

Research Report

Sarana Sehat Kalijudan (SARASEHAN) Whatsapp Group: A Platform to Disseminate Children's Dental and Oral Health Information

Darmawan Setijanto, Rita Yuana Rachmawati, Hayyin Sabila Kandar, Dwicha Rahma Nuriska Hartono, Agtadila Novitananda, Revian Gigih Laksono, Audina Thalia, Dennaya Listya Dias, Rachma Adityasari, Naura Athiyyah Sativa and Ahmad Fauzi

Departement Dental Public Health,
Faculty of Dental Medicine, Universitas Airlangga
Surabaya – Indonesia

ABSTRACT

Background: Two main influencing factors of dental and oral health in developing countries are attitude and behavior. A person's behavior is influenced by intentions, attitudes, subjective norms, perceived control. Attitudes and parental behaviors, especially mothers, have a significant effect on children's behaviors, especially in maintaining dental health. A mother should be literate about and set examples on dental and oral health to her child. An epidemiological study conducted at the Kalijudan Health Center involving 105 research respondents reported that parental behavior, especially perceived control, had a significant effect on the dental health care of children under five. Therefore, we created an empowerment program by using WhatsApp as the communication platform. Dentists of Kalijudan Public Health Center (Puskesmas), cadres of Integrated Health Service Post (Posyandu), and mothers of children under five have joined the group to facilitate QA with the dentist regarding dental health care for children. **Purpose:** To ease the access to information and consultation regarding dental health care for children under five. **Methods:** To empower the mothers by having discussions with the stakeholders Kalijudan Public Health Center via WhatsApp group. **Results:** 5 out of 10 active mothers gave questions about the health of toddlers' teeth and were answered directly by a dentist representative from the Kalijudan Health Center during a two-hour forum. **Conclusion:** Cadres and mothers of children under five were able to access information and consult with dentists of Kalijudan Public Health Center easily via WhatsApp group named SARASEHAN. The program was beneficial for mothers as it facilitated the mothers to learn more about their children's dental care.

Keywords: mother of a child under five, information, dental health of children under five, WhatsApp.

Correspondence: R Darmawan Setijanto. Department of Dental Public Health, Faculty of Dental Medicine, Universitas Airlangga, Jl. Prof. Dr. Moestopo 47 Surabaya 60132 - Indonesia. E-mail: r-darmawan-s@fkg.unair.ac.id

INTRODUCTION

Dental and oral health is a fundamental part of general health and affects one's well-being¹ Poor dental and oral health will negatively affect one's quality of life.² Two main influencing factors of dental and oral health in developing countries are attitude and behaviour.

According to the planned behaviours theory, a person's behaviours is influenced by intentions, attitudes, subjective norms, perceived control.³ Attitudes and parental behaviours, especially in mothers, in maintaining dental health have a significant influence on children's behaviour. A mother should have good knowledge, attitude and actions towards oral health in order to provide oral health education to her child.⁴ An epidemiological study conducted at Kalijudan

Public Health Centre by the second batch of the 7th PKL team involving 105 research respondents reported that maternal parenting behaviour had a significant influence on children's dental health measured using the DEF-T index. The data were collected from questionnaires distributed to mothers during their visit to Child Health Centre and direct observation on children's dental and oral health using the DEF-T index. The cross-tabulation test results showed mother's intention was strongly influenced by subjective norms and perceived control. To further examine the relationship between child dental health and maternal parenting style, an independent T-test was performed by comparing the DEF-T scores between groups of mothers with excellent maternal parenting style and poor maternal parenting style. The results showed that the maternal

parenting style significantly affected child dental and oral health.

In consideration of these results, we order the problems by priority using the nominal group technique (NGT) method. We then designed Sarana Sehat Kalijudan (SARASEHAN) empowerment program involving dentists of Kalijudan Puskesmas, Posyandu cadres, mothers of children under five. We used the WhatsApp group as the communication platform to facilitate a 2-hour QA session with dentists regarding child dental and oral health. The success indicator was the active participation of mothers in discussing and asking questions about child dental and oral health.

MATERIALS AND METHODS

The health education method used the program was developed through discussions with Kalijudan Public Health Center stakeholders. We used the WhatsApp group as the communication platform for members to discuss information related to child dental health. Tools and materials used in the empowerment program are: mobile phone, WhatsApp, internet quota and laptop.

RESULTS

The expected outcome of the program was the active participation of cadres and mothers in discussing and asking questions related to child dental health. This empowerment program was carried out continuously once a month by inviting the Puskesmas dentist as the speaker and child health care consultant.

The 2-hour discussion group began at 19:00, and the participant was encouraged to ask questions about the dentist's child's dental and oral health. Five out of 10 mothers have actively participated in the 2-hour forum, asking questions related to child dental and oral health to a dentist of Kalijudan Public Health Center. The discussion forum ended at 21:00.

DISCUSSION

Communication means providing a stimulus in the form of symbols or language signs (non-verbal) to influence the behavior of others. A stimulus can manifest in verbal communication, body language, or symbols that are expected to be understood by others – and others respond accordingly in accordance with the intention of the person giving the stimulus. Communication involves two interlocutors.⁵ Health communication is one type of communication. Health communication includes communication strategies to disseminate health information that can influence individuals and communities to make the right decisions in relation to health management.⁶

Health promotion essentially means disseminating health information to individuals for better knowledge

about health. The knowledge is expected to influence one's behavior and make changes in target behaviors.⁷ Presentation and information delivery can be through a variety of media including newspapers, magazines, electronic media, television, and others.⁸ Health promotion can be done via social media, including WhatsApp. Information dissemination through WhatsApp can increase individual knowledge levels, including dental and oral health. Notoadmodjo stated that health promotion using various media could increase individual knowledge of their health.⁹ More importantly, health promotion will not work without involving community empowerment.¹⁰ This empowerment program was conducted online on Thursday, 23 May 2019, via WhatsApp group. We evaluated the participation of the mothers in a discussion about child dental and oral health. The 2-hour discussion forum showed that 5 out of 10 mothers have actively participated in the QA session about child dental and oral health.

A SWOT analysis of the program is: (1) Strength: The program technicalities did not bother the cadres and mothers as they all have WhatsApp application installed. The program was highly effective because it can be done anywhere. (2) Weakness: The empowerment program result showed that cadres and mothers might simply read the information provided without being engaged in the discussion. (3) Opportunity: The program participants can directly interact with dentists and consult about child dental and health without being bothered by visiting the Public Health Center. (4) Threat: The program session was short, and not all participants joined. It was assumed that some participants did not use their phones or open WhatsApp that they cannot join the session.

CONCLUSION

SARASEHAN WhatsApp group has facilitated the ease of access to information about dental and oral health. The program also benefits the cadres and mothers as they become more literate about child dental and oral health.

REFERENCES

1. Walt G. WHO's World Health Report 2003. Vol. 328, BMJ. BMJ Publishing Group; 2004. p. 6.
2. Jürgensen N, Petersen PE. Oral health and the impact of socio-behavioural factors in a cross sectional survey of 12-year old school children in Laos. BMC Oral Health. 2009;9(1).
3. Icek A. Constructing a TpB Questionnaire: Conceptual and Methodological Considerations.
4. Adiatman M, Zhafarina AR, Rahardjo A, Badruddin IA, Prabawanti C. The correlation between mothers' behaviors of maintaining their children's oral hygiene and early childhood caries (based on the theory of planned behavior). J Int Dent Med Res. 2017 Jan 1;10(Specialissue):619–27.
5. Alo L. Dasar-dasar Komunikasi Kesehatan. Jakarta: Pustaka Pelajar; 2007.
6. Soekidjo N. Promosi Kesehatan: Teori dan Aplikasi. Jakarta: Rineka Cipta; 2005.

7. Soekidjo N. Ilmu Perilaku Kesehatan. Jakarta: Rineka Cipta; 2010.
8. BektI I. Optimalisasi Kecerdasan Anak dengan Komunikasi Keluarga. Purwokerto; 2004.
9. Soekidjo N. Ilmu Kesehatan Masyarakat. Jakarta: Rineka Cipta; 2003.
10. Kementrian RK. Pedoman Sistem Informasi Kesehatan. Jakarta: Kementrian Kesehatan Republik Indonesia; 2011. 12–17 p.