



# To assess the Efficacy of Gut Care Tutelage on Knowledge regarding Dietary Management among Patients with Gastritis

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**Abstract:** *Aim and objectives:* To assess efficacy of gut care tutelage on knowledge regarding dietary management among patients with gastritis

**Material and Methods:** A Pre - Post test quasi experimental research design has used to assess the efficacy of Gut Care Tutelage on improving dietary knowledge among patients with gastritis at selected hospitals in Coimbatore. The data was collected from 60 adult patients diagnosed with gastritis and the samples were taken by through convenience sampling with inclusion criteria who are willing to participate. Exclusion criteria will include individual with severe co-morbid conditions or cognitive impairments. The Gut Care Tutelage were administered and level of dietary knowledge were assessed by using structured knowledge questionnaire.

**Results:** The study finding revealed that the level of knowledge regarding dietary management showed that, in the post-test, majority 47(78.3%) of the patients with gastritis had adequate knowledge and 13(21.7%) of them had moderately adequate knowledge. This indicates that there was a significant increase in the knowledge level of dietary management of patients with gastritis after the intervention of Gut Care Tutelage **Conclusion:** The result of the study proved that Gut Care Tutelage regarding the dietary management of gastritis had significant effects in improving their knowledge. Hence it becomes the responsibility of the health personnel to create awareness about the complications of gastritis; health education and nutrition plans was effective in improving their knowledge levels regarding the dietary management in patient with gastritis

**Key Words:** Gastritis, Dietary management, knowledge, patients.

*"To keep the body in good health is a duty, otherwise we will not able to keep your mind strong and clear"*

*- Buddha.*

## 1. INTRODUCTION

Diet plays a vital role in the maintenance of good health and in the prevention and cure of disease. In the words of Sir Robert Mc Carrison, one of the best known nutritionists, "The right kind of food is the most important single factor in the promotion of health; and the wrong kind of food is the most important single factor in the promotion of disease."

(1) The human body builds up and maintains healthy cells, tissues, glands and organs only with the help of various nutrients. The body cannot perform any of its functions, be they metabolic, hormonal, mental, physical or chemical, without specific nutrients. The food which provides these nutrients is, thus, one of the most essential factors in building and maintaining health. The other essential factors are that; these nutrients must also be appropriately utilized by the body. (2) Gastritis is a broad term for inflammation of the stomach lining. This condition can be caused by many factors, and in some cases may lead to an ulcer. (3)

When considering treatments for gastritis, many researchers now look for substances that eradicate *Helicobacter pylori* including bismuth and antibiotics. (4)



Gastritis that is caused by *Helicobacter pylori* eventually leads to peptic ulcers, which are characterized by a dull ache in the upper abdomen that usually occurs two or three hours after a meal, the ache is typically relieved by eating.<sup>(5)</sup>

Diet helps in easing out the discomfort experienced in gastritis. One should eat foods that are easily digestible. The foods should be easy on the stomach.<sup>(5)</sup>

A proper diet and normally functioning gastrointestinal tract are integral for the delivery of nutrients, prevention of nutrient deficiencies and malnutrition, repair of damaged intestinal epithelium, restoration of normal luminal bacterial populations, promotion of normal gastrointestinal motility, and maintenance of normal immune functions (e.g., both tolerance and protection from pathogens).<sup>6</sup>

Once we realize the connection between a wholesome balanced diet and good health, our food will be our medicine and maintaining good health will be a matter of making the right food choices and leading a healthy lifestyle. All these evidence made the investigator to do Gut Care Tutelage among patient with gastritis to improve their knowledge and prevent them from complication of gastritis with the help of dietary management.

## 2. Statement of the problem

A study to assess the efficacy of Gut Care Tutelage on knowledge regarding dietary management among patients with gastritis at selected hospitals in Coimbatore.

## 3. Objectives of the study:

1. To assess the sociodemographic variables, dietary habits and management among selected gastritis patients.
2. To conduct and assess the effectiveness of Gut Care Tutelage of knowledge regarding dietary management among gastritis patients.
3. To associate the selected demographic variables and mean different level of knowledge regarding dietary management among gastritis patients.

## Alternative hypothesis:

**AH1-** There is a significant difference between the mean pre-test and post-test knowledge regarding dietary management among patients with gastritis receiving Gut Care Tutelage at ( $P < 0.001$ ) level.

**AH2-** There is a significant association between the levels of knowledge regarding dietary management among patients with gastritis with their selected demographic variables ( $P < 0.001$ ) level.

## 4. Materials and Methods :

Quantitative approach, quasi experimental research design was adopted to assess the effectiveness of Gut Care Tutelage regarding dietary management among gastritis patients. The study was conducted at selected hospitals in Coimbatore. The data was collected from 60 patients who have medically diagnosed with gastritis by structured interview schedule by questionnaire. Non probability convenience sampling technique was used to select the samples who fulfilled the inclusion criteria and exclusion criteria.

The tool consists of two parts i.e., 1) Data collection Tool - Section A and B 2) Intervention tool –Gut Care Tutelage

### 1) DATA COLLECTION TOOL

Section A: consists of Demographic data. This section consists of demographic data of 12 items such as age, gender, religion, marital status, educational status, occupation, income, dietary habits, personal habits, awareness of gastritis, duration of illness and knowledge about preventive measures of gastritis and source of information.

Section B: Structured questionnaire to assess the knowledge

This section contains 30 items to assess the knowledge regarding dietary management among patients with gastritis.

1. Basic understanding of gastritis -4 items
2. Causes and risk factors- 3 items
3. Signs and symptoms -3 items
4. Dietary management and food choices –20 items

### Scoring key

Scoring key was prepared for Section- B, score '1' was awarded to correct answer and '0' for wrong answer in all items. Score interpretation was assessed under 3 categories: adequate knowledge, moderate knowledge and inadequate knowledge.



Inadequate	≤50%
Moderate	51- 75%
Adequate	>75%

## 2) INTERVENTION TOOL-GUT CARE TUTELAGE

Video teaching -7 minutes consist of

- General information of gastritis
- Causes
- Etiology
- Signs and symptoms of gastritis
- Foods to be included and avoided
- Dietary management in gastritis

### Ethical consideration

The formal administrative approval was obtained from the authorities of the hospital and informed consent from the subjects were obtained before conducting the study. No ethical issues arisen during the data collection period. The research has followed the fundamental ethical principle like the right to freedom from the harm and discomfort, respect to human dignity. The investigator has maintained the study participant privacy throughout the study.

### Statistical analysis:

Demographic variables were described by using descriptive statistics. Paired “t” test used to analyse the knowledge regarding dietary practices.

## 5. Results :

### Section 1. Demographic variables of patients with gastritis

**Table–1.1: Frequency and percentage distribution of patients with gastritis according to their age, gender, religion, marital status, education, occupation and income.**

n=60

Demographic variables		Frequency	Percentage
<b>1.</b>	<b>Age (in years)</b>		
	a. 20-30	26	43.3
	b. 31-40	30	50.0
	c. 41-50	4	6.7
	d. 50 & above	-	-
<b>2.</b>	<b>Gender</b>		
	a. Male	36	60.0
	b. Female	24	40.0
<b>3.</b>	<b>Religion</b>		
	a. Hindu	45	75.0
	b. Muslim	5	8.3
	c. Christian	10	16.7
	d. Others	-	-
<b>4.</b>	<b>Marital status</b>		
	a. Married	56	93.3
	b. Unmarried	4	6.7
	c. Widow/Widower	-	-
<b>5.</b>	<b>Education</b>		
	a. Illiterate	7	11.7
	b. Primary	27	45.0
	c. High School	22	36.7
	d. Hr. Sec. School	3	5.0



	e. Graduate and above	1	1.7
6.	<b>Occupation</b>		
	a. Unemployed	13	21.7
	b. Government employee	3	5.0
	c. Private employee	17	28.3
	d. Daily wager	27	45.0
7.	<b>Income per month(in Rupees)</b>		
	a. ≤1500	6	10.0
	b. 1501-3000	41	68.3
	c. 3001-5000	11	18.3
	d. >5000	2	3.3

The above table – 1.1 depicts the frequency and percentage distribution of patients with gastritis in relation with their demographic variables such as age, gender, religion, educational status, marital status, occupation and income.

With regard to the age of patients with gastritis, majority 30(50.00%) of them were in the age group of 31-40 years, 26(43.33%) were in the age group of 20-30years, 4(6.7%) were in the age group of 41-50years, whereas none of them were aged above 50 years.

When considering the gender of patients with gastritis, majority 36(60.00%) of them were males and 24(40.00%) were females.

With regard to religion, majority 45(75.00%) of them were Hindus, 10(16.7%) were Christians, rest of them 05(8.33%) were Muslims and none belong to others.

Regarding marital status, majority 56(93.3%) of them were married, 4(6.77%) were unmarried and none of them were widow and widowers and regarding educational status, maximum number 27(45%) of them had primary education and 22(36.7%) had high school education, 7(11.7%) were illiterate and 3 (5.0%) had higher secondary education and 1(1.7%) was graduate and above.

With regarding to occupation of patients with gastritis, majority 27(45.00%) of them were daily wagers, 17(28.33%) were private employees, 13(21.77%) were unemployed and rest of them 03(5.00%) were government employees. With regard to the family income per month, majority of patients 41 (68.33%) belong to Rs.1501 -3000, 11 (18.3%) of patients belong to Rs. 3001-5000, 6(10.00%) of patients belong to less than Rs.1500 .

## Section -2 Assessment of knowledge before and after Gut Care Tutelage

**Table–2.1:Percentage distribution of patients with gastritis on knowledge regarding dietary management before and after Gut Care tutelage**

Level of knowledge	Patient's Knowledge			
	Pre test		Post test	
	No.	%	No.	%
Inadequate (≤50%)	26	43.3	-	-
Moderate (51-75%)	34	56.7	13	21.7
Adequate (> 75%)	-	-	47	78.3

Section 2 -Table 2.1 depict the assessment of level of knowledge of patients with gastritis in the pre-test, out of 60 patients with gastritis, majority of patients 34(56.7%) had Moderate knowledge, 26(43.3%) of patients had inadequate knowledge and none of patients had adequate knowledge. So it was necessary for the investigator to improve the knowledge of patients by giving specific information regarding gastritis, which would enable them to gain knowledge and function effectively and efficiently. Assessment of level of knowledge showed that, in the post-test, majority 47(78.3%) of the patients with gastritis had adequate knowledge and 13(21.7%) of them had moderately adequate knowledge. This indicates that there was a significant increase in the knowledge level of the gastritis patients



in dietary management after the administration of Gut Care Tutelage. Health education is effective in improving knowledge levels, the hospital should include health teaching and nutritional plan teaching for the patients with gastritis on importance of diet management and other treatment measures

## 6. Discussion:

The study findings showed, there was an inadequate level of knowledge among patients with gastritis, which could be due to lack of sufficient information and exposure in this area, so it was necessary for the investigator to improve the knowledge of patients by giving specific information regarding gastritis, which would enable them to gain knowledge in dietary management

The study findings revealed that there was a significant increase in the knowledge level of the gastritis patients after the administration of Gut Care Tutelage and is depicted that after Gut Care Tutelage patients had improved their knowledge on the aspects such as general information about gastritis and dietary management of gastritis.

**7. Limitation:** The researcher had difficulty in collecting study permission. The researcher study was done on a sample of 60.

## 8. Conclusion:

The study was aimed at assessing the effectiveness of Gut Care Tutelage on knowledge regarding dietary management among patients with gastritis. The finding of the study shows statistically significant difference between the pre and post-test knowledge score. Thus the investigator concluded that the Gut Care Tutelage which was prepared was effective. Hence the patients with gastritis should be encouraged to attend teaching sessions, health education programme will be more receptive to improve their knowledge level. In order to achieve this, the hospital should include health teaching and nutrition plan teaching for the patients with gastritis on importance of diet and other treatment measures.

**Source of support:** None

**Conflict of interest:** None declared

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