

The Correlation Of Knowledge And Education Level Of The Patients With The Gastritis Incident At Sindangbarang Public Health Center Cianjur

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Abstract: Gastritis is usually regarded as a thing paltry but gastritis was the beginning of a a disease that can be big problem for us. Based on the previous research at Public Health Center sindangbarang cianjur District were found scene gastritis from 10 patients, 7 had less knowledgeable, 1 respondents had knowledge cased, and 2 respondents had good of knowledge. It is suspected that the incidence of gastritis has to do with knowledge and education level of the patients. The purpose of this research is to identify corelation between knowledge and education level of the patients outpatient with the gastritis at Public Health Center sindangbarang cianjur District. Research methodology used survey analytic correlative with design cross sectional .Data analyzed by univariat and bivariat with statistics chi square test. Population in this research were out patients Public Health Center sindangbarang. The sample 120 respondents with total of sampling. The results of the study were corelation knowledge of to gastritis incident based on the analysis of bivariat by using test chi-square computerized , the results of statistical corel tests obtained p value = 0.013< = 0.05, so H0 rejected. While relations education level with the gastritis incident based on the results of the analysis bivariat test chi-square use computerized obtained the results of statistical tests obtained p value = 0.0001< 0.05, so H0 rejected it could be concluded a significant between knowledge and the level of education with the gastritis incident corelation at Public Health Center sindangbarang cianjur District, it is advised that need to effort to promotional and preventive, especially with regard to knowledge of gastritis, as information about gastritis, and counseling on a preventive manner gastritis that can reduce or prevent disease gastritis.

Keywords: cross sectional, knowledge, education level, gastritis.

1 INTRODUCTION

WHO world health research agency conduct a review of some of the countries of the world and get the percentage of incidence of gastritis in the world, including the UK 22%, China 31%, Japan 14.5%, Canada 35%, and France 29.5%. In the world, the incidence of gastritis approximately 1.8 to 2.1 million of the population each year. The incidence of gastritis in Southeast Asia around 583 635 of the population each year. The prevalence of gastritis confirmed by endoscopy in a population in Shanghai around 17.2% which is substantially higher than the population in the west that ranges 4.1% and asymptomatic. ([Www.angkakejadiangastritis.com](http://www.angkakejadiangastritis.com)) Health development in Indonesia is currently faced with two problems, on the one hand, infectious disease remains a public health problem that has not been handled, on the other hand there has been a rise in cases of diseases are not contagious (PTM) which is mostly caused by lifestyle due to urbanization, modernization and globalization (MOH, 2007) Gastritis is one of gastrointestinal health problems most often occur. About 10% of people who come to the emergency room on physical examination found tenderness in the epigastric region. This led the doctors to a diagnosis of gastritis, which is needed to ensure an other investigations such as Endoscopy. Gastritis is an inflammation of the stomach lining tissue disorder most often caused by diet such as eating too much, too fast, too much seasoning. Gastritis is usually regarded as a trivial thing, but gastritis is the beginning of a disease that can trouble us. The percentage of incidence of gastritis in Indonesia, according to WHO is 40.8%. The incidence of gastritis in several regions in Indonesia is quite high prevalence of 274.396 cases of 238,452,952 inhabitants (Kurnia, 2011). The incidence gastritis in Indonesia is quite high. Research results and observations made by the RI Department of Health (2007), the incidence of gastritis in several cities in Indonesia there is a high reaching 91.6%, which is in the city of Medan, followed by Jakarta 50%, 46% Denpasar, Bandung 35th, 3%, Palembang 32.5%, 31.7% Aceh, Surabaya 31.2%, and 31.2% Pontianak. This was

caused by an unhealthy diet. The high incidence of gastritis can be seen also in West Java province. Based on data obtained from the Health Department of West Java Province in 2008 the incidence of gastritis were 24 per thousand live births. This happens due to irregular eating patterns so that the stomach becomes sensitive when stomach acid increased (Nuraidah, 2012). The incidence of gastritis in Cianjur regency year 2015 3.320 people spread throughout the area in Cianjur. ([Www.angkakejadiangastritis.com](http://www.angkakejadiangastritis.com), / senin10 / 02/2016). Based on data obtained from the medical records of the disease in PHC DTP Sindangbarang Gastritis, gastritis ranks two of the top ten most prevalent diseases on a monthly basis. From the preliminary study showed that most patients have less knowledge about the disease is the result of human senses gastritis. Knowledge, or results to know someone on a particular object through its senses, namely the eyes, nose, ears, and so forth (Notoatmodjo, 2010). Patient knowledge about the handling of gastritis is very important because it not only to understand the disease, but to help determine the steps to be taken in order to reduce the gastritis patients in health centers DTP Sindangbarang. disease in the stomach usually experience nausea, pains in the abdomen, pain , mules, bloating, cold sweat and the face becomes pale when the disease relapses. In fact, many patients with gastritis may faint, unable to bear the pain caused by the attack of the disease. Gastritis can also afflict anyone of any age group, both male and female. Inflammation of the stomach caused by irregular eating patterns, this can lead to increased stomach acid that irritates the mucosal lining of the stomach, eventually causing pains and nausea (Ainun, 2012). The researchers concluded that patients' knowledge about gastritis was still less. From outline that the level of knowledge and understanding of one's education can affect desirable to use something that can be influenced to choose needs to fix. Same as well in the prevention of occurrence of gastritis requires adequate knowledge and education which good. This is also expressed in Notoatmodjo (2010) that the domain knowledge (cognitive) has 6 levels, among others to know,

understand, use, describe, summarize and evaluate. Another key feature in the level of knowledge is recollection of something that is learned, through experience, teaching or information received from others.

THEORETICAL FRAMEWORK

A. Knowledge

1. Definition of Knowledge

Knowledge is the result of the idea, and this occurred after people perform sensing on a specific object. Sensing occurs through human senses the senses of sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears. Knowledge or cognitive domain is a domain that is very important in shaping a person's actions (over behavior), (Notoatmodjo, 2012).

2. Level of Knowledge

According Notoatmodjo (2010) knowledge covered in the cognitive domain has six levels, namely:

a. Know (know)

Know interpreted as considering a material that has been studied previously. Included in the level of knowledge this is the recall (recall) to something specific and all materials are studied or stimuli that have been received. Therefore 'know' this is the lowest level of knowledge. The verb to measure that people know about what they learned, among others, can be mentioned, describe, define, declare, and so forth. (Notoatmodjo, 2012).

b. Understanding (comprehension)

Understanding is defined as an ability to explain properly about the object known, and can correctly interpret the material. (Notoatmodjo.2012)

c. Application (Application)

Application is defined as the ability to use materials that have been studied on the actual situation or condition. Application here can be defined as the application or use of the laws, formulas, methods, principles, and so in the context or other situations. (Notoatmodjo.2012)

d. Analysis (Analysis)

The analysis is the ability to describe the material or an object into components, but still within an organizational structure, and still something to do with one another. (Notoatmodjo.2012)

e. Synthesis (Synthesis)

Synthesis refers to an ability to place or connect the parts in a whole new form. With other words, the synthesis is an ability to prepare new formulations of existing formulations. (Notoatmodjo.2012)

f. Evaluation (Evaluation)

This evaluation relates to the ability to justify or assessment of a material or object. Assessments are based on a self-determined criteria, or using criteria that have been there. (Notoatmodjo, 2012). In this study, researchers only measuring the extent of the level of knowledge. (Notoatmodjo.2012)

B. The concept of Level of Education

1. Definition of Education

Education core of interactions between educators with learners to achieve educational goals. This interaction takes place in an educational environment. In education the interaction occurs interplay between educators with learners. The role of educators is greater, due to its position as a more mature, more experienced, more control of values, more master knowledge and skills. The role of learners more as a receiver influence, followers and participants (Sukmadinata & Syaodih, 2012). The level of education will be influential in giving a response to something that comes from outside. Highly educated people would give a more rational response to the information coming and going to think the extent of the possible benefits they will get from the idea. Education can influence the behavior of a person, including going lifestyle, especially in motivating attitudes and participate in the development of health. (Notoatmodjo, 2010) According to (Mudyahardjo 2010) education in the broad sense is everything that goes Study abroad experience in any environment and throughout life. Education is widely restricted defined as a conscious effort made by the family, the community, the government, through counseling, teaching or training that takes place at school and outside of school throughout life, to prepare students to be able to play a role in a variety of the environment. While in the narrow sense of Education is teaching activities in the school as a formal institution From the definition of education in the narrow sense it can be concluded that the characteristics of education as follows:

- a. The period of education lasts for a limited time, namely childhood and adolescence.
- b. Educational environment created specifically for education. Technically education took place in the classroom.
- c. Forms of structured educational activities programmed in the form of curriculum. Educational activities more oriented to activities of teachers so that the role of the teacher is very central and decisive. Educational activities scheduled time and place.
- d. The purpose of education is limited to the development of certain abilities.

The level of education will be helping the person to more easily grasp and understand the information. The higher a person's education also increased the level of understanding and precise in taking a stand. Qualification is divided into three, namely low levels of education including SD / MI and SMP / MTs, secondary education includes SMA / MA and SMK / MAK and higher education includes Academic, Polytechnic, College, Institutions and Universities (Sugiyono, 2009)

C. Concept of Gastritis

1. Definition of Gastritis

a. Gastritis

According to Price (2007), Gastritis is a condition of inflammation or bleeding of a gastric mucosa which can be acute, chronic, diffuse or localized. Gastritis is a disease that is

often characterized by heartburn, nausea, vomiting, early satiety, and abdominal pain. According to (Endang, and Puspawati, 2012) is generally gastritis is defined as inflammation of the gastric mucosa. Gastritis is a digestive disorder caused by the bacteria *Helicobacter pylori*. According to Haris (2009, in Muttaqin and Sari, 2010) *Helicobacter pylori* is the main bacteria that most commonly cause gastritis. The prevalence of infection by *H. pylori* in individuals depending on age, socio-economic and racial. In several studies in the United States, found *Helicobacter pylori* infection in children by 20%, at the age of 40 years by 50%, and in the elderly by 60%. Meanwhile, according to Mansyur (2003, in Nuraidah, 2012) is inflammation gastric mucosa gastritis is most often caused by irregularities diet, alcohol, aspirin, bile reflux or radiation therapy. Gastritis can be the first sign of acute systemic infection. Form of more severe acute gastritis caused by strong acid that can cause the mucosa into gangrene and perforation. Based on these definitions researchers concluded, gastritis is a condition characterized by the collection of clinical symptoms consisting of pain epigastric or heartburn, do not want to eat, nausea without vomiting sometimes accompanied by symptoms such as bloating, the body feels weak and so on.

2. Classification of Gastritis

a. acute gastritis

Is a clinical disorder acute clear why the typical signs and symptoms. Usually found acute inflammatory cells and neutrophils. Acute Gastritis is a disease that is often found, are usually benign and can heal itself, is a response to the gastric mucosa against various local irritants. Bacterial endotoxin (after eating contaminated food) alcohol, caffeine and aspirin are causing agents are common. Other drugs such as NSAIDs (indomethacin, ibuprofen, naproxen), sulfanamide, steroids and digitalis are also involved. Some spicy foods include vinegar, pepper, or mustard, can cause symptoms that lead to gastritis. If alcohol is taken with aspirin, the effect will be more damaging than the effect of each agent separately. Haemorrhagic diffuse erosive gastritis usually occurs in heavy drinkers and the use of aspirin, and DAPT causes the need for gastric resection. This serious disease would be considered as ulcers due to stress, because they both have a lot in common. Destruction of the gastric mucosal barrier is thought to be the pathogenic mechanisms that cause injury. In superficial gastritis, mucosal reddening, edema, and is covered by mucus attached, small erosion and bleeding often arise. Highly variable degrees of inflammation. Clinical manifestations of acute gastritis can vary from vague abdominal complaints, such as anorexia or nausea, to more severe symptoms such as epigastric pain, vomiting, bleeding and hematemesis. In some cases when symptoms are elongated and resistant to treatment, it may take additional diagnostic measures such as endoscopy, biopsy mucosa and gastric fluid analysis to clarify the diagnosis. Acute gastritis usually subside when agents cause is eliminated. Anti-vomiting drugs can help relieve nausea and vomiting. If the patient is still vomiting, might need correction fluid and electrolyte balance by giving intravenous fluids. The use of H₂ blockers (such as ranitidine) to reduce gastric acid secretion, sucralfate or antacids, can accelerate healing (Price, 2007).

b. chronic gastritis

The cause is not clear, often is multifactorial with variable clinical course. This disorder is closely related to infection *Helicobacter pylori*. Chronic gastritis is characterized by the progressive atrophy of glandular epithelial cells accompanied by a loss of pepsinogen and chief cell. As a result, the production of hydrochloric acid, pepsin and intrinsic factor decreased. The stomach wall becomes thin and the mucosa has a flat surface. Form of gastritis is often associated with pernicious anemia, stomach ulcers and cancer. Suspected chronic gastritis predisposes the onset of gastric ulcer and carcinoma. The incidence of stomach cancer is particularly high in pernicious anemia (10-15%). Symptoms of chronic gastritis is generally varied and unclear, among others, a full stomach feeling, anorexia and epigastric distress which is not real. Treatment of chronic gastritis vary, depending on the suspected cause of disease. Alcohol and drugs are known to irritate the gastric mucosa should be avoided. Iron deficiency anemia (due to chronic bleeding) when there corrected vitamin B12 and other appropriate therapy given in pernicious anemia (Price, 2007).

3. Causes

Gastritis can occur suddenly known as acute gastritis, but can also occur slowly, also known as chronic gastritis. Both have similar symptoms include no burning in the belly top, bloating, frequent belching, nausea and vomiting. In a number of cases of gastritis will cause ulcers in the stomach and increase the risk of gastric cancer. Gastritis can strike any age, even small babies. However, the process is different. There are a number of factors that can lead to gastritis:

a. bacterial infection

Helicobacter pylori bacteria can lead to gastritis. The discovery of the bacteria was carried out by two doctors from Australia, namely Barry Marshall and Robin Warren found that the presence of bacteria that live in the human stomach. It has been proven now that the infection caused by *Helicobacter pylori* in the stomach can cause gastric mucosal inflammation known as gastritis. This process may continue until ulceration / ulcers. *Helicobacter pylori* bacteria live under the mucous membrane lining the inner wall of the stomach. The function is to protect the mucous layer of the stomach wall from damage caused by acids produced by the stomach. (Editors, 2009).

b. Pain relievers

Overuse of pain relievers such as Nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen (Advil, Motrin and others) as well as naproxen (Aleve) can cause gastritis both acute and chronic gastritis (Editors, 2009).

c. consuming Alcohol

Alcohol can irritate (stimulate) and scrape the surface of the stomach so that the stomach acid will easily scrape the surface of the stomach and occurs acute gastritis (Editors, 2009).

d. bile acids

Bile acid is a liquid that helps the digestion of fats. This fluid flows produced in the liver and gallbladder. When out of the gallbladder, bile acids are supplied to the small intestine (duodenum). Normally, ring the pylorus (the lower part of the stomach) will prevent the flow of bile acids into the stomach

after it is released into the duodenum, but when the ring is broken so it could not perform its functions properly, the bile acid can flow to the stomach, and this can lead to inflammation of the stomach and chronic gastritis (Editors, 2009).

e. stress

Stress can cause the nervous system in the brain associated with gastric abnormalities due to imbalance. Stress also cause hormonal changes in the body that can stimulate the production of excess acid. This condition causes the stomach feels sore and bloated (Ainun, 2012).

f. Irregular eating patterns

A diet is strongly associated with the production of stomach acid. These acids function digests the food into the stomach with a regular schedule. Production of stomach acid remains the case, even though a person is sleeping. Irregular eating patterns are very difficult to adapt to the stomach. If this process takes a long time, production will be redundant so that irritate the stomach mucosa of the stomach wall, which eventually causes the pain and nausea. (Ainun, 2012).

g. Consumption of food type

Foods such as spicy foods (chili or pepper) can irritate and erode the surface of the stomach so that the stomach acid will easily scrape the surface of the stomach and chronic gastritis pass (Editors, 2009).

h. Attacks against the hull.

Cells produced by the body itself can attack the stomach called autoimmune gastritis. This incident is rare but can happen. The above events often occur in people whose disease Hashimoto's disease, Addison, s disease and type 1 diabetes an autoimmune gastritis is also associated with vitamin B12 deficiency can be harmful.

i. Knowledge

There are various factors that affect gastritis among which the knowledge to prevent gastritis. Domain knowledge is very important in shaping a person's actions (overt behavior). Knowledge is the result of tau and going after people perform sensing on a specific object. (Notoatmodjo, 2012)

j. Education

The level of education will be influential in giving a response to something that comes from outside. Highly educated people would give a more rational response to the information coming and going to think the extent of the possible benefits they will get from the idea. Education can influence the behavior of a person, including going lifestyle, especially in motivating attitudes and participate in the development of health. (Notoatmodjo, 2010).

4. Signs and symptoms of gastritis

According to (Editors, 2009) the signs and symptoms of gastritis are: burning sensation in the stomach and will become worse when you're eating.

- a. Nausea.
- b. Gag.
- c. Loss of appetite.
- d. Feeling very full stomach when after eating.
- e. Body weight decreased.

Meanwhile, according to (Endang, and Puspasdewi, 2012) generally gastritis patients experienced complaints such as abdominal pain, nausea or vomiting, bloating / belching, and a full taste / satiety. Acute gastritis occurs suddenly and symptoms are more visible which is characterized by nausea and a burning sensation in the stomach as well as the discomfort in the upper stomach. Chronic gastritis walked slowly and symptoms are commonly seen was a strong feeling sore and filled the stomach, loss of appetite, so just being able to eat in small amounts. Sometimes gastritis will cause stomach bleed, but not severe. Stomach bleeding can be removed through the mouth (vomiting blood) or occur dysentery. In case of late helped there will be fatal. (Editors, 2009). Because gastritis is one of the many digestive diseases with symptoms that are similar to each other, causing the disease is easily mistaken for other diseases such as:

- 1) gastroenteritis. Also referred to as the stomach flu (stomach flu), which typically occurs as a result of a viral infection of the intestine. Symptoms include diarrhea, abdominal cramps and nausea or vomiting, as well as the inability to digest. Symptoms of gastroenteritis often disappear in one or two days while for gastritis can occur continuously.
- 2) Heartburn. Burning pain behind the breastbone that feels this usually occurs after a meal. This occurs because the stomach acid up and into the esophagus (the tube that connects the throat and stomach). Heartburn may also cause a sour taste in the mouth and feel the sensation of partially digested food back into the mouth.
- 3) Stomach ulcers. If the pain and heartburn occurs continuously and severe, then it was likely caused due to ulcers in the stomach. Stomach (peptic) ulcer or gastric ulcers are open sores that occur in the stomach. The most common symptom is pain that becomes more severe when the evenings or the stomach is empty. Gastritis and stomach ulcers have some of the same causes, especially H. pylori infection. The disease can result in gastritis and vice versa.
- 4) Nonulcer dyspepsia. is a functional disorder that is not related to a particular disease. The exact cause of this condition is unknown, but stress and eating too much fried foods, spicy or fatty foods could be expected to result in this situation. Symptoms are pain in the upper abdomen, bloating and nausea.

RESEARCH METHODS

This research uses analytical survey method with cross sectional design a study that variable causes or risk and results or cases that occur on the object of research is measured and collected at the same time and there is no follow-up. Cross-sectional study can be used in a descriptive or analytical research (Setiadi, 2013).

Result and Discussion

Result

a. Overview of Respondents by Knowledge About Gastritis

Based on research data, it can be seen that the respondents were knowledgeable enough more than the volunteers who

have knowledge less and better. For more details can be seen in the following table:

Table 4.1 Frequency Distribution of Respondents by Knowledge About Gastritis

Knowledge	Frequency (F)	Percent (%)
Good	19	15,8
Middle	56	46,7
Less	45	37,5
Total	100	100

Based on Table 4.1, it can be seen that the respondents were knowledgeable both were 19 (15.8%) of respondents, and respondents were knowledgeable enough for 56 (46.7%) of respondents, and respondents were less knowledgeable were 45 (37.5%) of respondents,

b. Overview of Respondents by Education Level

Based on research data, it can be seen that the respondents were high school education are more than the respondents with low education and high. For more details can be seen in Table 4.2 below:

Table 4.2 Frequency Distribution of Respondents Education Level

Education	Frequency (F)	Percent (%)
Low	53	44,2
Middle	57	47,5
High	10	8,3
Total	100	100

Based on Table 4.2, it can be seen that the less educated respondents were 53 (44.2%) of respondents, and respondents who had a high school education was 57 (47.5%) of respondents are highly educated while 10 (8.3%). Overview of Respondents According to Genesis Gastritis

Table 4.3 Frequency Distribution of Respondents According to Genesis Gastritis

Gastritis	Frequency (F)	Percent (%)
Affected Gastritis	76	63,3
Not Affected Gastritis	44	36,7
Total	100	100

Based on table 4.3, it can be seen that the respondents were exposed to gastritis as many as 76 (63.3%) of respondents and respondents who were not affected by gastritis were 44 (36.7%) of respondents.

a. Analysis of Knowledge Relations Outpatient About Gastritis with Gastritis in Puskesmas Sindangbarang Genesis Cianjur regency. Distribution of Knowledge relationship Outpatient About Gastritis with Gastritis Genesis in Cianjur district Puskesmas Sindangbarang can be seen in table 4.4

Table 4.4 The distribution Frequency Knowledge According Outpatient About Gastritis In Public Health Center Sindangbarang Cianjur Regency, 2016.

Knowledge	Gastritis				TOTAL		P VALUE
	Not Affected Gastritis		Affected Gastritis		N	%	
	N	%	N	%			
Good	11	24,4	34	75,6	45	100	0.013
Middle	21	37,5	35	62,5	56	100	
Less	12	63,2	7	36,8	19	100	
Total	44	36.7	76	63,3	120	120	

Based on Table 4.4 RESULTS analysis of the relationship between knowledge of outpatients with a incidence of gastritis obtained less knowledgeable patients 11 (24.4%) of respondents are not affected by gastritis, and as many as 34 (75.6%) of respondents affected by gastritis. For patients with solid knowledge obtained 21 (37.5%) were not affected by gastritis, and a total of 35 (62.5%) of respondents affected by gastritis. While patients good knowledge gained as much as 12 respondents (63.2%) and 7 (36.8%) of respondents affected by gastritis. Statistical test results obtained P Value = 0.013 α = 0.05, then H0 is rejected, which means there is a relationship between knowledge Outpatient About Gastritis with Gastritis in Public Health Center Sindangbarang Genesis Cianjur regency.

b. Analysis of Relationship Education Level Outpatient with Genesis Health Center Sindangbarang Gastritis in Cianjur regency. Distribution Relationship Education Level Outpatient with Genesis Gastritis in Cianjur district Puskesmas Sindangbarang can be seen in Table 4.5

Table 4.5 Distribution of Frequency According to Education Level Outpatient About Gastritis with Gastritis in Puskesmas Sindangbarang Genesis Cianjur regency.

Education Level	Gastritis				TOTAL		P VALUE
	Not Affected Gastritis		Affected Gastritis		N	%	
	N	%	N	%			
Low	39	73,6	14	26,4	53	100	0,000
Middle	5	8,8	52	91,2	57	100	
High	0	0	10	100	10	100	
Total	38	38.0	62	62,0	100	100	

Based on table 4.5 RESULTS analysis of the relationship between education level of outpatients with a incidence of gastritis in patients who get little education who are not affected by gastritis 39 (73.6%) of respondents, and as many as 14 (26.4%) of respondents affected by gastritis. For patients with a high school education who were not exposed gastritis 5 (8.8%), gastritis responders and affected as many as 52 (91.2%). And for patients who are highly educated are not affected as much gastritis 0 (0%) and gastritis affected as

many as 10 (100%). Statistical test results obtained P Value = 0.000 α = 0.05, then H₀ is rejected, which means there is a relationship between education level Outpatient With Genesis Gastritis in Puskesmas Sindangbarang Cianjur regency.

Discussion

Problems that meticulous researchers in this study is about the relationship of knowledge and education levels of outpatients with events Gastritis. Currently the incidence of gastritis in Indonesia continues to increase. Thus the disease Gastritis should be looked at seriously by health personnel so that the incidence of Gastritis can be decreased. This discussion will be described according to variables, as follows:

1. Frequency Distribution Overview Knowledge About Gastritis

From the results of research on the knowledge of Gastritis illustrated in Table 4.1 that the level of knowledge of good proportions were 19 (15.8%) of respondents, and were knowledgeable enough for 56 (46.7%) of respondents, and respondents were knowledgeable about as many as 45 (37, 5%) of respondents. Knowledge of Gastritis consists of indicators definition, classification Gastritis, causes, signs and symptoms, and trigger factors, prevention. Indicators definition and causes gastritis most respondents answered incorrectly, the indicator is underlying the whole knowledge of Gastritis. Someone will start to know more about something, which affects the person to determine further action. This is in accordance with the opinion (Arikunto, 2010), claimed that people will begin to know more about something, at the start of understanding it. Subsequently (Notoatmodjo 2010) said aspects of understanding and the cause of a thing that can underlie a person to do business and measures against the occurrence of Gastritis. The results of the field, outpatient health centers Sindangbarang most educated only up to junior high and high school, where the number of people who are educated to college only 10 (8.3%) people, intermediate 57 (47.5%) people, low 53 (44.2%) persons. This may affect the results of patient knowledge regarding Gastritis. This is consistent with the theory that knowledge is influenced by several factors, one of which is the level of education. It is inevitable that the higher one's education, the more easily the information they receive, and ultimately the knowledge he has will be more and more (Mubarak, Iqbal, 2011). Knowledge is the result of out and going after people perform a specific sensing of objects, namely the senses of sight, sense of smell, sense of hearing, taste and touch, the majority of human knowledge is gained through sight and pendengara. Or cognitive domain knowledge is very important in shaping a person's behavior or actions (Notoatmodjo, 2007). So it can be said that the knowledge about the disease Gastritis is still said to be good, because most can not answer correctly the questions submitted and it is according to the theory presented above that the knowledge is out and their results sensing process. Lack of information and media campaign at the community resulted in poor patient knowledge about Gastritis (Notoatmodjo, 2007).

2. Overview Frequency Distribution Education Level

Based on Table 4.2 shows that the proportion of respondents with low education as much as 53 (44.2%) of people, and the respondents were high school education was 57 (47.5%), while highly educated 10 (8.3%) people. The level of education

will be influential in giving a response to something that comes from outside. Highly educated people would give a more rational response to the information coming and going to think the extent of the possible benefits they will get from the idea (Notoatmodjo, 2010).

3. Overview Frequency Distribution Genesis Gastritis

Based on the results in Table 4.3 which shows that out of 120 respondents, there are 76 (63.3%) of respondents were exposed Gastritis, and there were 44 (36.7%) of respondents were not exposed Gastritis. This shows that the high incidence of disease Gastritis in Puskesmas Sindangbarang Cianjur regency. From the research, the indicators questions on variables prevention Gastritis, on average, respondents still a lack of knowledge about the prevention of gastritis, it will greatly affect the continued high incidence of gastritis in Puskesmas Sindangbarang Cianjur, according to the theory put forward any one way to prevent the disease Gastritis is to eat small amounts more often, get rid of the habit of consuming alcohol, do not smoke, replace painkillers, exercise more, stress management, try to eat regularly every day, reduce the consumption of acidic foods and spicy (Editors, 2009).

4. Relationships with Genesis Knowledge About Gastritis Gastritis in Cianjur district Puskesmas Sindangbarang

From the results in Table 4.4 that the less knowledgeable patients 11 (24.4%) of respondents are not affected Gastritis, and as many as 34 (75.6%) of respondents exposed Gastritis, for patients who have solid knowledge obtained 21 (37.5%) of respondents did not Gastritis exposed, and a total of 35 (62.5%) of respondents exposed to Gastritis, knowledgeable While patients are obtained by 12 (63.2%) of respondents are not affected Gastritis, and 7 (36.8%) of respondents exposed to Gastritis. The data illustrates that turns knowledge of Gastritis Gastritis influence on events. This is because knowledge of Gastritis is still not good that cause gastritis incidence rate is still quite high, so the need to maximize the potential of existing knowledge can be used to handle the occurrence Gastritis and keep to avoid the disease Gastritis. So in this case if the patients' knowledge about Gastritis in sharpening properly it will be able to prevent the patient from disease Gastritis or also can speed up the healing process when the pain Gastritis (Notoatmodjo, 2010). As disclosed Notoatmodjo (2007) that knowledge or cognitive domain is very important in shaping behavior / actions of a person. In this study, public knowledge about Gastritis will form the patient to do business assessment and action against occurrence Gastritis. Therefore knowledge is an important component in spite of increased knowledge does not always lead to the occurrence of events Gastritis but increased knowledge has a positive relationship with the occurrence Gastritis. Knowledge is the result of the idea, and this occurred after people perform sensing on a specific object. Sensing occurs through the senses of the human senses of vision, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears. Knowledge or cognitive domain is a domain that is very important in shaping a person's actions (over behavior). Therefore, if the lack of public knowledge about Gastritis it will not be the formation of behavior that can prevent the occurrence of gastritis, vice versa, if the community has a good knowledge of Gastritis then the

community will avoid behavior that can cause disease Gastritis (Notoatmodjo, 2012). Based on the above reference, it can be said that knowledge has a close relationship with the occurrence of gastritis, because a person's knowledge will bring an attitude and behavior that can influence the occurrence of disease Gastritis. This research was also supported by research (Rahmi Kurnia Gustin, 2011) entitled Factors Associated With Genesis Gastritis Patients who Inpatient in Puskesmas Stew Bancah Bukit Tinggi. Where the test results using a statistical calculation obtained p.value chi square = 0.554, thus H_0 is rejected it means a significant relationship between the level of knowledge on the incidence of gastritis, where respondents with lower levels of knowledge likely to suffer from gastritis compared to respondents with the level of knowledge more good.

CONCLUSION

Based on data analysis and discussion of the results of research that has been done, then the conclusion can be drawn as follows:

1. Most of which 56 (56%) of respondents knowledgeable enough about Gastritis.
2. Most of which 57 (57%) of respondents secondary education.
3. Most of which 76 (76%) of respondents exposed to Gastritis.
4. There is a relationship between knowledge of the incident Gastritis.
5. There is a relationship between level of education and the incidence Gastritis.

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