

BAB I

PENDAHULUAN

A. Latar Belakang

Karies gigi merupakan penyakit yang paling banyak dijumpai di rongga mulut, sehingga merupakan masalah utama kesehatan gigi dan mulut. Karies adalah kerusakan jaringan keras gigi, yaitu email, dentin, dan sementum. Kerusakan yang terjadi pada jaringan keras gigi, disebabkan oleh asam yang ada dalam karbohidrat melalui perantara mikroorganisme yang ada dalam saliva. Karies gigi disebabkan oleh demineralisasi jaringan keras gigi yang kemudian diikuti oleh kerusakan bahan organiknya. Akibatnya, terjadi penyebaran infeksi ke mahkota, pulpa serta jaringan periapiks yang dapat menyebabkan nyeri (Kidd dan Bechal, 1991).

Berdasarkan Survei Kesehatan Rumah Tangga (SKRT) Depkes RI tahun 2001 menyatakan, prevalensi tertinggi penyakit gigi dan mulut adalah karies dan penyakit periodontal yang meliputi 60% penduduk (Tampubolon, 2005). Karies merupakan masalah terbesar pada penyakit gigi dan mulut. Prevalensi karies di Indonesia sekitar 85-99% (Magdarina, 2006).

Prevalensi karies anak prasekolah di DKI Jakarta 89,16% dengan def-t rata-rata $7,02 \pm 5,25$ dan hasil survei di 10 provinsi (1984–1988) pada daerah kota, prevalensi karies anak umur 8 tahun 45,20% dengan *DMF-T* 0,94 serta

Survei 1995 di 11 provinsi *DMF-T* anak umur 12 tahun menunjukkan rata-

rata 2,21 dengan angka prevalensi sebesar 76,9%. Hal ini menunjukkan suatu keadaan kerusakan gigi yang hampir tanpa penanganan (Angela, 2005).

Karies gigi disebabkan oleh beberapa faktor (*multiple factor*) di dalam mulut yang berinteraksi satu sama lain. Oleh Newbrun (1997), faktor tersebut digolongkan menjadi tiga faktor utama, yaitu gigi dan saliva, mikroorganisme, dan substrat serta satu faktor tambahan yaitu waktu. Oleh karena itu perlu diketahui masalah yang menyebabkan timbulnya karies untuk menekan tingginya prevalensi karies gigi (Suwelo, 1992).

Adapun ayat Al-Qur'an yang berhubungan dengan identifikasi faktor resiko karies adalah sebagai berikut:

"Dan (ingatlah kisah) Ayub, ketika ia menyeru Tuhannya: (Ya Tuhanku), sesungguhnya ku telah ditimpa penyakit dan Engkau adalah Tuhan yang Maha Penyayang diantara semua penyayang" (QS. Al Anbiyaa': 83).

Ayat ini menjelaskan bahwa ketika manusia ditimpa penyakit, maka Allahlah yang menyembuhkan penyakit yang diderita hambanya. Kesembuhan yang diberikan Allah kepada hambanya tentunya melalui sebuah proses, yakni usaha yang dilakukan manusia untuk sembuh dari penyakit. Pencarian faktor risiko penyakit karies gigi merupakan suatu upaya manusia untuk menekan tingginya prevalensi karies gigi.

Risiko karies bervariasi pada setiap individu tergantung pada keseimbangan faktor pencetus yang telah dijelaskan di atas terhadap terjadinya

karena pada umumnya anak mempunyai risiko terkena karies dan perawatannya juga berbeda-beda pada setiap faktor risiko (Angela, 2005).

Anak dan orang dewasa memiliki perbedaan faktor penyebab karies karena pada umumnya keadaan kebersihan anak lebih jelek, dan anak lebih sering mengonsumsi makanan dan minuman kariogenik dibandingkan orang dewasa. Kurangnya pengetahuan anak mengenai kesehatan gigi dibandingkan orang dewasa membuat anak masih sangat tergantung pada orang dewasa dalam hal menjaga kebersihan gigi dan mulut, padahal kebersihan gigi dan mulut sangat berpengaruh terhadap terjadinya karies (Suwelo, 1991).

Adapun hadist yang berhubungan dengan menjaga kebersihan gigi dan mulut adalah sebagai berikut:

Abu Hurairah Rasulullah Bersabda, "Barangsiapa selesai makan maka bersihkanlah sisa makanan dari sela gigi, apa yang lepas maka buanglah dan apa yang menempel di lidah maka telanlah" (HR. Darimi).

Hadist di atas menjelaskan bahwa seseorang yang selesai makan hendaknya membersihkan sisa-sisa makanan yang menempel pada gigi. Buanglah sisa-sisa makan yang masih tersisa di gigi dan telanlah sisa makanan yang masih berada di lidah.

Identifikasi faktor risiko karies yang dilakukan penulis menggunakan metode kariogram. Metode kariogram memberikan penilaian status risiko seseorang terhadap karies yang sederhana dan mudah dilakukan. Kariogram manual dikembangkan oleh Professor D. Bratthal, G. Hansel Petersson dan

penjelasan secara interaktif pada pasien yang berisiko karies untuk mengetahui perkembangan karies yang akan datang. Data dikumpulkan berdasarkan fakta-fakta yang didapat dari pasien. Program ini telah dilengkapi dengan beberapa faktor yang mempengaruhi karies, sehingga memudahkan pengguna dalam mengolah data. Secara bersamaan data yang dimasukkan pada kariogram diolah secara cepat dan risiko karies dapat dilihat dalam gambar grafik yang akan ditampilkan . (Bratthal, dkk, 2003).

Faktor-faktor risiko karies dapat diketahui berdasarkan hasil anamnesis, pemeriksaan riwayat kesehatan umum, dan pemeriksaan klinis. Berdasarkan hasil anamnesis dan pemeriksaan riwayat kesehatan umum dapat diketahui status sosial ekonomi, ras dan budaya, kebiasaan buruk, pola diet, penyakit yang telah diderita, perawatan gigi serta jenis obat-obatan yang dikonsumsi. Berdasarkan hasil pemeriksaan klinis dapat diketahui sejumlah faktor risiko di antaranya adalah tingkat keparahan karies, kondisi saliva yakni, kecepatan sekresi saliva, dan kapasitas dapar saliva (Susilawati, dkk, 2007).

Permasalahan tersebut diatas mendorong penulis untuk melakukan penelitian mengenai identifikasi faktor risiko karies dengan metode kariogram pada siswa-siswi usia 11-12 tahun di SDN Megaluh Kecamatan Megaluh

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B. Perumusan Masalah

Berdasarkan latar belakang di atas, timbul suatu permasalahan faktor risiko apa yang dapat diketahui dengan metode kariogram pada siswa-siswi usia 11-12 tahun di SDN Megaluh Kecamatan Megaluh Kabupaten Jombang.

C. Keaslian Penelitian

Penelitian ini memiliki kemiripan dengan penelitian-penelitian lain yang telah dilakukan. Diantaranya adalah sebagai berikut:

1. Caries Risk assessment in Bosnian Children Using Cariogram Computer Model. Perbedaan terletak pada pengambilan sampel dan variabel (Amila,dkk, 2007).
2. Penilaian Status Risiko Karies Gigi pada Murid Kelas I dan V di SDN Cinunuk Bandung. Perbedaan terletak pada variabel, dan pengambilan sampel (Susilawati, dkk, 2007).
3. Assessment of Caries Risk in Elderly Patients Using the Cariogram Model. Perbedaan terletak pada variabel dan pengambilan sampel (McNally, 2006).

D. Tujuan Penelitian

1. Tujuan umum

Untuk mengetahui faktor risiko karies pada siswa-siswi usia 11-12

Answer to Question 1

When a company's sales are high, the probability of a successful outcome is high. This is because the company has a larger market share and a higher probability of success. The probability of success is high because the company has a larger market share and a higher probability of success.

Answer to Question 2

The probability of success is high because the company has a larger market share and a higher probability of success.

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Answer to Question 5

Answer to Question 6

Answer to Question 7

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2. Tujuan khusus

- a. Untuk mengetahui penilaian faktor risiko karies pada siswa-siswi usia 11-12 tahun di SDN Megaluh Kecamatan Megaluh Kabupaten Jombang.
- b. Untuk mengetahui faktor risiko karies tertinggi dan terendah pada siswa-siswi usia 11-12 tahun di SDN Megaluh Kecamatan Megaluh Kabupaten Jombang.

E. Manfaat Penelitian

1. Bagi pengelola SD

Sebagai bahan masukan dan diharapkan pihak sekolah dapat menanamkan kebiasaan memelihara kebersihan gigi dan mulut pada siswa-siswa SDN Megaluh. Sehingga meningkatkan status kebersihan gigi dan mulut, mengingat anak usia sekolah dasar sangat rentan terjadinya karies.

2. Bagi pemerintah

Memberikan informasi kepada pemerintah mengenai gambaran risiko karies serta Membantu penanganan karies, khususnya preventif dan promotif.

3. Bagi masyarakat

Diharapkan hasil penelitian ini dapat memberikan pengetahuan

