

Diet of Gastritis Patients in Beka Village

Andi Nur Indah Sari¹, Fanny Metungku², Niswa Salamung³, Chely Veronica Mauruh⁴
^{1,2,3,4} Sekolah Tinggi Ilmu Kesehatan Indonesia Jaya Palu, Indonesia
¹Corresponding author : sari.aidm@gmail.com

ABSTRACT

Introduction: Globally, Indonesia ranks fourth with the highest number of gastritis sufferers. The most common cause is an infection with the *Helicobacter pylori* bacteria which causes inflammation of the stomach. One of the causes of this gastritis is a poor diet. The aim of this research is to know the diet of gastritis patients in Beka village.

Method: This type of research is descriptive research. The population in this study were all 35 gastritis sufferers in Beka Village. The sample in this study was the entire population used as a sample in Beka Village, amounting to 35 people. The sampling method was non-probability sampling with a total sampling approach model.

Result: The results showed that of the 35 respondents, 60% of the food patterns were good and 40% less good. It is hoped that gastritis patients can improve their diet so that they can reduce the recurrence of the disease.

Conclusion: more gastritis patients have a bad diet. It is hoped that gastritis patients can improve their diet for the better so that it can reduce disease recurrence and complaints experienced by patients.

Keywords: *Diet; Gastritis; Patient.*

Introduction

Gastritis is an inflammatory process in the mucosa and sub-mucosa of the stomach or health problems caused by irritation and infection. Most cases of gastritis do not permanently damage the lining of the stomach but someone who has gastritis often has a recurrence that results in pain in the stomach.

The World Health Organization (WHO) in 2013 conducted a review of several countries in the world and got the percentage results of the incidence of gastritis in the world, including England 22%, China 31%, Japan 14.5%, Canada 35%, and France 29, 5%. In the world, the incidence of gastritis is around 1.8-2.1 million of the total population each year. The incidence of gastritis in Southeast Asia is around 583,635 of the total population each year.

Globally, Indonesia ranks fourth with the highest number of gastritis sufferers, amounting to 430 million gastritis sufferers. The incidence of gastritis in Indonesia is quite high. The results of research and observations conducted by the Ministry of Health of the Republic of Indonesia, the incidence of gastritis in several cities in Indonesia, reached 91.6%, namely Medan city, then in several other cities such as Surabaya 31.2%, Denpasar 46%, Jakarta 50%, Bandung 32.5%, Palembang 35.35%, Aceh 31.7%, and Pontianak 31.2%. In 2009, gastritis was one of the diseases in the top ten diseases in hospitalized patients in hospitals throughout Indonesia and affected more women than men with 30,154 cases (Depkes RI, 2010).

Central Sulawesi Province itself, in 2016 Gastritis was ranked 2nd out of 10 most diseases with a total of 116,256 cases (11.22%). This number increased in 2017, namely 173,026 cases (Profile of the Central Sulawesi Health Office, 2017). Meanwhile, for the city of Palu in 2017, gastritis was in the second place for non-communicable diseases with 18,056 sufferers. (Profile of Palu City Health Office, 2017).

Previous research conducted by Syafi'i and Dina regarding the factors associated with the incidence of gastritis in patients who were treated at the puskesmas found that the results of this study were that everyone should maintain their eating habits as recommended. Where, getting used to eating regularly every time, reducing consumption of spicy types of food and avoiding fizzy drinks if the eating habits factor has been maintained according to the time, the incidence of gastritis will be avoided so that the quality will also increase. The eating habit is divided into 3 times, namely

breakfast, lunch, and dinner. The three times of eating should not be neglected because food determines the body's work every morning.

Method

This type of research is descriptive research, namely research that describes the phenomenon of the variables studied. This study aims to describe the dietary pattern of gastritis patients in Beka Village, Sigi Regency. The research was conducted in November in Beka Village, Sigi Regency. The population in this study were all people affected by leprosy in Beka Village, amounting to 35 people. The sample in this study was the entire population as a sample in Beka Village, amounting to 35 people. The sampling method was non-probability sampling with a total sampling approach model.

Result

The diet of respondents in this study consisted of good and bad can be seen in the table below.

Table 1 Frequency distribution based on diet in patients with gastritis in Beka Village

No	Diet	Frequency	Percentage (%)
1	Not Good	21	60
2	Good	14	40
	Total	30	100

Source: Primary Data, 2020

Table 1.1 shows that of the 35 respondents, 40% of the respondents have a good eating pattern and 60% have not good.

Discussion

The results showed that of the 35 respondents, 21 people (60%) had not good diet and 14 people (40%) had good. According to the assumption of the researcher, the dietary pattern of gastritis sufferers is more in the bad category, namely 21 respondents (60%) and most of the respondents work as IRT, where the work of the IRT itself spends more time with busy taking care of the household, so most of the respondents Not good at paying attention to the frequency and schedule of eating, this is due to too much work so that it affects the timing of eating and also the appropriateness of the portion of food that should be consumed in a day.

This study is in line with the research of Rahma, et al. (2013) which shows that there are more respondents with inappropriate eating frequencies such as never having breakfast, eating only twice a day, not consuming as much distraction (58.7%) compared to the frequency of eating the same. correct / appropriate, this is because most respondents only eat complete meals two times, day and night, whereas the right thing is to eat complete meals three times a day, while for a snack, some respondents are unable to fulfill a snack at least three times a day.

From the results of observations made by the researcher, respondents often do not eat 3 times a day, the portion of the meal is sometimes small and sometimes a lot and sometimes a lot, and types of food that tend to cause gastritis such as eating spicy, sour food, often consuming instant food A questionnaire that shows the respondents' bad eating habits, such as eating less than 3 times a day, eating when hungry, spicy food, instant and sour food, most respondents said consuming spicy, sour, eating instant food, eating when hungry and eating less than 3 times a day. a day, respondents also often have no appetite or tend to be bored with the existing menu.

According to Hudha's theory (2012), the things above can affect eating patterns, namely the ways or behavior that a person or group of people takes in choosing, using food ingredients in food consumption every day which includes the frequency of eating, the portion of the meal, and the type of eating that is based on factors - social factors, culture in which they live. This is supported by previous research conducted by Bagas (2016) regarding the relationship between diet and the incidence of gastritis in adolescents at the Al-Hikmah Trayon Karanggede Islamic Boarding School, Boyolali, which is known that 20 respondents (66.7%) had a bad diet, and respondents with a good diet as many as 10 respondents (33.3%) can be interpreted by two times that of the respondents with a good diet. Researchers argue that respondents often ignore eating badly and do not prevent gastritis as an effort to avoid gastritis disease. And respondents often consume foods that tend to cause gastritis.

Conclusions

Based on the results of the study, the conclusion in this study is that more gastritis patients have a bad diet. It is hoped that gastritis patients can improve their diet for the better so that it can reduce disease recurrence and complaints experienced by patients.

References

- Almatsier, Sunita. (2010) *Prinsip Dasar Ilmu Gizi*. Jakarta: Gramedia Pustaka Utama.
- Angkow J. (2014) *Faktor-faktor yang Berhubungan dengan Kejadian Gastritis di Wilayah Kerja Puskesmas Bahu Kota Manado* : Program Studi Ilmu Keperawatan Fakultas Kedokteran Universitas Sam Ratulangi Manado
- Bayer, (2004) *Medical Nutrition Therapy for Upper Gastrointestinal tract Disorders*. Philadelphia : Saunders
- Baliwati, Y. (2004) *Pengantar Pangan dan Gizi*. Jakarta : Penebar Swadya
- Brunner & Suddarth, 2013. *Buku Ajar Keperawatan Medikal Bedah Edisi 8*. Jakarta: Penerbit EGC.
- Dinas Kesehatan (Dinkes) Kota Palu (2017) Dinas Kesehatan Kota palu Sulawesi Tengah. Dinas Kesehatan Kota Palu Sulawesi Tengah.
- Departemen Kesehatan, Republik Indonesia (2010) Profil Kesehatan Republik Indonesia. Jakarta.
- Ehrlich,SD.(2011).Gastritis.<http://www.umm.edu/almed/articles/gastritis000067.htm#ixzz1xjJUAWU2>.
- Hadi, S. (2013) *Gastroenterologi*. Bandung: PT Alumni. Bandung
- Hirlan. (2009) *Gastritis dalam Ilmu Penyakit Dalam*. Jakarta: Balai penerbit FKUI
- Hidayat, A. A. (2011). *Metode Penelitian Kebidanan dan Tehnik Analisa Data*. Jakarta: Penerbit: EGC.
- Harun Riyanto. (2008) *Gambaran Pengetahuan Klien Tentang Gastritis Di RSUD FI Tobing Shibolaga*. Depok: FKM.
- Kementrian Kesehatan RI. (2009) *Profil Kesehatan Indonesia Tahun 2009*. Kementrian Kehatan RI. Jakarta
- Kusnadi, (2003) *Prinsip Prosedur dan Metode Penelitian*, Malang : Universitas Brijwijaya
- Mansjoer A. (2010) *Kapita Selekta Kedokteran*, Edisi 4. Jakarta: Media Aesculapius.
- Puskesmas Marawola. (2020) *Dokumen Data dan Informasi*. Puskesmas Marawola Kecamatan Marawola Kabupaten Sigi.

- Misnadiarly. (2009) *Mengenal Penyakit Organ Cerna*. Jakarta: Rineka Cipta.
- Notoatmodjo (2012) *Metode Penelitian Kesehatan*. Jakarta : Rineka Cipta.
- Panggabean P, Wartana K, Subardin, Sirait E, Rasiman NB, Pelima R.V. 2017. *Pedoman Penulisan Proposal Skripsi*. STIK-IJ. Palu.
- Olfa. (2004) *Beberapa Faktor Resiko yang Berhubungan dengan Kejadian Gastritis Pada Pasien RS. Dr. Wahidin Sudirohusodo Makasar*. Universitas Hasanudin: Fakultas Kesehatan Masyarakat.
- Price, S, Lorraine, M. (2012) *Patofisiologi, Konsep Klinis Proses-Proses Penyakit. Volume 1. Edisi 6*. Jakarta: EGC.
- Rahma M. (2013) Faktor Resiko Kejadian Gastritis di Wilayah Kerja Puskesmas Kampili Kabupaten Gowa Makasar : Bagian Epidemiologi Fakultas Kesehatan Masyarakat Universitas Hasanudin Makasar
- Rosniyanti, 2010. *Pengaruh Kebiasaan Merokok, Konsumsi Non Steroid Anti Inflammatory Drugs (NSAID) dan Kopi Terhadap Kejadian Gastritis di Puskesmas Mulyojero Surabaya*.
- Saydam, G. (2011) *Memahami Berbagai Penyakit*. Bandung : Alfabeta
- Sediaoetama, Djaeni. (2010) *Ilmu Gizi*. Jakarta: Dian Rakyat.
- Smeltzer, Suzanne C. (2010). *Buku Ajar Keperawatan Medical Bedah Brunner and Suddarth, Ed. 8*. Jakarta: EGC.
- Suratun, L. (2010) *Asuhan Keperawatan klien gangguan Sistem Gastrointestinal*. Jakarta: Trans Info Media.
- Sukarmin, (2012) *Keperawatan pada System Pencernaan*. Yogyakarta: Pustaka Pelajar
- Sulistyoningsih, H. (2011) *Gizi untuk Kesehatan Ibu dan Anak*. Yogyakarta: Graha Ilmu.
- Zenab D. Dai. (2013) Hubungan kebiasaan makan dengan kejadian gastritis Di Puskesmas Tamalate Kecamatan Kota Timur Kota Gorontalo. Program Studi Ilmu Keperawatan Fakultas Ilmu Kesehatan dan Keolahragaan, Universitas Negri Gorontalo.