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# BEHAVIOR IN MAINTAINING DENTAL AND ORAL HEALTH BASED ON THE THEORY OF THE HEALTH BELIEF MODEL IN THE COMMUNITY OF SUCOPANGEPOK VILLAGE, JEMBER

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***Abstract***

Dental problems such as dental caries and periodontal disease remain prevalent across various age groups. Many individuals have not yet adopted proper oral health behaviors, including regular toothbrushing, controlling sugar intake, and routine dental check-ups, all of which contribute to the prevention of oral diseases. This study aims to describe oral health behaviors based on the Health Belief Model (HBM) among the community of Sucopangepok Village, Jelbuk District, Jember. Methods: This study employed a descriptive observational design with a cross-sectional approach. The study population consisted of adults aged 18–59 years from three hamlets in Sucopangepok Village. A total of 95 respondents were selected using purposive sampling. The study applied the Health Belief Model (HBM), which explains that health behavior is influenced by individuals' perceptions and beliefs regarding a disease. Data were analyzed descriptively and presented in frequency distribution tables, mean, and standard deviation. Results: The respondents' perception components were categorized as high for perceived susceptibility, perceived severity, perceived benefits, cues to action and self-efficacy, indicating a tendency toward maintaining oral health behaviors. Meanwhile, perceived barriers were categorized as low, suggesting that respondents still experienced several obstacles in maintaining oral health, such as limited access to health services. Conclusion: The oral health behavior of the Sucopangepok Village community ranged from low to high categories. The high category reflects strong awareness of risks, impacts, and the benefits of preventive oral health behaviors. Meanwhile, the low category indicates that the community still faces barriers in maintaining proper oral health.

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## Introduction

Oral health is an essential component of overall health due to its role in eating, speaking, and maintaining quality of life. The World Health Organization (WHO) in 2013 defined oral health as a condition free from oropharyngeal cancer, oral infections and lesions, periodontal disease, dental caries, tooth loss, and other disorders that may impair biting, chewing, smiling, speaking, and psychosocial well-being (Amaliah et al., 2020).

According to WHO survey reports, approximately 60–90% of children worldwide experience dental caries. Data from the 2023 Indonesian Health Survey (Survei Kesehatan Indonesia/SKI) show a 6% decrease in the prevalence of dental caries among children compared with 2018, from 88.8% to 82.8%. Despite the high prevalence of dental and periodontal diseases, many individuals have not adopted optimal oral health practices. These practices include regular toothbrushing, controlling sugar intake, and routine dental check-ups, all of which play an important role in preventing oral diseases. This suggests that oral health behavior is influenced by multiple and interacting factors at both the individual and social levels (Yamamoto et al., 2025).

Oral health behavior is shaped by a range of individual and environmental factors. Knowledge and attitudes play an important role in shaping preventive behavior, as individuals with better knowledge and more positive attitudes tend to maintain better oral hygiene. In addition, socioeconomic conditions, family support, and access to health services are also important determinants, particularly in rural communities where facilities are limited (Yuliana et al., 2023).

This study applies the Health Belief Model (HBM). Individuals' perceptions of health problems may influence their behaviors and habits in responding to those problems. Therefore, the components of the HBM are expected to help address behavioral factors that contribute to oral health outcomes.

Sucopangepok Village is located in Jelbuk District, Jember, East Java Province. The village covers an area of 15.4 km² and is situated approximately 15 km from the nearest primary healthcare facility. Geographical constraints and difficult terrain limit accessibility, making it more challenging for residents to reach health services. According to data from the Jember Statistics Agency (BPS) in 2023, the population of Sucopangepok Village is approximately 6,217 people, consisting of 3,035 males and 3,182 females. As a disadvantaged rural area, limited resources, restricted access to dental information and services, and inconsistent family support for dental care all contribute to persistent oral health problems. This study aims to describe the influence of family social factors and parental education level on children's oral health status in Sucopangepok Village, Jelbuk District, Jember.

## Methods

This study employed a descriptive observational design to describe conditions identified through objective field observations. The research was conducted from 23–27 February 2026 in Sucopangepok Village, Jelbuk District, Jember, covering the hamlets of Krajan Timur, Gujuran, and Pangepok.

The study population consisted of all residents in the study area, totaling 2,006 individuals. The sample included residents who met the inclusion criteria: adults aged 18–59 years who were cooperative. The exclusion criterion was respondents who were fully edentulous. Participants were selected using purposive sampling. The sample size was calculated using the Slovin formula with a 10% margin of error, with an additional 10% added to account for potential dropouts. A total of 95 respondents were included in the study. The sample was then distributed proportionally across the three hamlets.

The study variables were components of the Health Belief Model (HBM), including perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy.

The instruments used in this study included a questionnaire, documentation tools (mobile phone), writing materials, and SPSS software. Materials used for data collection included disposable kits (basic examination tools), gloves, tissues, hand sanitizer, and masks.

Data were collected using a questionnaire with a five-point Likert scale, producing ordinal data. The scores were then categorized into very low, low, high, and very high based on the score distribution.

## Results

Respondents in this study were adults aged 18–59 years living in the study area. A total of 95 participants were recruited from three hamlets: Pangepok, Krajan Timur, and Gujuran; in Sucopangepok Village, Jelbuk District, Jember. Data were collected using a questionnaire designed to describe oral health maintenance behavior based on the Health Belief Model (HBM).

**Table 1.** The distribution of respondents by sex, age, education level, and occupation.

| Sex | N | Percentage (%) |
|---|---|---|
| Male | 24 | 25,2 |
| Female | 71 | 74,8 |
| Total | 95 | 100 |
| **Age** | **N** | **Percentage (%)** |
| 18-30 | 31 | 32,6 |
| 31-45 | 33 | 34,7 |
| 45-59 | 31 | 32,6 |
| Total | 95 | 99,9 |
| **Education Level** | **N** | **Percentage (%)** |
| No Formal Education | 24 | 22,8 |
| Elementary School (SD/MI) | 43 | 45,26 |
| Junior Secondary (SMP/MTs) | 13 | 13,68 |
| Senior Secondary (SMA/MA) | 13 | 13,68 |
| Tertiary Education | 2 | 2,1 |
| Total | 95 | 97,52 |
| **Occupation** | **N** | **Percentage (%)** |
| Unemployed | 5 | 5,26 |
| Homemakers | 45 | 47,36 |
| Farmers | 34 | 35,79 |
| Self-employed | 6 | 6,3 |
| Other | 5 | 5,26 |
| Total | 95 | 99,97 |

Based on sex, the majority of respondents were female, with 71 individuals (74.8%), while males accounted for 24 respondents (25.2%). In terms of age distribution, the groups were relatively similar, with respondents aged 31–45 years comprising 33 individuals (34.7%), and those aged 18–30 years and 45–59 years each accounting for 31 individuals (32.6%). Overall, most respondents were within the productive age group approaching older adulthood.

Regarding education level, the majority of respondents had completed elementary school or equivalent (SD/MI), totaling 43 individuals (45.26%). Respondents with no formal education accounted for 24 individuals (22.8%). Those with junior secondary (SMP/MTs) and senior secondary (SMA/MA) education each totaled 13 individuals (13.68%). Only two respondents (2.1%) had attained tertiary education. These findings indicate that most respondents had relatively low levels of formal education.

Based on occupation, nearly half of the respondents were homemakers, totaling 45 individuals (47.36%). In addition, 34 respondents (35.79%) worked as farmers, six respondents (6.3%) were self-employed, five respondents (5.26%) were unemployed, and another five respondents (5.26%) reported other occupations. Overall, the respondent profile suggests that most participants were female, within the productive to pre-elderly age group, had basic educational attainment, and were primarily homemakers.

**Table 2.** The analysis of factors influencing oral health maintenance behavior in Sucopangepok Village based on the Health Belief Model (HBM).

| | Average | | |
|---|---|---|---|
| HBM (*Health Belief Model*) | Mean | Std. Dvt | Categories |
| *Perceived susceptibility* | 19.34 | 2.956 | High |
| *Perceived severity* | 19.87 | 2.312 | High |
| *Perceived benefits* | 19.33 | 2.511 | High |
| *Perceived barriers* | 13.78 | 3.449 | Low |
| *Cues to action* | 18.17 | 2.704 | High |
| *Self-efficacy* | 18.07 | 2.695 | High |

Most HBM components were categorized as high, indicating generally positive perceptions toward maintaining oral health. Score categories were determined by dividing the theoretical score range (5–25) into four levels: 5.00–10.00 (very low), 11.00–15.00 (low), 16.00–20.00 (high), and 21.00–25.00 (very high).

The mean score for perceived susceptibility was 19.34, which falls within the high category. This suggests that most respondents felt at risk of experiencing oral health problems such as dental caries or toothache. A high level of perceived susceptibility is important, as awareness of disease risk may increase motivation to adopt preventive behaviors.

Perceived severity had a mean score of 19.87, also categorized as high. This finding indicates that respondents considered dental pain or oral health problems to be serious conditions that could interfere with daily activities. Higher perceived severity is generally associated with greater concern for maintaining health.

For perceived benefits, the mean score was 19.33, which also falls within the high category. This indicates that respondents recognized the benefits of maintaining oral health, including regular toothbrushing, reducing sugary food consumption, and undergoing dental check-ups. Belief in the benefits of preventive actions plays an important role in sustaining health-related behaviors.

In contrast, perceived barriers had a mean score of 13.78, categorized as low. This suggests that respondents experienced certain obstacles in

maintaining oral health, particularly related to access to healthcare services. The relatively long distance between residential areas and the nearest primary healthcare center requires adequate transportation. This becomes a challenge for respondents without private vehicles, while public transportation in the village is limited (Lausa et al., 2026).

The cues to action component showed a mean score of 18.17, categorized as high. This indicates that respondents received sufficient prompts to take action, whether through health education, recommendations from healthcare providers, previous experiences of dental pain, or family influence. Such external triggers help reinforce decisions to engage in healthy behaviors.

Similarly, self-efficacy had a mean score of 18.07, also categorized as high. This suggests that respondents had relatively strong confidence in their ability to perform oral health practices independently, such as brushing teeth properly or seeking dental care. Higher self-efficacy increases the likelihood of maintaining healthy behaviors over time.

Overall, the combination of high perceived susceptibility, perceived severity, and perceived benefits, along with strong cues to action and self-efficacy, indicates that residents of Sucopangepok Village possess perceptions that support oral health maintenance behavior. However, the presence of barriers reflected in the perceived barriers component suggests the need for additional interventions, such as improving access to services, providing continuous education, and strengthening environmental support, to enable more consistent and optimal oral health practices.

**Discussion**

This study aimed to describe oral health maintenance behavior among residents of Sucopangepok Village, Jelbuk District, Jember, using the Health Belief Model (HBM) approach. Based on respondent characteristics, most participants were female (74.8%), with the largest proportion having completed elementary school (45.26%), and the dominant occupations being homemakers and farmers. These findings reflect common characteristics of rural communities that remain socially and economically centered on the sagricultural sector.

Demographic characteristics are important for interpreting the findings, as education and occupation play a role in shaping health behavior. Recent studies indicate that education level and socioeconomic status are consistently associated with oral health conditions and dental care practices. Differences in education level influence oral health status, utilization of dental services, and toothbrushing habits (Hariyani et al., 2023).

Individuals with lower educational attainment tend to have limited understanding of health information and the long-term consequences of dental disease. As a result, health perceptions are often shaped more by direct experience than by information obtained from literature or media. Higher education is generally associated with better knowledge of oral health care and improved health outcomes. Socioeconomic status also influences health behavior, including knowledge, attitudes, and practices related to healthy lifestyles. Occupation determines income, which in turn affects the ability to meet healthcare needs, including oral health care. More stable employment is associated with better oral hygiene practices (Pili et al., 2018; Sukendro et al., 2023).

Based on descriptive analysis using the HBM approach, Table 2 shows that the mean values across all HBM dimensions were mostly categorized as high. This indicates that residents of Sucopangepok Village generally have relatively positive perceptions regarding oral health maintenance. The mean perceived susceptibility score of 19.34 suggests that respondents were aware of their risk of experiencing oral health problems such as dental caries.

Within the HBM framework, perceived susceptibility is an important driver of health behavior. The greater the perceived risk, the more likely individuals are to engage in preventive actions to reduce potential health problems (Rachmawati, 2019). Perceived susceptibility refers to the likelihood of developing a disease or experiencing a painful condition. Xiang et al. (2020) found that perceived susceptibility significantly predicts oral health behavior and preventive dental visits. In rural settings, such perceptions are often shaped by personal or family experiences of toothache, particularly when access to formal health information is limited.

Perceived severity had the highest mean value among all HBM dimensions. This indicates that respondents viewed oral health problems as serious and believed that failure to maintain oral health could significantly affect daily activities. Dental disease not only causes pain but also interferes with eating, speaking, and work productivity. The Global Burden of Disease 2019 report estimated more than 900 million untreated caries cases in Southeast Asia, with substantial impacts on quality of life (Global Burden of Disease Study, 2023). In agrarian communities such as Sucopangepok Village, oral health problems may directly disrupt farming activities, which serve as the primary source of income.

The perceived benefits dimension was also categorized as high, indicating strong belief in the benefits of maintaining oral health through regular toothbrushing, reducing sugar consumption, and undergoing dental check-ups. Belief in the effectiveness of preventive actions plays an important role in sustaining consistent health behavior. Liu et al.

(2022) reported a significant positive relationship between perceived benefits and good oral hygiene practices. Individuals who believe preventive actions are effective tend to demonstrate higher adherence. However, belief in benefits alone may not be sufficient when individuals still face structural barriers within their environment.

Perceived barriers had the lowest mean score, with a relatively larger standard deviation compared to other dimensions, indicating variation among respondents. Barriers in Sucopangepok Village likely include distance to health centers, poor accessibility, limited availability of dentists, transportation costs, and household economic priorities. Studies in rural areas have shown that geographic access and economic factors are major determinants of low utilization of dental services (Dewanto, 2020). Within the HBM framework, perceived barriers are often the strongest predictor of whether individuals engage in health-related actions (Janz & Becker, 1984).

The cues to action dimension indicated that respondents had adequate triggers to engage in oral health practices. These cues may arise from interpersonal communication, advice from health workers, prior experiences of toothache, or family influence. External prompts such as health education and community communication can reinforce healthy behavior (Fitriani et al., 2022; Yusuf, 2025). These findings suggest that community-based promotional interventions, such as hamlet-level education programs, may strengthen cues to action and encourage more consistent preventive behavior.

Self-efficacy in this study indicated that respondents were reasonably confident in maintaining oral health. Self-efficacy plays an important role in predicting positive health behavior. Lower self-efficacy is associated with increased oral health problems, whereas improved knowledge and routine practices can strengthen confidence. Taheri et al. (2025) identified self-efficacy as a strong predictor of adopting positive health behavior. Similarly, Mazloomy Mahmoodabad et al. (2019) reported that self-efficacy significantly predicts twice-daily toothbrushing and reduced consumption of sugary foods. Individuals with higher self-efficacy are more capable of overcoming barriers and maintaining long-term healthy behavior. However, self-efficacy may weaken if not supported by adequate access to services and a supportive social environment.

Overall, residents of Sucopangepok Village demonstrated relatively strong perceived susceptibility, perceived benefits, and self-efficacy related to oral health maintenance. However, structural barriers such as healthcare access and geographic conditions remain important factors.

The remote geographic location of Sucopangepok Village and the relatively low socioeconomic status of residents contribute to underutilization of available health services. Socioeconomic status, geographic isolation, and cost influence rural populations' willingness to travel for healthcare. Distance to healthcare facilities is frequently identified as a major barrier to service utilization. The effect of distance varies depending on individual characteristics and medical needs. Reduced access due to distance refers to declining healthcare utilization as travel distance or time increases (Wang et al., 2021). For rural populations, distance-related barriers are compounded by limited financial resources. Transportation costs, lost income, and lack of insurance make travel to healthcare facilities more difficult (Mseke et al., 2024). These findings align with Parmarr et al. (2025), which emphasizes that disparities in access to dental services in rural areas remain a major global challenge.

Therefore, efforts should not focus solely on education but also on improving access to services, such as mobile dental clinics, hamlet-based health education, and strengthening village health cadres. Although most HBM dimensions were categorized as high, optimizing oral health behavior requires comprehensive interventions integrating individual, social, and structural factors.

These findings support the importance of educational approaches that enhance individual perceptions and awareness of oral health, particularly in preventing dental and oral diseases. HBM-based strategies may provide an effective framework for designing community-based oral health promotion interventions.

## Conclusion and Recommendations

Oral health maintenance behavior among residents of Sucopangepok Village is influenced by community perceptions of oral health. These perceptions were generally categorized as high, indicating awareness of susceptibility, perceived impact, benefits of prevention, and confidence in performing oral health care practices that support maintenance behavior. However, the relatively low perceived barriers score indicates the presence of obstacles that need to be addressed through improved education, environmental support, and better access to health services to enable more optimal and consistent behavior.

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