

Mitigation of Gastrointestinal Disorders Through Community Health Education

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ABSTRACT

Dyspepsia is a non-communicable condition that occurs globally, not solely in Indonesia. Dyspepsia is a syndrome characterised by pain or discomfort associated with heartburn, bloating, nausea, vomiting, belching, rapid satiety, and a sensation of fullness. This community service seeks to enhance awareness and perceptions among the regional community. The strategy is implemented to avoid dyspepsia via health counselling and the dissemination of informational pamphlets, which facilitate the adoption of healthy living practices through the maintenance of a proper diet and lifestyle. Students and a group of lecturers carried out this community service initiative. The outcome of community service is that the community comprehends dyspepsia and its prevention. The completion of this community service activity indicates a rise in community knowledge and attitudes. The majority of participants engaged in counselling activities by attentively considering the provided material and enquiring for further clarification when desired.

Keywords: Dyspepsia; Health Education; Dyspepsia Prevention

INTRODUCTION

Public awareness and understanding regarding the maintenance of stomach health to prevent dyspepsia remain significantly inadequate. Dyspepsia is a non-communicable condition that occurs globally, not solely in Indonesia. Dyspepsia affects 13to40% of the global population annually. Dyspepsia is a digestive ailment characterised by symptoms such as pain or discomfort, heartburn, bloating, nausea, vomiting, and burping, as well as a rapid sensation of fullness in the stomach. This condition can lead to an imbalance in metabolic processes, affecting all biochemical events in the body, including food requirements. Dyspepsia results from irregular eating patterns that provoke gastrointestinal issues and disrupt digestion. This

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irregularity pertains to mealtimes, characterised by episodes of excessive hunger and, at times, excess satiety (Porter et al., 2011). Moreover, additional factors that stimulate excessive gastric acid secretion encompass several substances, including alcohol, typical analgesics, and acetic acid.

People tend to consume acidic foods and beverages, along with spicy foods and stimulating spices. Stress levels, irritating foods and beverages, and a history of the condition (gastritis and peptic ulcers) influence the onset of dyspepsia. The use of certain meals and beverages, including spicy and acidic items, as well as tea, coffee, and carbonated drinks, may elevate the risk of dyspepsia symptoms. The presence of prolonged meal intervals and dietary abnormalities is closely associated with the onset of dyspepsia. Irregular meals frequently pose an issue among adolescents. Intense engagement both in academic settings and extracurricular activities leads to irregular eating patterns (Balbale et al., 2017). Due to the persistent deficiency in public comprehension of dyspepsia and its prevention, it is imperative to impart this knowledge from an early age through community health education. Consequently, we conduct community service initiatives focused on education to enhance health, centred on the topic of dyspepsia disorder prevention in the community.

RESEARCH ELABORATIONS

The techniques employed in the execution of this community service are: Field Observation Phase The preliminary phase of the activity involves field observation and collaboration with partners. At this juncture, licensing is also conducted for the execution of activities. This assignment requires students to align their perceptions of the program's objectives and targets with those of the community from the outset. Counselling Programme Phase The subsequent phase involves introducing the team to the community, followed by the implementation of activities that provide counselling materials aimed at preventing dyspepsia disorders from an early age through health education. The Community Discussion Stage provided the opportunity to ask the team questions about preventing dyspepsia diseases from a young age.

RESULTS AND DISCUSSIONS

Students and a group of lecturers spearheaded this community service initiative. This initiative is to promote community health by educating the public to diminish the prevalence

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of dyspepsia and to prevent its onset at an early age. It will be implemented in 2022. Twenty-five individuals from the community participated in this service activity. The team leader began the counselling by presenting materials to the community members involved in community service activities. A question and answer session will follow. The objective of this effort is to educate the community on dyspepsia prevention, with the expectation that the work will lead to improved behavioural changes in preventing the condition. The community service conducted has revealed that the general public understanding of dyspepsia is insufficient. Numerous enquiries about stomach problems, particularly dyspepsia, demonstrate this. Gastric diseases can affect individuals of any gender; however, men exhibit a greater tolerance for pain and other symptoms associated with these conditions compared to women. Such behaviour will facilitate women's awareness of stomach problems, such as gastritis, more than men. Furthermore, from a hormonal perspective, women exhibit greater reactivity than men. Hormonal processes can influence gastric acid secretion. The gastrin hormone, upon stimulation, acts on the gastric gland, resulting in an increased secretion of highly acidic stomach juice (Arora et al., 2010).

One contributing element to the beginning of dyspepsia is inconsistencies and delays in breakfast consumption. Breakfast is essential as a source of energy for morning activities. Consistent breakfast consumption is a beneficial practice when it becomes habitual. Specific meals and beverages can also elevate stomach acid levels (Black et al., 2020). Moreover, additional elements that induce excessive gastric acid secretion encompass several substances, including alcohol, common analgesics, acetic acid, acidic consumables, spicy cuisine, and stimulating spices. Consuming food rapidly results in increased intestinal gas production. Specific food and beverage items, including carbonated drinks, durian, mustard greens, jackfruit, cabbage, glutinous rice, noodles, cassava, and taro, may induce flatulence. Sweet meals like tarts and fatty foods such as cheese and fried items are slow to digest, leading to hypersecretion of gastric juices, which may result in abdominal pain. Proper dietary management and avoidance of late meals can effectively prevent dyspepsia. Furthermore, minimise your consumption of spicy foods and carbonated beverages. The enhancement of public comprehension is intrinsically linked to the collaboration executed by the community service team during this initiative, particularly in disseminating information regarding dyspepsia. This aligns with the counselling undertaken, which indicates that the majority of those who had counselling experienced improvement in dyspepsia post-counselling compared to their condition prior to counselling (Porter et al., 2011). The provision of counselling materials is adequate not only via the supply of resources and definitions but also via the distribution of leaflet media.

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CONCLUSIONS

This community service action demonstrates a grasp of dyspepsia and its prevention. This community service initiative demonstrates a rise in public awareness. The majority of participants engaged actively in counselling activities by attentively considering the offered content and posing queries for more clarification.

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