1. MUHAMAD DEMI PRAKARSA (1711226006)
2. RENI AYU INDOKA (1711226005)

CONVERSATION SCIENTIFIC PAPER

**SOME FACTORS RELATE TO GASTRITIS INCIDENT ON
PATIENTS IN INTERNAL DISEASE INPATIENT ROOMS
RSU MAYJEN H.A. THALIB KERINCI 2015**

OUTLINE

CHAPTER I: INTRODUCTION

CHAPTER II: LITERATURE REVIEW

CHAPTER III: RESEARCH METHODS

CHAPTER IV: RESEARCH RESULTS
AND DISCUSSION

CHAPTER V: CONCLUSION AND
RECOMMENDATION

CHAPTER I INTRODUCTION

A. BACKGROUND

WHO

Gastritis is a disease that is very disturbing human activity and if not handled properly can be fatal.

Clinical

Acute
Gastritis

Chronic
Gastritis

Broad
outline

Internal
Substance

External
Substance

GLOBALIZATION ERA

Science & Tech. Improvement

Lifestyle changes

Diet and eating habits

Irregular eating schedule

Excess acid and will irritate the stomach wall

The appearance of pain and nausea

PRECEDING RESEARCH

- > 50% → (female) & (age $\geq$ 40 year)
- A significant relationship between stress and eating habits
- 70% of the respondents were women
- There is a relationship between diet with incidence of gastritis
- Knowledge has a significant relationship to symptoms of gastritis
- Significant association between family support and incidence of gastritis

WORLD HEALTH ORGANIZATION

Percentage of Gastritis Occurrence Rate

In the world of gastritis incidence is about 1.8-2.1 million of the population every year.

The incidence of Gastritis in Southeast Asia is about 583,635 of the population annually

Endoscopy: Prevalence of Gastritis in the East more (17.2%) than in the West (4.1%)

WORLD HEALTH ORGANIZATION

Percentage of Gastritis Occurrence Rate

Medan 51,6%

Denpasar 46%

Surabaya 31,2%

The incidence
rate of Gastritis
in Indonesia is
40.8%

The incidence of gastritis in Indonesia is quite high with the prevalence of 274,396 of 238,452,952 residents.

Indonesia Health Profile

Gastritis = 10 most diseases in hospitalized patients at Hospital

Data of Jambi Provincial Health Office

Gastritis ranks 8th out of 10 disease in Jambi province (11.18%)

Number of Patients RSU
MHAT Kerinci

B. Problem Formulation

Based on the background

what are the factors associated with the incidence of gastritis in RSU MHAT Kerinci 2015.

C1. General purpose

To know the factors related to the incidence of gastritis in RSHAT MHAT Kerinci 2015.

C2. Special purpose:

- a. To find out **dietary distribution** of gastritis patients
- b. To find out **knowledge distribution** of gastritis patients
- c. To find out **distribution of family support** gastritis patients
- d. To find out relationship of **diet** with the **incidence of gastritis** patients
- e. To find out the relationship of **knowledge** with the **incidence of gastritis** patients
- f. To find out the relationship of **family support** to the **incidence of gastritis** patients

CHAPTER II

LITERATURE REVIEW

A. Theoretical basis

1. Gastritis

- a. Definition
- b. Clasification
- c. Etiology
- d. Pathophysiology
- e. Risk Factors of Gastritis
- f. Clinical Manifestations
- g. Diagnosis
- h. Complications
- i. Management
- j. Tests for Enforcing Gastritis Diagnosis
- k. Health Education in Gastritis Patients

2. Diet on Gastritis

- a. Definition
- b. Goals and dietary requirements
- c. Various diets and indications are given

3. Knowledge

- a. Definition
- b. Knowledge level
- c. Factors Influencing Knowledge

4. Family Support

- a. Definition
- b. The main function of the family
- c. Family Duties in the Field of Health
- d. Forms of Family Support

B. Theoretical framework

C. Conceptual framework

Diet:

1. Type of Food
2. Regularity of Eating

Knowledge

Family Support

Gastritis

D. HYPOTHESES

1. There is a relationship of diet with the incidence of gastritis in RSU MHAT Kerinci 2015.
2. There is a relationship of knowledge with the incidence of gastritis in RSU MHAT Kerinci 2015.
3. There is a relationship of family support with the incidence of gastritis in Major General H.A. Thalib Kerinci Year 2015.

CHAPTER III

RESEARCH METHOD

A. Research Design

- ✗ Analytical research
- ✗ This research is *cross sectional study* by using accidental sampling method.

B. Location and Time of Study

- ✗ Internal Disease Inpatient Rooms RSU MHAT Kerinci
- ✗ It starts from October 2014 until June 2015

C. Population and Sample

1. Population

All gastritis patients are treated in Internal Disease Inpatient Rooms RSU MHAT Kerinci 2014

2. Sample

With the finite formula, so the number of samples is 31 people.

D. Types and ways of data collection

1. Primary data
2. secondary data

E. Processing techniques and data analysis

1. Editing
2. Coding
3. Entry
4. Cleaning

F. Data analysis technique

1. Univariate analysis
2. Bivariate analysis

CHAPTER IV

D. GASTRITIS CATEGORY

A. AGE

AGE CATEGORY	n	%
< 30 years	6	19,4
30 - 49 years	11	35,4
50 – 65 years	8	25,8
>65 years	6	19,4
Total	31	100.0

B. GENDER

GENDER	n	%
Female	24	77.4
Male	7	22.6
Total	31	100.0

C. GASTRITIS HISTORY

Gastritis History	n	%
There	20	64,5
There is no	11	35,5
Total	31	100.0

G. DIET

Diet	n	%
Not good	26	83,9
Good	5	16,1
Total	31	100.0

F. KNOWLEDGE LEVEL

Knowledge Level	n	%
Lack	14	45,2
Moderate	15	48,2
Good	2	6,5
Total	31	100.0

I. FAMILY SUPPORT

Family Support	n	%
Lack	11	35,5
Moderate	18	58,1
Good	2	6,5
Total	31	100.0

UNIVARIATE ANALYSIS

Type of Food	Regularity of Eating	Diet	n	%
Good	Good	Good	5	16,1
Good	Not good	Not good	3	9,7
Not good	Good	Not good	4	12,9
Not good	Not good	Not good	19	61,3

BIVARIATE ANALYSIS (I)

Gastritis	Diet				Total	
	Not good		Good			
	n	%	n	%	n	%
Chronic	16	100	0	0,0	16	100
Acute	10	66,7	5	33,3	15	100
Total	26	83,9	5	16,1	31	100

Chi Square test

p=0,018

BIVARIATE ANALYSIS (II)

Gastritis	Knowledge						Total	
	Lack		Average		Good			
	n	%	n	%	n	%	n	%
Chronic	11	68,8	5	31,3	0	0,0	16	100
Acute	3	20,0	10	66,7	2	13,3	15	100
Total	14	45,2	15	48,4	2	6,5	31	100

Chi Square test

p=0,016

BIVARIATE ANALYSIS (III)

Gastritis	Family Support						Total	
	Lack		Average		Good			
	n	%	n	%	n	%	n	%
Chronic	8	50,0	6	37,5	2	12,5	16	100
Acute	3	20,0	12	80,0	0	0,0	15	100
Total	11	35,5	18	58,0	2	6,5	31	100

Chi Square test

p=0,044

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

A. CONCLUSION

- ❖ Most of the respondents (83.9%) have a **bad diet**.
- ❖ Almost half of respondents (48.2%) have **moderate knowledge** of gastritis.
- ❖ More than half of respondents' families (58.1%) have support in the **moderate category**.
- ❖ There is a significant relationship between diet with gastritis incidence ($p \leq 0.05$).
- ❖ There was a significant relationship between the patient's knowledge of gastritis and the incidence of gastritis ($p \leq 0.05$).
- ❖ There was a significant relationship between family support and the incidence of gastritis ($p \leq 0.05$).

B. SUGGESTIONS

- Expected to the **nutritionist** in the inpatient room:
to provide counseling or consultation about a good diet for people with gastritis both in terms of food and eating regularity so that the pattern of eating and knowledge of patients for the better.
- It is expected that the **patient's family:**
should be more supportive of the gastritis patients both emotionally, materially, informatively, and appreciatively so that the patient feels comfortable and the burden suffered by the patient can be reduced.
- For **further research**
to see more about aspects of patients suffering from chronic and acute gastritis, such as a history of gastritis, how long the patient has gastritis, and others.

Thank You !