



OVERVIEW OF TRIGLYCERIDE LEVELS AND COCONUT MILK FOOD CONSUMPTION HABITS IN BENGKULU PROVINCIAL HEALTH OFFICE EMPLOYEES

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Abstract

Coronary heart disease (CHD) is one of the non-communicable diseases with a high prevalence in Indonesia. One of the risk factors is dyslipidemia, which is the condition of increased cholesterol and triglyceride levels in the bloodstream. Dyslipidemia is often caused by unhealthy eating habits, for example consuming too much saturated fat from thick coconut milk and insufficient fiber intake. A sedentary lifestyle, especially in office workers, also exacerbates this condition because it triggers the accumulation of fats and triglycerides in the body. This study aimed to find out the overview of triglyceride levels and consumption habits of coconut milk food in health office employees in 2025. An analytical descriptive research was designed with 48 respondents from 251 populations taken by random sampling. Triglyceride levels were measured using the Enzymatic Colorimetric method (GPO-PAP). Data on consumption habits of coconut milk food were collected using FFQ so that the total consumption was obtained and then grouped based on the median value. The data is processed through tabulation to produce a frequency and percentage distribution and then displayed in the form of a table. Most of the respondents (70.8%) were female. The average age of respondents was 46.4 years old with the youngest age being 34 years old, the oldest being 59 years old. Most (41.7%) respondents have a habit of consuming coconut milk foods frequently. Most (91.7%) of the respondents had hypertriglyceride levels, almost all respondents had hypertriglyceride levels and often consumed coconut milk foods.

Keywords: Triglycerides, Coconut Milk Based Food, Food Consumption, Employees

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INTRODUCTION

The World Health Organization (WHO) in 2023, stated that non-communicable diseases (NCDs) cause as many as 41 million deaths every year. This equates to 74% of the total death toll worldwide. The WHO also said that coronary heart disease (CHD) is one of the important health issues in the cardiovascular system, with a rapid increase in cases and a death rate of about 6.7 million in 2019. Then followed by cancer (9.3 million), chronic respiratory diseases (4.1 million), and diabetes (2.0 million) (Sari et al., 2023; WHO, 2023).

The prevalence of coronary heart disease (CHD) in Indonesia based on the results of doctor's diagnosis

was recorded at 0.85%, and three provinces showed the highest prevalence rate, namely DI Yogyakarta (1.67%), followed by Central Papua provinces (1.65%) and DKI Jakarta (1.56%), while the prevalence of CHD in Bengkulu province was (0.63%) (Ministry of Health, 2023).

Several factors that cause Coronary Heart Disease (CHD) can arise due to dyslipidemia, an unhealthy diet, and lack of physical activity. (Naomi et al., 2021). Dyslipidemia is a metabolic condition characterized by an increase in total cholesterol, *low density lipoprotein* (LDL), and triglyceride levels, as well as a decrease *in high density lipoprotein* (HDL) caused by people's consumption patterns that are more inclined to foods that are rich in fat and low in fiber (Trisnadi et al., 2021).

Triglycerides belong to the group of fats that are very important for the body's function consisting of fatty acids and glycerol. However, if the amount of triglycerides in the bloodstream is too high, this condition can damage the walls of blood vessels and trigger the formation of atherosclerosis plaques (Mala et al., 2019; Sagita Moniaga et al., 2023).

Coconut milk-based dishes are widely found by Indonesian people and have become a popular culinary. Some coconut milk foods such as vegetable rice cakes, rendang, curry, opor, soto, vegetable lodeh, and many more. However, the habit of using coconut milk in cooking can have a negative impact on health due to its high saturated fat content (Amalia and Azizah, 2021).

Frequent consumption of coconut milk that is high in saturated fatty acids can cause an increase in triglyceride levels in the blood. This condition can increase the likelihood of atherosclerosis, namely the formation of plaque in blood vessels that leads to obstruction of blood flow and triggers the onset of Coronary Heart Disease (CHD) (Cora et al., 2019). Based on the survey, 63% of respondents had abnormal triglyceride levels in the consumption of coconut milk foods typical of the Kalimantan region (Amalia and Azizah (2021)).

The proportion of consumption habits of fatty foods, cholesterol-rich foods, and fried foods in Bengkulu Province ≥ 1 time per day is 22.5% and 1 to 6 times per week is 67.6% and according to the work characteristics of civil servants/TNI/Polri/BUMN/BUMD ≥ 1 time per day is 31.5% and 1 to 6 times per week is 55.6% (Ministry of Health, 2023).

According to research by Siti Rahma Juni Sari from UIN Alauddin Makassar, around 14.6% of employees are at high risk of developing coronary heart disease. This risk arises due to the demands of a busy job and tends to ignore diet because most of the time is spent in the office (Sawitri et al., 2023).

According to research by Novela (2019), employees show unhealthy eating habits, such as breakfast that is not on schedule, consuming high-fat foods such as coconut milk and fried foods. In addition, some employees admitted that they prefer to buy ready-to-eat or pre-cooked food rather than cooking themselves. Another study found that 62.5% of State Civil Apparatus (ASN) aged 24 to 54 years have

low levels of physical activity and suffer from hypertension (Sabila and Sari, 2023). Civil servants (PNS) usually have light physical activity. They work for 7-8 hours per day with heavy enough burdens and responsibilities that they have less time to exercise (Sabila and Sari, 2023). Civil servants are considered to have a suboptimal level of productivity, with relatively low work activities during official hours. In fact, there are some employees who are unable to attend due to unfavorable health conditions (Herdianti et al., 2020).

Based on research on Health Office employees in one of the provinces, it was found that respondents had minimal work activities during working hours and less activity due to lack of energy (Baroroh et al., 2024). In addition, the economic ability factor also plays a role as one of the causes of high food intake compared to the number of calories burned through physical activity. Based on the data obtained, the Bengkulu Provincial Health Office has a total of 251 employees with an age range of 28-59 years, of which 70% are over 40 years old, at that age it is prone to problems with fat metabolism in the body, so health problems are often found.

This study aims to find out the description of triglyceride levels and consumption habits of coconut milk food in employees of the Health Office in 2025.

MATERIALS AND METHODS

This study uses a descriptive design with a cross-sectional approach. The variables in the study were triglyceride levels and consumption habits of coconut milk as well as gender and age. The population of this study is active employees of the Bengkulu Provincial Health Office which is 251 employees. The sample was taken by random sampling to get 48 employees as respondents. Blood samples are venous blood for blood triglyceride examination using the Enzymatic Colorimetry (GPO-PAP) method which is the gold standard for triglyceride examination. The results of the triglyceride level examination were then grouped into 2 criteria, namely Normal (40-160 mg/dL for men and 35-135 mg/dL for women) and Hypertriglycerides (> 160 mg/dL for men and >135 mg/dL for women). Data on consumption habits of coconut milk food were collected using FFQ and each frequency of consumption was scored. Next, the score from the frequency of consumption on each food is added to obtain the total consumption, then grouped based on the median value (Halimah, 2022). The category of frequent consumption of coconut milk foods for values above (\geq) median and not often for values below ($<$) median. Which is then converted into consumption every week.

RESULTS AND DISCUSSION

Results

Distribution of Gender, Consumption Habits and Triglyceride Levels

Table 1. Distribution of Frequency of Gender, Consumption Habits and Triglyceride Levels of Respondents

	Variable	Frequency	(%)
Gender	Male	14	29,2%
	Women	34	70,8%
Consumption Habits	Frequent ($\geq 9x/\text{week}$)	20	41,7%
	Infrequent ($< 9x/\text{week}$)	28	58,3%
Up to Triglycerida	Hypertriglycerida	44	91,7%
	Normal	4	8,3%

from the frequency gender, it can be seen that most (70.8%) of the respondents were female and almost a part (29.2%) of the respondents were male. Based on consumption habits, some (41.7%) of the respondents often consume coconut milk food and almost most (58.3%) of respondents do not often eat coconut milk. Based on triglyceride levels, most (91.7%) of respondents had hypertriglyceride levels and some of the respondents (8.3%) had normal triglyceride levels.

Age Distribution

Table 2. Average Age of Respondents

Average Age (years)	Minimum- Maximum (year)	SD	N
46,4	34-59	7,13	48

Table 2, the average age of the respondents was 46.4 years and the youngest age was 34 years old, the oldest was 59 years old and the standard deviation was 7.13.

Distribution of Coconut Milk Food Consumption Habits with Triglyceride Levels

Table 3. Distribution of Frequency of Sex and Consumption Habits of Coconut Milk Food with Triglyceride Levels of Respondents

Variable	Trigiserida		Total	
	Hypertriglycerida	Normal		
Gender	Male	92,9 %	7,1 %	100%
	Women	91,2 %	8,8 %	100%
Consumption	Frequent	90,0 %	10 %	100%

Habits	Not Frequent	92,9 %	7,1 %	100%
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Table 3, based on gender, most of the males (92.9%) have hypertriglyceride levels and some (7.1%) have normal levels and most of the females (91.2%) have hypertriglyceride levels and some (8.8%) have normal levels. Based on consumption habits, most of the respondents who consumed frequently (90%) had hypertriglyceride levels and some (10%) had normal levels and most of the respondents who did not consume frequently (92.9%) had hypertriglyceride levels and some (7.1%) had normal levels.

Discussion

This study was dominated by female respondents (70.8%) and the rest were men. Men tend to have less healthy lifestyles than women, such as smoking habits, higher alcohol consumption, and lack of physical activity. Seen in table 3. Male employees have a higher proportion of hypertriglycerides than female employees. Metabolic factors contribute to a higher risk of triglyceride levels in men compared to women (Siregar *et al.*, 2020).

High triglyceride levels in men can be caused by the hormone testosterone which affects triglyceride metabolism and increases triglyceride levels in the blood. In contrast to women, triglyceride levels are generally lower. Triglycerides tend to increase during menopause and have an impact on the risk of heart disease. As per a study on heart patients, it was found that 76.9% of men had high triglyceride levels (Anggraini *et al.*, 2025).

The average age of the respondents was 46.4 years with a range of 34–59 years. Adults have a greater potential risk of increased triglyceride levels due to changes in body composition, in the form of fat accumulation. Age is related to cholesterol levels (Saputri and Novitasari, 2021). Studies conducted in the community found that they had hypertriglyceride levels at the age of > 50 years and a large proportion in men (Nasution *et al.*, 2025).

Based on the consumption habits of coconut milk, the proportion of employees who often consume coconut milk food is smaller than those who do not often. Likewise with triglyceride levels, those who often consume coconut milk foods have a lower proportion of high triglyceride levels than those who do not consume them often. This study found that the frequency of frequent consumption was $\geq 9x$ per week of coconut milk consumption. Studies on coconut milk food consumption in the Sumatra region, especially Bengkulu, are often found in daily consumption of side dishes, cakes or snacks that have coconut milk, spicy and salty characteristics (Widiono *et al.*, 2022).

This study found that the three coconut milk foods that respondents most often consumed were chicken curry, vegetable cake, and rendang because these foods are easy to obtain, often used as a breakfast menu, and commonly found as a daily side dish. People in Bengkulu Province consume a lot of fatty foods in the form of coconut milk side dishes that have a spicy taste, where coconut milk gives a savory taste due to its high fat content. However, coconut milk can turn into a source of bad fat if cooked for too long or

heated repeatedly (Martadjaja, 2022).

The 3 types of coconut milk foods that were consumed the least by the respondents, namely gerrigit mushroom curry, snakehead fish cooked with coconut milk and mixed fish curry. This can be because basic ingredients in the form of gerigit mushrooms and kempaang (yam stems) are difficult to obtain in traditional markets. The same is true of the availability of snakehead fish in the traditional market which is uncertain (Simanjuntak et al., 2020, 2023).

The study found high triglyceride levels (Hypertriglycerides) of 91.7%. This figure is quite high compared to the prevalence in Indonesia. The study only measured the consumption of coconut milk foods because it is a local culture. However, high triglyceride levels are not only caused by one factor, they can be caused by food and other lifestyles that are not measured. The incidence rate of hypertriglycerides of 91.7% is very risky for the occurrence of metabolic syndrome which will lead to the occurrence of other clinical diseases. A literature study conducted by Nolan et al., (2017), found that metabolic syndrome caused by atherogenic dyslipidemia will be at risk of other clinical diseases, including non-communicable diseases.

This study is in line with Sufiati (2020) who found that 76.5% of respondents with high fat intake are at risk of hypertriglycerides or hypercholesterolemia compared to low intake. Excessive consumption of coconut milk triggers blood vessel plaques (atherosclerosis) due to high triglycerides and LDL, causing narrowing of the vessels, hypertension, and coronary blood flow disorders (Rismadi *et al.*, 2021).

This study noted the existence of respondents who did not often consume coconut milk foods but had high triglyceride levels, which was 54.1%. In line with the results of previous research by Khasanah (2020), it was found that respondents who had sufficient fat intake but had high carbohydrate consumption habits caused high triglyceride levels of 33.3%. High carbohydrate consumption can trigger an increase in triglyceride levels in the blood (Khasanah *et al.*, 2020).

Another study conducted by Annisa (2024) also stated that most subjects with high fat intake had normal triglyceride levels of 58.1%. This is because the respondents' fiber intake of 25-30 g/day is met so that normal triglyceride levels are achieved. Another study also states that fiber functions to bind fat, interfering with the process of fat absorption in the body. (Ramadhani and Probosari, 2024).

According to research by Helmizar et al., (2009) states that the fat contained in coconut is a vegetable saturated fatty acid. In addition, spices found in coconut milk dishes also function as antioxidants such as ginger, turmeric, galangal, and leaves such as turmeric leaves, bay leaves, lime leaves, ruku-ruku leaves (Liputo, 2001). In contrast, fat sources from animal foods such as meat, eggs, fish, poultry and milk are known to have higher fatty acids than fats derived from vegetable fats (Tandra, 2021).

CONCLUSION

Most of the employees were in hypertriglyceride conditions (91.7%). This condition has the potential to increase the risk of non-communicable diseases, especially coronary heart disease, if treatment and lifestyle changes are not carried out. Employees often consume coconut milk food (41.7%), on average $\geq 9x$ every week. Triglyceride levels are not only affected by coconut milk foods but can also be related to lack of physical activity, and a diet high in carbohydrates and other fats. Efforts to reduce the risk of high triglyceride levels such as regular exercise, regular lipid profile checks and healthy food provision arrangements in the work environment, including low-fat and high-fiber menu recommendations.

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