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PERCEPTION OF ONLINE MOTORCYCLE TAXI DRIVERS USING THE THEORY OF PLANNED BEHAVIOR APPROACH WITH THE INTENTION OF DENTAL TREATMENT

Persepsi Pengemudi Ojek Online Menggunakan Pendekatan Theory of Planned Behavior dengan Niat Pengobatan Gigi

Ulliana Ulliana[1*], Silvia Sulistiani[1], Soimah Soimah[1]
[1]Jurusan Kesehatan Gigi dan Mulut, Akademi Kesehatan Gigi Ditkesad Jakarta, Indonesia
*Email: ulliana1212@gmail.com

ABSTRAK

Kesehatan pengemudi ojek online terutama terkait kesehatan gigi dipengaruhi oleh pola kerja yang akan berdampak pada kesehatan secara keseluruhan, salah satunya masalah kesehatan gigi dan mulut. Pengemudi ojek online kurang melakukan pemeriksaan gigi karena beberapa alasan. Salah satunya yaitu biaya, kurangnya waktu untuk pemeriksaan dan elemen sosial ekonomi. Persepsi pengemudi ojek online tentang pengobatan sakit gigi diamati menggunakan theory of planned behavior (TPB). Tujuan penelitian untuk menganalisis sikap, norma subjectif, kontrol perilaku yang dirasakan terhadap pengobatan gigi, serta mengidentifikasi faktor-faktor yang mempengaruhi niat pengemudi ojek online untuk mendapatkan pengobatan gigi. Metode penelitian yaitu observasional design cross-sectional. Sampel sebanyak 96 responden menggunakan teknik accidental sampling. Analisis data menggunakan uji korelasi dan regresi linier berganda. Hasil penelitian diperoleh niat berperilaku berkorelasi signifikan dan berpola positif dengan sikap (r = 0,337), norma subjektif (r= 0,610), kontrol perilaku (r= 0,253). Analisis regresi linier pada model 6 membuktikan bahwa norma subjectif sebesar 46% mempengaruhi perilaku niat pengobatan gigi dan sisanya 54% dipengaruhi oleh variabel lain. Implikasi praktis dari hasil ini adalah pentingnya mengembangkan program pendidikan kesehatan gigi yang menargetkan tidak hanya individu, tetapi juga lingkaran sosial mereka. Kesimpulan TPB efektif digunakan untuk memprediksi niat pengobatan gigi dan acuan dasar untuk merancang intervensi yang tepat, sehingga masyarakat lebih cenderung mencari pengobatan gigi sebelum rasa sakit muncul. Intervensi promosi kesehatan gigi yang melibatkan peran orang-orang terdekat mereka dapat lebih efektif dalam membentuk niat perawatan gigi.

***Kata kunci**: niat, pengemudi ojek online, pengobatan gigi, persepsi, theory of planned behaviour*

ABSTRACT

The health of online motorcycle taxi drivers, particularly dental health, is affected by work patterns that often limit access to dental care. Barriers such as cost, lack of time, and socioeconomic factors contribute to the low frequency of dental check-ups. This study, based on the Theory of Planned Behavior (TPB), aimed to analyze attitudes, subjective norms, and perceived behavioral control towards dental treatment, as well as identify factors influencing treatment intentions among online motorcycle taxi drivers. This observational cross-sectional study involved 96 respondents selected through accidental sampling. Data were analyzed using correlation tests and multiple linear regression. The results showed that behavioral intentions were significantly and positively correlated with attitudes (r=0.337), subjective norms (r=0.610), and perceived behavioral control (r=0.253). Regression analysis (model 6) indicated that subjective norms explained 46% of the variance in dental treatment intentions, while the remaining 54% were influenced by other factors.These findings highlight the need for dental health education programs that address not only individual drivers but also their social environments. TPB proved

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effective in predicting intentions to seek dental treatment and serves as a reference for designing interventions. Health promotion efforts that involve family members, peers, or colleagues may be more effective in encouraging early dental visits before pain occurs, thereby improving preventive care and overall oral health outcomes among online motorcycle taxi drivers.

Keywords: dental treatment, intention**,** online motorcycle taxi drive, perception, theory of planned behavior

INTRODUCTIONS

One of the most widely used forms of public transportation daily is online motorcycle taxis. These vehicles come in both two-wheeled and four-wheeled forms, but two-wheeled vehicles are considered easier and faster for traveling, making them more effective and efficient [1]. The Ministry of Transportation noted that 42.8% of online motorcycle taxi drivers work 6-12 hours per day. Thirty percent of online motorcycle taxi drivers spend more than 8 hours a day, some even working up to 19 hours per day, and 39% work a full week without a day off[2]. Increasing competition due to the increasing number of online motorcycle taxi drivers will impact income. Online motorcycle taxi drivers' income can be influenced by several factors, such as rising fuel prices, point systems and working hours, positive work experiences, and online motorcycle taxi company policies [3].

One of the work patterns and behaviors of motorcycle taxi drivers can affect health issues. Previous research reported that online motorcycle taxi drivers often experience musculoskeletal problems in the lower back, as well as cramps in the buttocks and wrists, due to excessive working hours (8-17 hours per day) [4]. In addition to general health issues, online motorcycle taxi drivers may also experience dental and oral health issues. Health Law No. 17 of 2023 states that dental and oral health are part of the body's health, and the importance of maintaining the health of teeth and mouth and other parts of the body [5].

The high cost of dental care and lack of time for dental check-ups cause motorcycle taxi drivers to online neglecting their dental health online. Socioeconomic factors such as occupation, income, and education can influence a person's health. Occupation can influence economic status because all needs can be met through work, and income has a clear impact on health care. Increased income leads to better quality health care, and higher education leads to greater concern for health and healthy lifestyles [6]. According to the WHO report on the status of dental and oral health in 2022, approximately 3.5 billion people worldwide and nearly half the world's population experience dental and oral disease [7]. The Global Burden of Disease 2022 data estimates that nearly 3.5 billion people, or 50% of the world's population, suffer from diseases, particularly dental caries and periodontal disease, which are the most common, contributing significantly to the global health burden [8].

Indonesia ranks second in Southeast Asia for total dental healthcare expenditure after Singapore, according to the Oral Health Country Profile report. High dental care costs will become a burden on the country's finances, increasing annually and resulting in lost productivity, resulting in significant economic losses if not addressed early [7]. Dental health problems in Indonesia consist of high levels of tooth decay, low levels of accessibility to dental care, and a lack of education about the importance of maintaining dental and oral health [9]. Data from the 2018 Basic Health Research (Riskesdas) shows that the prevalence of dental caries reached 7.1%, while the results of the 2023 Indonesian Health Survey (SKI) were 5.4% [10]. This data proves that there is a decrease in percentage compared to the results of the 2018 Riskesdas. However, dental health in Indonesia still needs to receive more serious attention, because those aged >35 years are still in the high and very high DMF-T index category [11].

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A toothache is a pain or discomfort felt by someone around their teeth. Each individual's response to a toothache varies; some people ignore it, some go to the dentist, and others seek treatment with medications (such as pain relievers, anti-inflammatory drugs, antibiotics, etc.), traditional medicine, home remedies, leftovers from previous treatments, or medications given by others [12]. Survey results have shown that the proportion of people complaining of dental and oral problems (56.9%) compared than those receiving dental care (11.2%). Reasons for not immediately seeking treatment include fear of exposure to COVID-19 (81.7%), long waiting times (80.2%), self-treatment (79.3%), going to a dentist (77.5%), not being able to afford treatment (76.7%), and not experiencing a toothache (70.2%) [11]. Therefore, it requires appropriate handling by increasing access to equitable dental and oral health services and facilitating the community in oral health literacy.

Behavioral theories or models have been developed and applied to explain health behaviors, such Health Belief model, the Transtheoretical model of Behavior change, Social cognitive Theory, and the Theory of Planned Behavior [13] [14]. The behavioral theory used in this study is the Theory of Planned Behavior. The Theory of Planned Behavior (TPB) states that a person's behavior will emerge from their intentions. Intention is the will to do something. Intention indicates how much effort and how hard a person strives to achieve something.[15]In the Theory of Planned Behavior (Ajzen, 1991), there are three factors that influence a person's intentions. These three factors are attitudes toward the behavior, subjective norms, and perceived behavioral control [16].

This theory is used as the basis for an approach to determine the perceptions of motorcycle taxi drivers.*on line*related to toothache treatment. A preliminary study using interviews with ten online motorcycle taxi drivers found that most of them were still inaccurate in their dental treatment. Five of them treated their teeth themselves by buying medicine at stalls, drug stores, or pharmacies; three drivers treated their teeth according to their parents' beliefs; and two drivers went to a health center (community health center or dental clinic) for dental check-ups because they were in severe pain. Perceptions related to treatment lead to varied medication use, including the use of toothache medication. The information experiences people receive can influence their perceptions about treatment, so it is necessary to assess how people perceive treatment decisions [17]. The intentions that arise from them differ in how to deal with dental treatment. According to Ajzen [18] referring to the Theory of Planned Behavioral is influenced by 3 predictors for someone to carry out a behavior, namely attitude, subjective norms, behavioral control and intention, so I am interested in knowing the relationship between public perception using the TPB theory with the aim of research to analyze attitudes, subjective norms, perceived behavioral control towards dental treatment, as well as identifying factors that influence the intention of online motorcycle taxi drivers to get dental treatment.

METHODS

The method used in this study was an observational research method with a quantitative approach. The research design was cross-sectional. The population in this study was all online motorcycle taxi drivers. The sampling size is based the researcher's considerations regarding time and energy. Therefore, the sample size used by the researcher using the accidental sampling technique was 96 people. The inclusion and exclusion criteria for this study are as follows: Inclusion criteria in sampling include: motorcycle taxi drivers who use two-wheeled transportation and hang out around North Jakarta, motorcycle taxi drivers aged 25-50 years, motorcycle taxi drivers who have dental and oral diseases, and are willing to be respondents. While the exclusion criteria include: Four-wheeled online motorcycle taxi drivers (Gocar), Online motorcycle taxi drivers who only deliver food orders (Gofood), and are not willing to be respondents.

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The research variables are attitude (Attitude Toward The Behavior), subjective norm (Subjective norm), and behavioral control (*Perceived Behavior Control*) is the independent variables, and dental treatment intention is the dependent variable. The research was carried out in the Jakarta area, North Jakarta. The research protocol (No. B/23/I/2024) was approved by the Dental Health Academy of the Jakarta Army Health Directorate. The instrument used in collecting information uses a questionnaire from the literature's relevant and appropriately modified from Shi H, Wang J, et al (2021) [19], which is designed to measure four dimensions: attitudes, subjective norms, behavioral control, and intention. All items are categorized using the following Likert scale:

Response	
Information	Strongly Agree, Agree, Not Sure, Disagree, Strongly Disagree

Figure 1. Likert Scale Rating

Data collection was carried out over two days, assisted by enumerators and filling out informed consent to obtained approval from respondents. Data were analyzed statistically using correlation tests to determine the degree of closeness of the relationship between variables and multiple linear regression to determine the influence of the independent and dependent variables, namely the influence of attitude (Attitude Toward The Behavior), subjective norm (Subjective norm), and behavioral control (*Perceived Behavior Control*) on dental treatment intentions. Initial validation was conducted by researchers on 30 respondents. The kappa coefficient showed good reliability results (K = 0.721 (attitude),0.822(subjective norms), 0.864(behavioral control) and 0.700 (intention).

RESULT

Table 1. Respondent Characteristics

Variables	Frequency (n)	Percentage (%)
Education		
Junior High School	18	18.8%
Senior High School	73	76%
Higher Education (S1)	5	5.2%
Age		
Adults 25 – 45	82	85.4%
Pre-Elderly 46 – 50	14	14.6%
Income		
< 3 million/month	37	38.5%
> 3 million/month	59	61.5%

Based on the characteristics of the research subjects in Table 1, it shows that online motorcycle taxi driver education is predominantly in the category High school is 73 (76%), adults aged 25 – 45 years were 82 (85.4%), income > Rp. 3,000,000/month was 59 (61.5%).

Table 2 shows the Cronbach alpha values for the scales and items. Item analysis for attitudes, *subjective norms*, perceived behavioral control, and behavioral intentions with high Cronbach's internal reliability, alpha coefficient of0.721,0.822,0.864, 0.700.

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Table 2. Items And Exploration Factors of The Reliability Coefficient of The TBP Variable

	Item	Validity	Reliability Coefficient
	attitude (Attitude Toward The Behavior)		0.721
P1	Maintaining healthy teeth and mouth makes me feel confident	0.803	
P2	I believe that dental care is important for overall health.	0.672	
P3	When I have a toothache, I seek dental treatment to relieve the pain.	0.696	
P4	Protecting dental and oral health makes me feel very important.	0.793	
	Subjective norms		0.822
P1	I think that I should take care of my teeth and mouth so that I don't have toothache.	0.594	
P2	People around me think that I should seek treatment when my tooth hurts.	0.905	
P3	My family's opinion about dental and oral health is important	0.862	
P4	I care what my family suggests in dental treatment to maintain healthy teeth and mouth.	0.859	
	Perceived behavior control		0.864
P1	I find it difficult to care for my teeth due to a lack of dental health knowledge.	0.929	
P2	I find it difficult to take care of my teeth because no one around me reminds me.	0.916	
P3	I find it difficult to take care of my teeth due to a lack of awareness of oral hygiene.	0.881	
P4	I find it difficult to take care of my teeth due to limited funds.	0.641	
	Intention (Behavior Intention)		0.700
P1	I have the intention of dental treatment when I feel toothache.	0.662	
P2	I have the intention to brush my teeth twice a day even when I am busy.	0.760	
P3	I have the intention of always gargling after eating.	0.775	
P4	I have the intention to have regular dental and oral check-ups every 6 months.	0.732	

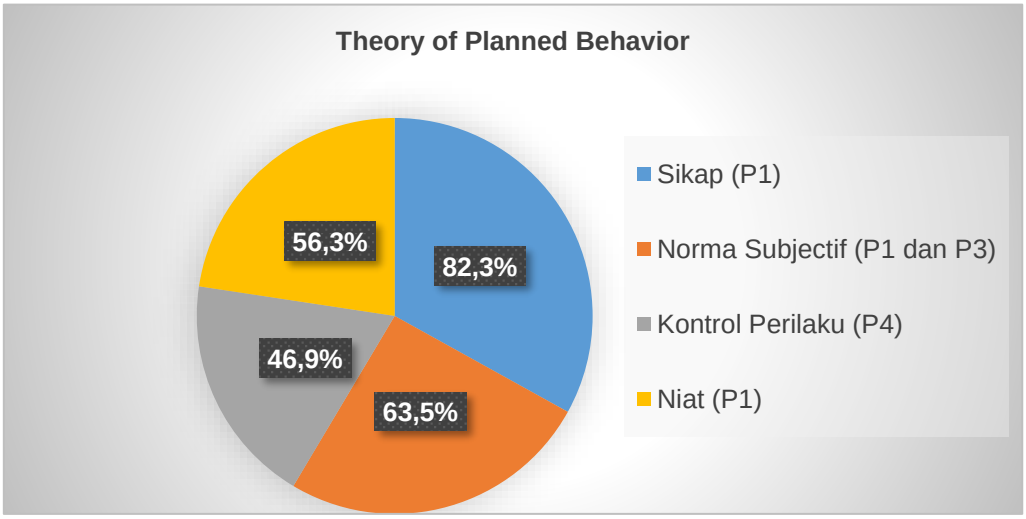

Figure 2. Results of Respondents' Answers to the Theory of Planned Behavior

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Figure 2 shows the measurements carried out on respondents using Likert scale model categories *theory of planned behavior* obtained very much agree with the results Attitude Toward The Behavior P1 was 79 (82.3%), subjective norms P1 and P3 were 61 (63.5%), perceived behavior control P4 was 45 (46.9%), and Behavior Intention P1 was 54 (56.3%).

The correlation and mean of the variables are shown in Table 3. The mean value is dominated by the attitude variable at 18.39. All components *theory of planned behavior* (TPB) has a significant correlation, which indicates that attitudes, subjective norms, and behavioral control contribute to a person's intention to behave.

Table 3. Correlation between Attitudes, Subjective Norms, and Behavioral Control with Dental Treatment Intentions

Variables	Mean±SD	r	p-value
Intention	17.16±2.731		
attitude	18.39±4.534	0.337	0.001
subjective norms	17.85±2.362	0.610	0.000
behavioral control	15.24±3.713	0.253*	0.013

**testSpearman correlation*

Table 4. Prediction Model of Dental Treatment Behavioral Intention: Linear Regression Analysis

Variables	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
	Beta	Beta	Beta	Beta	Beta	Beta
Education	-0.019					
Age	-0.042	-0.046	-0.046	-0.036		
Income	0.040	0.030	0.031			
Attitude	-0.086	-0.085				
Subjective norms	0.748**	0.747 **	0.666**	0.666 **	0.669 **	0.678 **
Behavior control	0.057	0.057	0.057	0.059	0.060	
R2	0.466**	0.466**	0.465**	0.465**	0.463**	0.460**
F	12,809**	15,532**	19,589**	26,320**	39,707**	79,148**

**p<0.01 Beta= *standardized regression coefficient; R2 = Squared multiple correlation*

Regression analysis was performed to identify each variable (Table 4). Model 6 demonstrated that subjective norms contributed 46% to dental treatment intention, while the remaining 54% was influenced by other variables. Subjective norms had the highest value (B=0.748), followed by behavioral control (B=0.057), income (B=0.040), attitude (B=-0.086), age (B=-0.042), and education (B=-0.019). Statistical results showed a significant relationship between subjective norms and dental treatment intention (p=0.000).

DISCUSSION

This study shows that TBP is useful for predicting dental treatment intentions among ojol drivers. The analysis revealed a significant effect and positive correlation. Dental treatment intentions with Attitude towards the Behavior, subjective norms, and perceived behavior control are related to the intention to undergo dental treatment. TBP can be used as the best predictor of intention to perform a behavior[20]. A positive attitude toward toothache treatment will influence a person's willingness to seek dental care. Attitudes about treatment describe a society's perception of matters related to treatment. The more positive the attitude, the better the behavior [21].

The results of the study showed that subjective norms had a strong relationship with dental treatment intentions. The high level of respondents' intentions in this study was based on recommendations from those closest to them to seek dental treatment [22]. The role of those closest to you can motivate you to undergo dental treatment, thereby providing encouragement and shaping social opinion [23]. Subjective norms are a person's perception of social pressure and expectations from people close to them in their environment, such as family, friends and community leaders, regarding a behavior

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to be carried out or not to be carried out [24]. This study assessed dental treatment behavior. The researchers assumed that an individual's dental treatment-seeking behavior will occur if there is a prior intention. Intention is a motivating factor for someone to do a certain behavior and a person's belief in the behavior [18], [25]. This study shows that perceived subjective norms influence dental treatment seeking directly or indirectly through intentions. The analysis results demonstrate that subjective norms contribute significantly (although each model has varying degrees) to predicting dental treatment intentions, accounting for 46% of the expected outcome (Table 4). The researchers' analysis of these results suggests that dental treatment intentions are not limited to online motorcycle taxi drivers but can also be found among other community groups.

Behavioral control (perceived behavior control) with the intention of online motorcycle taxi drivers to treat toothache obtained very weak strength. The researcher's assumption was obtained that People's behavior of not seeking treatment is due to low self-esteem and ignoring their health problems when their illness is not yet too severe. Behavioral intention is related to an individual's understanding of how easy or difficult it is to perform a particular behavior [23], [26]. Perceived behavior control includes two aspects: a person's level of control over a behavior and a person's level of confidence in their ability to perform or not perform the behavior [26]. The results of this study prove that the intention to treat teeth, attitude (Attitude Toward The Behavior), subjective norm (Subjective norm), behavioral control (Perceived Behavior Control) influence individuals in determining their behavior. Therefore, predictions of each TBP can determine appropriate intervention plans in dental health promotion practices for the community to seek dental treatment before experiencing pain.

The practical implication of these results is the importance of developing dental health education programs that target not only individuals but also their social circles. This study has several limitations, including its cross-sectional design, where the relationship between variables is measured at a single point in time, and it does not observe changes in behavior over time. The TBP study variables focus more on intentions than actual behavior. It is possible that someone has a strong intention to seek treatment but still does not do so due to other factors such as time, cost, and access to healthcare. Despite these limitations, this study has the advantage of using a valid and reliable research instrument with good results to ensure the quality of the study.

CONCLUSION

Theory of Planned Behavior (TBP) can be effectively used to predict dental treatment intentions in online motorcycle taxi drivers. Attitude (Attitude Toward The Behavior), subjective norm (Subjective norm), and behavioral control (Perceived Behavior Control) have a significant influence and positive correlation with the intention to seek dental treatment. The most significant contribution is subjective norm. TBP can be used as a basis for designing appropriate interventions for promotive efforts, so that people are more likely to seek dental treatment before pain arises. Further research is expected to combine TBP with other behavioral models, such as the health belief model (HBM) or the transtheoretical model (TTM) to see more comprehensive behavioral predictions. Furthermore, the implications of dental health promotion interventions that involve the role of those closest to them can be more effective in shaping dental treatment intentions.

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