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Education to the public on improving a healthy diet for the prevention of gastritis disease

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ABSTRACT

Gastritis remains a common gastrointestinal disorder in the community and is closely associated with unhealthy dietary patterns, irregular eating habits, and limited public awareness of preventive measures. This community service program aimed to improve public knowledge and practices related to healthy nutritional behavior as an effort to prevent gastritis disease. The program was conducted in a community setting, utilizing a participatory health education approach that targeted adult community members. Educational activities included interactive lectures, group discussions, and the distribution of educational materials that focused on balanced nutrition, regular meal timing, avoidance of irritant foods, and adequate fluid intake. The program's implementation was carried out in three stages: preparation, implementation, and evaluation. During the preparation stage, educational materials were developed in accordance with evidence-based guidelines for preventing gastritis. The implementation stage involved direct education sessions facilitated by health professionals, while the evaluation stage assessed changes in participants' knowledge and self-reported dietary practices using pre- and post-intervention questionnaires. The results showed a significant improvement in participants' understanding of the risk factors for gastritis and the importance of maintaining a healthy diet. Participants demonstrated increased awareness of appropriate food choices, reduced consumption of spicy and acidic foods, and improved meal regularity after the intervention. The community expressed positive acceptance of the educational program and a willingness to adopt healthier dietary behaviors in their daily lives. In conclusion, public education on healthy nutritional practices is an effective community-based strategy for preventing gastritis. This program emphasizes the importance of ongoing health education and community engagement in promoting sustainable lifestyle changes and alleviating the burden of gastritis at the community level.

Keywords: community education; diet; gastritis; health promotion; prevention.



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INTRODUCTION

Gastritis is a common gastrointestinal disorder characterized by inflammation of the gastric mucosa and remains a significant public health problem in many communities [1]. The condition can be acute or chronic and is frequently associated with unhealthy dietary patterns, irregular eating schedules, excessive consumption of spicy or acidic foods, stress, and the use of nonsteroidal anti-inflammatory drugs [2]. In low- and middle-income settings, gastritis is often underdiagnosed and underestimated, despite its substantial impact on quality of life, work productivity, and health-care utilization. Many individuals consider recurrent epigastric pain, nausea, and bloating as minor complaints and therefore delay seeking appropriate health information or professional care [3].

One of the primary factors contributing to the high prevalence of gastritis is inadequate public awareness of healthy dietary practices [4]. In many communities, daily eating habits are shaped by cultural preferences, economic constraints, and limited access to accurate health information. Fast foods, highly processed meals, and foods rich in fat, chili, caffeine, and preservatives are commonly consumed, while regular meal timing and balanced nutrition are often neglected [5]. Moreover, people tend to skip breakfast, eat late at night, or consume large portions at irregular intervals, all of which can increase gastric acid secretion and irritate the stomach lining. These behaviors are frequently reinforced by busy lifestyles and a lack of awareness of their long-term health consequences [6].

Another critical issue is the limited emphasis on preventive health education related to gastritis. Health promotion programs in the community often focus on communicable diseases or major non-communicable diseases such as hypertension and diabetes, while digestive health receives less attention [7]. As a result, preventive messages about gastritis, especially those related to dietary modification, are not systematically delivered to the public. When education is available, it is often fragmented, passive, or not adapted to the community's literacy level and local context. This gap contributes to misconceptions, such as the belief that gastritis is solely caused by stress or that medication alone is sufficient without lifestyle changes [8].

The lack of effective community-based interventions also represents a significant challenge. Many individuals rely on self-medication, including over-the-counter antacids, without understanding the underlying causes of their symptoms [9]. While such medications may provide temporary relief, they do not address unhealthy eating patterns that contribute to disease recurrence. Without proper guidance, individuals are unlikely to adopt sustainable dietary changes. Consequently, gastritis becomes a recurrent condition, increasing the risk of complications such as gastric ulcers and reduced nutritional status over time. To address these problems, a comprehensive and practical solution is required, focusing on preventive education and behavioral change at the community level [10]. Public education on healthy dietary practices provides a strategic approach to reducing the risk of gastritis by empowering individuals with the knowledge and skills they can apply in their daily lives. Education initiatives should emphasize balanced nutrition, regular meal timing, appropriate portion sizes, and the avoidance of foods and beverages that irritate the gastric mucosa. Importantly, such education must be delivered in a manner that is interactive, culturally sensitive, and accessible to diverse population groups [11].

Community service-based health education programs provide an effective platform for implementing these solutions. Through direct engagement with community members, health educators can tailor messages to local dietary habits, clarify misconceptions, and encourage active participation in healthy behaviors. Interactive methods, such as group discussions, question-and-answer sessions, and practical examples of healthy meal planning, can enhance the understanding and retention of information. In addition, involving community leaders and local health workers can strengthen trust and promote broader acceptance of the program.

Furthermore, integrating evaluation components into educational interventions allows for the assessment of changes in knowledge and self-reported behaviors. This evidence is crucial for demonstrating the effectiveness of the program and informing future health promotion strategies. By focusing on preventive education rather than solely curative approaches, communities can reduce dependence on medication and foster healthier lifestyles that contribute to long-term gastric health. The persistent burden of gastritis in the community is closely linked to unhealthy dietary behaviors, limited public awareness, and insufficient preventive education. Addressing these problems requires a solution that prioritizes community-based health education on healthy diet improvement. Such an approach not only increases knowledge but also encourages sustainable behavioral change, ultimately contributing to the prevention of gastritis and enhancing overall community health.

METHODS

This community service program was implemented using a structured five-step approach designed to improve public dietary behavior and prevent gastritis.

Problem Identification and Needs Assessment

An initial assessment was conducted to identify common dietary habits, knowledge gaps, and risk factors related to gastritis within the community. Data were collected through informal interviews, observations, and brief questionnaires to ensure that the educational content addressed the actual needs of the community.

Program Planning and Material Development

Based on the assessment results, educational objectives were defined, and learning materials were developed. The materials were evidence-based and covered healthy dietary patterns, regular meal timing, food selection, and foods to avoid in gastritis prevention. Materials were adapted to the community's literacy level and local context.

Implementation of Health Education Activities

Educational sessions were delivered through interactive lectures, group discussions, and question-and-answer sessions. Participants were actively encouraged to share experiences and barriers related to dietary practices, allowing two-way communication and increased engagement.

Community Participation and Support

Community leaders and local health workers were involved to support program implementation and motivate participant attendance. Their involvement helped reinforce key messages and encouraged participants to adopt healthy dietary habits in their daily lives.

Evaluation and Follow-Up

Program effectiveness was evaluated using pre- and post-intervention questionnaires to measure changes in knowledge and self-reported dietary practices. Feedback from participants was collected to assess satisfaction and to identify areas for improvement in future community service programs.

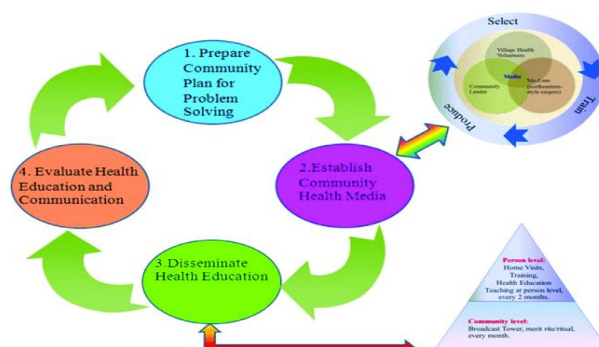


Figure 1. A structured five-step approach designed to improve public dietary behavior for the prevention of gastritis.

RESULT

This section presents the outcomes of the community service program on healthy dietary education for the prevention of gastritis. The results focus on changes in participants' knowledge and self-reported dietary practices before and after the educational intervention. Data were analyzed to describe improvements in understanding of gastritis risk factors, healthy food choices, and regular eating patterns. Additionally, participant engagement and overall program acceptance are summarized to demonstrate the effectiveness of the implemented educational activities.

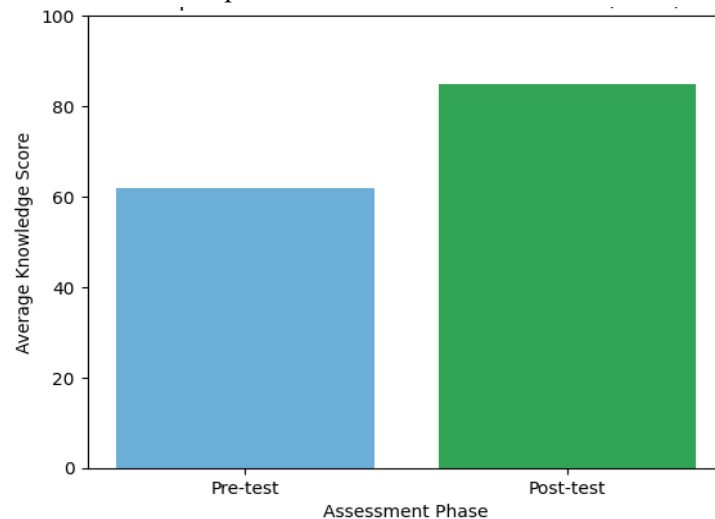


Figure 2. Pretest dan Post Test

The comparison between pre-test and post-test scores demonstrates a substantial improvement in participants' knowledge following the health education intervention. The average pre-test score of 62 indicates that participants initially had a moderate understanding of healthy dietary practices and the prevention of gastritis. After receiving structured education, the average post-test score increased to 85, indicating a significant improvement in knowledge among the 30 respondents. This improvement suggests that the educational materials and interactive delivery methods were effective in conveying key messages related to meal regularity, making appropriate food choices, and avoiding gastric irritants. The clear difference between pre- and post-test results indicates that community-based education can significantly increase awareness and understanding of gastritis prevention through healthy diet modification.

The results confirm that the community service program successfully achieved its objective of enhancing public knowledge about healthy dietary practices for preventing gastritis. The significant increase in post-test scores demonstrates the effectiveness of targeted health education as a preventive strategy. These findings support the implementation of similar educational interventions on a broader scale to promote sustainable dietary behavior changes and reduce the risk of gastritis within the community. The use of contrasting colors highlights the difference between pre-test and post-test scores. The higher post-test bar clearly indicates an improvement in participants' knowledge after the educational intervention. This visual distinction reinforces the effectiveness of the community-based health education program in improving the understanding of healthy dietary practices for preventing gastritis among the 30 respondents.

DISCUSSION

The findings of this community service program demonstrate that health education focused on improving healthy dietary practices is effective in increasing public knowledge related to gastritis prevention. The substantial increase in post-test scores compared to pre-test scores indicates that participants gained a clearer understanding of the risk factors for gastritis, appropriate food choices, and the importance of regular eating patterns. This result supports the premise that inadequate knowledge is a key modifiable factor contributing to unhealthy dietary behaviors and, consequently, to the high prevalence of gastritis in the community.

The improvement observed after the educational intervention aligns with previous studies emphasizing the role of nutrition education in preventing gastrointestinal disorders. Gastritis is closely associated with dietary habits, including irregular meal timing, excessive intake of spicy, acidic, and fatty foods, and low consumption of balanced meals [12]. Before the intervention, many participants demonstrated limited awareness of how these behaviors contribute to gastric mucosal irritation. The education sessions addressed these gaps by providing practical and culturally relevant information, enabling participants to link their daily eating habits with gastric health. As a result, participants reported increased awareness of healthier food choices and greater motivation to regulate their meal schedules [13].

The interactive approach used in this program likely contributed to its effectiveness. Rather than relying solely on one-way information delivery, the program incorporated group discussions and question-and-answer sessions, allowing participants to engage actively with the material [14]. This approach facilitated clarification of misconceptions, such as the belief that gastritis is caused only by stress or that medication alone is sufficient for management. Active participation is known to enhance knowledge retention and encourage behavior change, particularly in community-based health promotion programs. The involvement of local health workers and community figures also strengthened trust and urged participants to take the messages seriously [15].

Another important aspect of the discussion is the relevance of this program to preventive health strategies. Many community members tend to seek treatment only when symptoms become severe, often relying on self-medication with antacids [16]. While such treatment may provide temporary symptom relief, it does not address the underlying behavioral factors contributing to gastritis. The results of this program underscore the importance of shifting the focus from curative to preventive approaches by emphasizing healthy dietary habits. Improving knowledge is a crucial first step toward achieving a sustainable lifestyle change and preventing long-term disease [17].

The findings also suggest potential implications for broader public health initiatives. Integrating education on gastritis-related topics into routine community health programs could help reduce the burden of digestive disorders and associated healthcare costs. Given that cultural norms and socioeconomic conditions influence dietary behavior, community-based education provides an opportunity to tailor messages to local contexts [18]. In this program, educational materials were adapted to the community's dietary patterns, making the recommendations more realistic and acceptable. This contextualization may explain the positive response and increased willingness of participants to adopt healthier behaviors [19].

Despite its positive outcomes, this program has several limitations that should be taken into consideration. The evaluation focused primarily on short-term changes in knowledge and self-reported dietary practices [20]. Long-term follow-up was not conducted, so it remains unclear whether the observed improvements will translate into sustained behavior change and reduced incidence of gastritis. In addition, the absence of a control group limits the ability to attribute changes solely to the intervention

[21]. Future programs could incorporate longitudinal designs and objective health indicators, such as symptom frequency or clinical assessments, to provide stronger evidence of effectiveness [22].

Nevertheless, the results of this community service activity provide valuable insights into the role of education in gastritis prevention [23]. The significant improvement in knowledge demonstrates that even relatively simple and low-cost interventions can produce meaningful outcomes when appropriately designed and implemented [24]. Health education programs that emphasize practical dietary guidance, community participation, and culturally sensitive approaches have the potential to improve digestive health at the population level. The discussion highlights the importance of community-based nutritional education as a key strategy for preventing gastritis. The findings underscore the importance of ongoing health promotion efforts that prioritize preventive care and empower individuals to make informed dietary decisions. Expanding similar programs to other communities and integrating them into existing public health frameworks could help reduce the prevalence of gastritis and improve overall community well-being.

CONCLUSION

This community service program demonstrated that health education on healthy dietary practices is effective in improving public knowledge related to the prevention of gastritis. The significant increase in post-test scores indicates that participants better understood the risk factors for gastritis, made appropriate food choices, and recognized the importance of regular eating patterns. These findings confirm that community-based education plays a crucial role in preventive efforts and can contribute to reducing the risk of gastritis by promoting improved dietary behavior.

It is recommended that similar health education programs be implemented regularly and expanded to a wider community to promote sustainable dietary behavior change. Future programs should incorporate follow-up evaluations and involve local health workers to strengthen continuity and long-term impact. Integrating gastritis prevention education into routine community health activities may further enhance public awareness and support the promotion of digestive health.

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