5%	74	75.5%	98	100.0%
Total		52	29.4%	125	70.6%	177	100.0%
Variable		Bad		Good		Total	
		n	%	n	%	n	%
Domicile	East Java	15	24.6%	46	75.4%	61	100.0%
	Outside East Java	37	31.9%	79	68.1%	116	100.0%
Total		52	29.4%	125	70.6%	177	100.0%
Variable		Bad		Good		Total	
		n	%	n	%	n	%
Length of Stay in Islamic Boarding School	< 3 Years old	40	33.6%	79	66.4%	119	100.0%
	> 3 Years old	12	20.7%	46	79.3%	58	100.0%
Total		52	29.4%	125	70.6%	177	100.0%
Variable		Bad		Good		Total	
		n	%	n	%	n	%
Allowance for a month	< 500.0000	32	31.7%	69	68.3%	101	100.0%
	> 500.000	20	26.3%	40	73.7%	76	100.0%
Total		52	27.3%	125	72.7%	177	100.0%

Variable		Bad		Good		Total	
		n	%	n	%	n	%
<i>Emotional Support</i>	Low	31	36.5%	54	63.5%	85	100.0%
	High	21	22.8%	71	77.2%	92	100.0%
Total		52	29.4%)	125	70.6%	177	100.0%
Variable		Bad		Good		Total	
		n	%	n	%	n	%
<i>Instrumental Support</i>	Low	26	31.7%	56	68.3%	82	100.0%
	High	26	27.4%)	69	72.6%	95	100.0%
Total		52	29.4%	125	70.6%	177	100.0%
Variable		Bad		Good		Total	
		n	%	n	%	n	%
<i>Appraisal Support</i>	Low	34	32.4%	71	67.6%	105	100.0%
	High	18	25.0%	54	75.0%	72	100.0%
Total		52	29.4%	125	70.6%	177	100.0%
Variable		Bad		Good		Total	
		n	%	n	%	n	%
<i>Informational Support</i>	Low	32	36.8%	55	63.2%	87	100.0%
	High	20	22.2%	70	77.8%	90	100.0%
		52	29.4%	125	70.6%	177	100.0%

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