

DAFTAR PUSTAKA

1. Hijrawati, Usmana AN, Syarif S, Hadjuc V, As'add S. 2021. Use of technology for monitoring the development of nutritional status 1000 hpk in stunting prevention in Indonesia. *Gac Sanit*. Vol. 35(S2): S231–S234. doi: 10.1016/j.gaceta.2021.10.028
2. Handryastuti S, Pusponegoro HD, Nurdadi S, Chandra A, Pramita FA, Soebadi A, Widjaja IR, Rafli A. 2022. Comparison of cognitive function in children with stunting and children with undernutrition with normal stature. *J Nutr Metab*. doi: 10.1155/2022/9775727.
3. Akbar FH, Pratwi R, Hulwah N. 2020. Differences in quality of life of stunting children based on caries status in indonesia. *Braz Dent Sci*. Vol. 23(3); 1-12. doi: 10.14295/bds.2020.v23i3.1854
4. World Health Organization. 2023. Stunting prevalence among children under 5 years of age (%) (model-based estimates) [Internet]. [20 September 2023]. Tersediadari: <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ghojme-stunting-prevalence>
5. Laksono AD, Wulandari RD, Amaliah N, Wisnuwardani RW. 2022. Stunting among children under two years in Indonesia: Does maternal education matter? *PLoS One*. Vol. 17(7): e0271509. doi: 10.1371/journal.pone.0271509.
6. Badan Kebijakan Pembangunan Kesehatan, Kementerian Kesehatan Republik Indonesia. *Status Gizi SSGI 2022*. 2022.
7. Quamme SH, Iversen PO. 2022. Prevalence of child stunting in sub-saharan africa and its risk factors. *Clin nutrition open science*. Vol. 42. p 49-61. doi: 10.1016/j.nutos.2022.01.009
8. Melesse MB. 2021. The effect of women's nutrition knowledge and empowerment on child nutrition outcomes in rural Ethiopia. *Agricultural Economics*. Vol. 52: 883–899. doi: 10.1111/agec.12668
9. Lutfi A, Flora R, Idris H, Zulkarnain M. 2021. Hubungan Stunting dengan Tingkat Keparahan Karies Gigi pada Anak Usia 10-12 Tahun di Kecamatan Tuah Negeri Kabupaten Musi Rawas. *Jab*. 10(2):426.
10. Diyanata D, Endah Yani RW, Sulistiyani S. 2022. Perilaku kesehatan gigi dan mulut anak stunting usia 36-60 bulan melalui bullet journal pada masa pandemi COVID-19 Oral health behavior overview of stunting children aged 36-60 months through bullet journals during the COVID-19 pandemic. *Padjadjaran J Dent Res Students* . Vol. 6(3):251.
11. Sadida ZJ, Indriyanti R, Setiawan AS. 2022. Does growth stunting correlate with oral health in children: a systematic review. *Eur J Dent*. Vol. 16(1): 32-40. doi:
12. Adeniyi AA et al. 2016. DENTAL CARIES AND NUTRITIONAL STATUS OF SCHOOL CHILDREN IN LAGOS, NIGERIA – A PRELIMINARY SURVEY. *Journal of The West African College*. Vol 6(3)

13. Aras A & Dogan, M. S. 2020. Caries Prevelence and Severity in Immature Permanent First Molar Teeth in Sanliurfa City, Turkey. *J Dent Indones.* 27(1):13-16
14. Madhusudhan KS, Pallavi MR. 2019. Malnutrition-a Risk for Oral Health. *Int. J. Sci Res.* 8(4):74-7
15. Lanham-New SA, Hill TR, Gallagher AM, Vorster HH. 2020. *Introduction to Human Nutrition.* 3rd Ed. USA: Willey Blackwell. Pp.2, 4-6
16. Lanham-New SA, Hill TR, Gallagher AM, Vorster HH. 2020. *Introduction to Human Nutrition.* 3rd Ed. USA: Willey Blackwell. Pp.2, 4-6
17. Bekelman TA. Stunting and wasting. 2018. In *The International Encyclopedia of Biological Anthropology.* John Wiley & Sons, Inc. 1-2. doi: 10.1002/9781118584538.ieba0473
18. Holdsworth EA, Schell LM. Stunting. 2018. In *The International Encyclopedia of Biological Anthropology.* John Wiley & Sons, Inc. 1-3. doi: 10.1002/9781118584538.ieba0223
19. Argaw D, Kabthymmer RH, Endale T, Wudneh A, et al. 2022. Stunting and associated factors among primary school children in Ethiopia: Schoolbased crosssectional study. *Intern J Afr Nurs Sci* 17. 10045. doi: 10.1016/j.ijans.100451
20. de Onis M, Branca F. 2016. Childhood stunting: a global perspective. *Maternal & Child Nutrition.* Vol.12: 12–26. Doi 10.1111/mcn.12231.
21. Basria H, Hadjub V, Zulkiflic A, Syamb A, Ansariadic, Stangd, Indriasarib R, Helmiyantie S. 2021. Dietary diversity, dietary patterns and dietary intake are associated with stunted children in Jeneponto District, Indonesia. *Gac Sanit.* Vol. 35(S2): S483–S486. doi: 10.1016/j.gaceta.2021.10.077
22. Hadi H, Fatimatasari F, Irwanti W, Kusuma C, Alfiana RD, Asshiddiqi MIN, Nugroho S, Lewis EC, Gittelsohn J. 2021. Exclusive breastfeeding protects young children from stunting in a low-income population: a study from eastern indonesia. *Nutrients.* Vol. 13(12): 4264. doi: 10.3390/nu13124264.
23. Soekatri MYE, Sandjaja S, Syauqy A. 2020. Stunting was associated with reported morbidity, parental education and socioeconomic status in 0.5–12-year-old indonesian children. *Int J of Environ Res Public Health.* Vol. 17(17): 6204. doi: 10.3390/ijerph17176204
24. Utamia RA, Setiawana A, Fitriyania P. 2019. Identifying causal risk factors for stunting in children under five years of age in South Jakarta, Indonesia. *Enferm Clin.* doi: 10.1016/j.enfcli.2019.04.093
25. Heidi B. Dental caries (cavities). 2021. In *Blackwell's Five-Minute Veterinary Consult Clinical Companion.* John Wiley & Sons, Inc. 1-4. doi :10.1002/9781119584414.ch25
26. Prabhu SR. Dental caries. 2021. In *Handbook of Oral Pathology and Oral Medicine.* John Wiley & Sons, Inc. 1-3. doi: 10.1002/9781119781172.ch2
27. Tahir L, Nazir R. 2018. Dental caries, etiology, and remedy through natural resources. dental caries - diagnosis, prevention and management. In *Tech;* doi: 10.5772/intechopen.75937

28. Garg N. 2015. Textbook of Operative Dentistry. 3rd ed. India: Jaypee Brothers. P. 257, 285-7, 425
29. Fejerskov O, Nyvad B, Kidd E. 2015. Dental Caries: The Disease and Its Clinical Management. 3rd ed. Chichester: Wiley Blackwell. 7 p.
30. Marcel AA, Dayane FB, Isabela AP, Antonio PC, Fabio CS. 2018. Dental anatomical features and caries: a relationship to be investigated from Dental Anatomy. p. 62.
31. Olaf B, Karl F, Amro D, Henry V, Christian S, Thomas K, Christian S. 2021. Association between coronal caries and malocclusion in an adult population. *J Orofac Orthop.* 82:295-312.
32. Mansur EKM. 2020. Primary Prevention of Dental Caries: An Overview. *Int J Clin Prev Dent.* Vol. 16(4): 143-148. doi: 10.15236/ijcpd.16.4.143
33. Hubbard, M.J., Wen, P.Y., Wimalawansa, S.J. and Fung, M., 2023. Tooth Development and Eruption. National Center for Biotechnology Information (NCBI)
34. Afrinis et al. 2020. Analisis Faktor yang Berhubungan dengan Kejadian Karies Gigi Anak Usia Dini. *European Journal of Dentistry.* 5(1):763. DOI: 10.31004/obsesi.v5i1.668
35. Folyan et al. (2020). Editorial: Country Profile of The Epidmiology and Clinical Management of Early Childhood Caries. *Frontiers in Public Health.* Vol 8. DOI: 10.3389
36. Vargas, Palomino et al. (2019). Latinx Faculty Representation and Resource Allocation at Hispanic Serving Institutions. *International Journal of Oral Science.* 23(2): 1-16. DOI: 10.1080/13613324.2019.1679749.

LAMPIRAN

Lampiran 1. Surat Rekomendasi Persetujuan Etik Penelitian



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KEDOKTERAN GIGI
RUMAH SAKIT GIGI DAN MULUT PENDIDIKAN
KOMITE ETIK PENELITIAN KESEHATAN
Sekretariat : Lantai 1, Ruang Komite Etik FKG Unhas
JL.Perintis kemerdekaan KM.10, Makassar
Kontak: Admin KEPK FKG +6282251958134, e-mail: etik.fkg@unhas.ac.id



No. Reg. Protokol : 237/FKGUH/S1-099/IX/2024

PEMBEBASAN ETIK ETHICAL EXEMPTION

No: 031/KEPK FKG-RSGMP UH/EE/X/2024

Komite Etik Penelitian Kesehatan Fakultas Kedokteran Gigi Universitas Hasanuddin Makassar, dalam upaya melindungi hak asasi dan kesejahteraan subjek penelitian dan menjamin bahwa penelitian yang menggunakan formulir survei/registrasi/surveilans/Epidemiologi/Humaniora/Sosial Budaya/Bahan Biologi Tersimpan/Sel Punca dan non klinis lainnya berjalan dengan memperhatikan implikasi etik, hukum, sosial dan non klinis lainnya yang berlaku, telah mengkaji dengan teliti proposal penelitian berjudul:

The Health Research Ethics Committee Faculty of Dentistry Hasanuddin University Makassar, in order to protect the rights and welfare of the research subject, and to guaranty that the research using survey questionnaire/registry/surveillance/epidemiology/humaniora/social-cultural/archivedbiological materials/stem cell/other non-clinical materials, will carried out according to ethical, legal, social implications and other applicable regulations, has been thoroughly reviewed the proposal entitled:

“Hubungan Stunting dengan Pola Karies Gigi pada Anak Sekolah Dasar Usia 6-12 Tahun di Kabupaten Gowa”

Versi Protokol : 0
Versi ICF : 0
Nama Peneliti Utama : Qaroba Abi Yasa
Principal Researcher
Pembimbing/Peneliti Lain : Adam Malik Hamudeng, drg., M.Med.Ed.
Supervisor/Other Researcher
Lokasi Penelitian : SDN Bontomaero 2 Kabupaten Gowa
Research Site
Nama Institusi : Fakultas Kedokteran Gigi Universitas Hasanuddin
Institution
Proposal tersebut dapat dibebaskan pelaksanaannya.
Hereby declare that the proposal is exempted.
Ditetapkan di : Makassar
Issued in
Tanggal : 7 Oktober 2024
Date

Ketua
Chairman

Drs. Marjuna drg., Ph.D., Sp.PM., Subsp.Inf.(K)
NIP. 197506012009122001

Lampiran 2. Surat Izin Penelitian



**KEMENTERIAN PENDIDIKAN, KEBUDAYAAN,
RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KEDOKTERAN GIGI**

Jalan Perintis Kemerdekaan Km. 10, Makassar 90245
Telepon (0411) 586012, Faximile (0411) 584641
Laman www.unhas.ac.id Email fdhu@unhas.ac.id

Nomor : 05138/UN4.13/PT.01.04/2024
Hal : **Izin Penelitian**

17 September 2024

Yth. **Kepala Sekolah SDN Bontomaero 2**
Kabupaten Gowa

Dengan hormat, kami sampaikan bahwa mahasiswa **Program Studi Pendidikan Dokter Gigi (S1)** Fakultas Kedokteran Gigi Universitas Hasanuddin bermaksud melakukan penelitian dalam rangka penyelesaian tugas akhir (Skripsi).

Sehubungan dengan hal tersebut, mohon kiranya dapat diberikan **izin penelitian** kepada mahasiswa di bawah ini:

Nama / NIM : **Qaroba Abi Yasa / J011211015**
Waktu Penelitian : **September s.d. Oktober 2024**
Tempat Penelitian : **SDN Bontomaero 2 Kabupaten Gowa**
Pembimbing : **Adam Malik Hamudeng, drg., M.Med.Ed.**
Judul Penelitian : **Hubungan Stunting dengan Pola Karies Gigi pada Anak Sekolah Dasar Usia 6-12 Tahun di Kabupaten Gowa**

Demikian permohonan kami, atas perhatian dan kerja sama yang baik diucapkan terima kasih.

a.n. Dekan,
Wakil Dekan Bidang Akademik dan Kemahasiswaan



Acing Habibic Mude, drg., Ph.D., Sp.Pro., Subsp. OGST(K).
NIP 198102072008121002

Tembusan:

1. Dekan FKG Unhas (sebagai laporan);
2. Kepala Bagian Tata Usaha FKG Unhas.

Lampiran 3. Dokumentasi Kegiatan



Lampiran 4. Alat dan Bahan Penelitian

Bahan dan Alat	Keterangan	Bahan dan Alat	Keterangan
	Alat OD disposable		Pengukur tinggi badan
	Timbangan Digital		Handscoon
	Masker		Hand Sanitizer (Alkohol 70%)
	Tissue		Alat Tulis
	Diagnostic Set		Sikat gigi anak

Lampiran 5. Analisis chi-square

Crosstabs

Notes

Output Created		05-OCT-2024 21:30:59
Comments		
Input	Data	C:\Users\ASUS\Documents\Downloads\data qay.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each table are based on all the cases with valid data in the specified range(s) for all variables in each table.
Syntax		CROSSTABS /TABLES=S BY Ka Kar kari kari /FORMAT=AVALUE TABLES /STATISTICS=CHISQ /CELLS=COUNT /COUNT ROUND CELL.
Resources	Processor Time	00:00:00,00
	Elapsed Time	00:00:00,01
	Dimensions Requested	2
	Cells Available	524245

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Stunting * Karies regio 1	96	100.0%	0	0.0%	96	100.0%
Stunting * Karies regio 2	96	100.0%	0	0.0%	96	100.0%
Stunting * Karies regio 3	96	100.0%	0	0.0%	96	100.0%
Stunting * Karies regio 4	96	100.0%	0	0.0%	96	100.0%

Stunting * Karies regio 1

Crosstab

Count

		Karies regio 1							Total
		D0	D1	D2	D3	D4	D5	D6	
Stunting	stunting	12	8	19	5	1	0	3	48
	tidak stunting	15	12	10	5	0	3	3	48
Total		41	27	20	29	10	1	3	96

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	7.926 ^a	6	.244
Likelihood Ratio	9.524	6	.146
Linear-by-Linear Association	.035	1	.852
N of Valid Cases	96		

a. 6 cells (42.9%) have expected count less than 5. The minimum expected count is 0.5.

Stunting * Karies regio 2

Crosstab

Count

		Karies regio 2							
		D0	D1	D2	D3	D4	D5	D6	Total
Stunting	stunting	10	12	13	5	4	2	2	48
	tidak stunting	13	13	9	4	5	1	3	48
Total		23	25	22	9	9	3	5	96

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	1.914 ^a	6	.927
Likelihood Ratio	1.928	6	.926
Linear-by-Linear Association	.093	1	.761
N of Valid Cases	96		

a. 8 cells (57.1%) have expected count less than 5. The minimum expected count is 1.50.

Stunting * Karies regio 3

Crosstab

Count

		Karies regio 3							
		D0	D1	D2	D3	D4	D5	D6	Total
Stunting	stunting	4	8	2	6	3	10	15	48
	tidak stunting	7	5	6	9	7	7	7	48
Total		11	13	8	15	10	17	22	96

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	9.149 ^a	6	.165
Likelihood Ratio	9.379	6	.153
Linear-by-Linear Association	2.592	1	.107
N of Valid Cases	96		

a. 2 cells (14.3%) have expected count less than 5. The minimum expected count is 4.00.

Stunting * Karies regio 4

Crosstab

Count

		Karies regio 4								
		D0	D1	D2	D3	D4	D5	D6	Total	
Stunting	stunting	6	7	3	0	3	12	17	48	
	tidak stunting	5	8	3	6	7	6	13	48	
Total		11	15	6	6	10	18	30	96	

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	10.291 ^a	6	.113
Likelihood Ratio	12.695	6	.048
Linear-by-Linear Association	.760	1	.383
N of Valid Cases	96		

a. 4 cells (28.6%) have expected count less than 5. The minimum expected count is 3.00.