

INTISARI

Latar Belakang: Lebih dari 1 juta penduduk dunia cacat dan sekitar 4 juta meninggal karena DM. Tahun 2008 prevalensi DM di Indonesia 11% dan Kalimantan Selatan 10%. Tahun 2010 di Kota Banjarmasin terdapat 714 kasus baru dan pada tahun 2011 meningkat menjadi 1.702 kasus baru. Data tahun 2011 RSUD Ansari Saleh diperoleh 3.125 kunjungan DM. Kejadian Diabetes sering dihubungkan dengan pola makan dan gaya hidup. Makanan khas Banjar cenderung tinggi lemak, karbohidrat dan rendah serat. Sekitar 72% masyarakat di Banjarmasin masih mengonsumsi makanan khas Banjar sebagai konsumsi harian.

Tujuan: Membuktikan bahwa pola konsumsi makanan khas Banjar meningkatkan risiko terjadinya DM Tipe 2 pada penduduk wanita di Kota Banjarmasin

Metode: Desain studi kasus kontrol. Dilakukan *matching* terhadap umur. Subjek penelitian wanita berumur 30 - 65 tahun, tidak hamil, penderita DM Tipe 2.

Analisis data menggunakan analisis univariabel, bivariabel dan multivariabel.

Hasil: Analisis multivariabel menunjukkan bahwa variabel Konsumsi lemak OR 4,54; $p=0,023$ (95% CI 1,23-16,74) dan karbohidrat OR 4,67; $p=0,015$ (95% CI 1,35-16,19) meningkatkan risiko kejadian DM tipe 2 pada wanita di Kota Banjarmasin. Variabel riwayat keluarga OR 4,32; $p = 0,035$ (95% CI 1,11 – 16,8) dan obesitas sentral OR 3,64; $p = 0,029$ (95% CI 1,14 - 11,63) juga meningkatkan risiko DM tipe 2 pada wanita di Kota Banjarmasin.

Kesimpulan: Pola konsumsi makanan khas Banjar merupakan faktor risiko terhadap kejadian DM tipe 2 pada penduduk wanita di Kota Banjarmasin.

Kata kunci : Diabetes melitus, Makanan khas Banjar, RS. Ansari Saleh

ABSTRACT

Background : More than 1 million of the world population was handicapped and about 4 millions died for diabetes. In 2008, the prevalence of diabetes in Indonesia was 11% and in South *Kalimantan* was 10%. In 2010 in Banjarmasin Municipality, there was 714 new cases and in 2011 increased to 1.702 new cases. Data in 2011, in Ansari Saleh Hospital showed there was 3.125 DM attendance. DM incidence is often correlated to diet pattern and lifestyle. The typical food of Banjar tends to high fat, carbohydrate and low fiber. About 72% of the citizens in Banjarmasin still consume the typical food of Banjar as daily consumption.

Objectives: To prove that the diet pattern increased the risk for DM Type2 incidence in female population in Banjarmasin Municipality

Methods: The design of the study was case control. It was performed *matching* to the age. The subject of the study was female in their 30 - 65 years old, not in pregnancy, suffering DM Type 2. Data was analyzed using univariable, bivariable and multivariable analysis.

Results: Multivariable analysis showed that variable of carbohydrate had OR 4,67; $p=0,015$ (95% CI 1,35-16,19) and fat consumption had OR=4,54; $p = 0,023$ (95% CI 1,23-16,74), these variable increased the risk for diabetes type 2 incidence among woman in Banjaramsin Municipality. Variable of family history had OR = 4,32; $p = 0,035$ (95% CI 1,11 – 16,8) and central obesity had OR = 3,64; $p = 0,029$ (95% CI 1,14 – 11,63), also increased the risk for diabetes mellitus type 2 incidence among woman in Banjaramsin Municipality.

Conclusion: The food consumption pattern typical food of Banjar was the risk factors for the DM type 2 incidence in the woman population in Banjarmasin Municipality.

Keywords: Diabetes mellitus, Typical food of Banjar, Ansari Saleh Hospital.