### The Role of Compositional and Contextual Factors Upon Oral Health Status Using Multilevel Analysis (A Study in DKI Jakarta, 2007)

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Dental and oral health status is expressed in dental caries and periodontal diseases prevalence, which generally caused by poor oral hygiene, i.e. plaque accumulation containing various bacteria (Profile, 1999, Carranza, 2006). Tendency of plaque formation exists in every people in every age (Budiharto, 2002). The fact in the fields showed that there are many dental and oral diseases were in advanced condition, resulting in impossibility in endodontic treatment (Rahardjo A., 2006). It was the results of the lack of public awareness and knowledge about the importance of dental and oral health, high dental care cost, and passive attitude of dentists who delivered only curative treatment (Keputusan Menkes No. 1415. 2006). Previous studies only focused on individual role on dental and oral health status, but with multilevel approach it was appears that contextual/sub-district factors also contribute. Multilevel analysis was used in this study in order to understand existence and roles of compositional and contextual factors in influencing dental and oral health status (DMF-T, OHIS, and GI). **Objective of the study: To explain how much is the roles of compositional/individual and contextual/sub district factors, alone or collaborated, on dental and health status (DMF-T scores, OHIS, and GI).** Location of the study: Sub district community health centers in DKI Jakarta selected in Riskesdas (Riset Kesehatan Dasar = Basic Health Research) which is carried out by Badan Litbangkes Departemen Kesehatan Republik Indonesia. **Subject of the study**: 828 people picked out randomly, 15 years old or above and willing to participate in this study which is affirmed with informed consent. **Data collecting**: First stage with answering questionnaire carried out personally by subjects of the study, continued with intraoral examination by dentist. Second stage, data was gained from Suku Dinas Kesehatan Masyarakat DKI Jakarta and BPS (Balai Pusat Statistik = Central Bureau of Statistic, 2007). **Data analysis**: By Chi Square test, logistic regression, and Multilevel Analysis, using version 11.5 SPSS software and Stata with GLLAMM program (General Linear Latent and Mixed Model). **Result/conclusion**: The compositional/individual factors contributed on dental and oral health status were age and sex. While contextual/sub-district factors contributed on dental and oral health status was dentist to population ratio, hospital to population ratio, and community health centre to population ratio. With both factors collaborated, contextual factors had bigger contribution than compositional/individual factors.

**Keywords**: Compositional/individual factors, contextual/sub-district factors, dental and oral health status.