

Correlation of Parenting Styles and Oral Health Behavior of Children with Down Syndrome in Banjarmasin

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ABSTRACT

Background: Parental, Down syndrome is a trisomy chromosomal genetic disorder that leads newborn child having more than one chromosome so that could interfere the normal growth of the body due to an excess of protein level. Children with Down syndrome have different oral health problems compared to the general population. They need assistance to maintain their oral health because of mental and physical deficiencies as well as limitations in optimally cleaning their teeth. **Objective:** To analyze the relationship between parenting styles and oral health behavior of children with Down syndrome in Banjarmasin Special Needs School, Indonesia. **Materials and Method:** This is an observational analytic study with cross-sectional approach. Sample was taken using simple random sampling technique and a cross-sectional sample formula obtained for 32 respondents. The instrument used a parenting style questionnaire and a behavioral modification questionnaire for children's oral health. **Results:** Democratic (87.5%) compared switch order parenting styles. It was found that there were more children with Down syndrome in the category of moderate behavior (59%) than children with good behavior (38%) and poor behavior (3%). The results of the Somers'd test data analysis obtained a significance value of 0.034 ($p < 0.05$) and the correlation value obtained was 0.571, which means that the correlation strength is moderate with a positive correlation direction (unidirectional). **Conclusion:** The more democratic the parents use as parenting style the better the oral health behavior of children with Down syndrome will be.

Keywords: Parenting style, Children With Down Syndrome, Oral health, Health Behavior

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INTRODUCTION

Parental Down syndrome is a trisomy chromosomal genetic disorder that leads newborn child having more than one chromosome so that could interfere the normal growth of the body due to an excess of protein level. Children with Down syndrome are easily recognized because they have specific physical signs, such as relatively short bodies, small heads, flat noses resembling Mongolians, and intelligence levels below normal children.¹

The incidence of Down syndrome in Indonesia itself is 1 in 600 live births.² The results of the National Institute of Health Research and Development (Rikesdas) show that there is an increase in cases of Down syndrome in children aged 24 to 59 months in Indonesia. Down syndrome cases in 2013 in Indonesia were 0.13% and in 2018 they were 0.21%.³

Children with down syndrome have different oral health problems compared to normal children. Oral health is an essential integral part of general health. Poor oral health can have far-reaching consequences for overall wellness.²⁵ According to a study conducted by Sarheed in Saudi Arabia in 2015, the prevalence of poor oral hygiene in children aged 7 to 12 years with down syndrome was 87.5% higher than in normal children. Gingivitis also affects 91% of children aged 6-20 years with Down syndrome and among children aged 11 years 46.9% have more gingivitis than normal children. syndrome which is classified into the group of children who have oromotor function disorders and it is found that 10% of children with down syndrome have a poor quality of life. Children with down syndrome need help from their parents or caregivers to maintain dental and oral health because they have mental and physical deficiencies and limitations to optimally clean their teeth.^{4,5}

Parents shape the behavior and attitudes of children by providing examples, parenting patterns, and interpersonal interactions in the

family.⁷ Parenting style are interactions between children and parents during parenting. Parenting patterns given by parents to children will reflect behavior that is applied by parents to achieve certain goals, for example, parents of children with Down syndrome train their teeth brushing skills and use fluoride-containing toothpaste to maintain the child's oral hygiene. Overall, it can be said that parenting influences behavior related to children's dental health, while there are still many parents who are not aware of the impact of parenting and the behavior they provide will have an impact on children's dental and oral health.⁷ According to Quek's research in Singapore in 2020, as many as 26.7% of parents with permissive parenting almost every day do not make sure their children brush their teeth before going to bed while parents with democratic parenting only 7% who do not make sure their children go to sleep without brushing their teeth.^{6,7}

The results of a preliminary study conducted by researchers at Special Schools in Banjarmasin City are known to rarely carry out oral dental health counseling and promotion in Banjarmasin City Special Schools, the last dental and oral health counseling and promotion was carried out in 2014. conducted a study in the city of Banjarmasin about parenting on the oral health behavior of children with Down syndrome. Based on the background that has been described, the prevalence of poor oral hygiene in children aged 7 to 12 years with Down syndrome is 87.5% higher than normal children and by following per under the mission of the Faculty of Dentistry, University of Lambung Mangkurat, namely conducting research that refers to the priority needs of local communities, researchers are interested in researching "The Relationship of Parenting Style to Oral Health Behavior in Children with Down syndrome" which will be carried out at SLB Banjarmasin City.

MATERIALS AND METHODS

This study is an analytic observational study with a cross-sectional method that has been declared ethically feasible by the Health Research Ethics Commission, Faculty of Dentistry, Lambung Mangkurat University with No.017/KEPKG-FKGULM/EC/III/2022. The population in this study were all children with Down syndrome in SLB Banjarmasin City which consisted of 6 schools, namely SLB Harapan Bunda Banjarmasin, SLB Plus Madana Dun Ya Banjarmasin, SLB Negeri Pelambuan Banjarmasin, SLB Negeri 2 Banjarmasin, SLB Negeri 3 Banjarmasin and SLB BC Paramita. Graha Banjarmasin. The total population was 39 children with Down syndrome. The research was conducted in January-May 2022. Samples were taken using a simple random sampling technique. The number of samples was taken using a cross-sectional sample formula and obtained as many as 32 children with down syndrome. The inclusion criteria in this study were parents who had children attending special schools in Banjarmasin City who had Down syndrome and were healthy. Exclusion criteria in this study included parents who did not agree to the informed consent and did not fill out the questionnaire.

Measurement of parenting styles using the Parenting Styles and Dimension Questionnaire (PSDQ). This questionnaire consists of 32 items with 3 types of parenting styles, namely democratic, permissive and authoritarian.⁸ The measurement of oral health behavior of children with Down syndrome was measured using a questionnaire on the modification of oral health behavior. The category of dental and oral health behavior questionnaire was divided into 3 groups, namely behavior in the good category, moderate category, and poor category.⁹ Both questionnaires have been tested for validity and reliability in the POTADS community (Union of Parents of Children with Down Syndrome) in South Kalimantan as many as 30 parents.

Bivariate analysis used a nonparametric test, namely the Somers' D test method, to see the relationship between parenting style and oral health behavior of children with Down syndrome.

RESULTS

Table 1. Characteristics of respondent

No.	Characteristics	(n)	(%)
1.	Gender		
	Girl	17	53%
	Boy	15	47%
	Total	32	100%
2.	Last Education		
	Elementary School	4	13%
	Junior High School	4	13%
	Senior High School	14	43%
	Bachelor	10	31%
	Total	32	100%
3.	Age		
	26-35 years	8	25%
	36-45 years	10	31,3%
	46-55 years	9	28,1%
	56-65 years	5	15,6%
	Total	32	100%

In this study, there were 32 children respondents, including their parents. The child respondents were 15 boys (47%) and 17 girls (53%). Respondents of parents have the following characteristics, most of them took high school as their last education as many as 15 people (43%) and most of the parents in late adulthood, aged 36- 45 years as many as 10 people (31.3%).

Table 2. Types of Parenting Styles

Parenting style	Amount	Percentage
Democratic	28	87,5%
Permissive	4	12,5%
Authoritarian	0	0%
Total	32	100%

The type of parenting style with the highest number of 28 people (87.5%) had a democratic parenting style and none of the parents in SLB of Banjarmasin City had an authoritarian parenting style.

Table 3. Categories of Child Oral Health Behavior

Behavior	Amount	Percentage
Good	12	38%
Moderate	19	59%
Poor	1	3%
Total	32	100%

The most children's dental and oral health behavior was in the sufficient category as many as 19 children (59%) and the least was the poor category behavior with 1 child (3%).

Table 4. Cross Distribution Between Gender of Children on Parenting

Child Gender	Parenting Style		Total
	Democrati	Permissiv	
Girl	15 (53,6%)	2 (50%)	17 (53,1%)
Boy	13 (46,4%)	2 (50%)	15 (46,9%)
Total	28 (100%)	4 (100%)	32 (100%)

The results showed that the most democratic parenting for female children (52.6%) and the permissive parenting pattern was the same between girls and boys with as many as 2 children (50%).

Table 5. Cross Distribution Between Parents Education and Parenting Style

Parents Education	Parenting Style		Total
	Democrati	Permissiv	
Elementary School	2 (50%)	2 (50%)	17 (53,1%)
Junior High School	4 (14,3%)	0 (0%)	4 (12,5%)
Senior School	13 (46,4%)	1 (25%)	14 (43,8%)
Bachelor	9 (32,1%)	1 (25%)	10 (31,3%)
Total	28 (100%)	4 (100%)	32 (100%)

The results showed that parents who had the most democratic parenting education had

the most recent high school education as many as 13 people (92.9%) and parents with permissive parenting patterns had the most elementary education (50%).

Table 6. Cross Distribution Between Parental Age and Parenting Style

Parents Age	Parenting Style		Total
	Democratic	Permissive	
26-35 years	8 (28,6%)	0 (0%)	8 (25%)
36-45 years	4 (32,1%)	1 (25%)	10 (31,2%)
46-55 years	8 (28,6%)	1 (25%)	9 (28,1%)
56-65 years	9 (10,7%)	2 (50%)	5 (15,6%)
Total	28 (100%)	4 (100%)	32 (100%)

The results showed that the majority of parents with democratic parenting were 36-45 years old (32.1%) and the majority of parents with permissive parenting were 50-65 years old (50%).

Table 7. Cross Distribution between Gender of Children on Oral Health Behavior of Children with Down syndrome

Child Gender	Dental and Oral Health Behavior			Total
	Good	Moderat	Bad	
Girl	9 (75%)	8 (42,1%)	0 (0%)	17 (53,1%)
Boy	3 (25%)	11 (57,9%)	1 (100%)	15 (46,9%)
Total	12 (100%)	19 (100%)	1 (100%)	32 (100%)

The results showed that children with Down syndrome who had a good behavior categories were mostly girls (75%), while the most moderate category behavior were boys (57.9%) and poor behavior was only 1 boy (100%).

Table 8. Cross Distribution between Parental Age on Oral Health Behavior Down Syndrome

Parents Age	Dental and Oral Health Behavior			Total
	Good	Moderate	Bad	
26-35 years	3 -25%	5 (26,3%)	0 0%	8 -25%
36-45 Years	5 (41,7%)	4 (21,1%)	1 -100%	10 (31,3%)
46-55 years	1 (8,3%)	8 (42,1%)	0 0%	9 (28,1%)
56-65 years	3 -25%	2 -40%	0 0%	5 (15,6%)
Total	12 -100%	19 -100%	1 -100%	32 -100%

The result showed that the behavior in the good category is mostly in parents aged 36-45 years (41.7%), the category is quite the most among parents aged 46-55 years (42.1%) and the worst category was from parents aged 36-45 years (100%).

Table 9. Cross Distribution between Parental Education on Oral Health Behavior Down Syndrome

Parents Education	Dental and Oral Health Behavior			Total
	Good	Moderate	Bad	
Elementary School	0 0%	3 (25,8%)	1 100%	4 (12,5%)
Junior High School	2 (16,7%)	2 (10,5%)	0 0%	4 (12,5%)
Senior High School	4 (33,3%)	10 (52,6%)	0 0%	14 (43,8%)
Bachelor	6 -50%	4 (21,1%)	0 0%	10 (31,3%)
Total	12 -100%	19 -100%	1 -100%	32 -100%

The results showed that the behavior was in a good category, with the most recent education being a Bachelor (60%), moderate category, the most recent education being Senior High School (71.4%) and category worst educated most recently elementary school (25%).

Table 10. Categories of Child Dental and Oral Health Behavior

Parenting style	Behavior			Total
	Good	Moderate	Bad	
Democratic	12 (100%)	16 (84,2%)	0 (0%)	28 (87,5%)
Permissive	0 (0%)	3 (15,8%)	1 (100%)	4 (12,5%)
Total	12 (100%)	19 (100%)	1 (100%)	32 (100%)

The results showed that children with down syndrome who had good dental and oral health behaviors were mostly obtained from parents with democratic style (100%), while the dental and oral health behaviors of children in moderate categories were mostly from parents with democratic parenting style (84.2%), and dental and oral health behavior of children in the worst category with parents having permissive parenting by 1 person (100%).

The results of the Somers'd test data analysis obtained a significance value of 0.034 ($p < 0.05$), which means that there is a significant relationship between parenting style and oral health behavior of children with down syndrome. The correlation value obtained is 0.571 which means the strength of the correlation is in the direction of positive correlation (unidirectional).

DISCUSSION

Parenting Style

The results showed that the majority of parents had democratic parenting and no parents had authoritarian parenting. This is in line with previous research conducted by Thaibah (2020), that the majority of parents of children with special needs, namely 60%, apply democratic parenting.¹⁰ Democratic parenting is the best parenting pattern with a combination of demands and permits and has a good influence on a child. Democratic parenting is characterized by parental acknowledgment of the child's ability and children are allowed not to always depend on their parents.¹¹

The results of observations made by researchers found that most children could take care of themselves such as brushing their teeth

independently. According to Wiryadi's research (2014), the development of children with Down syndrome is experiencing obstacles because parents are afraid that their children cannot do their activities because parenting makes children lazy to do something, if children with down syndrome in SLB Banjarmasin the majority get parenting Democracy will be good for children because they are allowed not to always depend on their parents so that children with Down syndrome can get used to doing their activities and not always depend on their parents.¹

The results of this study found that the most democratic parenting style were among female children (52.6%). This is similar to the research of Vyas (2016) which states that there is more democratic parenting in girls than boys because mothers tend to spend more time with girls and are warmer than their sons.¹²

The results of the study showed that the majority of parents with democratic parenting had their last education at Senior High School (46.4%). Parenting style can be influenced by educational factors because education can have a big influence on parenting patterns for their children. Parents with high school education already have a fairly broad understanding of children's development, so they can adjust which parenting pattern is best for their children.¹³ The results of observations made by researchers, it is known that parents often attend seminars about children with Down syndrome so that parents have a clear mind. open. This is in line with Miyati's (2021) research, which states that parental education can affect the ability to apply the information received and the majority of educated parents choose democratic parenting.¹⁴

The results of the study also found that the age of the parents of children with Down syndrome who had democratic parenting was 36-45 years old (32.1%). In that age range, a person will act as a parent who always provides time to educate and care for children and the psychological age has reached maturity.¹⁵ This is in line with Hurlock's theory, namely age is one

of the factors that can affect parenting, parents aged young people tend to prefer democratic and permissive parenting.^{11,15}

Oral Health Behavior in Children

The results of this study indicate that children with Down syndrome in SLB Banjarmasin City who behave in oral health care in the sufficient category (59.4%), good category (37.5%), and bad category (3.1%). These results indicate that oral health behavior in children with down syndrome is mostly in the moderate category. Some indicators of oral health behavior of children in the adequate category are children who consume sweet drinks and food once outside their meal hours, parents who do not take them to the dentist when their child has toothache but give painkillers, children drink sweet drinks/milk 1-4 times a week, children brush their teeth less than 2 times a day. The results of this study are in line with the research of Dynasty (2018) which states that the oral health behavior of children with Down syndrome is mostly included in the sufficient category at 73.33%.¹⁶

Most of the dental and oral health behaviors in the good category were found in girls (75%), while the bad categories were found in boys (100%). This is in line with Adhi's research (2013), which states that dental and oral hygiene in children with special needs is better for girls than boys. which are difficult to train and difficult to communicate, making it difficult for parents to apply oral health behavior to their children.

The results showed that the majority of the respondents in the early elderly were those aged 46-55 years (42.1%). This is because age is a factor that affects a person's knowledge, then parental knowledge is important in forming behavior that supports and does not support oral hygiene in children. This is in line with research conducted by Novianty (2020), the majority of parents of children who fall into the adequate category in terms of maintaining oral health for

children with Down syndrome are elderly/elderly parents.¹⁸

Oral health behavior is quite a majority category of parents with the last education of Senior High School (52.6%). In contrast to the behavior of oral health in the good category, most of the parents with the latest education were Bachelor (50%), while 1 child (100%) with Down syndrome who had bad behavior was obtained from parents whose last education was Elementary School. According to Ulfah (2018), the majority of parents with the last education Senior High School have better knowledge about oral hygiene practices.¹⁹ The level of education affects a person to understand and receive good dental and oral health education. Lack of parental knowledge about the importance of oral health problems will shape attitudes and behaviors that ignore oral health care which will cause problems in the child's oral cavity.²⁰ People with higher levels of education will have good knowledge and behavior about health which will affect their health, behavior for a healthy life.²¹ In line with research conducted by Emilda (2023), the education level of parents increased as the children's dental health and attitudes.²²

The Relationship of Parenting Styles to Oral Health Behavior in Children with Down Syndrome

The results of the cross-distribution between parenting styles and the oral health behavior of children with down syndrome in good categories were all obtained from parents with democratic parenting (100%), while the moderate category behavior was mostly from parents with democratic parenting (84.2%), and behavior in the bad category of parents with permissive parenting (100%), compared to children with permissive parenting, none of which was included in the category of good oral health behavior. This is like research by Howenstein (2015) showing that democratic parenting has a consistently positive impact on children and finding that democratic parenting is

associated with good oral cavity behavior and fewer dental caries compared to the other two parenting styles.²³

Democratic parenting is the best parenting because oral health behaviors that are included in the good category are only found in democratic parenting. However, it was also found that democratic parenting with oral health behavior was in the sufficient category, this was because children with down syndrome had retarded physical and mental abilities, causing limitations in their ability to maintain oral health, due to limited motor, sensory, and intellectual potential.²⁴ So it is difficult to train which makes it difficult for parents to order their children to brush their teeth and teach how to maintain dental health in children with down syndrome.

The analysis of the relationship between parenting style and the oral health behavior of children with Down syndrome that was carried out at the SLB Banjarmasin City by using the Somers' D correlation test found that there was a relationship between parenting style and oral health behavior. This is in line with research conducted by Quek (2020), which states that parenting has an impact on children's oral hygiene behavior.²⁵ Democratic parents are firm but still protect their children, for example, allowing children to eat and drink sweet drinks with certain limitations and times, in contrast to permissive parents who tend to free their children's choices such as allowing children to eat or drink sweet drinks without being limited, parents also do not make sure their children brush their teeth every day. Quek's research also shows that parents with permissive parenting are less likely to monitor their children's diet.⁶

CONCLUSION

Based on the results of this study, it could be concluded that parenting styles found more children with down syndrome with parents who have a democratic parenting style compared to the permissive type and no parents with

authoritarian parenting. Behavior of children's oral health, it was found that there were more children with Down syndrome in the category of moderate behavior than children with good behavior and poor behavior. There is a relationship between parenting styles on oral health behavior in children with Down syndrome in Special Schools (SLB) Banjarmasin City, namely the more democratic the parenting pattern of parents will affect the oral health behavior of children with down syndrome.

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