

A Study of Oral Health Care Behaviors of Primary-6 Students (P6): Ban Bo Koo School, Tha Luang Subdistrict, Tha Luang District, Lopburi Province

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Abstract

The objectives of this study were as follows; to study oral health care behaviors of Primary-6 students, Ban Bo Koo School, Tha Luang Subdistrict, Tha Luang District, Lopburi Province. The samples used in this study were Primary-6 students, Ban Bo Koo School, Tha Luang Subdistrict, Tha Luang District, Lop Buri Province, in the first semester of the academic year 2022, total of 1 classroom 25 people. The instrument used in the questionnaire on oral cleaning behavior of Primary-6 students, Ban Bo Koo School, Tha Luang District, Lopburi Province, the statistics used for data analysis were 'average'.

The results of the study found that

1. A study of oral health care behavior of Primary-6 students, Ban Bo Koo School, Tha Luang Subdistrict, Tha Luang District, Lopburi Province by using a questionnaire on oral cleaning behavior. It involves knowledge of oral and dental health care for children. By getting to know that human teeth have 2 sets, permanent teeth and milk teeth. In general childhood oral health, there are 20 milk teeth, and 32 permanent teeth. If children have gingivitis, they tend to have severe bad breath. In addition, eating starchy foods, and sugars, can lead to obesity and cause tooth decay.

2. Attitudes about viewing and oral health among Primary-6 students, with which they have a better understanding of dental practice. For example, they try to brush their teeth properly to remove food particles and plaque from between their teeth. They recognize that these are the causes of tooth decay and gingivitis, and good oral health can lead to good health.

3. The viewing behavior and oral health of Primary-6 students, most of them behave at a good level. Students have a good understanding of oral health care and mostly use fluoride toothpaste. Students have a place to brush their teeth after lunch within the school grounds.

Keyword: Dental, Teeth, Oral, Questionnaire

1. Introduction

Oral health problems are a major public health problem. The most common oral disease and the first public health problem among school-age children is dental caries, especially dental caries that often occurs in elementary school-aged children. It is an age that is at high risk for caries and is the age where permanent teeth have been formed in the oral cavity. In addition, the growing teeth are not as strong as they should be. It requires mineral deposits for at least 2 years to make the first 2 years of permanent tooth formation at risk for tooth decay. If a child has poor oral health care habits and results in tooth decay, it will develop rapidly. While the teeth that grow up are not subject to wear from use, they can make deep holes and grooves where plaque builds

up. However, in dentistry, cavities are often detected in brushing teeth or patients who lack the correct brushing skills. But whether it is caries or any oral disease, if the patient is neglected for a long time until the destruction of tissue occurs then it is a permanent destruction of dental health, for example a hole in the tooth or a recessed gum. It is a permanent destruction and cannot restore teeth to their original state in most deep pits and crevices. In addition to cavities in the permanent teeth, there is also a problem with gingivitis.

According to the 8th National Dental Health Survey (2017), 61.1% of the 12-year-old group had permanent tooth decay, with an average Decay Missing Filling Tooth index (DMFT) of 1.6 teeth per person. The majority of untreated decayed teeth accounted for 29.1%. In the Northeast, 56.9% of children had permanent teeth decay, and the average Decay Missing Filling Tooth index was 1.8 teeth per person (Office of Public Health Dentistry, Department of Health, Ministry of Public Health. 2017 : 42). The 12-year age group is considered an important epidemiological group, as it is the age of 28 permanent teeth in the oral cavity. The incidence of caries at this age will be used to predict the tendency of caries in adulthood. From a survey of dental health status among Primary-6 students by dental personnel at Tha Luang Hospital, Tha Luang Subdistrict, Lopburi Province, it was found that the average Decay Missing Filling Tooth index (DMFT) was 3.12 teeth per person (On August 11, 2022). In addition, 32% of people with caries were found, from this data it can be seen that the incidence of caries is high.

Therefore, the researcher would like to study oral health care behavior of Primary-6 students, Ban Bo Koo School, Tha Luang Subdistrict, Tha Luang District, Lopburi Province. This study is used as a guideline for personal oral health care and oral health promotion of this group of students. Additionally, the study seeks to find effective strategies that can reduce the severity of caries, and reduce the burden of individual and national dental care costs.

2. Methods

To study oral health care behavior of Primary-6 students, Ban Bo Koo School, Tha Luang Subdistrict, Tha Luang District, Lopburi Province.

Scope of the study

This study was to study oral health care behaviors of Primary-6 students, Ban Bo Koo School, Tha Luang Subdistrict, Tha Luang District, Lopburi Province.

Sample group

Population

The population used in this study were 25 students of Primary-6, Ban Bo Koo School, Tha Luang Subdistrict, Tha Luang District, Lopburi Province.

Duration

From July to August 2022

Data analysis statistics

1. Collected answers from all 25 questionnaires.
2. Calculate the basic statistic, i.e. 'percentage (%)'.

3. Results

Data analysis results

Section 1 General Information of Primary-6 Students Ban Bo Koo School, Tha Luang District, Lopburi Province

Table 1. General Information of Primary-6 Students Ban Bo Koo School, Tha Luang District, Lopburi Province

| Information | total (person) | Percent (%) |
|-------------------------|----------------|-------------|
| 1. Gender | | |
| Male | 13 | 52.00 |
| Female | 12 | 48.00 |
| 2. Age | | |
| Under 10 years old | | |
| Between 11-12 years old | 25 | 100 |
| More 13 years old | | |
| Totals | 25 | 100 |

From Table 1, the sample was 52.00 percent male, 48.00 percent female, and 100% aged between 11-12 years.

Section 2 The results of a study on oral cleaning behavior of Primary-6 students, Ban Bo Koo School, Tha Luang District, Lopburi Province.

Table 2. Number and percentage of Primary-6 students, Ban Bo Koo School, Tha Luang District, Lopburi Province, classified by individual correct responses on knowledge of oral health care in childhood of Primary-6 students, Ban Bo Koo School, Tha Luang District, Lopburi Province.

| Questions | Corrections | |
|--|----------------|-------------|
| | total (person) | Percent (%) |
| 1. There are two sets of human teeth: permanent teeth and milk teeth. | 25 | 100 |
| 2. There are 20 milk teeth and 32 permanent teeth. | 25 | 100 |
| 3. The first permanent teeth emerge at age 6, next to the last molar teeth. | 20 | 80.00 |
| 4. Dental caries is caused by acids that corrode tooth enamel. | 19 | 75.00 |
| 5. Avoiding candies, sweets, crunchy snacks and sweet sodas can help reduce tooth decay. | 20 | 80.00 |
| 6. Eating frequency affects tooth decay. | 23 | 92.00 |
| 7. Plaque in the mouth can be removed by gargling vigorously. | 20 | 80.00 |
| 8. Gingivitis often results in severe bad breath. | 25 | 100 |
| 9. Eating starchy and sugary foods leads to obesity and tooth decay. | 25 | 100 |
| 10. Sour foods are acidic, which destroys tooth enamel. | 19 | 75.00 |

From Table 2, it was found that more than 100% of Primary-6 students, Ban Bo Koo School had knowledge about oral health care in the matter of teeth. Students know that there are two sets of human teeth, permanent teeth and milk teeth. Students can distinguish that there are 20 milk teeth, and 32 permanent teeth.

Students understand that gingivitis will result in severe bad breath. In addition, they understood that eating starchy and sugary foods promote obesity, tooth decay.

Table 3. Numbers and percentages of Primary-6 students, Ban Bo Koo School, Tha Luang District, Lopburi Province were classified according to item-by-item consensus on knowledge of attitudes towards oral health care in childhood.

| Questions | Agree | |
|---|-------------------|----------------|
| | total (person) | Percent (%) |
| 1. I try to brush my teeth properly to get rid of food particles and plaque, as these can cause cavities and gingivitis. | 25 | 100 |
| 2. Even though I like to eat sweets, I have turned to fruit instead to prevent tooth decay. | 20 | 80.00 |
| 3. I try to brush my teeth after every meal, because I know the starch and sugar left in my mouth will turn acidic and result in tooth decay. | 20 | 80.00 |
| 4. Candy and toffee are my favorite things, after eating them I have to gargle every time to get rid of the sticky sugar residue. | 20 | 80.00 |
| 5. When I buy toothpaste, I choose one that contains fluoride. | 25 | 100 |
| 6. Even though I have to go to school, I try to go to the dentist at the scheduled time every time. | 19 | 75.00 |
| 7. I have to visit the dentist at least once a year to check my oral health and repair my worn out teeth. | 18 | 72.00 |
| 8. Using teeth to open bottle caps indicates having strong teeth. | 2 | 8.00 |
| 9. Even if my permanent teeth are broken, I can wear dentures, so I don't need to maintain them. | 0 | 0 |
| 10. If your oral health is good, it will make your body healthy as well. | 25 | 100 |

From Table 3, it was found that 100% of Primary-6 students, Ban Bo Koo School had an understanding of dental care practices. For example, 'I try to brush my teeth properly to get rid of food particles and plaque as these can cause cavities and gingivitis', and 'If your oral health is good, your health will be good.'

Table 4. Numbers and percentages of Primary-6 students, Ban Bo Koo School, Tha Luang District, Lopburi Province, were classified according to their consensus on the perceived benefit of oral health care in children.

| Questions | Agree | |
|---|-------------------|----------------|
| | total (person) | Percent (%) |
| 1. Proper brushing will help keep your gums and teeth healthy. | 25 | 100 |
| 2. Eating foods high in starch and sugar can increase your risk of tooth decay. | 20 | 80.00 |
| 3. Choosing a toothbrush with soft bristles and a size that fits your mouth, has a comfortable handle to prevent the toothbrush from hitting the gums, reducing gingivitis. | 20 | 80.00 |
| 4. Toothbrushes that are used until the bristles bloom should not be used again because they are a breeding ground for germs. | 25 | 100 |
| 5. Avoiding sticky, sugary foods can prevent tooth decay. | 25 | 100 |
| 6. Going for an oral health check at least once a year will help prevent oral diseases. | 21 | 85.00 |
| 7. Eating citrusy drinks or fruits can damage tooth enamel. | 20 | 80.00 |
| 8. Properly following your dentist's advice can reduce the cost of maintaining oral health. | 20 | 80.00 |
| 9. Brushing your teeth the right way can take some time, but keeps your mouth clean and your breath fresh. | 20 | 80.00 |
| 10. By opening your mouth to look in the mirror to find out what might be wrong, you can treat the disease in a timely manner before it spreads. | 20 | 80.00 |

From Table 4, 100% of Primary-6 students, Ban Bo Koo School agree on the perceived benefit of oral health care. They have an understanding of how to brush properly will help maintain healthy gums and teeth, toothbrushes that are used until the bristles are blooming should not be used again because it is a source of Accumulation of germs, and avoiding sugary foods can prevent tooth decay.

Table 5. Numbers and percentages of Primary-6 students, Ban Bo Koo School, Tha Luang District, Lopburi Province, were classified according to equipment acquisition. Classified by items of Primary-6 students, Ban Bo Koo School, Tha Luang District, Lop Buri Province.

| Questions | Acquiring equipment | |
|---|---------------------|----------------|
| | total (person) | Percent (%) |
| 1. Students have a toothbrush that is soft and suitable for their mouth size. | 20 | 80.00 |
| 2. Students will want to buy a new brush if the brush is blooming and soiled. | 20 | 80.00 |
| 3. The students used fluoride toothpaste. | 25 | 100 |
| 4. Students have a place to brush their teeth after school lunches. | 25 | 100 |
| 5. When students have food particles stuck in between their teeth that cannot be brushed out, they use dental floss to pull out the food particles. | 18 | 70.00 |

From Table 5, 100% Primary-6 students, Ban Bo Koo School have knowledge and understanding about the availability of oral health care equipment. Students use fluoride toothpaste, and students have a place to brush their teeth after lunch on the school grounds.

Table 6. Numbers and percentages of Primary-6 students, Ban Bo Koo School, Tha Luang District, Lopburi Province, are classified according to receiving individual dental health services in childhood.

| Questions | Access to dental health services | |
|---|----------------------------------|----------------|
| | total (person) | Percent (%) |
| 1. Students think that the Dental service is sufficient for the people who use it. | 20 | 80.00 |
| 2. Students have easy access to hospitals or dental health care facilities. | 20 | 80.00 |
| 3. Students have a convenient access to dental services. | 20 | 80.00 |
| 4. Students think that the dental fees they pay are appropriate for the dental services they receive. | 20 | 80.00 |
| 5. Students receive oral health checks every semester. | 25 | 100 |

From Table 6, Primary-6 100% students, Ban Bo Koo School have an understanding of access to the dental health service system. Students receive oral health check-up services every semester.

Table 7. Numbers and percentages of Primary-6 students, Ban Bo Koo School, Tha Luang District, Lopburi Province, classified according to the exposure of information about oral health in childhood.

| Questions | Receiving oral health news | |
|--|----------------------------|-------------|
| | total (person) | Percent (%) |
| 1. Students receive oral health care advice from healthcare professionals. | 20 | 80.00 |
| 2. Students gain knowledge about oral diseases from papers, pamphlets, and health journals. | 20 | 80.00 |
| 3. Students gain knowledge about oral health through radio and television media. | 20 | 80.00 |
| 4. The students' parents used to teach the students how to brush their teeth properly. | 20 | 80.00 |
| 5. Students have been advised by dental personnel that eating citrus fruits can cause tooth sensitivity. | 25 | 100 |

From Table 7, 100% of Primary-6 students at Ban Bo Koo School received information about oral health. They had been advised by dental personnel that eating citrus fruits would cause tooth sensitivity.

Table 8. Numbers and percentages of Primary-6 students, Ban Bo Koo School, Tha Luang District, Lopburi Province, were classified according to receiving social support for oral health care in childhood.

| Questions | Getting support for oral health | |
|--|---------------------------------|-------------|
| | total (person) | Percent (%) |
| 1. Parents or guardians have always taught students how to take care of oral and dental care. | 20 | 80.00 |
| 2. Dental personnel came to the school for dental check-ups and recommended oral health care to students. | 25 | 100 |
| 3. Teachers in the school teach brushing and oral care in the right way. | 25 | 100 |
| 4. Students receive advice from their parents or family members about the negative effects of poor oral health care. | 20 | 80.00 |
| 5. Students receive advice on oral health care from dental personnel at least twice a year. | 20 | 80.00 |

From Table 8, 100% of Primary-6 students, Ban Bo Koo School received social support for oral health care. Dental personnel come to the school to check teeth and recommend oral health care to students, including school teachers. In addition, dental medical personnel also teach students how to brush their teeth and oral care properly.

Table 9. Numbers and percentages of Primary-6 students, Ban Bo Koo School, Tha Luang District, Lopburi Province, were classified according to their oral health care behaviors individually in childhood.

| Questions | Receiving oral health care services | |
|---|-------------------------------------|-------------|
| | total (person) | Percent (%) |
| 1. The students brushed their teeth using fluoride toothpaste. | 25 | 100 |
| 2. Students use dental floss to clean between teeth after brushing. | 15 | 60.00 |
| 3. Students brush their teeth after each meal and before bedtime. | 20 | 80.00 |
| 4. Before coming to school, students drink sweet drinks every day such as Ovaltine, flavored milk, sweet, etc. | 18 | 72.00 |
| 5. Students like to eat sticky food such as banana stirring, stirring pineapple. | 15 | 60.00 |
| 6. Students eat crunchy snacks between meals. | 15 | 60.00 |
| 7. Students chew gum after eating. | 10 | 40.00 |
| 8. After brushing the teeth, students usually clean their tongues using a toothbrush to brush from the base of the tongue to the tip of the tongue. | 20 | 80.00 |
| 9. Students prefer to drink sweetened milk over plain milk. | 18 | 72.00 |
| 10. Use mouthwash to help clean your mouth. | 10 | 40.00 |

From Table 9, 100% of Primary-6 students at Ban Bo Koo School had knowledge of oral health care behaviors. The students brushed their teeth using toothpaste containing fluoride.

4. Conclusion

1. Knowledge about oral health care of Primary-6 students.

A study of oral health care behaviors of Primary-6 students, Ban Bo Koo School, Tha Luang Subdistrict, Tha Luang District, Lopburi Province by using the oral cleaning behavior questionnaire of students. It involves knowledge of oral health care in the area of teeth. The students know that there are 2 sets of human teeth, permanent teeth and milk teeth. They understood that there were 20 baby teeth, and 32 permanent teeth. Students understand that gingivitis will result in severe bad breath. They agree that eating starchy and sugary foods promote obesity and tooth decay. The results of the study showed that 100% were consistent with past research both in the country and abroad. It was found that knowledge and attitudes affect oral hygiene behaviors in several studies. Likewise, studies by Kassem et al. (2003), Backman et al. (2002), and studies by Siriwan (2003) with Krisna (2003). Previous studies have found that knowledge and attitudes have a high influence on oral hygiene behaviors.

2. Attitudes about viewing and oral health among Primary-6 students. The students have an understanding of the practice of teeth. For example, students brush their teeth properly to remove food particles and plaque, which can cause tooth decay and gingivitis. They understand that good oral health will lead to good health as well. This study is consistent with the previous study by Pattira (1993), Pornthip. (1998), Yenjit (1999), and Tuenjai (2003) Previous studies have found that good attitudes towards oral hygiene are Psychological factors that express a positive valuation of oral hygiene behaviors as good, valuable and beneficial. In addition, the satisfaction with the oral hygiene behavior and the readiness to perform the oral health care behavior also affected.

3. Viewing behavior and oral health of Primary-6 students. Most of the students had good behavior. The students have knowledge and understanding about oral health care. For example, they understand the use of fluoride-containing toothpaste. Students have a place to brush their teeth after lunch within the school grounds. This study is consistent with previous studies by Yaowalak (1997) and Krisana (2003). Previous

studies have found that perceptions of risk and severity of disease from health beliefs theory are related to oral hygiene behaviors among early adolescents. Additionally, a study by Borzekowski and Robinson (2001) found that television advertising factors had a positive effect on the dietary habits of early adolescents. Students recognize the benefits of oral hygiene in that proper brushing can help maintain healthy gums and teeth. Including the toothbrush that is used until the bristles bloom should not be used again because it is a source accumulation of pathogens. Plus, they understand that avoiding sugary foods can prevent tooth decay. It is consistent with the study of Yenjit (1999), which studied factors affecting dental health behaviors of Secondary I students, Pathum Thani secondary schools. Previous studies have found that knowledge of disease and oral hygiene has a positive correlation with students' oral hygiene practices.

Recommendations

1. Dental personnel should coordinate with school teachers to provide knowledge about good oral health care, so that students have the right attitude and practice.
2. Dental service work should focus on the practice of dental health activities or programs in schools that continue to motivate students to continue good behavior.

Acknowledgements

The completion of this undertaking could not have been possible without the participation and assistance of so many people whose names may not all be enumerated. Their contributions are sincerely appreciated. However, I would like to express their deep gratitude and appreciation particularly to the Primary-6 Students (P6): Ban Bo Koo School, Tha Luang Subdistrict, Tha Luang District, Lopburi Province, which is extremely important to make the study possible.

References

- กองทันตสาธารณสุข กรมอนามัย. (2556). รายงาน ผลการสำรวจสภาวะสุขภาพช่องปาก
ระดับประเทศ ครั้งที่ 7 ประเทศไทย พ.ศ.2551-2555. นนทบุรี: กระทรวง สาธารณสุข.
- กองทันตสาธารณสุข กรมอนามัย. (2556). รายงาน ผลการสัมภาษณ์กลุ่มอายุ 12 ปี และ 15 ปี ใน
การสำรวจสภาวะสุขภาพช่องปาก ระดับประเทศ ครั้งที่ 7 ประเทศไทย พ.ศ. 2551-2555.
นนทบุรี: กระทรวง สาธารณสุข.
- กองทันตสาธารณสุข กรมอนามัย. (2551). รายงาน ผลการสำรวจสภาวะสุขภาพช่องปาก
ระดับประเทศ ครั้งที่ 6 ประเทศไทย พ.ศ. 2549-2550. กรุงเทพฯ: โรงพิมพ์ สำนักกิจกรรม
องค์การทหารผ่านศึก.
- กฤษณา วุฒิสินธ์. (2546). ปัจจัยที่ส่งผลต่อ ความสามารถในการดูแลตนเองด้านทันตสุขภาพของ
ครอบครัวและการ เกิดสภาวะโรคฟันน้ำนมผุในเด็กก่อนวัย เรียน จังหวัดอุบลราชธานี.
วิทยานิพนธ์ ดุษฎีบัณฑิต. (ประชากรศึกษา). กรุงเทพฯ: บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- เดือนใจ เทียนทอง. (2546). ปัจจัยทางจิตสังคมที่ เกี่ยวข้องกับพฤติกรรมส่งเสริมสุขภาพของ เยาวชน
ในโรงเรียนมัธยมศึกษาตอนปลาย เขตการศึกษา 1. วิทยานิพนธ์ วท.ม. (การวิจัยและ
พฤติกรรมศาสตร์ประยุกต์). กรุงเทพฯ: บัณฑิตวิทยาลัย มหาวิทยาลัย ศรีนครินทรวิโรฒ.
- ธงชัย ปรีชา. (2540). การเปรียบเทียบประสิทธิผล ของโปรแกรมทันตสุขภาพ 3 รูปแบบในการ
ปรับเปลี่ยนพฤติกรรมเกิดโรคฟันผุและเหงือกอักเสบ ในนักเรียนชั้น ประถมศึกษาปีที่ 6
อำเภอหางดง จังหวัดเชียงใหม่. วิทยานิพนธ์ วท.ม. (สุขศึกษา). กรุงเทพฯ: บัณฑิตวิทยาลัย

มหาวิทยาลัยมหิดล.

นฤมล สีประโค. (2550). ความสัมพันธ์ของความรู้ ความเชื่อในประสิทธิภาพแห่งตน การบริโภคอาหารเพื่ออนามัยช่องปากกับการ ป้องกันการเกิดโรคในช่องปากของนักเรียน มัธยมศึกษาตอนต้น โรงเรียนศรีวิชัยวิทยา อำเภอเมือง จังหวัดนครปฐม.ปริญญาโท วิทยาศาสตร์บัณฑิต (สาธารณสุขชุมชน). นครปฐม: คณะวิทยาศาสตร์และเทคโนโลยี มหาวิทยาลัยราชภัฏนครปฐม.

พรทิพย์ วงศ์พิทักษ์. (2541) .ความรู้ เจตคติ และ การปฏิบัติเกี่ยวกับทันตสุขภาพของนักเรียนชั้นประถมศึกษาปีที่ 6 ในเขตตำบลนาสัก อำเภอแม่เมว จังหวัดลำปาง. ภาคนิพนธ์ ปริญญาสาธารณสุขศาสตรมหาบัณฑิต สาขาวิชาสุขภาพศึกษา มหาวิทยาลัยมหิดล.

เพ็ญแข ลากั้ง และเสกสรรค์ พวกอินแสง. (2555) ความคิดเห็นของผู้มีส่วนได้ส่วนเสียต่อการพัฒนาแผนยุทธศาสตร์สุขภาพช่องปาก แห่งชาติ พ.ศ. 2555-2559. สำนักทันตสาธารณสุข

ภัทรจิรา บุญเสริมส่ง. (2536). การศึกษาพฤติกรรม สุขภาพเกี่ยวกับทันตสุขภาพของนักเรียนชั้นประถมศึกษาปีที่ 6 สังกัดสำนักงานการประถมศึกษา จังหวัดชลบุรี. ปริญญานิพนธ์ กศ.ม. (สุขภาพศึกษา).กรุงเทพฯ: บัณฑิต วิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ.

เมธินี กุปพิทยานันท์. (2546). ประสิทธิภาพของโปรแกรมฝึกอบรมทางจิตพฤติกรรมศาสตร์ เพื่อปลูกฝังและพัฒนาพฤติกรรมทันตสุขภาพ เด็กนักเรียนประถมศึกษา.รายงานวิจัยฉบับ สมบูรณ์การวิจัยและพัฒนาระบบ พฤติกรรมไทย.สำนักงานคณะกรรมการวิจัย แห่งชาติ.กรุงเทพฯ.

เย็นใจ ไชยถกย์. (2542). พฤติกรรมทันตสุขภาพของนักเรียนชั้นมัธยมศึกษาปีที่1 ใน โรงเรียนมัธยมศึกษา สังกัดกรมสามัญศึกษา จังหวัดปทุมธานี.ปริญญานิพนธ์ กศ.ม. (สุขภาพศึกษา) . กรุงเทพฯ: บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ.

เขวาลักษณ์ ตรีชัยญาทรัพย์. (2538). การประยุกต์ทฤษฎีความสามารถตนเองในการ ปรับเปลี่ยนพฤติกรรมด้านสุขภาพของ นักเรียนมัธยมศึกษาตอนต้น อำเภอบางใหญ่ จังหวัดนนทบุรี.วิทยานิพนธ์ วท.ม (สุขภาพศึกษา).กรุงเทพฯ: บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.

เขวาลักษณ์ ศฤกกรม. (2540). ความสัมพันธ์ระหว่าง การรับรู้ด้านสุขภาพกับพฤติกรรมการ ปฏิบัติเกี่ยวกับการป้องกันโรคฟันผุและ เหงือกอักเสบของเด็กนักเรียนชั้น ประถมศึกษาปีที่ 6 ใน จังหวัดพระนครศรีอยุธยา.วิทยานิพนธ์ วท.ม (สุขภาพศึกษา). กรุงเทพฯ: บัณฑิตวิทยาลัย มหาวิทยาลัยศรีนครินทรวิโรฒ.

ราพีง ขรบัณฑิต. (2537). ประสิทธิภาพของโปรแกรม สุขศึกษาในการป้องกันโรคฟันผุและเหงือกอักเสบ ของนักเรียนประถมศึกษาปีที่ 6 อำเภอองครักษ์ จังหวัดนครนายก.วิทยานิพนธ์ วท.ม (สุขภาพศึกษา).กรุงเทพฯ: บัณฑิต วิทยาลัย มหาวิทยาลัยมหิดล.

วิธิ แจ่มกระตึก.(2541). ปัจจัยที่เกี่ยวข้องกับพฤติกรรมการบริโภคอาหารจานด่วนของ นักเรียนชั้นมัธยมศึกษาตอนปลาย โรงเรียนสังกัดกรมสามัญศึกษา กรุงเทพมหานคร.ปริญญานิพนธ์. กศ.ม. จิตวิทยาการแนะแนว). กรุงเทพฯ: บัณฑิตวิทยาลัย.

สศุติ กุห่องไสย. (2541). ปัจจัยที่มีผลต่อพฤติกรรม ส่งเสริมสุขภาพของนักเรียนชั้นมัธยมศึกษาตอนปลาย อำเภอเมือง จังหวัดขอนแก่น. วิทยานิพนธ์.วท.ม. (อนามัยครอบครัว). กรุงเทพฯ: บัณฑิตวิทยาลัย. มหาวิทยาลัยมหิดล.

สุดารัตน์ สุขเจริญ. (2540). ความรู้ เจตคติ และ การปฏิบัติเกี่ยวกับทันตสุขภาพของเด็ก นักเรียนชั้นประถมศึกษาปีที่ 6 ในโรงเรียน ประถมศึกษา สังกัดสำนักงาน คณะกรรมการการประถมศึกษาแห่งชาติ กรุงเทพมหานคร.วิทยานิพนธ์ครุศาสตร์ มหามบัณฑิต.กรุงเทพฯ: บัณฑิตวิทยาลัย จุฬาลงกรณ์มหาวิทยาลัย.

สำนักงานหลักประกันสุขภาพแห่งชาติ. (2556). คู่มือบริหารกองทุนหลักประกันสุขภาพ แห่งชาติ ปีงบประมาณ 2556. กรุงเทพฯ: โรงพิมพ์ศรีเมืองการพิมพ์ จำกัด.

- Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (2000). *Self efficacy: The Exercise of Control*. 4th ed. NY: W.H. Freeman & Co.
- Becker, M. H. & Maiman, L. (1975, January). Sociobehavioral Determinants of Compliance with Health MedicalCare Recommendation. *Medical Care*, 13(1), 12
- Backman, D. R., et al. (2002). Psychosocial Predictors of Healthful Dietary Behavior on Adolescents. *Journal of Nutrition Education and Behavior*. 34, 184-93.
- Bogers, R. P., et al. (2004). Explaining Fruit and Vegetable Consumption: the Theory of Planned Behavior and Misconception of Personal Intake Levels. *Appetite*. 42, 157-166.
- Borzekowski, D. L. G., & Robinson, T. N. (2001). The 30-second effect: an experiment revealing the impact of television commercials on food preferences of preschools. *Journal of the American Dietetic Association*, 101(1): 42-46.
- Conner, M., Norman, P., & Bell, R. (2002). The Theory of Planned Behavior and Healthy Eating. *Health Psychol*, 21, 194-201.
- Kassem, N. O., Lee, J. W., Modeste, N. N., & Johnston, P. K. (2003). Understanding soft drink consumption among female adolescents using the Theory of Planned Behavior. *Health Education Research*, 18, 278-291.
- Masalu, J. R. & Astrom, A. N. (2001). Predicting Intended and Self-perceived Sugar Restriction among Tanzanian Students Using the Theory of Planned Behavior. *Journal of Health*.