

DAFTAR PUSTAKA

1. Wehby GL, Cassell CH, Tanaka SA, et al. Cleft Lip and Palate. An Evidence-Based Review. *Plast Reconstr Surg*. 2013;16(3):1-16. doi:10.1016/S0140-6736(09)60695-4
2. Mbuyi-musanzayi S, Kayembe TJ, Kashal MK, et al. Non-syndromic cleft lip and/or cleft palate: Epidemiology and risk factors in Lubumbashi (DR Congo), a case-control study. *J Cranio-Maxillofacial Surg*. 2018;46(7):1051-1058. doi:10.1016/j.jcms.2018.05.006
3. Cooper ME, Ratay JS, Marazita ML. Asian oral-facial cleft birth prevalence. *Cleft Palate-Craniofacial J*. 2006;43(5):580-589. doi:10.1597/05-167
4. Fang XUL, Long ZX, Qi W, et al. Letter to the Editor A Case-control Study of Environmental Risk Factors for Nonsyndromic Cleft of the Lip and / or Palate in Xuzhou , China *. *Biomed Environ Sci*. 2015;28(7):535-538. doi:10.3967/bes2015.076
5. Fan D, Wu S, Liu L, et al. Prevalence of non-syndromic orofacial clefts: Based on 15,094,978 Chinese perinatal infants. *Oncotarget*. 2018;9(17):13981-13990. doi:10.18632/oncotarget.24238
6. Worley ML, Patel KG, Kilpatrick LA. Cleft Lip and Palate. *Clin Perinatol*. 2018;45(4):661-678. doi:10.1016/j.clp.2018.07.006
7. Molina-Solana R, Yáñez-Vico RM, Iglesias-Linares A, Mendoza-Mendoza A, Solano-Reina E. Current concepts on the effect of environmental factors on cleft lip and palate. *Int J Oral Maxillofac Surg*. 2013;42(2):177-184. doi:10.1016/j.ijom.2012.10.008
8. Cobourne MT. The complex genetics of cleft lip and palate. 2004;26(1):7-16.
9. Sabbagh HJ, Sc M, Alamoudi NM, Sc M, Sc D, Abdulhameed FD. Environmental Risk Factors in the Etiology of Nonsyndromic Orofacial Clefts in the Western Region of Saudi Arabia. 2015;00(00). doi:10.1597/14-136
10. Setó-Salvia N, Stanier P. Genetics of cleft lip and/or cleft palate: Association

- with other common anomalies. *Eur J Med Genet.* 2014;57(8):381-393. doi:10.1016/j.ejmg.2014.04.003
11. Butali A, Little J, Chevrier C, et al. Folic acid supplementation use and the MTHFR C677T polymorphism in orofacial clefts etiology: An individual participant data pooled-analysis. *Birth Defects Res Part A - Clin Mol Teratol.* 2013;97(8):509-514. doi:10.1002/bdra.23133
 12. Wehby GL, Cassell CH. The impact of orofacial clefts on quality of life and healthcare use and costs. *Oral Dis.* 2010;16(1):3-10. doi:10.1111/j.1601-0825.2009.01588.x
 13. Bezerra JF, Oliveira GHM, Soares CD, et al. Genetic and non-genetic factors that increase the risk of non-syndromic cleft lip and/or palate development. *Oral Dis.* 2015;21(3):393-399. doi:10.1111/odi.12292
 14. Shaye D, Liu CC, Tollefson TT. Cleft Lip and Palate. An Evidence-Based Review. *Facial Plast Surg Clin North Am.* 2015;23(3):357-372. doi:10.1016/j.fsc.2015.04.008
 15. Kummer A. *Cleft Palate and Craniofacial Anomalies: Effects on Speech and Resonance USA: Thomson Delmar Learning.;* 2013.
 16. Dixon MJ, Marazita ML, Beaty TH, Murray JC. Cleft lip and palate: Understanding genetic and environmental influences. *Nat Rev Genet.* 2011;12(3):167-178. doi:10.1038/nrg2933
 17. Mossey PA, Little J, Munger RG, Dixon MJ, Shaw WC. Cleft lip and palate. *Lancet.* 2009;374(9703):1773-1785. doi:10.1016/S0140-6736(09)60695-4
 18. Maranhão SC, Sá J, Cangussú MCT, Coletta R Della, Reis SRA, Medrado ARAP. Nonsyndromic oral clefts and associated risk factors in the state of Bahia, Brazil. *Eur Arch Paediatr Dent.* 2021;22(2):121-127. doi:10.1007/s40368-020-00522-0
 19. Andersson, Lars; Erik Kahnberg K. *Oral and Maxillofacial Surgery.* 1st ed. (Andersson, Lars; Erik Kahnberg K, ed.). Wiley_Blackwell; 2010.
 20. Burg ML, Chai Y, Yao CA, Magee W, Figueiredo JC. Epidemiology, etiology, and treatment of isolated cleft palate. *Front Physiol.* 2016;7(MAR):1-16. doi:10.3389/fphys.2016.00067

21. Tayebi N, Yazdani K, Naghshin N. The prevalence of congenital malformations and its correlation with consanguineous marriages. *Oman Med J*. 2010;25(1):37-40. doi:10.5001/omj.2010.9
22. Mirilas P, Mentessidou A, Kontis E, et al. Parental exposures and risk of nonsyndromic orofacial clefts in offspring: A case-control study in Greece. *Int J Pediatr Otorhinolaryngol*. 2011;75(5):695-699. doi:10.1016/j.ijporl.2011.02.018
23. Lin Y, Shu S, Tang S. International Journal of Pediatric Otorhinolaryngology A case-control study of environmental exposures for nonsyndromic cleft of the lip and / or palate in eastern Guangdong , China. *Int J Pediatr Otorhinolaryngol*. 2014;78(3):545-551. doi:10.1016/j.ijporl.2014.01.002
24. Xu MY, Deng XL, Tata LJ, Han H, Chen XH, Liu TY. Case – Control and Family-Based Association Studies of Novel Susceptibility Locus 8q24 in Nonsyndromic Cleft Lip With or Without Cleft Palate in a Southern Han Chinese Population Located in Guangdong Province. 2012;31(5):700-705. doi:10.1089/dna.2011.1383
25. Articles S, Articles S. Family history and risk factors for cleft lip and palate patients and their associated anomalies. 2017;19(3):78-83.
26. Stuppia L, Capogreco M, Marzo G, et al. Genetics of syndromic and nonsyndromic cleft lip and palate. *J Craniofac Surg*. 2011;22(5):1722-1726. doi:10.1097/SCS.0b013e31822e5e4d
27. Acuña-gonzález G, Medina-solís CE, Maupomé G, et al. Family history and socioeconomic risk factors for non-syndromic cleft lip and palate : A matched case-control study in a less developed country. Published online 2011:381-391.
28. Tanaka SA, Mahabir RC, Jupiter DC, Menezes JM. Updating the epidemiology of cleft lip with or without cleft palate. *Plast Reconstr Surg*. 2012;129(3):511-518. doi:10.1097/PRS.0b013e3182402dd1
29. Leslie EJ, Marazita ML. Genetics of cleft lip and cleft palate. *Am J Med Genet Part C Semin Med Genet*. 2013;163(4):246-258. doi:10.1002/ajmg.c.31381

30. Mckinney CM, Pisek A, Chowchuen B, et al. Case – Control Study of Nutritional and Environmental Factors and the Risk of Oral Clefts in Thailand. Published online 2016:1-9. doi:10.1002/bdra.23505
31. De R. Risk factors associated with nonsyndromic oral clefts in a Brazilian population : a case-control study. 2012;41(3):203-208.
32. Hadadi AI, Al Wohaibi D, Almtrok N, Aljahdali N, AlMeshal O, Badri M. Congenital anomalies associated with syndromic and non-syndromic cleft lip and palate. *JPRAS Open*. 2017;14:5-15. doi:10.1016/j.jptra.2017.06.001
33. DeRoo LA, Wilcox AJ, Lie RT, et al. Maternal alcohol binge-drinking in the first trimester and the risk of orofacial clefts in offspring: a large population-based pooling study. *Eur J Epidemiol*. 2016;31(10):1021-1034. doi:10.1007/s10654-016-0171-5
34. Boyles AL, Deroo LA, Lie RT, et al. Maternal alcohol consumption, alcohol metabolism genes, and the risk of oral clefts: A population-based case-control study in Norway, 1996-2001. *Am J Epidemiol*. 2010;172(8):924-931. doi:10.1093/aje/kwq226
35. Neogi SB, Singh S, Pallepogula DR, et al. Risk Factors for Orofacial Clefts in India : A Case – Control Study. Published online 2017:1-8. doi:10.1002/bdr2.1073
36. Sabbagh HJ, Hassan MHA, Innes NPT, Elkodary HM, Little J, Mossey PA. Passive smoking in the etiology of non-syndromic orofacial clefts: A systematic review and meta-analysis. *PLoS One*. 2015;10(3):1-21. doi:10.1371/journal.pone.0116963
37. Rao A, Ahmed MK, Taub PJ, Mamoun JS. The Correlation between Maternal Exposure to Air Pollution and the Risk of Orofacial Clefts in Infants: a Systematic Review and Meta-Analysis. *J Oral Maxillofac Res*. 2016;7(1):1-13. doi:10.5037/jomr.2016.7102
38. Little J, Cardy A, Munger RG. Tobacco smoking and oral clefts: A meta-analysis. *Bull World Health Organ*. 2004;82(3):213-218. doi:10.1590/S0042-96862004000300011
39. Auslander A, Sylvester B, Dibona M, et al. The role of smoke from cooking

- indoors over an open flame and parental smoking on the risk of cleft lip and palate : A case- control study in 7 low-resource countries. 2020;10(2). doi:10.7189/jogh.10.020410
40. Zhang B, Jiao X, Mao L, Xue J. Maternal cigarette smoking and the associated risk of having a child with orofacial clefts in China: A case-control study. *J Cranio-Maxillofacial Surg.* 2011;39(5):313-318. doi:10.1016/j.jcems.2010.07.005
 41. Golalipour MJ, Kaviany N, Qorbani M, Mobasheri E. Maternal Risk Factors for Oral Clefts : A Case-Control Study. 2012;24(4):187-192.
 42. Taghavi N, Mollaian M, Alizadeh P, Moshref M, Modabernia S, Akbarzadeh AR. Orofacial Clefts and Risk Factors in Tehran , Iran : A Case Control Study. 2012;14(1):25-30.
 43. Ravichandran K, Shoukri M, Aljohar A, Shazia NS, Al-Twajiri Y, Al Jarba I. Consanguinity and occurrence of cleft lip/palate: A hospital-based registry study in Riyadh. *Am J Med Genet Part A.* 2012;158 A(3):541-546. doi:10.1002/ajmg.a.34432
 44. Jose B, Jayan M, Subramani S, Mokhasi V. Consanguinity and clefts in the craniofacial region: A retrospective case-control study. *J Cleft Lip Palate Craniofacial Anomalies.* 2015;2(2):113. doi:10.4103/2348-2125.162965
 45. Ly S, Burg ML, Ihenacho U, et al. Paternal Risk Factors for Oral Clefts in Northern Africans , Southeast Asians , and Central Americans. Published online 2017:1-12. doi:10.3390/ijerph14060657
 46. Maia C, Carolina M, Pereira DM, Bernardes T, Queiroz D. Early Human Development Can parental consanguinity be a risk factor for the occurrence of nonsyndromic oral cleft ? *Early Hum Dev.* 2019;135(May):23-26. doi:10.1016/j.earlhumdev.2019.06.005
 47. Inchingolo AM, Fatone MC, Malcangi G, et al. Modifiable Risk Factors of Non-Syndromic Orofacial Clefts: A Systematic Review. *Children.* 2022;9(12):1-24. doi:10.3390/children9121846
 48. Sakran KA, Abotaleb BM, Al-Rokhami RK, et al. Analysis of Environmental Exposures for Nonsyndromic Cleft Lip and/or Palate: A

- Case-Control Study. *Iran J Public Health*. 2022;51(3):578-586. doi:10.18502/ijph.v51i3.8934
49. Hong Y, Xu X, Lian F, Chen R. Environmental Risk Factors for Nonsyndromic Cleft Lip and/or Cleft Palate in Xinjiang Province, China: A Multiethnic Study. *Cleft Palate-Craniofacial J*. 2021;58(4):489-496. doi:10.1177/1055665620956869
50. Hao Y, Tian S, Jiao X, et al. Association of parental environmental exposures and supplementation intake with risk of nonsyndromic orofacial clefts: A case-control study in Heilongjiang Province, China. *Nutrients*. 2015;7(9):7172-7184. doi:10.3390/nu7095328
51. Nahas LD, Alzamel O, Dali MY, et al. Distribution And Risk Factors Of Cleft Lip And Palate On Patients From A Sample Of Damascus Hospitals A Case Control Study. *Heliyon*. 2021;7(9). doi:10.1016/j.heliyon.2021.e07957
52. Maranhão SC, Sá J, Cangussú MCT, Coletta R Della, Reis SRA, Medrado ARAP. Nonsyndromic oral clefts and associated risk factors in the state of Bahia, Brazil. *Eur Arch Paediatr Dent*. 2021;22(2):121-127. doi:10.1007/s40368-020-00522-0
53. Rozendaal AM, Van Essen AJ, Te Meerman GJ, et al. Periconceptional folic acid associated with an increased risk of oral clefts relative to non-folate related malformations in the Northern Netherlands: A population based case-control study. *Eur J Epidemiol*. 2013;28(11):875-887. doi:10.1007/s10654-013-9849-0
54. Zhang B, Jiao X, Mao L, et al. Maternal alcohol consumption, alcohol metabolism genes, and the risk of oral clefts: A population-based case-control study in Norway, 1996-2001. *Int J Pediatr Otorhinolaryngol*. 2011;10(3):695-699. doi:10.1590/S0042-96862004000300011
55. Angulo-Castro E, Acosta-Alfaro LF, Guadron-Llanos AM, et al. Maternal risk factors associated with the development of cleft lip and cleft palate in Mexico: A case-control study. *Iran J Otorhinolaryngol*. 2017;29(4):189-195. doi:10.22038/ijorl.2017.19302.1650



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Nomor : 00148/UN4.13/PT.01.04/2023

11 Januari 2023

Lampiran : -

Hal : Izin Penelitian

Yth. **Daftar Penerima Surat Terlampir**
di Tempat

Dengan hormat kami sampaikan bahwa mahasiswa PPDGS Bedah Mulut dan Maksilofasial Fakultas Kedokteran Gigi Universitas Hasanuddin bermaksud untuk melakukan penelitian.

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

Nama / NIM : **drg. M. Hidayat Sakti Rusdin / J045182007**
Waktu Penelitian : Bulan Januari 2018 - Desember 2022.
Tempat Penelitian : RSUD Nene Mallomo Sidrap, RS TNI AU Dr. Doddy Sarjoto, RSUD Arifin Nu'mang Sidrap, RSUD Datu Pancaitana Bone, RSUD Lamaddukkelleng Kab. Wajo, RSU Lasinrang Kab. Pinrang, RS Bahayangkara Makassar, RSGMP Unhas, RSUD Massenrempulu Enrekang, RSUD Anwar Makatutu Bantaeng, RS Sayang Rakyat Makassar, RS Andi Makkasau, RSUD Pangkep, RS Salewangang Maros dan RSUD Tenriawaru.
Judul Penelitian : Analisis faktor risiko terhadap celah bibir unilateral pada anak di 15 Rumah Sakit di Sulawesi Selatan tahun 2018-2022.

Demikian permohonan kami atas perhatian dan kerjasamanya diucapkan terima kasih.

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



drg. Irfan Sugianto, M.Med.Ed., Ph. D
NIP 198102152008011009

Tembusan:

1. Dekan FKG Unhas;
2. Kepala Bagian Tata Usaha FKG Unhas.

Lampiran : Surat wakil Dekan Bidang Akademik dan Kemahasiswaan
Nomor : 00148/UN4.13/PT.01.04/2023
Hal : Izin Penelitian

Daftar penerima surat

- Direktur RSUD Nene Mallomo Sidrap
- Direktur RS TNI AU Dr. Doddy Sarjoto
- Direktur RSUD Arifin Nu'mang Sidrap
- Direktur RSUD Datu Pancaitana Bone
- Direktur RSUD Lamadukkelleng Kab. Wajo
- Direktur RSU Lasinrang Kab. Pinrang
- Direktur RS Bahayangkara Makassar
- Direktur RSGMP Unhas
- Direktur RSUD Massenrempulu Enrekang
- Direktur RSUD Pangkep
- Direktur RSUD Anwar Makatutu Bantaeng
- Direktur RS Sayang Rakyat Makassar
- Direktur RS Andi Makkasau
- Direktur RSUD Tenriawaru
- Direktur RS Salewangang Maros

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



drg. Irfan Sugianto, M.Med.Ed.,Ph. D
NIP 198102152008011009



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Nomor : 00135/UN4.13/TP.02.02/2023
Lampiran : -
Hal : **Permohonan Rekomendasi Etik**

11 Januari 2023

Kepada Yth.
Direktur Rumah Sakit Gigi dan Mulut Pendidikan (RSGMP)
Universitas Hasanuddin
Makassar

Dengan hormat kami sampaikan bahwa mahasiswa Program Pendidikan Dokter Gigi Spesialis (PPDGS) Bedah Mulut dan Maksilofasial Fakultas Kedokteran Gigi Universitas Hasanuddin di bawah ini:

Nama / NIM : **M. Hidayat Sakti Rusdin / J045182007**
Judul Penelitian : Analisis faktor risiko terhadap celah bibir unilateral pada anak di 15 Rumah Sakit di Sulawesi Selatan tahun 2018-2022.

bermaksud melakukan penelitian di RS Nene Mallomo, RS TNI AU dr. Daddy Sarjoto, RSUD Anwar Makatutu, RSUD Arifin Numang, RSUD Datu Pancaitana, RSUD Lamadukelleng, RSUD Sayang Rakyat, RSUD Lasinrang, RS Bhayangkara Makassar, RSGMP Unhas, RSUD Andi Makassar, RSUD Massenrempulu, RSUD Pangkep, RSUD Salewangang Maros dan RSUD Tenriawaru pada bulan Januari 2018 - Desember 2022.

Untuk maksud tersebut di atas, mohon kiranya yang bersangkutan dapat diberikan surat rekomendasi Etik dalam rangka pelaksanaan penelitiannya.

Demikian permohonan kami atas perhatian dan kerjasamanya diucapkan terima kasih.

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



drg. Irfan Sugianto, M.Med.Ed.,Ph. D
NIP 198102152008011009

Tembusan:
1. Dekan FKG Unhas;
2. Kepala Bagian Tata Usaha FKG Unhas.



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KOMITE ETIK PENELITIAN KESEHATAN
Sekretariat : Lantai 2, Gedung Lama RSGM Unhas
JL.Kandea No. 5 Makassar



Contact Person: drg. Muhammad Ikbal, Sp.Prov/Nur Aedah AR, TELP. 081342971011/08114919191

REKOMENDASI PERETUJUAN ETIK

Nomor: 0011/PL.09/KEPK FKG-RSGM UNHAS/2023

Tanggal: 24 Januari 2023

Dengan ini menyatakan bahwa protokol dan dokumen yang berhubungan dengan protokol berikut ini telah mendapatkan persetujuan etik:

| | | | |
|-----------------------------------|--|---|---------------------------|
| No. Protokol | UH 17120750 | No Protokol Sponsor | |
| Peneliti Utama | drg. M. Hidayat Sakti Rusdin | Sponsor | Pribadi |
| Judul Peneliti | Analisis Faktor Risiko terhadap Celah Bibir Unilateral pada Anak di 15 Rumah Sakit di Sulawesi Selatan Tahun 2018-2020 | | |
| No. Versi Protokol | I | Tanggal Versi | 10 Januari 2023 |
| No. Versi Protokol | | Tanggal Versi | |
| Tempat Penelitian | Sulawesi Selatan | | |
| Dokumen Lain | | | |
| Jenis Review | <input checked="" type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input type="checkbox"/> Fullboard | Masa Berlaku 24 Januari 2023-24 Januari 2024 | Frekuensi Review Lanjutan |
| Ketua Komisi Etik Penelitian | Nama: Dr. drg. Marhamah, M.Kes | Tanda Tangan | Tanggal |
| Sekretaris Komisi Etik Penelitian | Nama: drg. Muhammad Ikbal, Sp.Prov | Tanda Tangan | Tanggal |

Kewajiban peneliti utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum diimplementasikan.
- Menyerahkan laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan lapor SUSAR dalam 72 jam setelah peneliti utama menerima laporan.
- Menyerahkan laporan kemajuan (*progress report*) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah.
- Menyerahkan laporan akhir setelah penelitian berakhir.
- Melaporkan penyimpangan dari protokol yang disetujui (*protocol deviation/violation*)
- Mematuhi semua aturan yang berlaku.



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SURAT KETERANGAN

Nomor: 00008/UN4.25/PT.01.05/2023

Yang bertanda tangan di bawah ini,

Nama : drg. A. Tajrin, M.Kes.,Sp.BM(K)

NIP : 19741010 200312 1 002

Pangkat dan Golongan : Penata. Tk.1/ III.d

Jabatan : Direktur

Dengan ini menerangkan bahwa,

Nama : M. Hidayat Sakti Rusdin

NIM : J045182007

Judul Penelitian : Analisis Faktor Risiko Terhadap Celah Bibir Unilateral Pada Anak di Umur 15 Tahun di Rumah Sakit di Sulawesi Selatan Tahun 2018-2022

Bahwa yang bersangkutan telah melakukan penelitian di Rumah Sakit Gigi dan Mulut Pendidikan Universitas sejak Januari 2018 - Desember 2022.

Demikian surat keterangan ini dibuat untuk dipergunakan semestinya.

20 Januari 2023

Direktur Rumah Sakit Gigi dan Mulut
Rumah Sakit Gigi dan Mulut



Tembusan:

1. Wakil Dekan I FKG Unhas

2. Komite Etik Penelitian

3. Arsip

drg. Andi Tajrin, M.Kes.,Sp.BM (K)

NIP. 19741010 200312 1 002





CCC (CELEBES CLEFT CENTER)
 Alamat : Jl. DR. Leimena Antang Raya, No.50, RW.05, RT.01, Kelurahan Tello,
 Kecamatan Panakkukang, Kota Makassar, Sulawesi Selatan. 90233
 Telp. 0852 4709 2011 Fax. -

DATA PRIBADI

No Rekam Medis :

Diagnosis :

Nama Pasien :

Tempat Lahir / Tgl. Lahir :

Umur :

Berat Badan :

Riwayat Operasi :

Suku :

Jenis Kelamin : Pria Wanita

Status Perkawinan : Kawin Belum Kawin Janda / Duda

Agama :

Alamat Tetap :

Telepon Rumah / Hp :

Pendidikan Terakhir : SD SLTP SLTA S1 Sp/S2 S3

Pekerjaan :

Riwayat Keluarga :

Nama Ayah :

Tempat Lahir / Tgl. Lahir :

Nama Ibu :

Tempat Lahir / Tgl. Lahir :

Alamat Tetap :

Telepon Rumah / Hp :

Pendidikan Terakhir : SD SLTP SLTA S1 Sp/S2 S3

Pekerjaan :

Makassar,

*) Catatan : Beri Tanda (√) pada ()

Yang Menerangkan (Pasien / Keluarga)

.....
 Nama Jelas



Patient Release Form ("Release")

_____ (Name of Patient) ("Patient") is to receive medical treatments and related services sponsored by Smile Train, Inc. or one of its global affiliates (collectively "Smile Train"). Smile Train is a global children's charity working with doctors and hospitals to support the free treatment of cleft lips and cleft palates.

Smile Train and its affiliates maintain medical records on all patients undergoing treatments and services (relating to patient's cleft lip and palate surgery and associated procedures, such as speech therapy or orthodontic treatment). These records include information such as the names and addresses of patients and the parents/guardian, clinical diagnosis, surgery and medical treatments and procedures undertaken prior to and subsequent to surgery, and treatment results, and other relevant medical health information. The records also include pictures of all patients taken before and after treatment and may include videos that record the progress of the treatments that the Patient has undergone/s undergoing.

Smile Train and its affiliates use these records for reviews of quality, education, research, evaluation, and marketing and communication purposes, including communications with donors. In the event any additional uses of the information become known, the Patient will be duly informed. The personal health information contained in the medical records will be maintained in Smile Train's worldwide web-based cleft lip and palate database (www.smiletrainexpress.org). Only authorized persons, such as physicians and other medical personnel, will have access to the records and the database.

Smile Train and its affiliates will not share Patient's health information with non-affiliated outside third parties. Additionally, Smile Train will keep the Patient's health information private and confidential by implementing security standards which are in accordance with applicable laws, and limit access to the database to authorized individuals only, as determined by Smile Train and its affiliates.

For purposes of this Release, all references to "I", "me", "myself", etc. shall, as applicable, refer to and include any Patient who is the minor child or ward of the parent/guardian signing below, and the provisions of this Release shall be applicable to such Patient and govern his or her receipt of any treatments or services sponsored by Smile Train and its affiliates.

I understand that any treatments and services sponsored by Smile Train are to be free of cost to patients, and I declare that the Patient has not paid any amounts for any treatments or

services sponsored by Smile Train. Further, I hereby irrevocably release, hold harmless, and indemnify Smile Train and its directors, officers, employees, contractors and affiliates from all claims and liability for any injury, illness, death, property damage, or financial loss resulting from or related to any such treatments and services. For the Patient, his or her legal representatives, and heirs, I waive and release all rights, claims, damages, losses, and/or complaints against Smile Train for any injury or damages arising out of the acts or omissions of the Patient, Smile Train, or any other person.

I acknowledge that the provisions of this Release are legally binding. I acknowledge that I have been given an opportunity to review this Release, and I have sought and obtained any information I feel necessary and appropriate. I am signing this Release voluntarily, and with the understanding that, by doing so, I am agreeing to waive and release legal rights to the maximum extent permissible under law. I intend that this Release shall be enforceable in the event of any future litigation. No oral representations or promises apart from this Release have been made to me.

I understand the information written above and give permission to send Smile Train a completed Smile Train Medical Record Form with my corresponding medical records. I give Smile Train and its affiliates permission to use my medical records for quality assessment, education, research, evaluation, and marketing and communication purposes, including communications with donors, and release Smile Train and its affiliates from any future claims arising under the law with respect to the collection, use and storage of my medical information.

Patient:

Signature: _____ Name: _____
 Street Address: _____ Telephone: _____
 City/State/Zip: _____

Parent / Guardian, if Patient is under age 18:

Signature: _____ Name: _____
 Street Address: _____ Telephone: _____
 City/State/Zip: _____



REGISTRASI PASIEN

INFORMASI UMUM PASIEN

| | | |
|----------------------|---------------------------------------|---------------------------------------|
| Nomor Data Pasien | Nomor Data Pasien di dalam Data Lokal | Tanggal Lahir |
| <input type="text"/> | <input type="text"/> | <input type="text" value="##-##-##"/> |

Berikut adalah perkiraan tanggal lahir - tanggal lahir; tepat tidak diketahui

Apakah orang tua, wali atau pasien sendiri (jika berumur 18 tahun atau lebih) menandatangani Formulir Pelepasan Informasi Pasien?
 Ya Tidak

Smile Train telah memperbaharui dan mengganti Formulir Pelepasan Informasi Pasien dan sekarang menyajikan Formulir Pelepasan Informasi Pasien yang telah ditandatangani untuk diunggah pada Smile Train Express be setiap pasien.

العربية : العربية | انگریزی : English | Filipino : English (Philippine) | Español : Español | Français : Français | 한국어 : 한국어 | Bahasa Indonesia : Bahasa Indonesia | हिंदी : हिंदी | Português (Brasil) : Português (Brasil) | বাংলা : বাংলা | Tagalog : Tagalog | မြန်မာ : မြန်မာ | ไทย : ไทย | Tiếng Việt : Tiếng Việt | Yoruba : Yoruba | 中文

| | | |
|----------------------|----------------------|----------------------|
| Nama Depan/Belakang | Nama Depan/Belakang | Nama Tengah |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Jenis Kelamin
 Laki-laki Perempuan

Suku Bangsa
 Asia Kulit Putih (Putih) Afrika (Kulit Hitam) Asia (India) Hispanik (Latin) Kepulauan Pasifik Campuran Lainnya

Alamat Jalan Kecamatan

Negara Provinsi Kawasan

Kode Pos Telepon 1 Telepon 2 (Optional)

Mitra Pusat Perawatan

INFORMASI ORANGTUA/WALI

| | |
|-----------------------------|----------------------------|
| Nama Penggali>Nama Belakang | Nama Keluarga>Nama Pertama |
| <input type="text"/> | <input type="text"/> |

Hubungan dengan pasien
 Ibu Ayah Kakak/Adik Saudara Laki-laki Saudara Perempuan Bibi Paman Sepupu Sendiri Teman Lainnya

Bagaimana pasien mendengar tentang Smile Train?
 Organisasi Amal Rumah Sakit/Dokter Surat Kabar dan Televisi Internet Teman dan Keluarga Lainnya

Nama Organisasi Pemberi Referensi

SEJARAH KELUARGA

Lama Kehamilan (bulan)
 Tidak tahu

Apakah si ibu mengalami komplikasi selama masa kehamilan?
 Ya Tidak Tidak tahu

Adakah komplikasi selama melahirkan?
 Ya Tidak Tidak tahu

Apakah si ibu merokok selama masa kehamilan?
 Ya Tidak Tidak tahu

Apakah si ibu mengonsumsi alkohol selama masa kehamilan?

Ya Tidak Tidak tahu

Apakah orangtua pasien dan/atau saudara laki-laki/perempuan sedara dari si pasien menderita bibir belah, langit-langit mulut belah, atau pembelahan di sekitar wajah?

Ya Tidak Tidak tahu

Apakah anggota keluarga lain (kepuja, bibi, paman, kakak/kerak) menderita bibir belah, langit-langit mulut belah, atau pembelahan di sekitar wajah?

Ya Tidak Tidak tahu

DIAGNOSA

Tanggal Evaluasi

00-00-00

Berat Badan

0.00
kilogram (1.00 - 200.00)

Tinggi / Panjang Badan

0
sentimeter (1 - 200)

Apakah pasien pernah menjalani operasi bedah bibir atau langit-langit mulut sebelum evaluasi ini?

Ya Tidak

Jika ya, pilih jenis operasi bedah yang pernah dilakukan pasien

Operasi Bibir Belah
 Operasi Langit-langit Mulut Belah
 Operasi Langit-langit Mulut dan Bibir Belah

Diagnosa: (Urutan Bibir dan Langit-langit Mulut saat kelahiran atau sebelum operasi)

Bibir - Jenis Bibir Belah

Bagian Kiri Pasien

Tidak ada belah
 Lenglap
 Tidak Lenglap

Sisi Kanan Pasien

Tidak ada belah
 Lenglap
 Tidak Lenglap

Alveolus - Jenis Bibir Belah

Sisi Kiri Pasien

Tidak ada belah
 Lenglap
 Tidak lenglap

Sisi Kanan Pasien

Tidak ada belah
 Lenglap
 Tidak lenglap

Langit-langit Mulut Keras - Jenis Belah Langit-langit Mulut

Sisi Kiri Pasien

Tidak ada belah
 Lenglap
 Tidak Lenglap
 Submucosa

Sisi Kanan Pasien

Tidak ada belah
 Lenglap
 Tidak Lenglap
 Submucosa

Langit-langit Mulut Lunak - Jenis Belah Langit-langit Mulut

Tidak ada belah
 Lenglap
 Tidak lenglap
 Submucosa

Komentar Tambahan pada Diagnosa

Adakah kelainan bentuk tambahan pada orofasial?

Ya Tidak Tidak tahu

Apakah pasien merasakan ketidaknormalan pada daerah-daerah di bawah ini? (periksa semua yang mungkin berlaku)

Jantung

Ya Tidak

Telinga

Ya Tidak

Lidah

Ya Tidak

Pertumbuhan yang terbelakang

Ya Tidak

Sistem Uriner

Ya Tidak

Tungkai dan lengan

Ya Tidak

Tengkorak

Ya Tidak

Keterbelakangan Mental

Ya Tidak

Mata

Ya Tidak

Jari tangan dan jari kaki

Ya Tidak

Rahang bawah

Ya Tidak

Hidung

Ya Tidak

Kulit

Ya Tidak

Bicara

Ya Tidak

Apakah pasien menderita alergi?

Ya Tidak Tidak diketahui



PEMERINTAH KABUPATEN BONE
RUMAH SAKIT UMUM DAERAH DATU PANCAITANA

JL. GATOT SUBROTO, KEC. TANETE RIATTANG, TELP. (0481) 25252, 2918333

WATAMPONE 92714

Email ; datupancaitana@gmail.com



SURAT KETERANGAN
NOMOR : 025 / RSUD-DP/I/2023

Yang bertanda tangan di bawah ini, Direktur Rumah Sakit Umum Daerah Datu Pancaitana menerangkan bahwa :

Nama : drg. **M. HIDAYAT SAKTI RUSDIN**
Tempat/Tanggal lahir : Watampone, 01 Oktober 1983
Jenis Kelamin : Laki-laki
Universitas Asal : Program Pendidikan Dokter Gigi
Makilofasial Fakultas Kesehatan
Makassar
Alamat : Jalan Dukuh Timbang

Benar telah melakukan penelitian di RSUD
07 Januari 2023 dengan Judul

**“ANALISIS FAKTOR RISIKO
ANAK DI 15 RUMAH SAKIT**

Demikian surat keterangan

PANGKALAN TNI AU SULTAN HASANUDDIN
RSAU dr. DODY SARDJOTO



SURAT KETERANGAN
Nomor SK/061/11/2023/RSDS

Yang bertanda tangan di bawah ini :

N a m a : Dr. dr. Junedi Sitorus, Sp.PA.M.Si.Med
Pangkat / NRP : Mayor Kes / 531980
Jabatan : Sekertaris RSAU dr. Dody Sardjoto
Jawatan : Lanud Sultan Hasanuddin

Memberikan Rekomendasi kepada :

N a m a : drg. M. Hidayat Sakti Rusdin
Pekerjaan : Mahasiswa
Pendidikan : Mahasiswa PPDGS Bedah Mulut dan Maksilofasial

Bahwa benar telah mengambil data di RSAU dr.Dody Sardjoto pada tanggal 12-13 Januari 2023 untuk penelitian dengan judul "Analisis faktor resiko terhadap celah bibir unilateral pada anak di 15 Rumah Sakit di Sulawesi Selatan tahun 2018-2022"

Demikian Surat Keterangan ini kami buat untuk dapat dipergunakan sebagaimana mestinya.

Dikeluarkan di Maros
pada tanggal 27 Januari 2023

Dr. dr. Junedi Sitorus, Sp.PA.M.Si.Med
Mayor Kes NRP 531980

Dr. dr. Junedi Sitorus, Sp.PA.M.Si.Med
Mayor Kes NRP 531980

DATA PRIBADI

Nama : M. Hidayat Sakti Rusdin
Tempat, Tanggal lahir : Watampone, 01 Oktober 1983
Jenis kelamin : Laki-laki
Agama : Islam
Kewarganegaraan : Indonesia
Status pernikahan : Menikah
Alamat : Jl. Dukuh Timur No.5 RT 006 RW
014, Semper Barat Cilincing
Jakarta Utara
Telepon/HP : 087777377183
E-mail : hidayatsakti0110@gmail.com

PENDIDIKAN FORMAL

2018 – sekarang Program Pendidikan Dokter Gigi Spesialis Bedah Mulut dan Maksilofasial, Fakultas Kedokteran Gigi, Universitas Hasanuddin.
2001 – 2007 Jurusan Pendidikan Dokter Gigi, Fakultas Kedokteran Gigi, Universitas Prof. Dr. Moestopo (Beragama).
1998 – 2001 Sekolah Menengah Atas Negeri 10, Bandar Lampung, Indonesia.
1995 – 1998 Sekolah Menengah Pertama Negeri 2, Bandar Lampung, Indonesia.
1989 – 1995 Sekolah Dasar Negeri 409, Kota Palembang, Indonesia.

PARTISIPASI SEMINAR DAN PELATIHAN

- 2019 *Clinical Workshop, Oral and Maxillofacial Trauma*. Makassar, 24 Oktober 2019.
- 2019 *2nd Indonesian Surgical Orthodontic Scientific Meeting*. Makassar, 4-7 Mei 2019.
- 2019 Seminar dan Pelatihan Dental Implant, Makassar, 5-6 Juli 2019.
- 2019 *Advance Traumatology Life Support (ATLS) 10th Edition*. Makassar, 6-8 September 2019.
- 2020 *Makassar Cleft Lip and Scientific Meeting*. Makassar, 10-11 Januari 2020.
- 2020 *Virtual International Symposium Series #1. A Surgical-Orthodontics Combined Treatment*. Seminar virtual via Zoom, 7 Juli 2020.
- 2020 *4th International Conference on Biophysical Technology in Dentistry (ICoBTD)*. Seminar virtual via Zoom, 27-29 Agustus 2020.
- 2021 *5th International Conference on Biophysical Technology in Dentistry*. Seminar virtual via Zoom, 25-27 Maret 2021.
- 2021 APAN 52, *Dental Telemedicine Session. Recent Updates of Orofacial Cleft Surgeries in Indonesia and Japan*. Seminar virtual via Zoom, 5 Agustus 2021.
- 2021 *Dental Implant, Clinical Skill Lab*. Makassar, 9-10 September 2021.
- 2021 *Laser in Dentistry, Sharing Case and Live Demo*. Makassar, 25-26 November 2021.
- 2022 Kongres Nasional 2020, Persatuan Ahli Bedah Mulut dan Maksilofasial Indonesia. Bandung, 28-30 Januari 2022.

- 2022 *9th Makassar Scientific Meeting*. Makassar, 3-6 Maret 2022.
- 2022 Workshop Fraktur Maksilofasial. Makassar, 25 Juni 2022.

PENGALAMAN KERJA

- 2010 – 2015 Dokter Gigi Tetap Pegawai Rumah Sakit Pelabuhan Jakarta
- 2015 – 2018 Manager Rekam Medis Rumah Sakit Pelabuhan Cirebon, dokter gigi Tetap Pegawai Rumah Sakit Pelabuhan Cirebon
- 2018 – 2019 Senior Asisten Supervisor Divisi Pengembangan Usaha PT Rumah Sakit Pelabuhan

KARYA ILMIAH

1. *Impacted Second Molar and Third Molar Mandible dextra and it's management: A Clinical Case Report*
2. *Management of Corpus Mandibula Dextra Favorable Fracture with Closed Methode Technique Using Erich Arch Bar IDW: A Case Report*
3. *Management of Abscess Submandible Sinistra in Child: A Case Report*
4. *Management of Submandible Abscess Sinistra Patients Accompanied by Diabetes Mellitus Type II and Hypertension Stage I: A Case Report*
5. *Management of Impacted Maxillary Caninus type IV (Yamamoto classification) with a Vestibular Approach: A Case Report*
6. *Management of Unilateral Cleft Lip with The Cronin Methode Labioplasty at Hasanuddin University Dental Hospital in 2021: Literature review and Serial case*

KARAKTERISTIK

Respon

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------|-----------|---------|---------------|--------------------|
| Valid Kontrol | 59 | 35.3 | 35.3 | 35.3 |
| Pasien | 108 | 64.7 | 64.7 | 100.0 |
| Total | 167 | 100.0 | 100.0 | |

Jenis Kelamin

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------------|-----------|---------|---------------|--------------------|
| Valid Perempuan | 73 | 43.7 | 43.7 | 43.7 |
| Laki-laki | 94 | 56.3 | 56.3 | 100.0 |
| Total | 167 | 100.0 | 100.0 | |

Pendidikan Ortu

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------|-----------|---------|---------------|--------------------|
| Valid SD | 32 | 19.2 | 19.2 | 19.2 |
| SMP | 16 | 9.6 | 9.6 | 28.7 |
| SMA/SMK | 62 | 37.1 | 37.1 | 65.9 |
| D3 | 11 | 6.6 | 6.6 | 72.5 |
| S1 | 44 | 26.3 | 26.3 | 98.8 |
| S2 | 2 | 1.2 | 1.2 | 100.0 |
| Total | 167 | 100.0 | 100.0 | |

Pendidikan Ortu

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------------------------|-----------|---------|---------------|--------------------|
| Valid Pendidikan Tinggi | 57 | 34.1 | 34.1 | 34.1 |
| Pendidikan Dasar | 110 | 65.9 | 65.9 | 100.0 |
| Total | 167 | 100.0 | 100.0 | |

Keluarga Cleft

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-----------|-----------|---------|---------------|--------------------|
| Valid | Tidak Ada | 111 | 66.5 | 66.5 | 66.5 |
| | Ada | 56 | 33.5 | 33.5 | 100.0 |
| | Total | 167 | 100.0 | 100.0 | |

Konsumsi Obat

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-----------|-----------|---------|---------------|--------------------|
| Valid | Tidak Ada | 130 | 77.8 | 77.8 | 77.8 |
| | Ada | 37 | 22.2 | 22.2 | 100.0 |
| | Total | 167 | 100.0 | 100.0 | |

Merokok

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-----------|-----------|---------|---------------|--------------------|
| Valid | Tidak Ada | 91 | 54.5 | 54.5 | 54.5 |
| | Ada | 76 | 45.5 | 45.5 | 100.0 |
| | Total | 167 | 100.0 | 100.0 | |

Konsumsi Alkohol

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-----------|-----------|---------|---------------|--------------------|
| Valid | Tidak Ada | 142 | 85.0 | 85.0 | 85.0 |
| | Ada | 25 | 15.0 | 15.0 | 100.0 |
| | Total | 167 | 100.0 | 100.0 | |

CHI SQUARE

JENIS KELAMIN

Crosstab

Count

| | | Respon | | Total |
|---------------|-----------|---------|--------|-------|
| | | Kontrol | Pasien | |
| Jenis_Kelamin | Perempuan | 36 | 37 | 73 |
| | Laki-laki | 23 | 71 | 94 |
| Total | | 59 | 108 | 167 |

Chi-Square Tests

| | Value | df | Asymptotic Significance (2- sided) | Exact Sig. (2- sided) | Exact Sig. (1- sided) |
|------------------------------------|---------------------|----|--|--------------------------|--------------------------|
| Pearson Chi-Square | 11.103 ^a | 1 | .001 | .001 | .001 |
| Continuity Correction ^b | 10.042 | 1 | .002 | | |
| Likelihood Ratio | 11.128 | 1 | .001 | | |
| Fisher's Exact Test | | | | | |
| Linear-by-Linear Association | 11.036 | 1 | .001 | | |
| N of Valid Cases | 167 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 25.79.

b. Computed only for a 2x2 table

PENDIDIKAN ORANG TUA

Pendidikan_Ortu * Respon Crosstabulation

Count

| | | Respon | | Total |
|-----------------|---------|---------|--------|-------|
| | | Kontrol | Pasien | |
| Pendidikan_Ortu | SD | 4 | 28 | 32 |
| | SMP | 8 | 8 | 16 |
| | SMA/SMK | 23 | 39 | 62 |
| | D3 | 5 | 6 | 11 |
| | S1 | 17 | 27 | 44 |
| | S2 | 2 | 0 | 2 |
| Total | | 59 | 108 | 167 |

Crosstab

Count

| | | Respon | | Total |
|-----------------|-------------------|---------|--------|-------|
| | | Kontrol | Pasien | |
| Pendidikan_Ortu | Pendidikan Tinggi | 24 | 33 | 57 |
| | Pendidikan Dasar | 35 | 75 | 110 |
| Total | | 59 | 108 | 167 |

Chi-Square Tests

| | Value | df | Asymptotic Significance (2- sided) | Exact Sig. (2- sided) | Exact Sig. (1- sided) |
|------------------------------------|--------------------|----|--|--------------------------|--------------------------|
| Pearson Chi-Square | 1.739 ^a | 1 | .187 | .232 | .126 |
| Continuity Correction ^b | 1.318 | 1 | .251 | | |
| Likelihood Ratio | 1.720 | 1 | .190 | | |
| Fisher's Exact Test | | | | | |
| Linear-by-Linear Association | 1.729 | 1 | .189 | | |
| N of Valid Cases | 167 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 20.14.

b. Computed only for a 2x2 table

KELUARGA CLEFT**Crosstab**

Count

| | | Respon | | Total |
|----------------|-----------|---------|--------|-------|
| | | Kontrol | Pasien | |
| Keluarga_Cleft | Tidak Ada | 52 | 59 | 111 |
| | Ada | 7 | 49 | 56 |
| Total | | 59 | 108 | 167 |

Chi-Square Tests

| | Value | df | Asymptotic Significance (2- sided) | Exact Sig. (2- sided) | Exact Sig. (1- sided) |
|--|-------|----|--|--------------------------|--------------------------|
|--|-------|----|--|--------------------------|--------------------------|

| | | | | | |
|------------------------------------|---------------------|---|------|------|------|
| Pearson Chi-Square | 19.219 ^a | 1 | .000 | | |
| Continuity Correction ^b | 17.745 | 1 | .000 | | |
| Likelihood Ratio | 21.285 | 1 | .000 | | |
| Fisher's Exact Test | | | | .000 | .000 |
| Linear-by-Linear Association | 19.104 | 1 | .000 | | |
| N of Valid Cases | 167 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 19.78.

b. Computed only for a 2x2 table

KONSUMSI OBAT

Crosstab

Count

| | | Respon | | Total |
|---------------|-----------|---------|--------|-------|
| | | Kontrol | Pasien | |
| Konsumsi_Obat | Tidak Ada | 55 | 75 | 130 |
| | Ada | 4 | 33 | 37 |
| Total | | 59 | 108 | 167 |

Chi-Square Tests

| | Value | df | Asymptotic Significance (2- sided) | Exact Sig. (2- sided) | Exact Sig. (1- sided) |
|------------------------------------|---------------------|----|--|--------------------------|--------------------------|
| Pearson Chi-Square | 12.506 ^a | 1 | .000 | | |
| Continuity Correction ^b | 11.166 | 1 | .001 | | |
| Likelihood Ratio | 14.443 | 1 | .000 | | |
| Fisher's Exact Test | | | | .000 | .000 |
| Linear-by-Linear Association | 12.431 | 1 | .000 | | |
| N of Valid Cases | 167 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.07.

b. Computed only for a 2x2 table

MEROKOK

Crosstab

Count

| | | Respon | | Total |
|---------|-----------|---------|--------|-------|
| | | Kontrol | Pasien | |
| Merokok | Tidak Ada | 42 | 49 | 91 |
| | Ada | 17 | 59 | 76 |
| Total | | 59 | 108 | 167 |

Chi-Square Tests

| | Value | df | Asymptotic Significance (2- sided) | Exact Sig. (2- sided) | Exact Sig. (1- sided) |
|------------------------------------|---------------------|----|--|--------------------------|--------------------------|
| Pearson Chi-Square | 10.255 ^a | 1 | .001 | | |
| Continuity Correction ^b | 9.240 | 1 | .002 | | |
| Likelihood Ratio | 10.514 | 1 | .001 | | |
| Fisher's Exact Test | | | | .002 | .001 |
| Linear-by-Linear Association | 10.193 | 1 | .001 | | |
| N of Valid Cases | 167 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 26.85.

b. Computed only for a 2x2 table

KONSUMSI ALKOHOL

Crosstab

Count

| | | Respon | | Total |
|------------------|-----------|---------|--------|-------|
| | | Kontrol | Pasien | |
| Konsumsi_Alkohol | Tidak Ada | 55 | 87 | 142 |
| | Ada | 4 | 21 | 25 |
| Total | | 59 | 108 | 167 |

Chi-Square Tests

| | Value | df | Asymptotic Significance (2- sided) | Exact Sig. (2- sided) | Exact Sig. (1- sided) |
|------------------------------------|--------------------|----|--|--------------------------|--------------------------|
| Pearson Chi-Square | 4.808 ^a | 1 | .028 | | |
| Continuity Correction ^b | 3.864 | 1 | .049 | | |
| Likelihood Ratio | 5.356 | 1 | .021 | | |
| Fisher's Exact Test | | | | .040 | .021 |
| Linear-by-Linear Association | 4.779 | 1 | .029 | | |
| N of Valid Cases | 167 | | | | |

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.83.

b. Computed only for a 2x2 table

REGRESI LOGISTIK

A. KESESUAIN MODEL

Hosmer and Lemeshow Test

| Step | Chi-square | df | Sig. |
|------|------------|----|------|
| 1 | 9.751 | 8 | .283 |

Classification Table^a

| | Observed | Predicted | | |
|--------|--------------------|-----------|--------|-----------------------|
| | | Respon | | Percentage Correct |
| | | Kontrol | Pasien | |
| Step 1 | Respon Kontrol | 38 | 21 | 64.40 |
| | Pasien | 14 | 94 | 87.03 |
| | Overall Percentage | | | 79.04 |

a. The cut value is .500

PENGUJIAN SIMULTAN

Omnibus Tests of Model Coefficients

| | Chi-square | df | Sig. |
|-------------|------------|----|------|
| Step 1 Step | 54.094 | 6 | .000 |
| Block | 54.094 | 6 | .000 |
| Model | 54.094 | 6 | .000 |

PARSIAL

Variables in the Equation

| | B | S.E. | Wald | df | Sig. | Exp(B) | 95% C.I. for EXP(B) | |
|-----------------------------------|--------|-------|--------|----|------|--------|---------------------|--------|
| | | | | | | | Lower | Upper |
| Step 1 ^a Jenis_Kelamin | .791 | .402 | 3.867 | 1 | .049 | 2.205 | 1.003 | 4.848 |
| Pendidikan_Ortu | -.069 | .408 | .029 | 1 | .865 | .933 | .419 | 2.077 |
| Keluarga_Cleft | 1.783 | .486 | 13.448 | 1 | .000 | 5.946 | 2.293 | 15.416 |
| Konsumsi_Obat | 1.719 | .602 | 8.160 | 1 | .004 | 5.579 | 1.715 | 18.146 |
| Merokok | .963 | .420 | 5.251 | 1 | .022 | 2.619 | 1.149 | 5.968 |
| Konsumsi_Alkohol | 1.977 | .665 | 8.843 | 1 | .003 | 7.220 | 1.962 | 26.573 |
| Constant | -7.545 | 1.492 | 25.589 | 1 | .000 | .001 | | |

a. Variable(s) entered on step 1: Jenis_Kelamin, Pendidikan_Ortu, Keluarga_Cleft, Konsumsi_Obat, Merokok, Konsumsi_Alkohol.