

## **BAB III**

### **METODOLOGI PENELITIAN**

#### **A. Jenis Penelitian**

Jenis penelitian ini adalah *cross sectional* dengan wawancara, pemeriksaan laboratorium sederhana, dan pemeriksaan klinis. Adapun alasan menggunakan *Cross sectional* adalah jenis penelitian yang menekankan pada waktu pengukuran/ observasi data variabel independen dan dependen hanya satu kali, pada satu saat dan tidak memerlukan *follow up*.

#### **B. Tempat dan Waktu Penelitian**

Penelitian ini dilakukan di SDN Megaluh Kecamatan Megaluh Kabupaten Jombang. Waktu penilaian dilaksanakan pada 8 Agustus 2009 dengan penilaian setiap variabel dilakukan hanya satu kali.

#### **C. Subyek Penelitian**

Pengambilan sampel dengan menggunakan purposif sampel yaitu, menentukan jumlah sampel yang sesuai dengan kriteria sampel yang diinginkan. Sampel diambil dengan menentukan jumlah anak yang berusia 11-

## **D. Identifikasi Variabel dan Definisi Operasional**

### **1. Identifikasi Variabel :**

#### **a. Variabel Pengaruh**

Faktor risiko terjadinya karies yakni, pengalaman karies, pola makan, frekuensi makan, kapasitas buffer saliva, kecepatan sekresi saliva, skor plak, riwayat kesehatan umum, keputusan kinis, dan program flour.

#### **b. Variabel Terpengaruh**

Karies gigi pada anak.

#### **c. Variabel Terkendali**

Anak usia 11-12 tahun di SDN Megaluh Kecamatan Megaluh Kabupaten Jombang.

#### **d. Variabel tidak Terkendali**

Jenis kelamin, suku bangsa, kultur sosial penduduk, kesadaran, serta sikap dan perilaku individu terhadap kesehatan gigi.

### **2. Definisi Operasional Penelitian**

a. Karies adalah adalah kerusakan jaringan keras gigi, yaitu email, dentin, dan sementum yang disebabkan oleh multiple factor, diantaranya; gigi dan saliva, mikroorganisme, substrat serta waktu.

b. Faktor risiko adalah beberapa kemungkinan yang dapat menyebabkan terjadinya karies gigi antara lain; pengalaman karies, riwayat kesehatan umum, pola makan, frekuensi makan, kapasitas buffer saliva,

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Abstract: This study examined the effects of a 10-week, 10-session, self-help program on the well-being of employees with a history of depression. The program was designed to help employees manage their depression and improve their work performance. The program included a variety of activities, such as self-monitoring, cognitive restructuring, and problem-solving. The results of the study showed that the program had a significant positive effect on the well-being of employees with a history of depression. Employees who completed the program showed a significant increase in their scores on measures of self-esteem, self-efficacy, and work performance. In addition, they showed a significant decrease in their scores on measures of depression and anxiety.

**Keywords:** self-help, depression, work performance, self-esteem, self-efficacy

**Work and depression**

Depression is a common mental health problem that affects millions of people each year. It is a complex condition that can have a significant impact on a person's life. One of the most common and debilitating effects of depression is its impact on work performance. Employees with depression often experience a range of symptoms that can make it difficult for them to do their job. These symptoms can include fatigue, lack of motivation, difficulty concentrating, and a general sense of hopelessness. As a result, employees with depression may have difficulty meeting deadlines, completing tasks, and interacting with colleagues. This can lead to a decline in their work performance and a loss of productivity for their organization. It is important for employers to be aware of the signs and symptoms of depression in their employees and to provide them with the support and resources they need to manage their condition. This can help to improve their work performance and their overall well-being.

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**Self-help programs**

Self-help programs are a type of intervention that is designed to help people manage their own mental health problems. These programs typically include a variety of activities, such as self-monitoring, cognitive restructuring, and problem-solving. Self-help programs can be a valuable resource for people who are looking for a way to manage their depression and improve their work performance. They can provide people with the tools and techniques they need to take control of their condition and to improve their overall well-being. Self-help programs can also be a cost-effective way for employers to provide support to their employees with depression. By offering self-help programs to their employees, employers can help to reduce the impact of depression on their organization's productivity and to improve the overall well-being of their workforce.

**Current study**

The current study was designed to examine the effects of a 10-week, 10-session, self-help program on the well-being of employees with a history of depression. The program was designed to help employees manage their depression and improve their work performance. The program included a variety of activities, such as self-monitoring, cognitive restructuring, and problem-solving. The results of the study showed that the program had a significant positive effect on the well-being of employees with a history of depression. Employees who completed the program showed a significant increase in their scores on measures of self-esteem, self-efficacy, and work performance. In addition, they showed a significant decrease in their scores on measures of depression and anxiety. The results of this study suggest that self-help programs can be an effective way to help employees manage their depression and improve their work performance. This can have a significant impact on the overall well-being of the workforce and on the productivity of the organization. It is important for employers to be aware of the signs and symptoms of depression in their employees and to provide them with the support and resources they need to manage their condition. This can help to improve their work performance and their overall well-being.

klinik. Alat ukur yang digunakan telah ditentukan pada sebuah program yang dinamakan kariogram.

- c. Kariogram merupakan suatu sistem komputerisasi untuk menganalisa risiko karies. Data yang telah diperoleh akan dilakukan skoring sesuai kriteria skoring yang telah ditentukan dan akan diproses untuk mendapatkan hasil dalam bentuk grafik pie.
- d. Anak usia 11-12 tahun memiliki gigi bercampur dimana gigi permanen sudah hampir tumbuh semua. Pada usia 11-12 tahun anak sudah mampu menjaga kebersihan gigi dan mulut namun masih sangat tergantung pada orang tua dan lingkungan tempat tinggal. Ditambah lagi, anak usia ini lebih menyukai makanan dan minuman yang bersifat kariogenik dibanding orang dewasa, padahal kariogenik sangat rentan terhadap terjadinya karies.

## **E. Alat dan Bahan Penelitian**

Instrument penelitian yang digunakan, antara lain:

### **1. Alat Penelitian**

#### **a. Alat diagnostik :**

- 1) Kaca mulut, untuk melihat objek secara tidak langsung.
- 2) Pinset, untuk meletakkan dan mengambil kapas.
- 3) Eksavator, untuk membersihkan kavitas.
- 4) Sonde, Untuk mendeteksi karies.

#### **b. *Dappen dish*, tempat *disclosing agent*.**

- c. *Dentobuff strip*, alat yang digunakan untuk mengukur kapasitas buffer saliva.
- d. Formulir wawancara tentang pola makan, frekuensi makan, program flour, dan riwayat kesehatan umum.
- e. Fomulir pencatatan pemeriksaan.
- f. Kariogram, alat yang digunakan untuk menilai faktor risiko karies.

## 2. Bahan Penelitian

- a. *Disclosing agent*, untuk melihat plak dipermukaan gigi.
- b. Alkohol, untuk mensteril alat.
- c. Sabun, untuk mencuci tangan.
- d. Kapas, untuk mengoleskan *disclosing agent*.
- e. Masker dan *handscoon*, sebagai alat pelindung operator.

## F. Jalannya Penelitian

1. Hadi (2000) menyatakan bahwa, angka tiga puluh sudah bisa dikatakan sampel besar dan pada sampel besar kebanyakan distribusi sampling statistiknya mendekati distribusi normal. Makin besar n (besar sampel) makin baik pendekatannya kepada normalitas. Oleh karena itu, dalam penelitian ini penulis menggunakan sampel sebesar 30.
2. Pencarian sampel pada siswa-siswi usia 11-12 tahun.
3. Siswa-siswi diberi instruksi mengenai jalannya penelitian.
4. Pengisian *informed consent*.

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5. Wawancara mengenai pola makan, frekuensi makan, riwayat kesehatan umum, program flour.
6. Pemeriksaan klinik, meliputi pemeriksaan DMFT, PI (*Plaque Index*).
7. Pemeriksaan laboratorium sederhana meliputi pemeriksaan kapasitas

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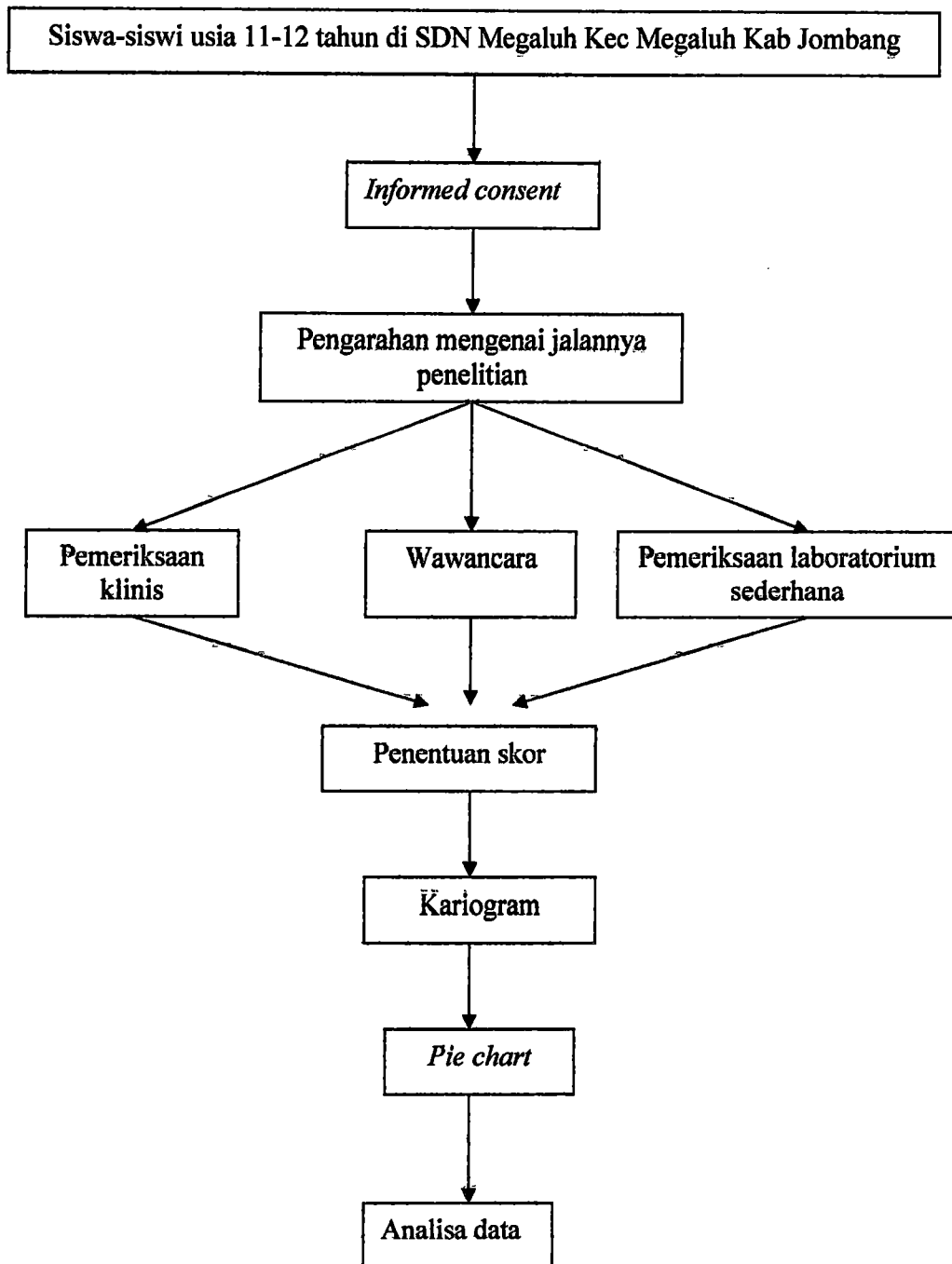
27. The twenty-seventh part is a letter from the author to the editor.

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**G. Alur Penelitian**

## **H. Analisis Data**

Data diperoleh berdasarkan variabel-variabel yang telah ditentukan pada Identifikasi Faktor Risiko Karies. Skala yang digunakan merupakan skala rasio. Faktor risiko yang tertinggi dan terendah dapat diketahui dengan alat bantu kariogram dan dilanjutkan dengan perhitungan manual.

Perhitungan manual dilakukan dengan menjumlahkan kemudian membagi sesuai jumlah sampel untuk mencari rata-rata dari hasil pemeriksaan yang telah dilakukan. Nilai rata-rata yang tertinggi akan menunjukkan faktor risiko tertinggi sedangkan nilai rata-rata terendah menunjukkan faktor risiko terendah.

and the other side of the coin is the fact that the majority of the population  
 are not literate and hence cannot read or write. This is a major obstacle  
 to the development of the country. The government has to take steps to  
 improve the literacy rate. One of the ways is to start schools in rural areas.  
 Another way is to use mass media like radio and television. The government  
 should also encourage people to learn to read and write. This will help  
 them to get better jobs and improve their standard of living. The  
 government should also provide free education for all children. This will  
 help to reduce the illiteracy rate. The government should also provide  
 training for adults. This will help them to improve their skills and  
 find better jobs. The government should also provide financial aid to  
 people who are unable to pay for their education. This will help them  
 to complete their education and improve their future.