



This work is licensed under

[a Creative Commons Attribution-NonCommercial 4.0 International License.](https://creativecommons.org/licenses/by-nc/4.0/)

Self Efficiency of Obese People in Establishing Healthy Eating Pattern in Working Area of Rapak Mahang Public Health Center at Tenggaraong Subdistrict of Kutai Kartanegara Regency

Rosdiana

anahanur@gmail.com

Keywords :

self efficacy, obesity, diet

ABSTRACT

Obese people in the area of Rapak Mahang Public Health Center Experience Improvement in the last 3 years, in 2014 there were 47 people, in 2015 there were 51 people, and in 2016 there were 90 people. This study aims to determine the self efficacy of obese people in implementing a healthy diet. Place of research was in working area of Rapak Mahang Public Health Center of Tenggaraong Subdistrict. Qualitative research methodology with Grounded Theory approach, using in-depth interviews on 11 informants consisting of 5 obese people, 5 parents of obese and 1 School Health Unit Coordinator and Youth. From the results of the study can be known the occurrence of obesity in patients due to unhealthy eating patterns, excessive eating, and the frequency of eating was very close. Then obese people do not have confidence about his ability in organizing themselves to set healthy eating patterns such as portions and the right frequency of eating.

INTRODUCTION

The pattern of disease incidence in today has undergone marked changes in the epidemiological transition. Broadly speaking, the epidemiological transition characterized by changing patterns of disease and death which was originally dominated by infectious diseases to switch to non-infectious diseases (non-communicable disease) or non-communicable diseases. Changes in disease patterns strongly influenced by demography (education, age, and sex), socioeconomic (income) and socio-cultural (Rahajeng, 2012).

Indonesian Minister of Health Regulation No. 63 of 2015 concerning the inclusion of the information content of sugar, salt and fat and health messages for processed food and fast food is quite clear. In Article 2 states that the inclusion of the information content of sugar, salt and fat and health messages on Processed Food and food ready to eat intended to reduce the risk of the incidence of non-communicable diseases, especially hypertension, stroke,

diabetes and heart attacks through increased consumer knowledge to the intake consumption of sugar, salt, and / or fat in Processed Food and Fast Food.

Obesity is a change in body shape which is certainly not desired by everyone. Obesity occurs when the total intake of calories contained in the food exceeds the number of calories burned in the process metabolism (Hasdianah et al, 2014). According to WHO, 2014 Obesity is defined as abnormal or excessive fat accumulation that can harm health. Obesity has an impact on child development, especially aspects of psychosocial development. In addition, childhood obesity are at high risk of becoming obese in adulthood and potentially experience a variety of illness and death among other cardiovascular diseases, diabetes mellitus, and others. According to WHO, a person is called obese when BMI (Body Mass Index) more than normal or called obese if $BMI > 25.0$. BMI is a number that is obtained from the weight in kilograms divided by height in meters squared.

According to the World Health Organization there are 2.3 billion people are overweight, in 2015 as many as 700 of them were classified as obesity. According to data from the profile Indonesia Health Research in 2014 there were 32.16% of Indonesia's population is obese, according to the WHO in the premises while in 2015 there were 700 million people suffer from obesity.

East Kalimantan Provincial Health Department in 2014 said that the number of obesity in east Kalimantan quite large. For the male patient number 293 025, 389 295 women at the age of 5-18 years. In the district of Kutai own in 2016, the number of obese people as many as 1,442 patients. Based on data from schools networking in Tenggarong, Rapang Mahang Health Center in Kutai regency in 2014 states that people with obesity were 47 people, 2015 people with obesity were 51 people, and in 2016 were 90 people. Problems often arise in self obesity is self-efficacy. An individual belief regarding its ability to organize and complete a task that is required to achieve specific results, as well as in performing a healthy diet.

Aim

Knowing diet of obese individuals in Rapak Mahang Health Center Tenggarong, Kutai Kartanegara regency in 2017.

METHOD

This type of research was a qualitative research with Grounded Theory approach.

Place and Time Research

The research carried out at the home of obese people who are live in area of Rapak Mahang Health Center of Tenggara Kutai Kartanega regency which is held in June 2017.

Data Analysis Techniques

Guide since entering the field to determine the focus of research. Data analysis in qualitative research carried out at the time of data collection in the field, after the completion of data collection in a particular period. Even at the time of the interview, it should be an analysis of the answers of the interview. According Sugiyono (2009), suggests that activity in the qualitative data analysis performed interactively and continuously to completion, so that the data is already saturated. Stages in data analysis, namely data reduction (reduction of data), the data display (presentation of data) and the conclusion (verification).

Data validity

Triangulation technique most widely used is the examination through other sources. With Triangulation source, researchers Can to recheck its findings by asking questions and comparing with other sources so that there are no gaps or differences in information. Triangulation done in an effort to recall back memories of informants and seek unity of mutual support between the information that the informant with other informants.

Operationalization

Objective	Dimension	Domain	Data Source	Data Collection System
-----------	-----------	--------	-------------	------------------------

To analysis diet of obesity people	The amount of food	<ul style="list-style-type: none"> a. A large portion of appetizers b. A large portion of the main food c. A large portion of the dessert d. A large portion of food cravings e. Study time eat appetizer, main, dessert and snack 	<ul style="list-style-type: none"> 1. Obese people 2. Parents obese 	<ul style="list-style-type: none"> 1. Interviews 2. Observation
------------------------------------	--------------------	---	---	---

RESULTS AND DISCUSSIONS

Results

Base on the data the informant of this research were 11 people. They were 5 people with obesity, 5 parents of obese and 1 UKS and Youth Coordinator at Rapak Mahang Health Center in Tenggara.

Criteria informants in this study visits by eating and meal frequency. Based on the results of interviews conducted by the authors in the obese who are in Rapak Mahang Health Center, portions and frequency of eating is one of the triggers of obesity in people is happening in the habit of adjusting the diet.

a. Portions Eat Appetizers

The interviews results with informants showed that portion of the eating habits pretty much appetizers, such as fried foods at 4 to 6 servings of grains, cassava keriping one toplek being, snack packaging (wafer chocolate, biscuits, candy and other packaged snacks). The informant did not notice and pay attention to the nutritional content of the food, for the informant appetizers is a custom that has always done, in addition to its function to block the hunger is also a hobby or pleasure felt when snacking on something before the main meal eating

schedule. This has become one of the factors of obesity in children. Based on interviews with informants, as follows;

***"Biasanya sih makanan pembukanya yaa gorengan itu biasanya 4 atau 6 biji tapi tergantung sih mbaaa,,jajanan apa yang tersedia."*(W.B.SNJ.11)**

Parents of obese people are always allowed her son to eat appetizers with a considerable portion.

b. The portion of eating Seafood main

The interviews results with informants showed that eating the main meal quite a lot, such as: eat more than a plate of rice, 2 pieces of chicken or two pieces of fish. the main meal prepared and served by the mother of informants, so that the menu presented always his favorite food, this is what can increase their appetite thus become influential in the occurrence of obesity in patients. obese people also consider that the food eaten only in the portion of any standard but in fact the food was in excess of standards ada.Berdasarkan interviews with informants:

"Makanan utamanya sih lumayan banyak,, kalo makan ayam tu kadang 2, kadang ikan satuuu,," (W.B.SNJ.15)

"1 sampai 2 piring juga sih porsinya mungkin eee,, kadang kalo lagi enak juga bisa juga sih nambah-nambah dikit gitu." (W.B.N.18)

c. Portions Eat Desserts

From interviews with informants serving the dessert, that the informant at the time after eating a main meal only drink iced tea, iced lemon white atau air not followed by dessert. Based on interviews with informants as follows:

"Gak pake makanan penutup, biasanya langsung minum es teh, es jeruk atau air putih aja soalnya kan udah kenyang." (W.A.ABW.17)

d. Portions Eat Snack

From interviews with informants eating finger foods every day pretty much in number and variety, such as: chocolate, ice cream, snacks and a bulb that is easy to reach by informants. Snack menu is a favorite food of informants.

"Nah kalau cemilan sebrapa banyak saya beli dan saya makan kak."(W.A.ABW.18)

e. Frequency Spot

From interviews with informants obesity that, within mealtime depends on the willingness of its own. Sometimes the interval meal in a matter of minutes between 5 to 10 minutes for the distance mealtime appetizer and main meal or it can be in a matter of hours as 1 or 2 hours after eating a main meal and then eat snacks. Based on interviews with informants:

“Nah kalau dari makanan makanan pembuka ke makanan utama jaraknya gak jauh kak,, itungan menit aja,, mungkin cuman 5 menit aja,, habis tu udah deh aku makan nasi kak,, terus kalo jarak makanan utama kepenutup gak ad aka karna ak gak pake penutup, kalo nyemil sejam atau dua jam habis makan biasanya aku langsung nyemil-nyemil kak,, kadang juga minum-minum es sambil nyemil.” (W.A.ABW.26)

Discussion

Based on the results of interviews conducted by the authors in 5 obese people in the homes of people who were in Rapak Mahang Health Center of Tenggara District, which is about diet, such as eating appetizers, eating the main meal, eating dessert, eating finger foods and the frequency of eating.

A diet that trigger obesity is to eat large meals (in excess of needs), eat high-energy, high-fat, high simple carbohydrates, and low in fiber. Meanwhile, wrong eating behavior is an act of eating foods with excessive amounts without balanced with energy expenditure are balanced, one form of physical activity (exercise).

Based on interviews to people with obesity to eating their entrees can be quite a lot because of the food they eat and the amount also varies quite a lot, such as: Fried food, once ate can be 4 to 6 Fried food, sometimes one kilogram cassava chips .Based on the results of triangulation of the obese mothers also say the same thing. Even occasional sufferers mother who prepares his favorite foods, such as fried foods and prepare cassava chips in jars, because if there is no son often asked is prepared.

It is already a habit of obese people, if there are no appetizers patient felt his stomach ached from hunger, cannot focus in doing something and feel something is missing, so for people with appetizers obliged to exist.

After eating a meal of appetizers followed by a main meal. The interval between eating appetizers and eat a main meal is also not far away. Only about 5 or 10 minutes is followed by eating the main meal. Obese people said the food was edible standards for them. In fact the food you eat can exceed existing standards, because in one meal portions are quite a lot. For one meal they can spend two fried chicken at a time. There obesity is also accustomed to eating for a major portion of more than one dish in one meal.

After the completion of the main menu obese people consume close it with drinks that taste such as: iced tea or iced orange because obese people already feel full. Then obese people continue to eat snacks available at home each day. The interval between eating a main meal and eat snacks only about 1 to 2 hours. And eating snacks varied and quite a lot. Based on the results of triangulation with maternal obesity, that his son was very happy snacks, such as chips, cakes, snacks, whether home made as well as those purchased. If it is not available in their home must have asked for or bought. Snacking is a habit of obesity, especially when watching TV.

From the observation that there are, eating obese people who put quantity not only in terms of quality because of the food they eat just the portion of the lot but do not pay attention to nutrition contained in these foods. consumption of foods with a portion of these lots do not know no borders, and if available is the favorite food of patients, then no one can limit the portion or amount consumed. Conditions dining table they were never empty of main meals and snacks. All arranged neatly on the dining table. Likewise in the family room (front of the TV) and in the bedroom. Snacks are provided to relax and play a friend's room. So it can be said to be in every part of homes available snacks. In addition, the environment around the home, the obese are also easily obtained snacks are cheap and favored by their age, and therefore the appetite of obese children has never decreased. A diet that leads to obesity is eating when hungry and eat while watching TV or doing something like homework or reading. To achieve the goal of a diet or healthy eating cannot be separated from nutrient inputs is a process organisms use food consumption through the process of digestion, absorption, transport, storage, metabolism and expenditure of substances that are not used to sustain life, growth and normal functioning of organs -organ, and to produce energy. In this case obese people do not have confidence about their ability to organize themselves in order to organize healthy eating a balanced diet like portion and frequency of eating right. Because they eat does not require use of vegetables with every meal and in principle is to eat anything that important food menu according to their preferences menu and can make them feel full.

CONCLUSION AND SUGGESTION

Conclusions

Self efficacy of obese people is very low, because it has a desire for a lean but not accompanied by effort. This is because the habitual consumption of appetizers, main and snacks in the amount / portion of the many and varied. In addition to mothers with always prepare good food menu appetizer, main and snacks in accordance with their preferences with significant amounts and are available in every room of the house.

Suggestion

1. Obese people should consult a nutritionist to officers to determine the nutritional needs required, and understand the risks of obesity and instill confidence in him to run a healthy diet.
2. The support of parent is needed especially from mothers in motivating and gives confidence in children in running a healthy diet.

REFERENCES

- Alwisol. (2009). *Psikologi Kepribadian edisi revisi*. Malang: UMM Press.
- Arikunto, S. (2010). *Prosedur Penelitian Suatu pendekatan praktik*. Jakarta: PT Rineka Cipta.
- Australian Beverages Council, (2007). *What is a Soft Drink?*. Australia.
- Bandura, Santrock, J.W. (2007). *Psikologi Pendidikan*. Jakarta: Kencana.
- Bustan, M.N. (2007). *Epidemiologi Penyakit Tidak Menular*. Jakarta: Rineka Cipta.
- CDC. (2012). *Physical Activity Among Asians and Native Hawaiian or Other Pacific Islanders - 50 States and the District of Columbia, 2001-2003*.
- Cindy, Y. Kharisma. (2016). *Analisis Pengaruh Lingkungan Sosial, Keluarga, dan Media Sosial Pada Perilaku Pelecehan Seksual di Rumah Tahanan Klas IIA Sempaja Selatan Kota Samarinda Tahun 2016*. Fakultas Kesehatan Masyarakat. Universitas Widya Gama Mahakam Samarinda.
- Damapolii, W., Mayulu, N. dan Masi, G. (2013). *Hubungan Konsumsi Fast Food dengan Kejadian Obesitas Pada Anak SD Di Kota Manado*. Progam Studi Keperawatan. Manado: Universitas Sam Ratulangi.
- DepKes R. (2010). *Sistem Kesehatan Nasional*. Jakarta.
- Dewi Winarsih. (2013). *Gambaran Konsep Diri Anak Usia Sekolah yang Mengalami Obesitas di Wilayah Tembalang Semarang*. Fakultas Ilmu Keperawatan dan Kesehatan. Semarang: Universitas Muhammadiyah Semarang.

- Evi Heryanti. (2009). *Kebiasaan Makanan Cepat Saji (Fast Food Modern), Aktifitas Fisik dan Faktor Lainnya Dengan Status Gizi pada Mahasiswa Penghuni Asrama Universitas Indonesia, Depok*. Fakultas Kesehatan Masyarakat. Universitas Indonesia.
- Flier, J.S. and Maratos, E. (2010). *Biology of Obesity*. In: Fauci, S.A., ed. *Harrison's Principles of Internal*.
- French SA, Hannan PJ, Murray DM. (2009). *Predictors of weight gain in the Pound of Prevention study*. Int J Obes.
- Griffindors, A. (2013). *Mengenal Junk Food (Makanan Sampah)*. Retrieved from <http://artikelampuh.blogspot.com/>.
- Hasdianah, HR. (2014). *Gizi, Pemanfaatan Gizi, Diet, dan Obesitas*. Yogyakarta: Nuha Medika
- Hamam, H. (2008). *Beban Ganda Masalah Gizi dan Implikasinya Terhadap Kebijakan Pembangunan Kesehatan Nasional*. Jakarta.
- Hellerstein, M.K., Parks, E.J., (2007). *Obesity and Overweight*. In: Gardner, D.G., Shoback, D., ed. *Greenspan's Basic and Clinical Endocrinology*. USA: The McGraw-Hill Companies, Inc.
- Hendro Bidjuni. (2010). *Hubungan Dengan Kejadian Obesitas Pada Anak Usia 8-10 Tahun di SD Katolik 03 Frater Don Bosco Manado*. Fakultas Kedokteran. Universitas Sam Ratulangi. Manado.
- Hidayat, A.A.. (2014). *Metode penelitian keperawatan dan teknis analisis data*. Jakarta: Salemba Medika.
- Khairina, D. (2008). *Faktor-Faktor yang Berhubungan dengan Status Gizi Berdasarkan IMT pada Pembantu Rumah Tangga (PRT) Wanita di Perumahan Duta Indah Bekasi*. Fakultlas Kesehatan masyarakat. Universitas Indonesia.
- Khomsan. (2007). *Solusi Makanan Sehat*. Jakarta: PT. Raja Grafindo Persada.
- Klein S, Romijin JA. (2008). *Obesity*. In Larsen PR et al. *Williams Textbook of Endocrinology*. (10th Ed). (1619-1641). Philadelphia : Mosby Co. P.
- Laila Suciati. (2008). *Hubungan Pengetahuan Ibu Tentang Kalsium dan Frekuensi Konsumsi Kalsium Serta Asupannya dengan Status Gizi Anak Usia 4-6 Tahun di TK Al-Husna Bekasi*. Fakultas Kesehatan Masyarakat. Universitas Indonesia.
- Ludwig DS, Peterson KE, Gortmaker SL. (2011). *Relationship between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis*.
- Maryani, L dan Rizki M. (2010). *Epidemiologi Kesehatan*. Yogyakarta: Graha Ilmu.
- Matondang C., Munasir Z & Sumadiono. (2007). *Buku Ajar Alergi-Imunologi Anak Edisi Kedua*. Jakarta: Balai Penerbit.
- Misnadiarly. 2007. *Obesitas sebagai Faktor Resiko beberapa Penyakit*. Jakarta: Pustaka Obor Populer.
- Moleong, L. J. (2010). *Metodologi Penelitian Kualitatif.*, Bandung: Remaja Rosda

Karya.

- Mulia, A. (2010). *Pengetahuan Gizi, Pola Makan Dan Status Gizi Mahasiswa Pendidikan Teknologi Kimia Industri (PKTI)*. Medan.
- Myers G, David. (2009) *Psikologi Sosial*. Edisi 10. Jakarta: Penerbit Selemba Humanika
- Nawawi, Hadari. (2007). *Metode Penelitian Bidang Sosial*. Yogyakarta: UGM Press.
- Nurjanah Hayati (2009). *Faktor-faktor yang Berhubungan Dengan Kejadian Obesitas di Kelas 4 dan 5 SD Pembangunan Jaya Bintaro, Tangerang Selatan*. Fakultas Kesehatan Masyarakat. Universitas Indonesia.
- Oktaviani, W. (2011). *Hubungan Pola Makan dengan Gastritis pada Mahasiswa S1 Keperawatan Program A FIKKES UPN "Veteran*. Jakarta.
- Peraturan Menteri Kesehatan RI nomor 63 tahun 2015 tentang *Pencantuman Informasi Kandungan Gula, Garam, dan Lemak Serta Pesan Kesehatan Untuk Pangan Olahan Dan Pangan Siap Saji*.
- Toto Sudargo dkk. (2016). *Pola Makan Dan Obesitas*. Yogyakarta: UMM Press.
- Prochaska, J. O., & Norcross, J. C. (2009). *Systems of psychotherapy: A transtheoretical analysis* (Seventh Edition) International edition. ISBN: 13: 978 0-495-60187-6. Wadsworth.
- Rahajeng E, Tuminah S. (2009). *Prevalensi Hipertensi dan Determinannya di Indonesia*. Jakarta: Pusat Penelitian Biomedis dan Farmasi Badan Penelitian Kesehatan Departemen Kesehatan RI. Jakarta.
- Rahayu, S.S. (2008). *Prevalensi Obesitas Pada Siswa Kelas 5 dan 6 Berdasarkan Kebiasaan Jajan, Makanan Fastfood, Pendapatan Orang Tua dan Pengetahuan Gizi Ibu Di SD Ciriung 1 Bogor*. Fakultas Kedokteran dan Ilmu Kesehatan. Universitas Negeri Syarif Hidayatullah. Jakarta.
- Reni Wulan sari. (2008). *Dangerous Junk Food*. Yogyakarta: O₂.
- Rudini Triyadi. (2013). *Kemampuan Matematis Ditinjau dari Perbedaan Gender*. Fakultas Matematika dan Ilmi Pengetahuan Alam. Universitas Pendidikan Indonesia. Bandung
- Santrock, J.W. (2007). *Psikologi Pendidikan* (edisi kedua). (Tri Wibowo B.S). Jakarta: Kencana.
- Sari, R.I. (2012). *Faktor-Faktor yang Berhubungan dengan Status Gizi Remaja Usia 12-15 Tahun di Indonesia tahun 2007*. Fakultas Kesehatan Masyarakat. Universitas Indonesia. Jakarta.
- Sediaoetama, Ahmad Djaeni. (2010). *Ilmu Gizi*. Jilid I. cetakan keenam. Jakarta: Dian Rakyat.
- Sharkey J.R, Cassandra M.J, Wesley R.D, and Scott A.H. (2011). *Association between proximity to and coverage of traditional fast food restaurants and nontraditional fast-food outlets and fast-food consumption among rural adults*. International Journal of Health Geographics.
- Soetjiningsih. (2012). *Perkembangan Anak dan Permasalahannya dalam Buku Ajar I Ilmu Perkembangan Anak Dan Remaja*. Jakarta :Sagungseto .
- Sugiyono. (2009). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Bandung: Alfabeta.
- Sugiyono.(2007). *Metode Penelitian pendidikan pendekatan kuantitatif, kualitatif, dan R&D*. Bandung: Alfabeta.
- Sugiyono.(2010). *Metode Penelitian Kuantitatif Kualitatif & RND*. Bandung: Alfabeta.

- Sulistyoningsih, Hariyani. (2011). *Gizi Untuk Kesehatan Ibu dan Anak*. Yogyakarta: Graha Ilmu.
- Sumanto, Agus. (2009). *Tetap Langsing dan Sehat dengan Terapi Diet*. Jakarta: Argo Media Pustaka.
- Vinsensia. (2011). *Jenis makanan yang wajib dihindari*. Bandung: Alfabeta.
- WHO. (2011). *Obesity: Preventing and Managing the Global Epidemic*. Report of a WHO consultation. Geneva, Switzerland.
- World Health Organization (WHO). (2014). *Commission on Ending Childhood Obesity*. Geneva, World Health Organization, Departement of Noncommunicable disease surveillance.
- World Health Organization. (2011). *Obesity: Preventing and Managing the Global Epidemic*. Geneva: WHO Technical Report Series.
- Worthington. (2009). *Nutrition Throughout The Life Cycle*. The MacGraw-Hill International Education. USA.