

# Relationship of Family Support and Tooth Brushing Technique among Pre-schoolers in Banda Aceh

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**Abstract:** Oral and dental health are essential parts of health which could not be separated from one another as they affect the overall health. Because of their importance, maintaining oral and dental health as early as possible might improve dental health in a long-term. A survey conducted on a socialization of tooth brushing program organized by a collaboration of Municipal Health Office and Municipal Office of Education and Culture, which involved 1000 elementary school students, shows that only 7% of children had a good level of knowledge on tooth brushing. Therefore, those children are more susceptible to dental health problems. This research aimed to identify the relationship of informational, instrumental, emotional support and family assessment with tooth brushing techniques among preschoolers (3-6 years). This study employed a correlative analytical design with a cross-sectional approach. 70 respondents of preschoolers attending a kindergarten in Banda Aceh were selected as sample by using a lottery technique. Data were collected using questionnaires and analyzed by Chi-Square test. The findings show significant relationships of informational support (0.000), instrumental support (0.000), emotional support (0.000), and assessment support (0.000) with tooth brushing techniques among preschoolers. It is expected that health workers in the health centers, especially doctors and dental nurses, continuously implement the school dental program and provide dental health counseling for families about the proper tooth brushing techniques.

## 1 INTRODUCTION

Oral and dental health is part of the body's health that cannot be separated from one another because the health of the teeth and mouth will affect overall body health. Teeth are one part of the body that functions to chew, speak and maintain the shape of the face. Because of its importance, maintaining dental health as early as possible is an effort to make teeth last longer in the oral cavity (Kamal, 2011).

Dental and mouth disease is the most expensive disease because the medical costs are still very high, and many health workers are needed, this is due to lack of awareness of people to maintain behavior in treating dental and oral health. There are many aspects that cause bad dental and oral health behaviors, such as economics, social, culture and science. Besides the lack of medical personnel needed, according to data from the WHO comparison of dentists with people who need services is 1: 2000, in Indonesia in 2008 the ratio was 1: 12000 (Simanjuntak, 2013).

According to Alpers (2006) dental disease is the most prominent chronic disease of children in developed countries. In America, periodontal disease is the main cause of tooth loss in adults, which affects at least three in four adults to account for 95% of the population at one time (Loe, 1988 in Friedman, 2010).

Based on Ministry of Health (2013), the national prevalence of dental and oral problems is 25.9%, and as many as 14 provinces in Indonesia have a prevalence of dental and oral problems above the national figure. Overall the ability of the community to obtain dental and oral health services is 8.1% and there are 31.1% of the people who receive treatment and treatment from medical personnel, while the other 68.9% do not receive treatment. Aceh Province is one of the areas that has the highest dental and oral problems to 7 with a percentage of 30.5%, and those who receive treatment are 45.9%. In addition, as many as 89.9% of the people brush their teeth every day and 2.2% brush their teeth properly, this number is still relatively low compared to the

national prevalence rate of 93.8% for daily brushing and 2.3% for brushing teeth properly. Most people's behavior towards brushing teeth is influenced by various factors including gender factors where women have more dental and oral problems, economic factors, and areas of residence are also of concern. National prevalence of dental and oral health problems in 2013 increased by 2.7% from the national prevalence rate of dental and oral health problems studied by regional health research in 2007 at 23.2%.

Reports on the number of dental and oral health service visits from the Aceh Health Office from January 2012 to October 2013 for the city of Banda Aceh, obtained data on the number of new visits and old visits in 2012 totaling 13045 for new cases and 9204 for old cases, while in 2013 until October reached 11762 new cases and 8478 old cases. Based on these data it can be concluded that the number of visits both new and old from the beginning of January 2012 to the end of 2013 continues to increase and will be a concern for related agencies to be able to think about and analyze how to minimize the number of visits by improving the quality of health services to the community.

The data obtained from the dental and oral health reports of a public health center in Banda Aceh from 2011 to 2013, where the number of new case visits and old case visits also continued to increase every year with an overall value in 2011 there were 2912 visits and in the year 2012 there were 2876 visits and in 2013 there were 3203 visits. Although the number of visits is dominated by adults, the number of new case visits and old case visits is still high in children under five (2-5 years old), where pulp and periapical tissue and abscesses are the most common problems affecting children.

This was also supported by the survey results in a socialization organized by the Banda Aceh Health Office together with the youth and sports education office of Banda Aceh and the company of Wings Aceh which was held at Taman Sari Banda Aceh on May 6, 2014 in a program of 1000 elementary students following the brush socialization free teeth also showed very few of them knew how to brush their teeth properly and correctly, from that number only 7% of children had knowledge of how to brush teeth properly, while 93% of other children did not understand how to brush their teeth. good and right (Ril, 2014), so that children are more susceptible to dental health problems.

The dental and oral health problems had previously also become a discourse in the dental and oral health service program which is the 2010-2014

health ministry strategy in the form of promotional efforts, prevention efforts and dental and oral health services in vulnerable groups (pregnant women, toddlers, preschoolers, school children and the elderly) (Simanjuntak, 2013).

Dental health care is one of the efforts to maintain a high level of dental health with the habit or personal practice (brushing teeth) to clean teeth from dirt, especially plaque and debris and the breath becomes fresh, therefore learning to brush your teeth with the right technique to clean Plaque is the most valuable investment for parents in keeping their child's teeth healthy (Kandzari, et al in Friedman, 2010).

The world of children is the world of play, everything that is done is related to playing activities. Therefore, parental support is very influential on child development where parents need to think about how to make tooth brushing an enjoyable activity, so they want to brush their teeth without coercion because the consequences can be bad, and the child is reluctant to do it again because it is unpleasant (Procter & Gamble, 2013).

Cleaning your teeth early and routine can not only help prevent tooth decay, it also makes children accustomed to becoming a part of their daily routine (Downsen, 2002). Based on several studies reported the relationship between age with tooth brushing, where children aged 1.5 to 4.5 years who began brushing their teeth before the age of 1 year 12% of these children experience caries and in children who start brushing their teeth between the ages of 1 and 2 years, 19% experience caries and those who have not started brushing their teeth until 2 years old 34% experience caries, it can be concluded that the slower to start brushing teeth, the higher the risk of caries (Davies, 2003 in Ihsani, 2007).

It is known that children aged 3-6 years generally already have complete milk teeth, with 20 pieces and the behavior of children in maintaining dental health of children requires some support from families in the process of brushing their teeth until they are between 7 and 10 years old, therefore parental behavior especially in maintaining dental hygiene and in providing food drinks that can cause dental caries greatly affect the child's health status, but if family support is lacking the child will not be accustomed to maintaining the health of his teeth and mouth so that it will affect child growth and development.

Research purpose is knowing the relationship of informational, instrumental, emotional support and family assessment with tooth brushing techniques in preschoolers (3-6 years) at a kindergarten in Banda Aceh.

## 2 METHOD

This study uses a correlative analytical design with a cross-sectional study approach. The population in the study were mothers of children attending a kindergarten in Banda Aceh. Totally, there was 282 children attending the kindergarten, which comprised 48 children aged 3-6 years old, and 234 children aged 3-6 years old. 70 respondents was selected using simple random sampling with lottery technique.

Data collection tools in this study were: a demographic data questionnaire, Family Support Questionnaire with 30 statements using a 5-Likert scale; and a questionnaire measuring tooth brushing technique with 16 statement items using Guttman scale.

Those tools were tested on 20 mothers of children attending a kindergarten at a different kindergarten in Banda Aceh. The data collection process passed an administrative procedure. Before collecting the data, the researcher identified the respondents, and explained the research process. Data processing methods included editing, coding, transferring and tabulating. After the data is

processed, then the data is analyzed with Chi-Square test ( $\chi^2$ ).

## 3 RESULT

Demographic data of respondents in FKIP Kindergarten and family support for child teeth brushing describes below.

### 3.1 Demographic Data

This research identifies mother's age, mother's education, mother's work, child gender, child's age, and the order of children in the family. Table 1 shows that the average age variables of mothers aged 31-40 (middle adult) is 44 people (64.9%), the average mother education (bachelor) variable is 24 people (34.3%), variable mother's occupation average housewife that 38 (54.3%), the variable gender of children the average girl is 40 people (57.1%), variable average child's age 4-5 years is 30 people (42.9%), and child sequence variables in the family average are second which is 24 people (34.3%).

Table 1: Demographic data of respondents (n = 70).

Variable	f	%
Mother's Age (Years)		
a. 20-30 (Early adult)	5	7.1
b. 31-40 (Middle adult)	44	62.9
c. > 40 (Late adults)	21	30.0
Mother's Educational Background		
a. Elementary school	1	1.4
b. Middle school	7	10.0
c. High school	20	28.6
d. 3 years Diploma	18	25.7
e. Bachelor	24	34.3
Mother's occupation		
a. Housewife	38	54.3
b. Civil Servant	15	21.4
c. Non-Government employee	11	15.7
d. Entrepreneur	6	8.6
Gender of Children		
a. Boy	30	42.9
b. Girl	40	57.1
Child's age		
a. 3-4 years	23	32.9
b. 4-5 years	30	42.9
c. 5-6 years	17	24.3
The order of children in the family		
a. First	13	18.6
b. Second	24	34.3
c. Third	22	31.4
d. Fourth	11	15.7

Table 2: Relationship of informational support with tooth brushing technique among preschoolers (n = 70).

		Tooth Brushing Technique				Total		OR	P - Value
		Well		Less					
		f	%	f	%	f	%		
Informational Support	High	37	88.1	5	11.9	42	100	199,800	0,000
	Low	1	3.6	27	94.6	28	100		
Instrumental Support	High	31	77.5	9	22.5	40	100	11,317	0,000
	Low	7	23.3	23	76.7	30	100		
Emotional support	High	34	87.2	5	12.8	39	100	45,900	0,000
	Low	4	12.9	27	87.1	31	100		
Assessment Support	High	29	96.7	1	3.3	30	100	99,889	0,000
	Low	9	22.5	31	77.5	40	100		
Total		38	54.3	32	45.7	70	100		

### 3.2 Relationship of Informational Support and Tooth Brushing Technique among Preschoolers

The relationship family support and tooth brushing techniques among was tested using using Person Chi-Square Test with 95% level of confidence or level of significance ( $\alpha$ ) = 0.05. The results of statistical analysis to identify the relationship of informational support and tooth brushing techniques among preschool children (3-6 years) is depicted in the table above.

Table 2 shows that of 42 respondents with high informational support having good tooth brushing techniques were 37 people (88.1%) and from 28 respondents with low informational support having good brushing technique was 1 person (3.6%)

Based on the results of statistical tests that have been done, p-value obtained is 0,000, which means that p-value <0.05, it can be concluded that  $H_0$  is rejected, which means there is a relationship between informational support with brushing techniques in preschoolers (3-6 Year) in TK FKIP Unsyiah Darussalam Banda Aceh in 2014.

Based on the results of statistical tests also obtained an odds ratio of 199,800 means parents who have high informational support have a tendency of 199,800- or 199-times greater relationship compared to low informational support in applying tooth brushing techniques.

### 3.3 Relationship of Instrumental Support and Tooth Brushing Technique among Preschoolers

The results of statistical analysis to see the relationship between instrumental support with tooth brushing techniques in preschool children (3-6 years) in a kindergarten in Banda Aceh is described in the table above. Based on table 2 can be

concluded that from 40 respondents with high instrumental support having good tooth brushing techniques were 31 people (77.5%) and from 30 respondents with low instrumental support having good brushing techniques were 7 people (23, 3 %).

Based on the results of statistical tests that have been done, then obtained p-value 0,000, which means that p-value <0.05, it can be concluded that  $H_0$  is rejected, which means there is a relationship between instrumental support with tooth brushing techniques for preschoolers (3-6 years) in Banda Aceh.

Based on the results of statistical tests also obtained odds ratio of 11.317 means that parents who have high instrumental support has a tendency of 11.317- or 11-times greater relationship than the low instrumental support in applying tooth brushing techniques.

### 3.4 Relationship of Emotional Support and Teeth Brushing Technique among Preschoolers

The results of statistical analysis to see the relationship between emotional support with brushing techniques in preschool children (3-6 years) in a kindergarten in Banda Aceh is explained in the table 2.

Based on table 2 can be concluded that from 39 respondents with high emotional support having good brushing techniques were 34 people (87.2%) and from 31 respondents with low emotional support had good brushing techniques were 4 people (12, 9 %).

Based on the results of statistical tests that have been done, then obtained a p-value of 0,000, which means that the p-value <0.05, it can be concluded that  $H_0$  is rejected, which means there is a relationship of emotional support and brushing



techniques among preschoolers in a kindergarten in Banda Aceh.

Based on the results of statistical tests also obtained an odds ratio of 45,900 means parents who have high emotional support have a tendency of 45,900 or 45 times the relationship compared with low emotional support in applying tooth brushing techniques.

### 3.5 Relationship of Assessment Support and Tooth Brushing Techniques among Preschoolers

Statistical analysis results to see the relationship of assessment support and tooth brushing techniques among preschoolers (3-6 years) in a kindergarten in Banda Aceh is mentioned in the table 2.

Table 2 shows that from 30 respondents with high assessment support had good tooth brushing techniques were 29 people (96.7%) and from 40 respondents with low assessment support had good brushing techniques were 9 people (22.5%).

Based on the results of statistical tests that have been conducted, then obtained a p-value of 0.000, which means p-value  $<0.05$ , it can be concluded that  $H_0$  is rejected, which means that there is a relationship between support on the ratings brushing technique in preschool children (3- 6 years) at a kindergarten in Banda Aceh.

Based on the results of statistical tests also obtained an odds ratio of 99.888 means that parents who have high assessment support have a tendency of 99.888- or 99-times greater relationship compared with low assessment support in applying tooth brushing techniques.

## 4 DISCUSSION

The data processing results show that out of 42 children with high informational support, including doing the brushing technique well. Meanwhile, of the 28 children who had low informational support, 1 child (3.6%) were classified as good in doing tooth brushing techniques.

Based on the results of statistical tests that have been carried out, then obtained p-value 0,000, which means that p-value  $<0.05$ , it can be concluded that  $H_0$  is rejected, which means there is a relationship of informational support with brushing techniques among preschoolers (3-6 years) in a kindergarten in Banda Aceh. This is consistent with the results of research conducted by Dahniar (2010) which

mentioned the relationship between informational support for prevention of dental caries in preschool children in another kindergarten in Banda Aceh.

The informational support in question is in the form of advice, suggestions, giving opinions and explanation of the information provided. Therefore, so that informational support can be conveyed to other family members, the family must also know about health knowledge which includes knowledge about the disease, factors that can affect the disease, health care facilities, and knowledge on how to prevent the disease does not occur (Notoatmodjo, 2005).

Family informational support is also influenced by education, as stated by Notoatmodjo (2005) that education or knowledge is the result of one's thoughts and feelings to provide support to others such as mothers who teach good and right brushing to children. In addition, the support provided by parents (especially mothers) is also influenced by age. According to Friedman (2010), older mothers tend to be more able to feel or recognize their children's needs than younger mothers because they have a high egocentric attitude. Baumann (1961, in Friedman 2010) also holds the same opinion that a mother is a family member who is considered capable and has better information.

The results of data processing obtained high family informational support (60.0%), families provide information, teach and explain about the technique of brushing teeth to children and get information by asking health workers or getting information from television media and magazines about tooth brushing techniques. Based on demographic data also obtained, most respondents (34.3%) were at the undergraduate level, supported by maternal age, most of them (62.9%) aged between 31-40 years (middle adults).

The researcher assumes that the higher education or knowledge, work and income that is owned by the family, the easier it is for the family to provide good support such as facilities, knowledge and appreciation to the child, because having knowledge of the mother will be easier to explain and teach children how to brush techniques good and right teeth.

Likewise, with the age of the mother, the researcher added that the more mature a mother is the defter and more understanding in meeting needs family. Therefore, providing high family informational support is the main thing for the formation of an attitude and behavior, where the knowledge gained by the family about tooth brushing techniques is an action to prevent dental

and oral health problems that are usually susceptible to preschool children. In addition, this also aims to foster awareness and habits to maintain healthy teeth and mouth. So that the more educated the family is, the better the family knows about health.

Regarding instrumental support for brushing technique among preschoolers, the data processing results show that of the 40 children with high instrumental support as many as 31 (77.5%), including doing the brushing technique well. Meanwhile, out of 30 children who had low instrumental support as many as 7 (23.3%), including classified as good in doing tooth brushing techniques.

Based on the results of statistical tests that have been carried out, p-value obtained is 0.000, which means that p-value is  $<0.05$ , so it can be concluded that  $H_0$  is rejected, which means there is a relationship between instrumental support with tooth brushing techniques in preschoolers (3-6 years) in Kindergarten FKIP Unsyiah Darussalam Banda Aceh 2014.

This is consistent with the results of research conducted by Prehantoro (2012) that there is a relationship between family support for brushing teeth behavior in preschoolers (4-6 years) in Kronggen Village, Brati District, Grobongan Regency. But it is different from the results of research conducted by Dahniar (2010) which states that there is no relationship between family instrumental support for prevention of dental caries in preschool children (4-5 years) in TK RA Perwanida Banda Aceh.

Family functions are a source of practical and concrete help for family members who need care. Relief in the form of provision of facilities while brushing, the need foods and drink's good for dental health, providing unt uk time teaching children brushing teeth (Caplan, 1964, in Friedman, 2010)

According to Feiring and Lewis (1984 in Friedman, 2010) that family support influenced by several factors such as income or employment, education in which middle-class economy families are more democratic and equitable and have higher family involvement in family members than lower-economy families who are more likely to be of an authority

Notoatmodjo (2005) also argues that a family will always be able to meet the needs of his family if he has the resources (facilities and infrastructure or facilities) that are supporting the occurrence of a behavior. Thus, someone will be very easy to do their activities if other family members provide instrumental support such as providing tooth

brushing facilities, providing food and drinks that are good for dental health (House, 1994 in Setiadi, 2008).

Data processing results obtained high family instrumental support (57.1%), families provide tangible support such as providing places and tools needed by children to brush their teeth and provide food and drinks that are good for dental health. Based on demographic data it was also found that most (54.3%) respondents had a job as a housewife, even though of the 70 respondents 21.4% of respondents had a permanent job as a civil servant who could support family income to help fulfill family needs.

Researchers assume that having a job as a housewife is a common thing done by the mother, where the mother will have plenty of time to accompany, give help to family members, because by having income from the work the mother will be easier to provide facilities such as brush and toothpaste that children like. Therefore, the success of the family in caring for family members could provide the best for his family which is influenced by income and the existence of the family in meeting the needs of family members specially to maintain the health of his teeth and mouth.

In this study, the data processing results show 34 of the 87 children with high emotional support, including doing good brushing techniques. Meanwhile, of the 31 children who had low emotional support, there were 4 (12.9 %), including those in the good category in performing tooth brushing techniques.

Based on the results of statistical tests that have been done, then obtained a p-value of 0.000, which means that the p-value  $<0.05$ , it can be concluded that  $H_0$  is rejected, which means there is a relationship between emotional support with brushing techniques in preschoolers (3-6 Year) at TK FKIP Unsyiah D aru in Banda Aceh 2014.

This is consistent with the results of research conducted by Dahniar (2010), namely the existence of a relationship between family emotional support for prevention of dental caries in preschool children (4-5 years) in TK RA Perwanida Banda Aceh.

Family emotional support is a form of family education towards children, where families can express feelings of empathy such as listening to complaints, being open, showing trust in what they complain about and willing to understand, express love and attention. This support will make someone feel happy, comfortable, safe and loved (Cohen and Syme, 1985 in Friedman, 2010)

Provide support emotional families (especially mothers) are also influenced by age, where young mothers tend to be more unable to feel or recognize their children's needs and also more egocentric compared to older mothers, besides the number of children also affects family support in where mothers with a large number of children in the family need more time to pay attention to children when compared to mothers with fewer children (Feiring and Lewis, 1984, in Friedman (2010))

Regarding the above theory, it is known that preschoolers (3-6 years old) are those who have good fine motor development and enable them to use toothbrushes well and brush their teeth twice a day, even though parents must keep an eye on their children when brush your teeth and clean between teeth (Muscary, 2005)

This is consistent with the theory put forward by Dowshen (2002) that most children under the age of eight cannot brush their teeth as expected so that children need family support in brushing their teeth by not forcing them to do so, but the family tries to make brushing teeth are fun.

As with the above theory, the results of the respondents' answers to the questionnaires also showed high emotional support (55.7%) from family by encouraging, supervising children when brushing their teeth, understanding the problems facing children and paying attention and praise when children could maintain their dental health. In addition, based on the demographic that they got, the category of the respondent's age / height mothers is in middle adult age range (62.9%) and late adulthood (30.0%) and on average have as many children as 3 and 4.

Researchers assume that maternal health behavior supported by maternal age and number of family members is the duty of a mother to give the best to her children because the mother understands the emotional support needs of the family if one of her family members is in need of her, as in the case of brushing teeth the preschooler will be very motivated if the mother accompanies her when brushing her teeth. Because the world of preschoolers is playing, everything is done by playing. Therefore, expected emotional support families can affect the development of children become better able to understand and have an open attitude and be someone who can be relied upon for the child in maintaining the health of teeth, so that the higher the emotional support the family, the higher the application of techniques of brushing done by child.

The results of this study show that the number of 30 children with high assessment support as many as 29 (96.7 %), including doing the brushing technique well. Meanwhile, of the 40 children who had low assessment support as many as 9 (22.5 %), among them classified as good in doing tooth brushing techniques.

Based on the results of statistical tests that have been carried out, then obtained p-value 0,000, which means that p-value <0.05, it can be concluded that  $H_0$  is rejected, which means there is a relationship between assessment support with tooth brushing techniques in preschoolers (3-6 years) in a kindergarten in Banda Aceh, 2014. This is consistent with the results of Dahniar's research (2010), namely the existence of a relationship between family assessment support for prevention of dental caries in preschool children (4-5 years) at another kindergarten in Banda Aceh.

According to Friedman (1998, in Setiadi, 2008) which states that assessment support is as feedback from the family, guiding and helping problem solving, appreciation and attention. A positive award is a form of appreciation that is given by someone to another person based on the actual conditions to make the individual feel meaningful, able and feel himself worthy (House, 1994 in Setiadi, 2008).

Providing assessment support such as guiding children in choosing good food choices for dental health is an effort to prevent tooth decay. This is consistent with the theory put forward by Alpers (2006) which states that diet modification is an effort to reduce the number and frequency of snacks between eating and obeying three meals a day, balanced and regular, so that choosing foods that are not cariogenic, tasty and interesting very helpful family diet habits.

Therefore, brushing your teeth is the main action to clean food scraps. This is reinforced by the theory of Behrman et al (2000) that brushing teeth every day helps prevent dental caries and periodontal disease, because in children under ten years of age do not have the eye-hand coordination needed to seek adequate oral hygiene, then parents must guide and assist children when brushing their teeth and are able to understand the child's ability in accordance with their growth.

Although overall family assessment support has shown good results (42.9%), but in the participation and understanding of the family about the importance of checking a child's dental condition is still relatively low, which is caused by several reasons. It is known that the *American Dental Association* and the *American Academy of Pediatric*

Dentist recommend children to visit the dentist when they are 1 year old and usually have 6 to 8 teeth, the visit is not only to find out the dental health condition of the child but can help parents get additional information or instructions on how to prevent health problems child's teeth (Dowshen, 2002)

In addition, according to Potter & Perry (2009) states that girls are more skilled in practical tasks, especially in fine motorized tasks and at the age of 5 years children will use certain rules to understand something, they will begin to explain things from general to specific things so that this process will form a logical basis for thinking the child will think that he has to brush his teeth twice a day, besides that they also have control (control) of his body and really like the activities carried out alone .

Based on demographic data, the same thing was found where most children aged 4-5 years (42.9%) were dominated by girls (57.1%). Besides that, the results of data processing showed that family assessment support was in the low category (57.1%).

Researchers assume that what causes low family assessment support is that families are still not used to assessing, discussing dental health and trying to get dental health services only if they are experiencing problems with dental and oral health. Therefore, it is expected that the family will pay more attention to the support of good assessment, guide them, discuss about children's health and provide feedback on what their children do, due to good evaluation. assessing the extent of children's abilities and interests in caring for teeth that are in accordance with the child's growth and development is a very meaningful support.

## 5 CONCLUSION

There are informational support relationships (0.000), instrumental support (0.000), emotional support (0.000), and assessment support (0.000) with tooth brushing techniques in preschoolers (3-6 years) attending a kindergarten in Banda Aceh. It is expected that further researchers will be able to conduct further research on the relationship of family support with tooth brushing habits in preschool children. To health workers in the health center such as doctors and dental nurses to continue to maintain and run the existing dental health program and can provide health counseling to families about how to do good and right brushing techniques, every 2 (two) times a day, morning after

breakfast and the night before going to bed. so that motivation arises for children to be better and expected. For teachers who teach preschool children are also expected to motivate and apply tooth brushing techniques to children, such as brushing teeth after eating together.

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