



# THE PROCEEDING OF INTERNATIONAL JOINT CONFERENCE



## “CHALLENGES IMPLEMENTATION OF THE ASEAN ECONOMIC COMMUNITY (AEC) IN THE HEALTH SECTOR IN INDONESIA”

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## HEAVY ACTIVITY MORE AT RISK FOR CHRONIC KIDNEY DISEASE

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### Abstract

The heavier the workload, the more energy and nutrients needed, so that the physical condition of workers decreased and increased oxygen demand. Dense and busy of work make people choose energy drink as a source of instant energy. The more consumed beverage supplements, the risk for experiencing chronic terminal renal failure is also higher. The purpose of this study was to identify risk factors for chronic kidney failure by social factors, risk factors biomedical, behavioral risk factors, and predisposing factors. The study was cross-sectional in (the) Dr. Harjono hospital Ponorogo with a sample size of 100 respondents. The research instrument used questionnaires modification of Steps instruments for NCD Risk Factors, WHO. Data were analyzed using frequency distribution. The relationship between risk factors using chi-square with  $\alpha = 0:05$ . The study found that the risk factors for chronic kidney disease 68% strenuous activity. The relationship between the frequency of heavy activity with herbal drink significant value of  $p = 0,035$ . The relationship between the number of days of heavy activity with a significant amount of drinking supplements  $p = 0,001$ . The study recommends to improved the movement of education about healthy eating and disease chronic renal failure and early detection of chronic kidney disease in people heavy workers

Keywords: behavioral factors, predisposing factors, strenuous activity, chronic renal failure

### Preliminary

Australian Institute of Health and Welfare has systematization risk factors of chronic kidney disease which undergo hemodialysis (ESRD) in Australia. Risk factors for ESRD in Australia are divided into four groups: (1) environmental factors-social that includes socio-economic status, physical environment and the availability of health care system, 2) the risk factors biomedical, include, among others, diabetes, hypertension, obesity, syndrome metabolism, urinary tract infections, kidney stones and urinary tract stones, glomerulonephritis, streptococcal infections and drug toxicity; 3) the risk factors behavior, including among others smoke or use tobacco, physical activity and sports as well as shortages of food and 4) predisposing factors, including, among other age, gender, race or ethnicity, family history and genetic (AIHW, 2005).

The risk factors of chronic kidney failure in Indonesia because the integration of environmental factors, social and behavioral. The continued development of the Indonesian state, to meet the lifestyle demands of forcing people to work harder. Heavy workload often makes people tired, both physically as well as their minds. According Meshkati in Tarwaka (2010), the workload can be defined as the difference between the capacity or the ability of workers with the demands of work that must be faced. Given the human work is mentally and physically, then each has a loading level different. Loading level is too high allowing excessive energy consumption and occur overstress. Long working person can affect its energy needs. The heavier physical activity, the greater the energy needs.

The oxidation process will take place in cells with inactive for someone

active in physical motion. Physical activity is carried out by the movement of the muscles of the body and its supporting systems. During physical activity, muscles need energy to move outside metabolism, heart and lungs while also require additional energy to deliver nutrients and oxygen throughout the body and to remove the remains of the body. The amount of energy required depends on how much muscle that moves, how long and severe the job done. At the time people commit more severe physical movement, the more active oxidation process takes place, which would require an additional increase in basal metabolism amount of energy. Heavier activities require energy sufficiency energy sufficiency 1.17 times and 1.34 times the standard energy sufficiency standard for very heavy activity (Kartasapoetra & Marsetyo, 2005). Dense and busy work to make people choose energy drinks as a source of instant energy. Energy drinks are included in the supplement drink is defined as a beverage that contains vitamins, minerals and stimulants such as caffeine, goanna, taurine, various forms of ginseng, maltodextrin, carnitine, creatine and ginkgo biloba. Stimulants will accelerate the reaction to accelerate the body's metabolism. This product was added on certain substances that can increase the body energy. The energy content in the beverage supplements varies between 4,278 Cal / gram - 2,720 Cal / gram (Putriastuti et al, 2007), while the calorie needs of male heavy workers is 3000 Kal. (Sartika, 2012). So, instantly the energy needs of workers to be fulfilled. The more consumed beverage supplements, the risk for experiencing chronic terminal kidney failure is also higher (Hidayati, 2008)

Hidayati research results (2008) show that consuming energy drinks supplement related to the incidence of CKD in RSU PKU Muhammadiyah Yogyakarta. The relationship between taking a drink supplement with incident CKD in RSU PKU Muhammadiyah Yogyakarta is dose-dependence is more and more taking a drink supplement the risk for experiencing chronic terminal

kidney failure is also higher. Results of the study also note that to leave the habit of consuming energy supplement drink will be able to decrease the possibility of occurrence of CKD. The relationship between the length of time quit the habit of consuming energy supplement drink with incident CKD in RSU PKU Muhammadiyah Yogyakarta also be time-dependence.

Epidemiological research in Thailand on construction workers in the province of Chonburi is known that the habit of taking a drink supplement was significantly associated with the habit of overtime, affected advertising, positively impression personally during eating, drinking alcohol, smoking and ex-users of illicit drugs "Kratom" (Pichainarong et.al, 2004). EU Food Safety Commission and MOH advised to be more careful and still restrict ourselves in taking a supplement drink containing taurine and caffeine because there is no epidemiological evidence for its safety in long-term use (MOH, 1996). Caffeine intake of 4-8 mg / kg have the effect of elevated levels of fats in the blood, interfering with the retrieval and storage of calcium and elevated levels of blood glucose (YGDI, 2013).

Associated with traditional herbal medicine that turned out to contain chemicals, drugs, experts pharmaceutical Nurul Mutma'inah exemplifies traditional herbal male enhancer stamina. It turns out therein added chemicals, drugs, such as Sildenafil and padalafil. "These chemicals in modern medicine is actually to treat erectile dysfunction. Then if someone would wear, it should be ascertained first whether had a history of high blood pressure or taking other drugs or not," he explained. In addition to traditional herbal male stamina, which also need to be aware of is exhausted herbs such as herbal medicine and herbal stiff. Usually, herbs such as muscle pains are often added to analgesic or pain relievers. The side effects of traditional herbal drink that is mixed with chemicals, drugs, can result in short-term or long-term. Short-term, usually complained of irritation of the stomach or feel sore stomach, while the long-term

effects, can cause kidney problems and so on. Kidney disease classified as chronic disease is not contagious, but it is the originator of various kinds of dangerous diseases. For example, coronary heart disease, stroke and hypertension. These diseases are currently a major threat in the world of health ([www.suaramedia.com](http://www.suaramedia.com)). The incidence of chronic kidney failure is also increased by 201.27% (dr.Harjono Hospital Ponorogo Medical Records, 2014).

The purpose of this study was to identify risk factors for chronic kidney failure based on (1) social factors, (2) behavioral risk factors, and (3) factors predisposing

### Research Methods

The type and design of this study is the description for mapping disease risk factors causing chronic kidney failure based on socio-environmental factors, risk factors biomedical, behavioral risk factors, predisposing factors. The study was conducted in dr. Harjono Hospital Ponorogo. The reason for choosing the location because of the increased number of hemodialysis patients in dr.Harjono hospital Ponorogo in 2014 amounted to 201.27%.

The populations were all patients with chronic kidney failure in dr. Harjono Hospital Ponorogo. The sample of this study were all patients with chronic kidney failure on May 20th until July 20th, 2014 a total of 100 patients. This research uses primary and secondary data sources are taken from the patient's medical records. The research instrument used questionnaires modification of Steps instruments for NCD Risk Factors WHO. Quantitative data were analyzed by univariate analysis were used to analyze descriptive characteristics of each variable with the frequency distribution. Bivariate analysis was conducted to determine the relationship between risk factors by using chi-square with  $\alpha = 0.05$

### Results and Discussion

The study were conducted in four room of hospital, they are Rose room,

Tulip room, Dahlia room and hemodialysis unit dr. Harjono Hospital Ponorogo on 20 May until 20 July 2014. The number of samples obtained 100 patients. Characteristics of respondents grouped according to age, sex, education, occupation and income.

Table 1 Characteristics of respondents aged patients with chronic kidney disease in hospitals dr.Harjono Ponorogo May until in July 2014 ( n = 100 )

Age	Amount	%
< 50 years old	43	43
≥ 50 years old	57	57
Total	100	100

Table 1 shows that the characteristics of respondents by age of majority (57 %) is more than 50 years and 43 % younger than 50 years.

Table 2 Characteristics of respondents' gender chronic kidney disease patients in dr. Harjono hospitals Ponorogo May until July 2014 (n = 100)

Gender	Amount	%
Female	41	41
Male	59	59
Total	100	100

Table 2 shows that the characteristics of respondents by male gender majority (59 %) and 41 % female.

Table 3 Characteristics of education respondents disease patients with chronic kidney failure in dr. Harjono hospitals Ponorogo May until July 2014 (n = 100)

Education	Amount	%
Not Complete	11	11
Elementary School	22	22
High School	30	30
Complete	31	31
Elementary School	6	6

Junior High School Graduation		
Senior High School Graduation		
University Graduation		
Total	100	100

Table 3 shows that the characteristics of respondents based on the most recent education is completed basic education (9 years) 52 % , consist of 30 % of junior high school graduation, and 22% of complete primary school education , 31% of senior high school graduation, 11 % do not complete primary school and 6 % of university graduation.

Table 4 Characteristics of occupation disease patients with chronic kidney failure in dr. Harjono hospital Ponorogo May until July 2014 (n = 100)

Karakteristik Pekerjaan	Jumlah	%
Farmer	22	22
Labor	8	8
Private/Driver	20	20
Government Employees	12	12
Entrepreneur	3	3
IRT	14	14
Ever Indonesian Migrant Workers	18	18
Unemployment	3	3
Jumlah	100	100

Table 4 shows the characteristics of respondents by job most are farmers (22 %), 20 % worked as a private / driver and 18 % worked as a former migrant worker.

Table 5 Characteristics of income respondents disease patients with chronic kidney failure in dr. Harjono hospital Ponorogo May until July 2014 (n = 100)

Income	Amount	%
< Rp. 924.000,-	47	47
Rp. 924.000,- s/d 1.500.000,-	31	31
>Rp. 1.500.000,-	22	22
Total	100	100

Table 5 shows the characteristics of respondents by the highest income is less than the minimum wage by 47 % and 22 % more than the minimum wage.

#### Risk Factor

Table 6 Risk Factors disease patients with chronic kidney failure in Ponorogo May until July 2014 (n = 100)

Risk Factor	%
<b>Socio-economic Status Factors</b>	47
Low	31
Moderate	22
High	
<b>Behaviour Factors</b>	
Smoking	42
Mid activity	43
High activity	68
Alcohol consumption	11
Herbal supplement consumption	31
Supplement beverage/energy consumption	47
<b>Predisposition Factors</b>	57
Age $\geq$ 50 years	59
Male gender	0
Family History	

Table 6 shows that the risk factors for chronic kidney disease based on the highest socio-economic status is low income 47 %, behavioral factors most high activity of 68% and a predisposing factor is 59 % male.

### Risk Factors Dominant

Table 7 Risk Factors disease patients with chronic kidney failure in the District Ponorogo May until in July 2014 (n = 100)

Dominant Risk Factors	%
Low social economy	47
High activity behaviour	68
Predisposition Gender male	59

Table 7 shows the dominant risk factors for chronic kidney disease is the most strenuous activity (68 %) and predisposing factors were male (59 %)

### The Relationship Between Risk Factors

Table 8 the relationship between disease risk factors of chronic kidney failure in Ponorogo in May until July 2014 (n = 100)

Dependent Risk Factors	Independent Risk Factor	P Value	OR
Gender	Supplement Drink	0,036	2,3
Migrant Worker	Supplement Drink	0,037	3
Heavy activity	herbal supplement frequency Drink	0,035	-
Sum of high activity day	Sum of drinking supplement	0,001	-

Based on the table 8 shows that the relationship between the gender by taking supplements of significant value of  $p = 0,036$  and  $OR = 2,3$ . The relationship between migrant workers with a significant drink supplements  $p = 0,037$  and  $OR = 3$ . The relationship between the frequency of heavy activity with herbal drink significant value of  $p = 0,035$ . The relationship between the number of days of heavy activity with a significant amount of drinking supplements  $p = 0,001$ .

### Discussion

The survey results revealed that the majority of respondents over the age equal to 50 years, male, with a background of primary education (9 years) and livelihoods as farmers, private / driver, a former migrant worker. These results are consistent with the results of the study in RSU PKU Muhammadiyah Hospital result showed that most respondents were male, with a background of primary education (0-9 years) and livelihoods as farmers, laborers or laborers.

In low-income countries is essential to reduce the risk of policy support to not only prevent disease through risk reduction but also to manage the disease and prevent complications (Edward et al, 2008). Each country should make substantial improvements in the prevention and control of chronic diseases, and to take measures to contribute to the global goal for preventing chronic diseases in 2015 (Edward et al, 2008). Chronic kidney disease is a chronic disease that is increasing dramatically, especially in developing countries. The progress of end-stage chronic kidney disease can be halted or slowed when kidney damage is detected at an early stage. The results could determine mapping of risk factors for chronic kidney disease, so it can be used as a basic for policy making and movement control disease prevention and chronic kidney failure. Risk factors for kidney disease research results are as follows:

Social factors (socioeconomic status) in the largest get that 47 % of respondents have an income of less than Rp 924.000, -. Lower socioeconomic / poverty is one of the determinant factors of chronic kidney disease (Norris and Nissenon, 2008). Respondents with lower socioeconomic require respondents to work hard so they need more stamina to drink energy drinks. The results showed that the relationship between the frequency of heavy activity with herbal drink significantly ( $p = 0,035$ ). The relationship between the number of days of heavy activity with a significant amount of drinking supplements ( $p = 0,001$ ).

Epidemiological research in Thailand on construction workers in the province of Chonburi is known that the habit of taking a drink supplement was significantly associated with the habit of overtime, affected advertising, positive impression personally during eating, drinking alcohol, smoking and ex-users of illicit drugs "Kratom" (Pichainarong et.al, 2004). Employment issues not directly proportional to the amount of population, not optimal implementation of the program of job creation, empowerment of local human resources and the improvement of the regional economy by the Government of Indonesia caused society to become migrant workers. The result showed that there is a relationship between a former migrant worker by taking the supplement ( $p = 0,037$ ).

Dense and busy of work make people choose energy drink as a source of instant energy. Putriastuti (2007 ) stated that the majority of respondents have a good perception of the benefits of consuming energy drinks is directly feel the body feels fresh and the body feels energized. Over time arises pros and cons of energy drink, in addition to the benefits provided, the side effects in the long term will appear damages such as liver damage, kidney failure, and other organic disorders (Tanjoyo, 2012). According to Norris and Nissenon (2008) lower socioeconomic also reduce access to health care, so they do not realize if there has been a process of chronic kidney disease.

The dominant factor is the behavior of heavy activity (68%). Respondents who have heavier activity of 55.88% drink supplements. The more consumed beverage supplements, the risk for experiencing chronic terminal kidney failure is also higher (Hidayati, 2008). Grouping heavy activity in this study conducted by responders who work as farmers (22 %) , private / driver (20 %) and former TKI / TKW (18 %). The relationship between migrant workers with a significant supplement drink while the relationship between the number of days of heavy activity by taking supplements is

also a significant amount of the value of  $p = 0,001$ .

Many things affect the level of fatigue of the farmers among them is the workload facing each activity undertaken by farmers (Nugroho et al, 2013). The workload is an old man doing work activities in accordance with the capability and capacity of the relevant working without showing signs of fatigue. Expenses are closely related to the performance, which is also related to its performance. If the excessive is workload it will affect the performance, where it relates to one's level of fatigue. Increasing number of additional tasks by a farmer will add to the heavy work load and the otherwise (Widodo et al, 2009). If it is still on hold, it will cause an excessive workload on farmers that tend to select instances using energy sources that supplement drinks.

Research results Putriastuti et al (2007) in the Tirtonadi, Kartosuro and Palur Bus Station Central Java that 66.7% take supplements if the driver is at work and there is a relationship between the length of work with supplement drink consumption. 88.9 % The majority of drivers feel directly the body feels fresh and 91.7 % body feels energized. The more severe the work performed, the process of oxidation in the cell will be more active and result in increased energy required ( Kartasapoetra & Marsetyo , 2010).

Migrant workers abroad have to adapt to natural conditions, culture and lifestyle far inversely with in Indonesia, especially at home where migrant workers come from. They also experienced a different working rhythm, both of discipline, punctuality, cleanliness and demands to be able to behave and have a high initiative. Low levels of education and skill, making migrant workers in general can only fill in the domestic sector or category demeaning jobs: dirty, dangerous, difficult, (construction workers, farm laborers and domestic workers) (Gunarto, 2011). Prominence to benefit the economic interests of certain individuals or groups to ignore the result of the workload

that is not appropriate, then the workers consume beverage supplements.

Basically everyone requires supply enough energy to perform daily activities. Energy can be obtained from food or supplements energy booster. Energy enhancer supplements containing vitamins, minerals and stimulants such as caffeine and taurine (Sophia, 2009). Clinical studies without randomization in patients with chronic renal failure who were given taurine 100 mg / kg / day showed that taurine does not provide the expected effects, it can even cause some side effects are not expected due to accumulation of taurine in muscle tissue and plasma (Solomon ME, et al 2002 in Hidayati, 2008).

There is a significant relationship ( $p = 0.035$ ) between the frequency of heavy activity with herbal drink. So in addition to traditional herbal supplement drink stamina of men, who also need to watch out for, such as herbal medicine and herbal medicine for pain stiff. Usually, herbs such as muscle pains are often added to analgesic or pain relievers. The side effects of traditional herbal drink that is mixed with chemicals, drugs, can result in short-term or long-term. Short-term, usually complained of irritation of the stomach or feel sore stomach, while the long-term effects, can cause kidney disorders.

Predisposing factors is the dominant male gender 59%. This is consistent with the results of research in Japan that the prevalence of ESRD occurs more frequently in men than in women (Wakai, et.al, 2004). Gender related to work ( $p = 0,000$ ) and gender was also no association with drinking energy drinks ( $p = 0,036$ ). Riesenhuber (2006) reported that the energy supplement drink containing taurine and caffeine 3gr proven 240 mg caffeine content increases diuresis in healthy volunteers, but not so with taurine. Caffeine consumed more than 300 mg / day during pregnancy can harm the fetus in the womb. For those reasons, the EU Food Safety Commission and MOH advised to be more careful and still restrict ourselves in taking a supplement drink containing

taurine and caffeine because there is no epidemiological evidence for its safety in long-term use. 1.3.1 Caffeine overdose, singly or in combination with taurine, allegedly associated with dysfunction of the cardiovascular system. Dose of 10-20mg / kg / day of caffeine in test animals may lead to changes in behavior and doses of more than 80mg / kg / day may be associated with teratogenic effects. Tests on mice showed that animals that caffeine increases permeability to calcium ions and affect the heart muscle bioenergetics. Some psychostimulants (caffeine and amphetamine) is proven to affect kidney function. Amphetamines can constrict blood vessels allowing blood to the kidney arteries leading to the kidneys is reduced as a result of kidney will be a shortage of food intake and oxygen. Circumstances kidney cells deprived of oxygen and food will cause kidney cells undergo ischemia and spur the emergence of inflammatory reaction that can end up with a reduced ability of the kidneys to filter blood cells.

### Closing

A public health problem in the future is predicted health problems relating to his job. Heavy activity is a dominant risk factor for chronic kidney disease in Ponorogo. When someone doing activity, the heart is stimulated so that the heart rate and pumping strength be increased which can cause the heart deprived of oxygen. If continuous heart deprived of oxygen, there will be accumulation which in turn leads to anaerobic metabolism produces lactic acid and accelerate fatigue. The heavier the workload, the more energy and nutrients needed, so that the physical condition of workers decreased and increased oxygen demand. Dense and busy of work to make people choose energy drink as a source of instant energy. The more consumed beverage supplements, the risk for experiencing chronic terminal kidney failure is also higher.

Based on these conclusions is recommended to improve the movement of education about healthy eating and disease chronic kidney failure by increasing the early detection of chronic kidney disease in

Ponorogo. How to prevent the other is to consume enough water, reduce sugar intake, eat more vegetables, eat less meat and animal products, avoiding the consumption of chemicals such as beverage stamina enhancer, preservatives and flavorings are presented in food (Pangunsan et al, 2007).

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