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RELATIONSHIP BETWEEN PARENTS' KNOWLEDGE AND BEHAVIOR WITH THE INCIDENCE OF CARIES IN CHILDREN AGED 3-5 YEARS

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ABSTRACT

Parental knowledges plays a crucial role in shaping behaviors that support children's oral hygiene. This is studing aims to analyze the relationship between parental knowledge and behaviors with the occurrence of dental caries in children aged 3-5 years. An analytical cross-sectional study was conducted at Posyandu Kenanga 3 in Kelurahan Bugel, Tangerang City, involving 25 parents and their children. Data were collected through questionnaires and observations over three months from February 1 to May 24, 2025. The are results indicate that parental age, education, and access to health information significantly influence children's dental health. Parental involvement in children's dental care is affected not only by age but also by their understanding of oral health practices. The willingness of parents, especially mothers, to take their children for dental care is influenced by the child's developmental stage. Parental knowledge is key to effective dental health care; thus, enhancing parental knowledge and behaviors is strongly recommended to prevent future issues and establish healthy habits in children from an early age.

Keywords: *Knowledge, Behaviours, Early Childhood Caries*

1. INTRODUCTION

Parental knowledge plays a crucial role in shaping behaviors that support children's oral and dental hygiene. Conversely, when parents lack awareness of the importance of dental health, it can become a risk factor that leads to behaviors detrimental to the oral hygiene of young children (Andina, 2024). Therefore, enhancing parental knowledge is a key strategy in establishing "healthy" dental habits in children. Parental knowledge of dental health can significantly help prevent dental caries, particularly through habits such as regular tooth brushing and limiting children's intake of sugary foods. Furthermore, proactive parental involvement in their children's dental care can reduce the high risk of dental caries.

In this context, there is a clear relationship between parental knowledge and behavior regarding dental health, as evidenced by research indicating a significant association between parental understanding of oral hygiene maintenance and dental health in children aged 3–5 years. Parental knowledge and behavior aim to support effective dental health outcomes for young children and can serve as preventive measures against future dental problems. On the other hand, a lack of parental knowledge and appropriate behavior may lead to increased risk of caries in children aged 3–5, posing latent dangers. As noted by Permatasari et al. (2023), this may manifest as inflammatory processes in the teeth, characterized by persistent throbbing pain, which may worsen in response to heat, cold, or the consumption of sweet foods and beverages.

One of the most frequently highlighted indicators of children's dental health is dental caries. Dental caries in preschool-aged children is a widespread chronic condition globally, including in Indonesia (Oktaviani et al., 2022). This condition is influenced by various factors such as dietary patterns, tooth brushing habits, and the lack of parental attention and education. In this regard, parental knowledge and behavior form the foundational basis for maintaining and fostering comprehensive oral hygiene habits in children. Without adequate awareness and understanding from parents, efforts to prevent dental caries are unlikely to achieve optimal outcomes (Aprilia et al., 2019).

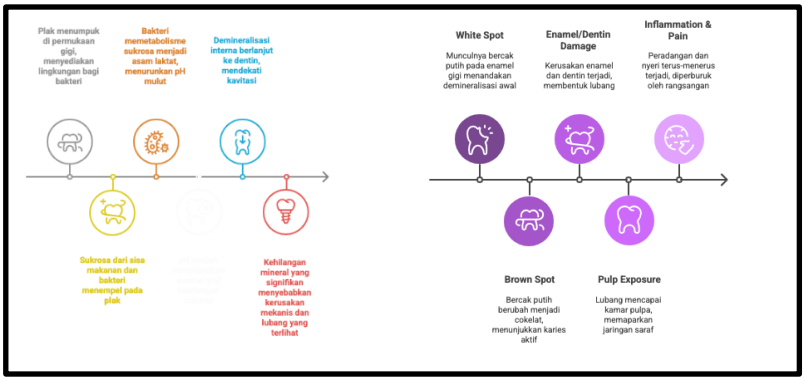

Figure 1. Risk of Dental Caries

The risk of developing caries, such as Early Childhood Caries (ECC), refers to a distinctive pattern of carious lesions found in infants, toddlers, and preschool-aged children. Generally, ECC is caused by four main factors (Fajriani & Handayani, 2011). According to WHO data, more than 530 million children worldwide suffer from caries in their primary teeth. In Indonesia, data from the 2018 Basic Health Research (Riskesdas) revealed that approximately 93% of early childhood children aged 5–6 experienced dental issues, with caries being the most commonly reported complaint. This indicates that dental caries is not merely an individual concern but a public health issue that requires systematic intervention, particularly among preschool-aged children (Wahidah et al., 2025). Moreover, a

study by Kristiani et al. (2023) emphasized the importance of identifying emerging problems, such as the persistently high prevalence of dental caries among preschool children in Indonesia. In a clinical observation conducted from March 25 to March 30, 2019, at the Dental and Pediatric Clinics of RSUD Kesehatan Kerja, 56% of 16 preschool-aged patients (3–5 years) were diagnosed with moderate to severe ECC.

Preschoolers are particularly vulnerable to dental caries due to inadequate parental attention to dietary patterns and oral hygiene practices. At the age of 3–5, children begin to explore a variety of food tastes, which may negatively affect dental health in the absence of preventive measures (Afrinis et al., 2020). As a result, many children experience pain, loss of appetite, and even sleep disturbances due to cavities.

Children aged 3–5 represent a critical developmental stage for the formation of healthy lifestyle habits. At this age, they are capable of understanding instructions, developing curiosity, and exhibiting growing independence. Therefore, it is an ideal period to introduce regular tooth brushing routines, familiarize children with personal hygiene tools such as toothbrushes and toothpaste, and encourage them to maintain oral cleanliness. Additionally, this is also the stage when children actively explore various types of foods, making parental supervision over dietary intake—especially sugary foods—crucial for the prevention of caries (Lusi & Hermawan, 2021).

This study aims to examine parental knowledge and behavior in maintaining the oral and dental health of children aged 3–5 years, as well as to assess the condition of dental caries among these children. Through a quantitative approach, the research seeks to identify a more accurate relationship between parental understanding and actions and the actual impact observed in children, specifically the incidence of caries.

2. RESEARCH METHOD

This research is an analytical study with a cross-sectional design conducted at the Kenanga 3 Integrated Health Post (Posyandu), Bugel Subdistrict, Tangerang City. Observations to assess dental caries in children were carried out once at a single point in time. The sample consisted of 25 parents and 25 children aged 3–5 years. The inclusion criterion was that the children had experienced dental caries within the past three months. The sampling method used was total sampling. Data were collected through questionnaires and direct observation.

The questionnaire included items regarding parental knowledge about dental caries and parental behaviors associated with the occurrence of caries. Observation was used to assess the presence of dental caries in children and to determine the severity score. Data analysis was conducted using a Likert scale scoring system (1–5), and central tendency (mean) analysis was performed.

Subsequently, regression analysis was conducted using Microsoft Excel to examine the extent to which parental knowledge and behavior influenced the incidence of dental caries in children.

3. RESULT AND ANALYSIS

Parental Characteristics

Table 1. Characteristics of Parents

Variable	Category	Number (n)	Percentage (%)
Age	17 – 25 Years	2	8,0
	26 – 35 Years	16	64,0
	36 – 45 Years	5	20,0
	46 – 55 Years	2	8,0
Gender	Male	5	20,0
	Female	20	80,0
Education	Junior High School	2	8,0
	Senior High School	15	60,0
	Higher Education	8	32,0
Occupation	Unemployed	10	40,0
	Entrepreneur	3	12,0
	Employee	8	32,0
	Civil Servant	4	16,0
Knowledge	Good	9	36,0
	Fair	8	32,0
	Poor	8	32,0
Behavior	Good	12	48,0
	Fair	11	44,0
	Poor	2	8,0

Source: Processed data, 2025

Table 1 illustrates the characteristics of parents, one of which is the age distribution. The majority of parents fall within the 26–35 age range (64%). This indicates that parents in this age group are more actively seeking healthcare for their children. According to Annisa & Supriyatna (2023), "Younger parents are often more open to new information and technology, which can positively impact child healthcare." This suggests that parental age does play a role; however, educational background and access to health information are also critical factors. Parental involvement in child healthcare is not solely determined by age, but also by how parents acquire knowledge and understand the importance of health care.

Regarding the gender distribution, 20% of participating parents were male and 80% were female, indicating that the majority of respondents were mothers. This may reflect the active role mothers play in health-related decision-making for their children. As Ridwan (2016) states, "Mothers often serve as the primary caregivers in the family, making them more involved in child healthcare." This highlights the vital role of mothers in ensuring children's health and well-being, especially in oral and dental health.

In terms of education, most parents had completed senior high school (60%). This high percentage suggests that parents are relatively well-educated, which may influence their awareness of child health issues. According to Larasati et al. (2022), "Parental education plays a critical role in understanding and implementing good health practices for children." This indicates that a parent's level of education significantly affects how they care for their children. More educated parents are generally more aware of the importance of child health and dental care, which can have a positive impact on overall child well-being.

The majority of parents in this study were unemployed. This may affect their access to healthcare services, including dental care for their children. As Nurkamiden et al. (2022) state, "Parental employment status can influence their ability to provide adequate healthcare for their children." This suggests that employment status directly impacts a child's well-being. Unemployed parents may face resource limitations that hinder access to necessary healthcare services, including oral health care.

Parental knowledge was fairly evenly distributed, with 36% possessing good knowledge, 32% moderate, and 32% poor knowledge regarding child health. While many parents demonstrate good knowledge, a significant portion still lack sufficient understanding. This highlights the need for increased parental education. According to Afrianti (2023), a public health expert, "Parental knowledge about child health greatly influences how they care for and prevent health issues." This underscores the importance of parental knowledge as a key to effective health care. Enhancing their understanding of oral and dental hygiene can help prevent future health problems and improve child welfare.

According to Budiyanthy (2019), "Parental behavior strongly influences a child's health and well-being, particularly in terms of care and hygiene." This means parental behavior in child care must be consistently monitored and improved. In this study, most parents exhibited good behavior regarding their child's oral health care (48%). However, a small proportion showed poor behavior, which indicates the need for greater efforts in promoting healthy practices. Educational support for parents exhibiting poor health behaviors is essential to ensure children grow up healthy and optimally.

Child Characteristics

Table 2. Distribution of Child Characteristics

Variable	Category	Number (n)	Percentage (%)
Age	3 Years	5	20,0
	4 Years	10	40,0
	5 Years	10	40,0
Gender	Male	12	48,0
	Female	13	52,0
Severity of ECC	Mild to Moderate	7	28,0
	Moderate to Severe	9	36,0
	Severe	9	36,0

The results of this study show that the dominant age distribution among children is at 4 and 5 years old, each comprising 40%. Children aged 4 and 5 years outnumber those aged 3 years. This may reflect that parents tend to bring older children more frequently for dental care. According to Nurtrya (2019), "Children aged 4–5 years are often more aware of personal hygiene, including dental health, making dental care more likely in this age group." This implies that parental awareness in seeking dental care can be influenced by the child's developmental stage. Older children may be more cooperative in maintaining oral health, thereby receiving the necessary care more often.

Regarding the gender characteristics of the children, there is a slight difference between males and females, with females slightly more predominant at 52%. This may indicate a balanced representation of both genders within the context of this study. Rohimi et al. (2018) stated, "Gender balance in a study can reflect equal involvement in health-related decision-making." This suggests that involvement of both genders in child health contexts is important. Such balance can provide broader perspectives in decision-making, ultimately benefiting child health.

For the severity level of Early Childhood Caries (ECC), 28% of children experienced mild to moderate ECC, while the remainder experienced moderate to severe and severe ECC, each at 36%. Most children exhibited moderate to severe ECC. This indicates the necessity for more effective interventions in the prevention and management of dental caries in children. According to Norlita & Anggraeni (2023), "A high severity level of ECC in children highlights the need for more aggressive approaches in dental health education and care from an early age." This means that ECC management should encompass not only dental treatment but also parental education. Understanding the importance of oral hygiene from an early age can help prevent severe caries and support overall child health development.

The Relationship Between Parental Knowledge of Oral Health Maintenance and Early Childhood Caries (ECC)

Parental knowledge refers to the extent of their understanding of the fundamental principles in caring for their child's teeth, including the appropriate timing and techniques for tooth brushing, the importance of using fluoride toothpaste, and the recommended frequency of dental visits. This knowledge is acquired not only through formal education but also from media sources, healthcare professionals, and personal experiences (Cahyati & Purwaningsih, 2021). Parents with higher educational levels or better access to information tend to possess more adequate knowledge regarding the importance of maintaining their child's oral health. However, field observations indicate that many parents still lack a basic understanding of child dental care, particularly during the primary dentition period, which is often perceived as less important due to the eventual shedding of baby teeth as permanent teeth erupt (Adriantoni et al., 2023).

Table 3. Relationship Between Parental Knowledge of Oral Health and Early Childhood Caries (ECC)

Knowledge	ECC Severity	Frequency	Percentage (%)
Good	Mild to Moderate	5	20,0
	Moderate to Severe	3	12,0
	Severe	2	4,0
Fair	Mild to Moderate	2	8,0
	Moderate to Severe	4	16,0
	Severe	2	8,0
Poor	Mild to Moderate		
	Moderate to Severe	0	0,0
	Severe	2	8,0
	Mild to Moderate	6	24,0

Source: Processed data, 2025

Table 4. Relationship Between Parental Behavior Regarding Oral Health and Early Childhood Caries (ECC)

Knowledge	ECC Severity	Frequency	Percentage (%)
Good	Mild to Moderate	6	24,0
	Moderate to Severe	4	16,0
	Severe	2	8,0
Fair	Moderate to Severe	1	4,0
	Severe	5	20,0
	Mild to Moderate	5	20,0
Poor	Moderate to Severe		
	Severe	0	0,0
	Mild to Moderate	0	0,0
	Moderate to Severe	2	8,0

Source: Processed data, 2025

Table 5. Regression Analysis Results of Parental Knowledge and Behavior on the Occurrence of Dental Caries in Children

Independent Variable	Multiple R	R Square	Adjusted R Square	Standard Error	n (Observation)
Knowledge	0,9813	0,9629	0,9616	0,5368	25
Behavior	0,9833	0,9668	0,9654	0,5073	25

Source: Processed data, 2025

Based on the regression analysis results in this study, the relationship between parental knowledge and behavior toward the occurrence of dental caries in children shows a very strong correlation. The Multiple R values are 0.9813 for the knowledge variable and 0.9833 for the behavior variable, indicating a very strong positive correlation between both variables and the incidence of caries. Thus, the

higher the parents' knowledge and positive behavior regarding children's oral health, the lower the likelihood of caries occurring in children. The R Square (R^2) values of 0.9629 for knowledge and 0.9668 for behavior indicate that each variable explains more than 96% of the variance in caries incidence, which can be accounted for by parental knowledge and behavior.

From the data, it is evident that parents with good knowledge tend to have children with mild to moderate ECC conditions, whereas lower knowledge is associated with severe conditions. This data suggests a significant relationship between parental knowledge and the occurrence of ECC in children. Parents with good knowledge tend to have children with better oral health status. According to Damanik et al. (2017); Prakoso et al. (2016); Purwaka et al. (2015), "Parental knowledge about oral health greatly influences the prevention and management of childhood dental caries." This implies that improving parental knowledge about oral health is not only important for preventing ECC but also for fostering healthy habits in children from an early age. Proper education can help parents more effectively care for their children's oral health.

Parental behavior in maintaining children's oral health reflects the application of their knowledge in daily life. This behavior includes habits such as reminding children to brush their teeth, supervising and guiding correct brushing techniques, controlling the intake of sugary foods, and setting a good example in maintaining dental hygiene. Furthermore, parental behavior is also related to routine visits to dental health facilities, whether for regular check-ups or treatment of complaints. Discrepancies between knowledge and behavior often become barriers to achieving optimal oral health outcomes. Many cases show that parents possess good knowledge but fail to apply it due to reasons such as busy schedules, lack of motivation, or limited environmental support (Norsandi et al., 2022).

4. CONCLUSION

The results of this study indicate that parental age significantly affects the oral health of children aged 3–5 years, along with factors such as education level and access to health information. Parental involvement in children's oral health care is influenced not only by age but also by their knowledge and understanding of oral health maintenance. Parents' awareness to bring their children for dental care is often affected by the child's developmental stage, with older children being easier to engage in collaborative care, especially with mothers playing an active role in health-related decision-making for children aged 3–5 years. Additionally, parental education impacts child care, as parents with higher education levels tend to be more aware of the importance of health. Parental employment status also affects access to dental care, where unemployed parents may face resource limitations. Nonetheless, parental knowledge remains the key to effective oral health care for children. Enhancing parents' knowledge and behavior regarding oral health is

recommended not only to prevent future problems but also to establish healthy habits in children from an early age.

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