INTISARI

Bernapas lewat mulut (BLM) merupakan kebiasaan buruk rongga mulut yang sering dijumpai pada anak usia sekolah dasar. Kebiasaan ini diketahui berperan sebagai salah satu faktor risiko terjadinya maloklusi, khususnya maloklusi Angle Kelas II Divisi I yang ditandai dengan protrusi gigi anterior rahang atas dan peningkatan overjet. Anak usia 10–12 tahun berada pada periode gigi bercampur yang rentan terhadap terjadinya gangguan oklusi. Penelitian ini bertujuan untuk mengetahui prevalensi maloklusi Angle Kelas II Divisi I pada anak dengan kebiasaan bernapas lewat mulut di SD Negeri Pandeyan, Kecamatan Umbulharjo, Kota Yogyakarta.

Jenis penelitian yang digunakan adalah penelitian observasional deskriptif. Subjek penelitian adalah 28 anak berusia 10–12 tahun yang memenuhi kriteria inklusi, dengan teknik pengambilan subjek *purposive sampling*. Pengumpulan data dilakukan melalui kuesioner kebiasaan bernapas yang diisi oleh orang tua siswa serta pemeriksaan klinis untuk menilai kebiasaan bernapas dan klasifikasi maloklusi oleh residen Spesialis Kedokteran Gigi Anak. Data yang diperoleh dianalisis secara deskriptif dan disajikan dalam bentuk distribusi frekuensi dan persentase.

Hasil penelitian menunjukkan bahwa dari 28 anak yang menjadi subjek penelitian, sebanyak 3 anak (10,71%) terkonfirmasi memiliki kebiasaan bernapas lewat mulut berdasarkan pemeriksaan klinis. Dari anak dengan kebiasaan tersebut, 2 anak (66,67%) mengalami maloklusi Angle Kelas II Divisi I. Dapat disimpulkan bahwa prevalensi maloklusi Angle Kelas II Divisi I pada anak dengan kebiasaan bernapas lewat mulut di SD Negeri Pandeyan tergolong tinggi, sehingga diperlukan upaya skrining dan deteksi dini kebiasaan bernapas lewat mulut pada anak usia sekolah dasar untuk mencegah terjadinya gangguan oklusi yang lebih berat.

Kata Kunci: Bernapas lewat mulut, maloklusi Angle Kelas II Divisi I, anak usia 10-12 tahun

ABSTRACT

Mouth breathing is considered an oral deleterious habit that is frequently found in elementary school–aged children. This habit has been identified as one of the risk factors for the development of malocclusion, particularly Angle Class II Division 1 malocclusion, which is characterized by protrusion of the maxillary anterior teeth and increased overjet. Children aged 10–12 years are in the mixed dentition period, which is considered vulnerable to the occurrence of occlusal disturbances. This study was conducted to determine the prevalence of Angle Class II Division 1 malocclusion among children with mouth breathing habits at Pandeyan State Elementary School, Umbulharjo District, Yogyakarta City.

A descriptive observational study design was employed. The research subjects consisted of 28 children aged 10–12 years who met the inclusion criteria and were selected using a purposive sampling technique. Data were collected through a breathing habit questionnaire completed by parents and through clinical examinations performed by pediatric dentistry residents to assess breathing patterns and malocclusion classification. The collected data were analyzed descriptively and presented in the form of frequency distributions and percentages.

The results showed that out of 28 children included in the study, 3 children (10.71%) were clinically confirmed to have mouth breathing habits. Among these children, 2 children (66.67%) were found to have Angle Class II Division 1 malocclusion. It can be concluded that the prevalence of Angle Class II Division 1 malocclusion among children with mouth breathing habits at Pandeyan State Elementary School was relatively high; therefore, screening and early detection of mouth breathing habits in elementary school–aged children are considered necessary to prevent more severe occlusal disturbances.

Keywords: Mouth breathing, Angle Class II Division 1 malocclusion, children aged 10–12 years