Psychosocial correlates of oral hygiene behaviour in people aged 9 to 19


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# Table S1. Characteristics of the included studies

<table>
<thead>
<tr>
<th>Study, country, design, (quality assessment score)</th>
<th>Sample (number, gender, age)</th>
<th>Psychosocial correlates (Theoretical framework)</th>
<th>The independent correlations with 95% CI per oral hygiene behaviour outcome</th>
</tr>
</thead>
</table>
| Aleksejuniene et al. 2012\(^6\) Lithuania; Cross-sectional study (4 points) | n=235 \(^a\); mix \(^b\) aged 12-13 years | 1. Locus of control (internal)  
2. Locus of control (external) | - Plaque score (IQP-index)  
1. 0.02 (-0.11;0.15)  
2. -0.06 (-0.18;0.07)  
- Self-reported tooth brushing frequency  
1. na.  
2. -0.11 (-0.24;0.01) |
| Ayo-Yusuf et al. 2009\(^*\) South Africa; Prospective study (18 months) (6 points) | n= 526; mix mean age(SD) in years=14.4(1.5) | 1. Sense of coherence  
2. Depression vulnerability**  
3. Attitude  
4. Intention (I-Change Model) | - Self-reported tooth brushing frequency  
1. 0.02 (-0.07;0.11)  
2. 0.13 (0.05;0.21)  
3. 0.05 (-0.04;0.14)  
4. 0.08 (-0.01;0.16) |
| Cinar et al. 2009\(^*\) Finland; Cross-sectional study (4 points) | n=338; mix aged 10-12 years | 1. Self-efficacy | - Self-reported tooth brushing frequency  
1. 0.22(0.11;0.32) |
| Cinar et al. 2009\(^*\) Turkey; Cross-sectional study (3 points) | n=611; mix aged 10-12 years | 1. Self-efficacy | - Self-reported tooth brushing frequency  
1. 0.28 (0.20;0.35) |
| Dorri et al. 2010\(^*\) Iran; Cross-sectional study (4 points) | n=911; mix Mean age(SD) in years=12.4(0.8) Range=11-16 years | 1. Sense of coherence (Salutogenic model) | - Self-reported tooth brushing frequency  
1. 0.09 (0.03;0.15) |
| Freire et al. 2001\(^*\)* Brazil; Cross-sectional study (3 points) | n=664; mix 15 year olds | 1. Sense of coherence (Salutogenic model) | - Self-reported tooth brushing frequency  
1. 0.01(-0.07;0.08)  
- Plaque score (index of Silnes & Löe)  
1. 0.03(-0.05;0.10) |
| Gholami et al. 2014\(^*\)* Iran; Cross-sectional study (4 points) nested within a prospective study (1 month) (6 points) | n=156; F aged 11-15 years mean age(SD) in years=12.5 (1,1) | 1. Intention  
2. Self-efficacy  
3. Action planning  
4. Coping planning (HAPA constructs) | - Self-reported flossing frequency  
1. 0.65 (0.55;0.73)  
2. 0.72 (0.64;0.80)  
3. -0.09 (-0.24;0.07)  
4. 0.04 (-0.12;0.20) |
| Honkala et al. 2007\(^*\)* Kuwait; Cross-sectional study (3 points) | n=1826; mix; Mean age: 11.9 years (SD ±1.3); range=11-13 years | 1. Self-esteem  
2. Life-satisfaction** | - Self-reported tooth brushing frequency  
1. 0.12 (0.08;0.17)  
2. 0.10 (0.05;0.14)  
- Self-reported flossing frequency  
1. 0.16 (0.12;0.20)  
2. 0.04 (0.00;0.08) |
| Kallestal et al. 2006\(^*\)* Sweden; 2 cross-sectional studies within the same study group (4 points) | n=2836; mix mean age in ’97 = 14 years mean age in ’99 = 16 years | 1. Self-esteem  
2. Attitude | - Self-reported tooth brushing frequency  
1. 0.02 (-0.12;0.15)  
2. 0.11 (0.06;0.17)  
- Self-reported tooth brushing frequency  
1. 0.16 (-0.05;0.36)  
2. 0.06 (0.00;0.11) |
| Kamalikhah et al. 2015\(^*\)* Iran; Cross-sectional study (4 points) | n=652; mix; Mean age: 16.3 years (SD ±1.02); | 1. Self-efficacy  
2. Attitude | - Self-reported flossing frequency  
1. 0.48 (0.42;0.54)  
2. 0.24 (0.16;0.31) |
<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Design</th>
<th>Sample Size</th>
<th>Mean Age</th>
<th>Variables Studied</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Koerb &lt;sup&gt;er et al. 2006&lt;/sup&gt;</td>
<td>United States of America</td>
<td>Cross-sectional study (4 points)</td>
<td>n=575; mix mean age=10.8 years</td>
<td>1. Social influences 2. Self-esteem 3. Self-efficacy (Mixed models - social learning constructs)</td>
<td>- Self-reported tooth brushing frequency 1. 0.34 (0.27;0.41) 2. 0.16 (0.08;0.24) 3. 0.12 (0.12;0.28)</td>
<td></td>
</tr>
<tr>
<td>Macgregor et al. 1997</td>
<td>Study 1</td>
<td>England</td>
<td>Cross-sectional study (3 points)</td>
<td>n=18158; f/m range=12-13 years</td>
<td>1. Self-esteem 2. Locus of control</td>
<td>- Self-reported tooth brushing frequency 1. 0.03(0.02;0.05) 2. 0.02(0.00;0.03) - Self-reported flossing frequency 1. -0.01(-0.02;0.02) 2. -0.01(-0.05;0.01)</td>
</tr>
<tr>
<td>Macgregor et al. 1997</td>
<td>Study 2</td>
<td>England</td>
<td>Cross-sectional study (3 points)</td>
<td>n=4736; f/m age range=13-14 years</td>
<td>1. Self-esteem 2. Locus of control</td>
<td>- Self-reported tooth brushing frequency 1. 0.06(0.03;0.08) 2. 0.02(-0.01;0.04) - Self-reported flossing frequency 1. -0.01(-0.03;0.03) 2. -0.03(-0.06;0.00)</td>
</tr>
<tr>
<td>Macgregor et al. 1997</td>
<td>Study 3</td>
<td>England</td>
<td>Cross-sectional study (3 points)</td>
<td>n=15492; f/m range=14-15 years</td>
<td>1. Self-esteem 2. Locus of control</td>
<td>- Self-reported tooth brushing frequency 1. 0.08(0.06;0.09) 2. 0.04 (0.03;0.06) - Self-reported flossing frequency 1. 0.01(-0.01;0.02) 2. -0.01(-0.03;0.01)</td>
</tr>
<tr>
<td>Morowatisharifabad et al. 2007</td>
<td>Iran</td>
<td>Cross-sectional study (4 points)</td>
<td>n=300; mix mean age (SD) in years= 17.45 ± 0.54 range=17-19 years old</td>
<td>1. Perceived self-efficacy 2. Attitude 3. Social influences (Health Promotion Model)</td>
<td>- Self-reported oral health behaviour (Brushing and its quality; brushing after consumption of sweets, flossing; use of fluoride mouthwash, and dental visits.) 1. 0.40 (0.31;0.50) 2. 0.38 (0.27;0.47) 3. 0.28 (0.17;0.34)</td>
<td></td>
</tr>
<tr>
<td>Pakpour et al. 2012</td>
<td>Iran</td>
<td>Cross-sectional study (4 points) nested within a prospective study (1 month) (6 points)</td>
<td>n=721, mix mean age (SD) in years= 15.45 (1.18)</td>
<td>1. Intention 2. Attitude 3. Perceived behavioural control 4. Subjective norm 5. Action planning 6. Coping planning (TPB + HAPA constructs)</td>
<td>- Self-reported tooth brushing frequency cross pros 1. 0.50(0.44;0.55) 0.70(0.66;0.73) 2. 0.34(0.27;0.40) 0.46(0.40;0.51) 3. 0.53(0.47;0.58) 0.72(0.68;0.75) 4. 0.26(0.19;0.32) 0.34(0.28;0.41) 5. 0.32(0.25;0.38) 0.51(0.45;0.56) 6. 0.51(0.46;0.57) 0.71(0.67;0.74)</td>
<td></td>
</tr>
<tr>
<td>Pakpour et al. 2012</td>
<td>Iran</td>
<td>Cross-sectional study (4 points) nested within a prospective study (1 month) (6 points)</td>
<td>n=961, mix mean age (SD) in years= 15.61 (1.19), range=14-18 years old</td>
<td>1. Intention 2. Perceived behavioural control 3. Action planning 4. Coping planning (TPB + HAPA constructs)</td>
<td>- Self-reported tooth brushing frequency cross pros 1. 0.40 (0.31;0.50) 0.51(0.46;0.56) 2. 0.34(0.28;0.40) 0.47(0.42;0.52) 3. 0.37(0.31;0.42) 0.64(0.60;0.68) 4. 0.49(0.44;0.54) 0.56(0.52;0.60)</td>
<td></td>
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<tr>
<td>Polk et al. 2014</td>
<td>United States of America, prospective study (6 months) (5 points)</td>
<td>n=576; mix aged 9-12 years mean age =10 years</td>
<td>1. Intention</td>
<td>- Self-reported tooth brushing frequency 1. 0.50 (0.16;0.73)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Design</td>
<td>n</td>
<td>Age</td>
<td>Outcome(s)</td>
<td>Effect Size and CI</td>
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<tr>
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<tr>
<td>Poutane et al. 2005</td>
<td>Finland</td>
<td>Cross-sectional (4 points)</td>
<td>1464</td>
<td>mix aged 11-12 year old</td>
<td>1. Attitude</td>
<td>Self-reported oral health behaviour (brushing, snacking and xylitol chewing gum)</td>
</tr>
<tr>
<td>Poutane et al. 2005</td>
<td>Finland</td>
<td>Cross-sectional (4 points)</td>
<td>673</td>
<td>mix aged 11-12 year old</td>
<td>1. Attitude</td>
<td>Self-reported oral health behaviour (brushing, snacking and xylitol chewing gum)</td>
</tr>
<tr>
<td>Rise et al. 1998</td>
<td>Norway</td>
<td>Prospective study (4 weeks)</td>
<td>163</td>
<td>mix mean age(SD) in years=15.3 (0.3)</td>
<td>1. Attitude</td>
<td>Self-reported flossing frequency</td>
</tr>
<tr>
<td>Schou et al. 1990</td>
<td>Scotland</td>
<td>Cross-sectional study (3 points)</td>
<td>4935</td>
<td>f/m 11, 13 &amp; 15 year olds</td>
<td>1. Health perception**</td>
<td>Self-reported tooth brushing frequency</td>
</tr>
<tr>
<td>Smyth et al. 2007</td>
<td>Spain</td>
<td>Cross-sectional study (3 points)</td>
<td>1105</td>
<td>mix 12 year olds</td>
<td>1. Attitude</td>
<td>Plaque score (index of Silness &amp; Löe)</td>
</tr>
<tr>
<td>Tolvainen et al. 2012</td>
<td>Finland</td>
<td>Cross-sectional study (4 points)</td>
<td>827</td>
<td>mix 15 &amp; 16 year olds</td>
<td>1. Attitude</td>
<td>Self-reported oral health behaviour (tooth brushing, fluoride toothpaste, use of dental floss)</td>
</tr>
<tr>
<td>Tran et al. 2006</td>
<td>Vanuatu</td>
<td>Cross-sectional study (3 points)</td>
<td>4474</td>
<td>mix range 11-17 year.</td>
<td>1. life-satisfaction</td>
<td>Self-reported tooth brushing</td>
</tr>
<tr>
<td>Tran et al. 2006</td>
<td>Tonga</td>
<td>Cross-sectional study (3 points)</td>
<td>1485</td>
<td>mix range 11-17 year.</td>
<td>1. life-satisfaction</td>
<td>Self-reported tooth brushing</td>
</tr>
<tr>
<td>Tran et al. 2006</td>
<td>Pohnpei, FSM</td>
<td>Cross-sectional study (3 points)</td>
<td>104</td>
<td>mix range 11-17 year.</td>
<td>1. life-satisfaction</td>
<td>Self-reported tooth brushing</td>
</tr>
<tr>
<td>Vakili et al. 2011</td>
<td>Iran</td>
<td>Cross-sectional study (4 points)</td>
<td>300</td>
<td>mix mean age(SD) in years=16.24 (0.8) range=15-18 years</td>
<td>1. Self-efficacy</td>
<td>Self-reported oral health behaviour (brushing and its quality, brushing after consumption of sweets, dental visits, flossing, and use of a fluoride mouth wash)</td>
</tr>
<tr>
<td>Verrills et al. 1993</td>
<td>Netherlands</td>
<td>Cross-sectional study (4 points)</td>
<td>518</td>
<td>age mix 11 year old.</td>
<td>1. Attitude</td>
<td>Self-reported tooth brushing frequency</td>
</tr>
<tr>
<td>Williams 1972</td>
<td>United States of America</td>
<td>Cross-sectional study (5 points)</td>
<td>386</td>
<td>f/m Age: na., (9th grade students = 14-15 year old)</td>
<td>1. Attitude</td>
<td>Self-reported tooth brushing frequency</td>
</tr>
</tbody>
</table>

**Note.** cross: cross-sectional data; pros: prospective data; na.: data not available; AOR: Adjusted Odd Ratio; TPB: theory of planned behaviour; KAB: Knowledge-Attitude-behaviour; HAPA: Health Action Process Approach. a Smallest number of participants in relevant analyses; b Mix indicates a mixed sample of female (F) and males (M); For the studies denoted by the sign * applies that (additional) data were supplied by author. For variables denoted by the sign ** applies that these variables were excluded from the analysis, since meta-analyses were only performed if data of two or more independent correlations were available (k ≥ 1). The software Comprehensive Meta-Analysis calculated the presented correlations with confidence interval (CI).