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Correlation Analysis between Parenting Patterns and Ability to Keep Independent Dental and Oral Cleanliness for Mentally Retarded Children

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ABSTRACT Children with mental retardation often experience problems related to dental and oral health, including periodontal disease, caries, and poor OHI-S this is due to an unclean oral cavity. In addition, parenting in everyday life can also affect a child's ability to maintain and care for his oral cavity. This study aims to determine the correlation between parenting pattern and ability to keep independent dental and oral hygiene cleanliness for mentally retardarded children at SLB-B Negeri Pembina Palembang. This type of research is an analytic observational study with a cross-sectional design. Data collection methods are questionnaires and observations. The research respondents were the parents of 100 mild mental retardation children by simple random sampling. Data analysis using Chi-Square test. The results showed that 55% of children's ability to maintain dental and oral hygiene was still lacking, and categorized in the poor category. 62.2% of parents with democratic parenting have children in the capable category. The results of the Chi-Square test obtained a value of $P = 0.041$ so that $P \leq 0.05$. Thus, there is a significant relationship between parenting pattern and ability to keep independent dental and oral hygiene cleanliness for mentally retardarded children at SLB-B Negeri Pembina Palembang. The benefit of this research is to provide knowledge so that parents can apply good parenting and find ways to improve their ability to maintain oral hygiene independently, especially for mentally retarded children.

INDEX TERMS ability, children, mild mental retardation, parenting

I. INTRODUCTION

Children with special needs are children who require special treatment because of developmental disorders and abnormalities experienced by children, including mental retardation. Not all mentally retarded children have physical disabilities. For example in mild mental retardation. The problem of mild mental retardation is more in the ability to catch less power [1] [2]. Mentally retarded children find it difficult to think abstractly, learning must be associated with concrete objects, difficulty remembering, difficulty in transferring the knowledge they already have, difficulty in self-care such as cleaning the oral cavity due to motor limitations so that it hinders brushing teeth properly and has difficulty focusing attention on an information [3]. Physical

limitations of mentally retarded children will affect the inhibition of efforts in brushing teeth [4].

Research data from the Indonesian Ministry of Health [5] states that the number of dental and oral problems in Indonesia reaches 28% and has an increase of 2.1% from Riskedas in 2013 as much as 25.9%. Dental and oral problems are caused by many factors, including the behavior of maintaining dental and oral health that is still not consistent/permanent as a lasting behavior.

Dental and oral health maintenance behavior is needed by all elements of society, from children to the elderly, both humans in normal conditions and those with special needs [6]. According to Triyanto's research [7] the dental and oral hygiene status (OHI-S) of 27 samples of mentally retarded children found good OHI-S criteria as many as 4 people (14.81%), moderate OHI-S criteria as many as 19 people

(73.37%) , OHI-S criteria are bad as many as 4 people (14.81%). Motto et al [8] statement that mentally retarded children have poor oral health compared to normal children, this is because mentally retarded children have difficulty maintaining healthy oral teeth independently and the oral muscles are less active to get good natural teeth cleaning.

Intensive supervision and guidance from caregivers of people with mental retardation (mental retardation) in terms of oral hygiene can create adaptive behavior (oral hygiene care) of the child. In general, mentally retarded children who are cared for at home tend to be given foods containing carbohydrates and snacks between meals which are usually in the form of sweet and sticky foods, while the ability of mentally retarded children to keep their teeth and mouth healthy is very lacking and parents are not directed to clean their teeth after consumption of these foods [9]. Ability is the capacity of an individual to perform various tasks in a job and is an up-to-date assessment of what a person can do [10].

Research conducted by Raheema et al [11] states that as many as 57% of parents are not confident in taking care of children with special needs. Children's dental health is not maintained due to the inability of parents to care for and evaluate the condition of the child's oral cavity, as well as wrong parenting patterns so that children are afraid to express pain, or feel uncomfortable with the condition of aching teeth, poor access to dental clinics. This condition causes the child's teeth to be neglected and can disrupt the health of the oral cavity. Brushing teeth is the most important part that must be mastered by mentally retarded children, because it is included in maintaining health so that teeth do not have problems and cause disease [12].

Parenting patterns are the habits of parents in leading, nurturing, and guiding children in a family [13]. According to Nismal [14], parenting is how parents treat children, educate, guide, and discipline and protect children in reaching the maturity process, either directly or indirectly. Positive parenting is the words and actions of parents that are appropriate, always encouraging, consistent, always soothing, caring, relaxed, and responsible. Negative parenting is the words and actions of parents who criticize, overprotect, always change, argue, ignore, regulate, and demand excessive emotional attention [3]. Rianti [15] divided parenting pattern into three, namely authoritarian, democratic and permissive. Authoritarian, democratic, and permissive parenting patterns simultaneously have a significant and positive influence on the personal hygiene ability of children with special needs independently. Parenting patterns must be adapted to the needs of children.

The formation of children begins or begins with parental care for their children which is very decisive and affects the personality (nature) and behavior of children [4]. Parents who apply good parenting patterns will certainly inform and teach children to carry out personal hygiene activities independently, one of which is in caring for dental and oral hygiene [16]. Family support regarding good personal

hygiene can certainly improve children's health status through personal hygiene practices, one of which is maintaining children's dental and oral hygiene [17].

Previous research conducted by Istiqomah et al., [18] on 101 respondents, 83.2% of mentally retarded children in SLB C Semarang City experienced dental caries and 16.8% were free from dental caries. From these data, it can be concluded that children with mentally retarded have moderate oral hygiene caused by several factors, such as the parenting patterns of mentally retarded children and in educating mentally retarded children from an early age to maintain oral and dental hygiene. Thus, the research gap was carried out by analyzing the correlation of parenting patterns and the ability to maintain independent oral and dental hygiene for mentally retarded which was applied to SLB-B Pembina Palembang.

This study aims to determine the correlation between parenting pattern and ability to keep independent dental and oral hygiene cleanliness for mentally retarded children at SLB-B Negeri Pembina Palembang.

II. METHODOLOGY

The research method used in this research is an observational analytic study with a cross-sectional design, namely research that studies the causes or risk factors with variable effects or effects on the object of the research object that is measured and then collected simultaneously (at the same time). The data taken is primary data, data obtained directly by researchers from respondents.

The population in this study were all children with mild mental retardation who attended SLB-B Negeri Pembina Palembang as many as 128 children. The number of samples was determined by Isaac and Michael's table with an error rate of 5% so that the number of samples was 100 people with the simple random sampling technique or samples were taken randomly without regard to level, class, age, and gender. Inclusion criteria are willing to fill out the research questionnaire; and Parents who have children with mild mental retardation. And the exclusion criteria are not willing to take part in the research.

The research was carried out in April until September 2021 at SLB-B Pembina Palembang, located on Kebun Bunga Street, Sukarami Subdistrict, Kebun Bunga District, Palembang City, South Sumatera Province. There are two variables used, namely the dependent variable is the ability to maintain dental and oral hygiene independently, and the independent variable in the form of parenting patterns.

Collecting data on the dependent variable, namely by questionnaires in the form of observations from parents, respondents' answers to the questionnaire were given categories and presented in tabular form. From the average score of each respondent is added up and the average is sought from each respondent, then from the average score of each respondent is categorized according to the provisions [9].

The method of collecting data on parenting patterns uses a questionnaire (questionnaire) which will then be categorized with a scale of parenting pattern, namely authoritarian, permissive, and democratic. Then to determine the category of parenting applied by each respondent, seen from the highest score or the greater dominant among the three types of parenting. If there is no highest score, and there is a similarity in scores between the three types of parenting, the category of situational parenting will be given. So that the instruments used are observation and questionnaires.

Data were analyzed by univariate and bivariate analysis. parenting pattern data also with univariate analysis. The ability of mentally retarded children to maintain dental and oral hygiene using univariate analysis. The univariate analysis to explain the characteristics of variables which are presented in frequency and distribution tables, while bivariate analysis is to analyze the relationship between parenting patterns and the ability of mentally retarded children to maintain oral and dental hygiene in SLB-B Negeri Pembina Palembang. The statistical test used in this study is the Chi-square test with the following research hypotheses.

H0 : There is no correlation between parenting pattern and the ability of mentally retarded children to maintain dental and oral hygiene.

H1 : There is a correlation between parenting pattern and the ability of mentally retarded children to maintain dental and oral hygiene.

II. RESULTS

Based on the results of the study, the characteristics of the respondents are known as follows.

TABLE 1
Frequency Distribution of Respondent's Gender

Gender	Frequency	Percentage
Female	56	56%
Male	44	44%

TABLE 2
Frequency Distribution of Respondents' Type of Work

Type of Work	Frequency	Percentage
BUMN	1	1%
Laborer	23	23%
Teacher	2	2%
IRT	5	5%
Employee	26	26%
Farmer	3	3%
Civil servant	8	8%
Police	2	2%
PTPN	1	1%
Driver	5	5%
TNI	2	2%

From the **TABLE 1** and **TABLE 2**, the majority of respondents are dominated by women. Of all the respondents, the majority of parents work as employees. Data on the type of parenting pattern obtained through filling out questionnaire sheets by parents of mild mentally retarded

students about parenting applied at home, while the types in question are authoritarian, permissive, democratic, and situational types. From the results of the study obtained the following **TABLE 3**.

TABLE 3
Frequency Distribution of Respondents' Answers About Types of Authoritarian Parenting Patterns

No	Statements	Yes		No		N (%)
		F	%	F	%	
1	I usually will reprimand children loudly to remind them if they don't brush their teeth at night and in the morning	63	60.3	37	30.7	100
2	Children must obey their parents' orders if they don't want to be scolded	50	50	50	50	100
3	I think children need to be severely reprimanded if they don't want to brush their teeth	59	50.9	64	60.4	100
4	I strictly forbid when my child always has snacks that contain sweeteners	36	30.6	47	40.7	100
5	In the family, children must comply with parental rules and should not argue	53	50.3	45	40.5	100
6	Parents do not like to talk about problems that occur to their children, because they feel that their children do not understand anything.	55	50.5	45	40.5	100
7	Require children to always study every day even though children don't want it	55	50.5	45	40.5	100
8	I routinely take my child's teeth to the dental clinic for check-ups, even though my child is rebellious, I still insist.	51	50.1	49	40.9	100
9	I usually never discuss with children first in making decisions, because parents know what is best for their children	61	60.1	39	30.9	100
10	I don't believe that my child can brush his teeth properly without the help of me or his caregiver.	53	50.3	47	40.7	100
Total		536	53.6	464	46.4	100

Based on the **TABEL 3**, it is known that 60.3% of parents will reprimand their children harshly if they do not brush their teeth at night and in the morning.

TABLE 4
Frequency Distribution of Respondents' Answers About Permissive Parenting Types in Parents

No	Statements	Yes		No		N(%)
		F	%	F	%	
1	If the child does not want to brush his teeth, I do not force	61	60,1	39	30,9	100

No	Statements	Yes		No		N(%)
		F	%	F	%	
	the child to keep doing it.					
2	I never ask whether the children have brushed their teeth or not	42	40.2	58	50.8	100
3	If children make mistakes in brushing their teeth, it is considered natural because children still do not understand anything, so they are left alone until they can be alone.	60	60	40	40	100
4	I usually let the child freely choose what he wants to do and do it.	53	50.3	47	40.7	100
5	Always obeying the child's wishes even though the parents don't like it is one way for parents to show affection	41	40.1	59	50.9	100
6	The child understands what is being done, so parents do not need to ask or forbid the child to do what he wants.	50	50	50	50	100
7	I let my child eat what he likes, including sweets	42	40.2	58	50.8	100
8	I have never done any treatment on my child's teeth	46	40.6	54	50.4	100
9	If the child does not complain of toothache, I usually do not check the condition of my child's teeth and mouth.	47	40.7	53	50.3	100
10	I never take my child to the dental clinic	50	50	50	50%	100
Total		492	492	508	508	100

Based on the [TABLE 4](#), it is known that 60.1% of parents do not force their children if they do not want to brush their teeth.

TABLE 5
Frequency Distribution of Respondents' Answers About the Type of Democratic Parenting in Parents

No	Statements	Yes		No		N(%)
		F	%	F	%	
1	I always teach my child to brush his teeth in the right motion if my child is still wrong.	71	7,1	29	2,9	100
2	I tell my child the reason why he should brush his teeth before sleep	66	6,6	34	3,4	100
3	Parents provide opportunities for children to talk about what they want.	70	7	30	3	100

No	Statements	Yes		No		N(%)
		F	%	F	%	
4	Directing children to where they want to be, and entrusting children to do what they like, even if their parents don't like it.	68	6.8	32	3.2	100
5	Explain to children about good deeds and bad deeds, so that the child can determine which action he will choose.	70	7	30	3	100
6	Give praise when the child behaves well and reprimand the child if he makes a mistake	63	6.3	37	3.7	100
7	I always take the time to teach children even though the activities are busy	51	5.1	49	4.9	100
8	I regularly take my children to the dentist for dental check-ups, and persuade and explain the reasons why they should have regular dental check-ups	60	6	40	4	100
9	I always guide/help my child if the child has difficulty brushing his teeth	47	4.7	53	5.3	100
10	When my child makes a mistake and doesn't want to brush his teeth and lacks motor skills to make hand movements, I usually help brush his child's teeth without yelling or scolding him.	51	5.1	49	4.9	100
Total		617	61.7	383	38.3	100

Based on the [TABLE 5](#), the statement of the type of democratic parenting is known as 71.1% of parents always teach their children correctly if the child is still wrong in the movement of brushing his teeth.

From the results of the questionnaires for the three types of parenting above, the following data were obtained:

TABLE 6
The Results of the Category of Parenting of All Respondents

Parenting Pattern		Category of parenting of all respondents	
		Frequency	Percentage (%)
Authoritarian		20	20%
Permissive		21	21%
Democratic		37	37%
Situational		22	22%
Total		100	100%

The TABLE 6 shows that all respondents have different types of parenting, namely authoritarian, permissive, democratic, and situational parenting. From the results of the overall parenting applied by the respondents, it shows that most parents of mentally retarded children have a democratic type of parenting.

The results of the ability obtained from a parental observation questionnaire containing 11 questions related to the behavior of the ability of mentally retarded children to maintain oral and dental hygiene independently based on their habitual behavior at home, can be seen in the TABLE 7.

TABLE 7
Frequency Distribution of Respondents' Answers About Ability to Maintain Dental and Oral Hygiene for Children with Mental Requirements

No	Statements	Yes		No		N(%)
		F	%	F	%	
1	Brushing his own teeth without parental help or not	100	100	0	0	100
2	Brushing time	18	18	82	82	100
3	Awareness of brushing teeth, need to be reminded or not	61	61	39	39	100
4	Gargle after eating	53	53	47	47	100
5	Chewing on both sides	68	68	32	32	100
6	Frequency of checking teeth more than 2 times a year	51	51	49	49	100
7	Children check their teeth on their own accord/invitation from parents	33	33	67	67	100
8	Notify parents if they have toothache / teeth grow / loose teeth	66	66	34	34	100
9	Children always ask for their teeth to be treated	47	47	53	53	100
10	The attitude of the child while in the clinic, cooperative or not	58	58	42	42	100
11	Foods that are often consumed every day (fruit and vegetables/snacks/instant noodles)	49	49	51	51	100
Total		536	53.6	464	46.4	100

Based on TABLE 7, it is known that all children can brush their own teeth even though it is done at the wrong time, children already have the awareness to brush their teeth without having to be reminded by parents/caregivers. Some children have a habit of gargling after eating, and chewing food on both sides. Some children also check their teeth more than 2 times a year, but this is not on their own volition, but because of an invitation from their parents to go to the dental clinic. Children also often tell their parents when there are

complaints about their teeth. At the time at the clinic some of the children were cooperative. When at home, children consume more cariogenic foods than fruits and vegetables.

TABLE 8
Frequency Distribution in the Category of Ability to Maintain Dental and Oral Hygiene Independently for Children with Intellectual Requirements

Ability	Frequency	Percentage (%)
Able to do	45	45
Can't do	55	55

It is known that some respondents are not able to maintain oral hygiene independently. The ability of children to brush their teeth at the right time, consume fibrous foods such as fruits and vegetables every day, have their teeth checked at the clinic on their own accord, and the frequency of checking their teeth every year is still lacking. Based on the results of research on the relationship between parenting patterns and the ability to independently maintain oral and dental hygiene for mentally retarded children at SLB-B Negeri Pembina Palembang, the following TABLE 9 was obtained:

TABLE 9
Frequency Distribution of Relationship Between Parenting Patterns and Ability to Maintain Dental and Oral Hygiene Independently

Type of Parenting	Children Ability				N (%)	Sign.
	Able to do		Can't do			
	Freq.	Perc. (%)	Freq.	Perc.(%)		
Authoritarian	20	20	20%	20%	100	0,041
Permissive	21	21	21%	21%		
Democratic	37	37	37%	37%		
Situational	22	22	22%	22%		
Total	100	100	100%	100%		

Based on the data above, it can be seen that from all respondents, it was found that in authoritarian parenting, the ability of children to maintain oral and dental hygiene independently was mostly in the poor category.

Permissive parenting has more disadvantaged categories and situational parenting also has children in the category of being unable to maintain oral and dental hygiene independently. Parents with democratic parenting pattern have more capable categories.

The results of the study after analysis using the Chi Square test, obtained a value of $P = 0.041$ so that $P < 0.05$. Based on statistical tests, it can be found that there is a significant relationship between parenting patterns and the ability to independently maintain oral and dental hygiene for mentally retarded children in SLB-B Palembang.

IV. DISCUSSION

From the TABLE 7, the results of the ability were obtained from a parental observation questionnaire which contained 11 questions related to the behavior of the mentally retarded child's ability to maintain oral and dental hygiene independently. all children can brush their teeth even if it is done at the wrong time, children already have the awareness

to brush their teeth without the need to be reminded by parents/caregivers. Some children have a habit of gargling after eating and chewing food on both sides. Some children also check their teeth more than two times a year, but this is not of their own volition, but because of an invitation from their parents to go to the dental clinic. Children also often tell their parents when there are complaints about their teeth. At the time at the clinic, some of the children were cooperative. When at home, children consume more cariogenic foods than fruits and vegetables. This result is in line with research conducted by Fatimah [19], it was found that the ability of mild mentally retarded children to brush their teeth at the right time was still very low, namely at the age of 8-10 years, 100% was not appropriate, and at the age of 13 until 18 years (10%) had correct and (90%) incorrect.

Based on the TABLE 8, some respondents are not able to maintain oral hygiene independently. The ability of children to brush their teeth at the right time, consume fibrous foods such as fruits and vegetables every day, have their teeth checked at the clinic on their own accord, and the frequency of checking their teeth every year is still lacking. The ability to maintain oral and dental hygiene independently is known to all children who can brush their teeth even if it is done at the wrong time, children already have the awareness to brush their teeth without having to be reminded by their parents/caregivers. Some children have a habit of gargling after eating and chewing food on both sides. Some children also check their teeth more than two times a year, but this is not of their own volition, but because of an invitation from their parents to go to the dental clinic. Children also often tell their parents when there are complaints about their teeth.

From the TABLE 9, all respondents, found in authoritarian parenting, the ability of children to maintain oral and dental hygiene independently is mostly in the poor category. Permissive parenting has more disadvantaged categories and situational parenting also has children in the category of being unable to maintain oral and dental hygiene independently. Parents with a democratic parenting pattern have more capable categories. From the results of the overall parenting applied by the respondents, it shows that most parents of mentally retarded children have a democratic type of parenting. According to result study of Zhahrah [20], from the 55 respondents studied, there are 47% of parents of mentally retarded children apply democratic parenting. Democratic parenting is considered more suitable for parenting children with mental retardation because democratic parenting can encourage children to be independent and parents still set boundaries and control so that it can add trust to children.

The results of the research after analysis using the Chi-Square test obtained a value of $P = 0.041$ so that $P < 0.05$. Based on statistical tests, there is a significant relationship between parenting patterns and the ability to independently maintain oral and dental hygiene for mentally retarded children in SLB-B Palembang. The results of the study are in

line with the findings of Solanki et al. [16], Wilson [9] and Rahmawati [21] it is also known that there is a significant relationship between parenting patterns and the ability of mentally retarded children to take care of themselves, including the ability to take care of dental and oral hygiene. According to Schimmenti [22] the impact of different parenting patterns will create a lack of closeness between parents and their children so that it can affect children's emotions and behavior.

The implication of this research is to provide knowledge so that parents can apply good parenting and find ways to improve their ability to maintain oral and dental hygiene independently, especially for mentally retarded children. While, the limitation in this study is that this study did not see mentally retarded children brushing their teeth directly and also did not collect data, the brushing movements carried out by the mentally retarded child.

V. CONCLUSION

The aim of this study was to determine the correlation between parenting pattern and ability to keep independent dental and oral hygiene cleanliness for mentally retarded children at SLB-B Negeri Pembina Palembang. From the results of the study, it can be concluded that there is a significant relationship between parenting patterns and the ability to keep independent dental and oral hygiene cleanliness for mentally retarded children at SLB-B Palembang. Some children with mild mental retardation in SLB-B Pembina Palembang are still lacking in the ability to maintain oral and dental hygiene independently, namely in the poor category. The type of parenting pattern for mild mentally retarded children at SLB-B Pembina Palembang with the less category, mostly applies authoritarian, permissive, and situational parenting.

Parents are expected to be able to apply good parenting in everyday life, especially for mentally retarded children, and also how to find information to increase parents' insight to train their abilities in maintaining their child's dental and oral hygiene. For further researchers, it is hoped that research in this field can be developed with more respondents, wider coverage, more complete aspects and with different variables and researchers should see mentally retarded children brush their teeth directly and also not collect data, brushing movements carried out by mentally retarded children.

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