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The Effect of Counseling Using Pocketbooks on Knowledge of Attitudes and Behavior of Parents of Deaf Children in SLB Happy Foundation, Tasikmalaya City

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Abstract : The prevalence of dental and oral diseases such as caries and periodontal disease that often occurs in children, especially children with special needs with hearing loss (deaf children) is higher than in normal people due to their limited abilities. This limitation in listening and speaking is one of the obstacles for deaf people to gain knowledge about dental and oral health which will later determine children's attitudes and actions in maintaining oral hygiene. This study aimed to see the effect of counseling using pocketbooks on the knowledge of attitudes and behavior in maintaining dental health for parents of deaf children at the Happy Foundation Special School, Tasikmalaya City. **Methods**: This study used a quasi-experimental with one group pre-test and post-test design. The sample of this research was carried out by purposive sampling, namely parents of deaf children at the Happy Foundation Special School of Tasikmalaya City, totaling 29 people and were taken based on certain criteria. The targeted mandatory output is in the form of copyright in the first year and development to media printing for the following year. The current proposed TKT is 3 and the final target TKT is 4. **Result**: The results of the knowledge, attitude, and behavior T-test before and after treatment was very significant because p <0.005. **Conclusion** : There is the effect of counseling using pocket books on knowledge, attitudes and behaviors of parents of deaf children at SLB Yayasan Bahagia Kota Tasikmalaya.

Keywords - *Pocket book; parents of deaf children; knowledge; attitude; behavior*

I. INTRODUCTION

According to 2012 Susenas data, the population of Indonesia with disabilities is 2.45%. The increase and decrease in the percentage of persons with disabilities was influenced by changes in concepts and definitions in the 2003 and 2009 Susenas which still used the concept of disability, while the 2006 and 2012 Susenas included the concept of disability. However, when compared between 2003 and 2009 Susenas and 2006 and 2012 Susenas, there was an increase in prevalence. Based on the 2012 Susenas data, most people with disabilities are those who experience more than one type of disability, which is 39.97%, followed by visual impairment, and walking or climbing stairs[1]. The 2010 Population Census collected data on residents who have difficulty seeing, hearing, walking or climbing stairs, remembering or concentrating or communicating and having trouble taking care of themselves. The data presented is data on disability in the population aged 10 years and over because it is found that the data is not inappropriate for the age of less than 10 years which is possible

due to a misunderstanding of concepts and definitions. The percentage of the population aged 10 years experiencing difficulties is 4.74%. The highest type of difficulty is seeing difficulty, which is 3.05% while other difficulties range from 1-2%. As for those who have difficulty hearing are 1.57%[1].

The prevalence of dental and oral diseases such as caries and periodontal disease that often occurs in children, especially children with special needs with hearing loss (deaf children) is higher than normal people due to their limited abilities. This limitation in hearing and speaking is one of the obstacles for the deaf to acquire knowledge about dental and oral health which will later determine the attitudes and actions of children in maintaining oral hygiene[2].

Knowledge is obtained through sensing an object. The importance of knowledge and understanding of dental and oral health because it can affect general health and quality of life. Parents' attitudes and behavior have a significant influence on children's behavior. The participation of parents is very necessary in shaping behavior, especially the behavior of maintaining dental and oral health. Parents play a role in guiding, providing understanding, reminding, providing facilities for maintaining children's dental and oral health, and preventing plaque accumulation and caries in children. Prevention of plaque and caries accumulation is influenced by the mother's understanding and knowledge of maintaining children's dental and oral health[3]. The results of a pre-research in February 2020 on 21 deaf children at the Happy Foundation SLB in Tasikmalaya City, found an average dental and oral hygiene (OHI-S) of 3.2 with poor criteria. The formulation of the problem is "How is the influence of counseling using pocketbooks on the knowledge, attitudes and behavior of caring for the dental health of deaf children's parents at the Happy Foundation Tasikmalaya SLB?". Specific Objectives: to determine the level of knowledge and attitudes about oral health of parents of deaf children and the behavior of maintaining dental and oral health of parents of deaf children before and after being given counseling using a pocketbook knowing the effect of counseling using pocketbooks on knowledge, attitudes and behavior of caring for the dental health of deaf children's parents at the Happy Foundation Tasikmalaya Special School. Research urgency: research is important to do considering the growing need for pocketbook media for parents of deaf children. Health education is an educational activity that is carried out by disseminating message information, instilling confidence, so that people are aware, know and understand, but are also willing and able to carry out recommendations related to health and there is an increase in knowledge, skills and attitudes[5]. A pocketbook is a type of print media that is small and light in size, can be stored in a clothes pocket and is simple to carry and read anywhere and anytime. The scope of using a pocketbook is quite broad. Pocketbooks can be used in conveying socialization or presenting a subject or special material that is dedicated to the audience. A doctor can make a pocketbook as a medium of socialization or convey material related to his medical science. Then it can be made by a company in marketing the product, made by the authorities as a tool for disseminating certain regulations, made by teachers to facilitate delivery to learning citizens[6].

II. METHODS

The type of research carried out is quasi-experimental research with a one-group pre-test and post-test design[12], which only uses one group of subjects and takes measurements before and after treatment on the subject. The population in this study were 50 parents of deaf children at the Happy Foundation Tasikmalaya Special School. The sample of this study was carried out by purposive sampling, namely parents of deaf children at the Happy Foundation Special School of Tasikmalaya City, totaling 29 people with the following inclusion criteria: a) able to read and write, b) willing to be a respondent. Data analysis using Paired t-test The effect of counseling using pocket books on the knowledge, attitudes and behavior of maintaining dental health for parents of deaf children at the Happy Foundation Special School, Tasikmalaya City.

III. RESULT

The results of the distribution of the frequency of knowledge of dental and oral health of parents of deaf children before the intervention obtained the most respondents with good criteria or as many as 21 people with an average (72.4%). Results can be seen in the following table:

Table 1. Distribution of Knowledge Frequency Before the intervention

No	Criteria	Total	Persentage (%)
1.	Good (11-15)	21	72,4
2.	Medium (6-10)	8	27,6
3.	Less (0-5)	0	0
	Total	29	100

The results of the frequency distribution of dental and oral health knowledge of parents of deaf children after the intervention showed that the most respondents were with good criteria or as many as 26 people with an average (89.7%). There was an increase in knowledge from before the intervention to after the intervention as many as 5 people. Results can be seen in the following table:

Table 2. Distribution of Knowledge Frequency After the intervention

No	Criteria	Total	Persentage (%)
1.	Good (11-15)	26	89,7
2.	Medium (6-10)	3	10,3
3.	Less (0-5)	0	0
	Total	29	100

The results of the Knowledge T-test before and after treatment obtained the mean -.172 standard deviation value of 0.384 with a p = 0.023 according to statistics this study was very significant because p <0.005. The results of the T-Test test can be seen in table 3 below.

Table 3. Results of Knowledge T Test before and after Intervention

Variable	before-after (n = 110)		t	p
	mean	SD		
Knowledge	-.172	0.384	-.2.415	0.023

The results of the distribution of the frequency of dental and oral health attitudes of parents of deaf children before the intervention obtained the most respondents with positive criteria or as many as 15 people with an average (51.7%). Results can be seen in the following table:

Table 4. Frequency Distribution of Dental and Oral Health Attitudes of Parents of Deaf Children Before Intervention

No	Criteria	Total	Percentage (%)
1.	Positive	15	51,7
2.	Negative	14	48,3
	Total	29	100

The results of the frequency distribution of dental and oral health attitudes of parents of deaf children after the intervention found that the most respondents were with positive criteria or as many as 22 people with an average (75.9%). Results can be seen in the following table:

Table 5. Frequency Distribution of Dental and Oral Health Attitudes of Parents of Deaf Children After Intervention

No	Criteria	Total	Persentage (%)
1.	Positive	22	75,9
2.	Negative	7	24,1
	Total	29	100

The results of the Attitude T-test before and after treatment obtained a mean of -.241 standard deviation value of 0.435 with p value = 0.006. This study was statistically very significant because p <0.005. The results of the T-Test can be seen in table 6 below.

Table 6. Attitude T Test Results before and after the Intervention

Variable	before-after (n = 110)		t	p
	mean	SD		
Attitude	-.241	0.435	-2.985	0.006

The results of the frequency distribution of dental and oral health behavior of parents of deaf children before the intervention showed that the most respondents were those with moderate criteria or as many as 15 people with an average (51.7%). And there are those who behave less, namely as many as 4 people or (13.8%). Results can be seen in the following table:

Table 7. Frequency Distribution of Dental and Oral Health Behavior of Parents of Deaf Children Before Intervention

No	Criteria	Total	Percentage (%)
1.	Good (8-10)	10	34,5
2.	Medium (4-7)	15	51,7
3.	Less (0-3)	4	13,8
	Total	29	100

The results of the frequency distribution of dental and oral health behavior of parents of deaf children after the intervention showed that the most respondents were with good criteria or as many as 18 people with an average (62.1%). Results can be seen in the following table:

Table 8. Frequency Distribution of Dental and Oral Health Behavior of Parents of Deaf Children After Intervention

No	Criteria	Total	Persentage (%)
1.	Good (8-10)	18	62,1
2.	Medium (4-7)	11	37,9
3.	Less (0-3)	0	0
	Total	29	100

The results of the T-test Behavior before and after treatment obtained a mean / mean of -.414 standard deviation value of 0.568 with p value = 0.001. This study was statistically very significant because p <0.005. The results of the T-Test test can be seen in table 9 below.

Table 9. Behavioral T Test Results before and after the Intervention

Variable	before-after (n = 110)		t	p
	mean	SD		
Behavior	-.414	0.568	-3.923	0.001

IV. DISCUSSION

Based on the results of data analysis on the effect of counseling using pocketbooks on the knowledge, attitudes, and behavior of caring for the dental health of parents of deaf children at the Happy Foundation Tasikmalaya City SLB, it shows that the knowledge value of parents of deaf children before intervention is good with an average of 72.4%, while after the intervention the good score increased to 89.7%, meaning that the level of knowledge about dental and oral health and the level of understanding of parents of deaf children was high (p = 0.023). The understanding of information about dental and oral health is very good and they are sure of the truth and they often get the information. This is in line with research by Maulana et al (2016) which states that knowledge about dental and oral health is defined as information about dental and oral health that is believed to be true. Feelings of confidence have an impact on individuals subjectively being able to accept a certain object or action and the consequences of that action. Knowledge is one of the individual factors that can influence and determine a person's behavior to make efforts to reduce the risk of health problems[13]. Positive basic knowledge from parents about maintaining children's dental and oral health will influence good dental and oral health status. The importance of parents' knowledge and understanding of oral health, that is, dental and oral health affects general health and quality of life[14].

The attitude of parents towards maintaining oral health before the intervention obtained a value of 51.7% with positive criteria. Whereas after the intervention it increased to 75.9%. This means that the attitude of parents in caring for the oral and dental health of deaf children is very good and according to statistics it is very significant because p=0.006. As for the behavior of parents towards maintaining oral and dental health before the intervention obtained a value of 51.7% with moderate criteria. His behavior changed for the better after the intervention with a value of 62.1%. This means that the behavior of parents in maintaining the oral health of deaf children is good because p = 0.001 and according to statistics it is very significant because p <0.005. Changes in behavior can occur naturally, namely changes due to environmental influences and changes intentionally and systematically, namely through education. The process of change naturally is usually slower than through the educational process[15].

Parents' attitudes and behavior have a significant influence on children's behavior. The participation of parents is very necessary for shaping behavior, especially the behavior of maintaining dental and oral health. Parents play a role in guiding, providing understanding, reminding, providing dental and oral health care facilities for children, and preventing plaque accumulation and caries in children. The prevention of plaque accumulation and caries is influenced by the mother's understanding and knowledge of maintaining children's dental and oral health.

There are several preventive steps that implement dental and oral health knowledge, namely maintaining oral hygiene by brushing your teeth every day after eating and before going to bed in a good and correct way, using toothpaste containing fluorine. Regulate eating patterns and carry out periodic dental examinations once every 6 months at the dentist or puskesmas[16].

V. CONCLUSION

Based on the results of research and discussion, the conclusions that can be conveyed are as follows:

1. The knowledge of parents of deaf children before the intervention was good with an average of 72.4%, while after the intervention the good value increased to 89.7%, meaning that the level of knowledge about dental and oral health and the level of understanding of parents of deaf children it is high (p= 0.023).
2. The attitude of parents towards dental and oral health maintenance before the intervention obtained a value

of 51.7% with positive criteria. Whereas after the intervention it increased to 75.9%. This means that the attitude of parents in caring for the oral and dental health of deaf children is very good and according to statistics it is very significant because p=0.006.

3. Parents' behavior towards dental and oral health maintenance before the intervention obtained a value of 51.7% with moderate criteria. His behavior changed for the better after the intervention with a value of 62.1%. This means that the behavior of parents in caring for the oral and dental health of deaf children is good because p = 0.001 and according to statistics it is very significant because p <0.005.

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