

Self-perceived dan diagnosis klinis karies gigi pada anak usia 12-15 tahun di Jakarta = Self-perceived and clinically diagnosed dental caries among children aged 12-15 years in Jakarta

Jessica Kurniawan, author

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Abstrak

Tujuan: Menganalisis perbandingan informasi self-perceived dengan diagnosis klinis status karies gigi anak usia 12-15 tahun.

Metode: Penelitian dengan desain cross sectional menggunakan kuesioner untuk mendapatkan informasi self-perceived dan pemeriksaan indeks DMFT dan PUFA dilakukan pada 494 anak di enam SMP Negeri di Jakarta.

Hasil: Hasil sensitivitas paling tinggi untuk indeks DMFT gold standard adalah dari pertanyaan kebutuhan perawatan, yaitu 0.86 dengan spesifisitas 0.23. Hasil spesifisitas paling tinggi adalah dari pertanyaan mengenai sakit gigi 0.89 dengan sensitivitas 0.26. Untuk indeks PUFA gold standard, sensitivitas tertinggi adalah pertanyaan pendapat keadaan gigi 0.92 dengan spesifisitas 0.57. Spesifisitas paling tinggi adalah pertanyaan mengenai sakit gigi 0.82 dengan sensitivitas 0.40. Prevalensi dan skor rata-rata DMFT dan PUFA berurutan adalah 68.4 dan 2.4; 17.6 dan 0.2.

Kesimpulan: Kuesioner lebih sensitif terhadap indeks PUFA sebagai gold standard dibandingkan dengan indeks DMFT. Informasi self-perceived yang didapat dari kuesioner tidak dapat dengan baik mengevaluasi status klinis karies gigi karena kurangnya persepsi anak terhadap sehat dan sakit.

.....**Objective:** To analyze the comparison of self perceived information and clinically diagnosed dental health status among children aged 12 15 years.

Methods: A cross sectional study using questionnaire to obtain self perceived information and clinical examination using DMFT and PUFA indices was performed on 494 children in six junior high school in Jakarta.

Results: The highest sensitivity for DMFT index as the gold standard was found in question about treatment need, 0.86 with specificity of 0.23. The highest specificity was found in question about dental pain 0.89 with specificity of 0.26. When using the PUFA index as the gold standard, the highest sensitivity was found in question about opinion regarding dental health, 0.92 with specificity of 0.57. The highest specificity was found in question about dental pain 0.82 with sensitivity of 0.40. The prevalence and mean DMFT and PUFA index was 68.4 and 2.4 17.6 and 0.2, respectively.

Conclusion: Questionnaire was more sensitive using the PUFA index as the gold standard than the DMFT index. Self perceived information obtained from the questionnaire were of low value in evaluating dental health status due to the lack of children rsquo s health and disease perception.