

**Profile of Food Intake and Physical Activity in Ar-Rahman Drugs Rehabilitation Center Review of Nutritional Status****Oka Agil Deswanto<sup>1</sup>, Hartati<sup>2</sup>✉, Iyakrus<sup>3</sup>, Meirizal Usra<sup>4</sup>, Sukma Utama<sup>5</sup>**Program Study of Master Sport Education, Faculty of Teacher Training and Education, Sriwijaya University, Palembang, Indonesia<sup>12345</sup>**Article History**Received October 2021  
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**Abstract**

The purpose of this study was to find out how food consumption and physical activity of drug rehabilitation patients Ar-Rahman Palembang were assessed from nutritional status. Using descriptive qualitative method. The population of this study were all AR-Rahman Palembang drug rehabilitation patients, totaling 32 respondents. Data collection techniques used are questionnaires, interviews, nutritional status application software and documentation. With the results of food intake, namely 9.38% of respondents in the very low category, 9.38% in the low category, 59.38% in the medium category, then 21.88% of the respondents in the high category. The results of physical activity are 12.50% of respondents in the very low category, 12.50% of the respondents in the low category, 34.38% of the respondents in the medium category, then 40.63% of the respondents in the high category. The nutritional status of respondents 9.38% belongs to the very poor category, 25.00% belongs to the less category, 28.13% belongs to the medium category. 34,38 % belong to good category. 3.13% classified as very good category. The conclusion from the results of the majority of food intake is in the low category, the results of the majority of physical activity are in the high category and the results of the nutritional status of the Ar-Rahman drug rehabilitation patients are in the moderate category. From these results, so that it can be a further reference for all patients, they can increase their food consumption for the better, always do physical activity every day on a regular basis so that the nutritional status category of patients can be improved for the better.

**How to Cite**

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e-ISSN 2252-6773✉ Correspondence address :  
E-mail: hartati@fkip.unsri.ac.id

## INTRODUCTION

The narcotics rehabilitation program is one of the recovery programs for perpetrators who are entangled in narcotics abuse. Drug rehabilitation centers not only help restore individuals who are entangled in drug abuse, but also as a place for people who want to improve themselves both physically and spiritually from drug abuse. The rehabilitation process consists of drug administration, counseling, job training, and other necessary actions (Anggraeni, 2018). So that later the perpetrators of narcotics abuse can overcome the problem of drug abuse and return to interact with the community properly without any intention of returning as perpetrators of narcotics abuse. Law no. 35 of 2009 Article 54 concerning Narcotics states that addicts and victims of narcotics abuse are required to undergo medical rehabilitation and social rehabilitation (Wulandari, 2019). The existence of a narcotics rehabilitation center indirectly really helps the government through the National Narcotics Agency (BNN) in the process of recovering the perpetrators of narcotics abuse. One of the drug rehabilitation centers in the city of Palembang that helps the BNN agency in the recovery process for narcotics abusers is the Ar-Rahman drug rehabilitation center.

The Ar-Rahman drug rehabilitation center is located on Jalan Tegal Binangun, Plaju Darat Village, Palembang City. Patients who came based on the results of interviews with researchers with the daily head of the Ar-Rahman rehabilitation center, most of the patients were still in the stage of abuse with an intensive use pattern. The number of patients who came and underwent the rehabilitation process during the March 2021 period were 32 patients who were called clients by the management of the Ar Rahman rehabilitation center. The 32 patients in the Ar-Rahman drug rehabilitation center are mostly meth users, some use marijuana and ecstasy, but some use more than 2 kinds of drugs. They are people of productive age, ranging from 17-35 years, there is one patient who is 51 years old. The recovery process for patients at the Ar-Rahman rehabilitation center is carried out by providing treatment according to the patient's needs as well as other supporting processes such as carrying out eating together and carrying out routine physical activities in the Ar-Rahman drug rehabilitation center with available facilities. Eating activities are carried out using a routine schedule 3 times a day, namely the morning schedule at 07.00-08.00 WIB, the afternoon schedule at 12.00-13.00 WIB, and the afternoon schedule at 18.00-19.00 WIB,

the food intake schedule is arranged so that all patients who are in the recovery process did not experience nutritional problems. A person who is addicted to narcotics is generally prone to nutritional problems and infectious diseases, such as malnutrition (malnutrition), Hepatitis C, HIV/AIDS, and tuberculosis (TBC) (Astiani, Adam A., 2020). So it is very necessary to pay attention to the condition of daily food intake for each patient who is in the recovery process.

The severity of narcotic dependence is closely related to the severity of malnutrition in dependent patients. Moreover, the metaamphetamine type narcotics contained in methamphetamine and ecstasy have an impact on loss of appetite (Siahaan et al., 2018). Thus affecting the nutritional status of patients who are in the rehabilitation process. The Ar-Rahman Rehabilitation Center does not yet have a nutritionist in managing the patient's food consumption and observing the nutritional status of patients who are under the influence of the drug. One of the factors that affect nutritional status is physical activity (Ingrid, 2010). Physical activity at the Ar-Rahman drug rehabilitation center is routinely carried out together and is carried out every day by all patients. Physical activities carried out in the form of religious activities, resting activities, socialization and counseling activities against narcotics abuse, visits by the patient's family, sports activities carried out in the morning and evening. Sport is one part of the physical activity carried out by drug rehabilitation patients Ar-Rahman. Activities are carried out indoors and outdoors around the rehabilitation center which has field facilities and swimming pools and gardens that can be used for activities and sports for rehabilitation patients. In every physical activity, all patients are accompanied by a patient assistant at the beginning of the activity. After that, patients are welcome to exercise according to their respective interests and abilities. Sports for drug rehabilitation patients function so that patients who are physically damaged by narcotics can return to normal (Okta-viona, Ajeng D. Joko, Tri D. Farkhan, 2021)

The balance between food consumption and physical activity will lead to a normal nutritional status (Utami, 2016). Optimal nutritional status is needed to speed up the rehabilitation process (Sinaga Tiurma, Fatimah Siti, 2016). Activities at the Ar Rahman Drug Rehabilitation Center focus on healing or recovering patients from narcotics abuse, not yet focused on knowing the extent of the categories of food intake consumed, physical activities that have been carried out and the condition of the nutritional status of

each rehabilitation patient according to the right category in the classification, so that later can increase the focus of the Ar-Rahman drug rehabilitation center management apart from healing the patients. Based on the phenomena and realities above, the researchers are interested in conducting a study entitled "Profile of Food Intake and Physical Activity at the Ar-Rahman Drug Rehabilitation Center in Review of Nutritional Status".

**METHODS**

The type of this research is using descriptive quantitative research. the research method is survey. Researchers asked patients to fill out questionnaires and data that would be entered into the nutritional status application software. The results obtained will then be classified according to the category of food intake, physical activity which is then reviewed from the nutritional status of the patient.

**RESULTS AND DISCUSSION**

**Result Of Food Intake**

**Table 1.** Results of the frequency distribution of Respondents' Food Intake

Category	Interval	Frekuensi	
		Absolut	(%)
Very High	$X > 9,26$	0	0 %
High	$8,12 < X \leq 9,26$	7	21,88 %
Medium	$6,99 < X \leq 8,12$	19	59,38 %
Low	$5,86 < X \leq 6,99$	3	9,38 %
Very Low	$X \leq 5,86$	3	9,38 %
Total		32	100%

X : skor subjek, (Slameto, 2001:186)  
 M : Mean  
 SD : Standar Deviasi

After the analysis was carried out using quantitative descriptive analysis techniques with percentages using the computer assistance program Ms. excel. From the **Table 1** data analysis of the calculation of the results of the food intake questionnaire from 32 respondents who were given a questionnaire with 10 questions and obtained different results from each respondent. After the data from the respondents were classified into several categories, 3 of 32 respondents (9.38%) had a very low category in food intake, 3 of 32 (9.38%) had a low category, 19 of 32 respondents (59.38%) have a medium category, then

7 of 32 respondents (21.88%) have a high category and 0% of respondents have a very high category in food intake

**Result Of Physical Activity**

**Table 2.** Frequency Distribution of Respondents of Physical Activity

Kategori	Interval	Frekuensi	
		Absolut	%
Very High	$X > 9,13$	0	0 %
High	$7,49 < X \leq 9,13$	13	40,63%
Medium	$5,84 < X \leq 7,49$	11	34,38%
Low	$4,19 < X \leq 5,84$	4	12,50%
Very Low	$X \leq 4,19$	4	12,50%
Total		32	100%

X : skor subjek, (Slameto, 2001:186)  
 M : Mean  
 SD : Standar Deviasi

After the analysis was carried out using quantitative descriptive analysis techniques with percentages using the computer assistance program Ms. excel. From the **Table 2** data analysis of the calculation of the results of the physical activity questionnaire, 32 respondents were given a questionnaire with 10 questions and different results were obtained from each respondent. After the data from the respondents were classified into several categories, namely 4 of 32 respondents (12.50%) had a very low category, 4 of 32 respondents (12.50%) had a low category, 11 of 32 respondents (34.38%) had a low category. medium, then 13 out of 32 respondents (40.63%) have a high category and 0% of respondents have a very high category.

**Result Of Nutritional Status**

**Table 3.** Result of the Frequency Distribution of Respondents Nutritional Status

Kategori	Interval	Frekuensi	
		Absolut	(%)
Very Good	$X > 73,05$	1	3,13
Good	$52,15 < X \leq 73,05$	11	34,38
Good Enough	$31,25 < X \leq 52,15$	9	28,13
Low	$10,35 < X \leq 31,25$	8	25,00
Very Low	$X \leq 10,35$	3	9,38
Total		32	100%

X : skor subjek, (Sudijono, 2008: 175)  
 M : Mean  
 SD : Standar Deviasi

assessment of the nutritional status of

respondents using nutritional status application software by measuring the respondent's weight and height. After the data is obtained then it is calculated and classified into their respective categories. Respondents or subjects in this study amounted to 32 respondents. From this description, it can be seen the frequency distribution of the data on the calculation of the nutritional status of the respondents. After the research data was collected, an analysis was carried out using quantitative descriptive analysis techniques with percentages using the computer program Ms. excel. Analysis of the data **Table 3** on calculating the nutritional status of respondents obtained 1 of 32 respondents (3.13%) had very good nutritional status. 11 out of 32 respondents (34.38%) have a good nutritional status. 9 out of 32 respondents (28.13%) have a medium nutritional status. 8 out of 32 respondents (25.00%) had a low nutritional status. 3 out of 32 respondents (9.38%) had a nutritional status classified as very low.

#### **Food Intake**

Optimal nutritional intake during the recovery period can increase the stability of the immune system and some nutritional therapies are considered to reduce the urge to return to using substances (craving) (Mahboub.N, Rizk.R, Karavetian.M, 2022). According to Salsabilla, (2017) Quality and nutritious food is food that is consumed in accordance with nutritional needs, not excessive and not lacking. Consumption of food is very important to produce energy and protein, consuming food must pay attention to things such as nutrition and protein so that the nutritional needs of the body can be met properly. So that the category of balanced nutrition can be obtained in achieving nutritional status.

Based on the results of the study, it is known that most respondents have a level of food consumption in the moderate category, which is 59.38%. The results of this study are the same as research conducted by Syahputra, (2011) at the Sibolangit Center for Drug Rehabilitation in (Niranda, Agustia Dalimunthe. Sudaryati & S. Arifin, 2014), which states that the level of food consumption of addicts drugs are mostly in the moderate category (77.5%). The same study was conducted by Niranda, Agustia Dalimunthe. Sudaryati & S. Arifin, (2014), which stated that the level of food consumption for drug addicts at the Pamardi Putra Inshaf Social Institution in North Sumatra was (53.3%) in the moderate category. this can be due to the respondent's appetite due to the residual effects of illegal drugs consumed by rehabilitation patients in the past where according

to Sarah, (2018)"The decrease in appetite experienced by drug users is caused during the period of the drug's influence. which results in a lack of absorption of food intake which is a source of energy for the body to assist the recovery and healing process after consuming illegal drugs for rehabilitation patients". So that the respondent's food intake has not been evenly distributed

#### **Physical Activity**

Regular physical activity helps maintain blood pressure, cholesterol, maintain a stable weight, maintain heart condition as well as improve blood circulation, increase bone and muscle strength and maintain joint health, and help reduce symptoms of depression and improve quality of life (Adhitya, 2016) in (David & , D. Amisi Marsella, 2021)

The results of the discussion for the physical activity variable of drug rehabilitation patients at the Ar-Rahman drug rehabilitation center, namely 13 of 32 respondents (40.63%) have a high category. Patients in drug rehabilitation are always given various physical activities to support rehabilitation treatment, namely exercising every morning and evening, cleaning the environment of the rehabilitation center, religious activities, counseling activities to develop talents and positive abilities of patients so that after leaving the rehabilitation center they can work later. in the community, and every Saturday night the rehabilitation center provides time and facilities for patients to enjoy entertainment events provided within the Ar-Rahman Drug Rehabilitation Center environment.

However, not all of the patients followed this physical activity well, so that the percentage of physical activity showed the highest result, which was 40.63% in the high category.

#### **Nutritional Status**

Nutritional status is a condition of each individual that is influenced by the use of food substances consumed by a person is an indicator of nutritional status (Syafaruddin, 2012). Thus, nutritional status is one of the important components in the body to determine the level or degree of health in the human body.

Based on the description of the nutritional status of the rehabilitation patients, 11 of the 32 samples or respondents (34.38%) had good nutritional status. These results are the same as research conducted by Nur, (2012) at the Technical Implementation Unit for Therapy and Rehabilitation of the National Narcotics Agency (UPT T&R BNN) with the results that the nutritional

status of the resident is 65.5% in the good category. Nutritional status is said to be good if the diet is balanced, meaning that the amount and type eaten must be in accordance with the needs required by the body (Almatsier, Sunita. Soetardjo, Susirah. Soekatri, 2011). Thus a person's nutritional status is related to the intake of food consumed and physical activity carried out. From the description of the food intake data of Ar-Rahman drug rehabilitation patients which shows the highest percentage of respondents in the moderate category, namely 59.38% and the description for the physical activity of respondents, the highest percentage is in the high category, namely 40.63%, and the nutritional status of respondents in the medium category. that is 34.38%.

From the description of the highest percentage of each of these variables, the researcher can state that not all drug rehabilitation patients have taken food and physical activity well. Some of the reasons are that in carrying out food intake at the drug rehabilitation center Ar-Rahman does not have a nutritionist in compiling and providing food menus that will be consumed by all rehabilitation patients, so that all food provided as food intake for patients is considered food with adequate nutrition. which resulted in the overall uneven distribution of food intake activities carried out by Ar-Rahman's drug rehabilitation patients. Likewise with food intake, physical activity activities have not been evenly distributed as a whole, which can be done well by patients, which can be caused because when carrying out physical activities, assistance when carrying out physical activities is carried out at the beginning of the activity.

## CONCLUSION

The respondent's food intake was in the medium category. The physical activity of the respondents is in the high category in carrying out physical activities. The nutritional status of respondents was to good category.

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