
Relationship Between Knowledge About Gastritis And Compliance With Drug Use In Gastritis Patients At Sigumpar Community Health Center

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Abstract

Gastritis is a health disorder of the digestive tract that is experienced by many people and is a disease that is often encountered in clinics based on its clinical symptoms. Gastritis is usually called an ulcer disease, which is inflammation of the gastric mucosa due to irritation and infection, where the stomach can be damaged by the squeezing process if it occurs continuously. The aim of this study was to determine the relationship between patient knowledge about gastritis and compliance with the use of gastritis medication at the Sigumpar Community Health Center. This research method is Cross Sectional, a study used to correlate two variables. The sample in this study consisted of 36 patients with 20 patients with acute gastritis and 16 patients with chronic gastritis. Data collection uses a non-probability sampling technique, namely purposive sampling. The data analysis technique used is the Spearman test. This research states that patient knowledge about gastritis has a good level of knowledge of 80.56% with the level of compliance with the use of gastritis medication stating that 55.5% has moderate compliance. Based on the results of the Spearman test, it shows that the results. Sig value. (2-tailed) is $0.896 > 0.05$, so it can be concluded that there is no significant correlation between patient knowledge about gastritis and compliance with medication use. This research is expected to increase knowledge about gastritis and compliance with medication use.

Keywords: Gastritis, Patient Knowledge, Compliance With Medication Use

INTRODUCTION

Gastritis is a health disorder of the digestive tract that is most commonly experienced by everyone and is a disease that is often found in clinics based on its clinical symptoms (Rizky et al., 2019). Gastritis is more popularly known as ulcer disease, which is inflammation of the gastric mucosa due to irritation and infection, where the stomach can be damaged by the squeezing process if it occurs continuously. This causes abrasions and wounds that result in inflammation called gastritis (Bayti et al., 2021).

Cases of gastritis show quite high numbers in various countries. This affects up to 50% of adults in Western countries. According to WHO (World Health Organization) in 2019, the percentage of gastritis in several countries was 69% in Africa, 78% in South America and 51% in Asia. The incidence of gastritis in the world reaches 1.8 million to 2.1 million people each year. While the incidence of gastritis in Southeast Asia is around 583,635 of the population each year (Azer & Akhondi, 2020).

In 2019, WHO also stated that the percentage of gastritis incidence in Indonesia was 40.8% and reached a prevalence of 274,396 cases out of 238,452,952 people in several regions of Indonesia. Based on data from the Ministry of Health of the Republic of Indonesia in 2019, it was noted that gastritis cases were among the ten most common diseases in Indonesia, namely in inpatients in hospitals and health centers in Indonesia with a total of 30,154 cases (4.9%) (Tussakinah et al., 2018). The city with the highest record of gastritis in Indonesia is Medan which reached 91.6%, then in several other cities such as Jakarta 50%, Palembang 35.35%, Bandung 32.5%, Surabaya 31.2%, Denpasar 46%, Aceh 31.7% and Pontianak 31.2% (Handayani & Thomy, 2018).

According to research (Rantung and Malonda, 2019) found a significant relationship between the type of food and the incidence of gastritis, respondents who like types of food that can irritate have a 7.343 times greater chance of gastritis than respondents who like types of food that are not irritating. Types of irritating foods such as spicy foods, corrosive substances (vinegar and pepper) can cause

damage to the gastric mucosa and cause wounds on the stomach wall. Consuming spicy and sour foods excessively can cause a burning sensation and pain in the pit of the stomach accompanied by nausea and vomiting. These symptoms make sufferers' appetites decrease. If the habit of consuming spicy and sour foods >1x a week for 6 months is allowed to continue, it can cause irritation to the stomach called gastritis (Raintung, E. P., Kaunang, W. P., & Malonda, N. S. (2019).

According to the results of a study by Kintan et al entitled The Relationship between Diet and Stress with the Incidence of Gastritis in Students of the Faculty of Health Sciences, Ibn Khaldun University The results of this study indicate that there is no relationship between diet and the incidence of gastritis with a P value = 0.565 and there is also a relationship between stress levels and the incidence of gastritis with a P value = 0.003. The conclusion of this study is that there is no relationship between diet and the incidence of gastritis and there is a relationship between stress and the incidence of gastritis (Kintan et al., 2021).

Based on the background description above, the researcher is interested in taking this case to examine "the relationship between knowledge about gastritis and compliance with drug use in gastritis patients at the Sigumpar Health Center"

RESEARCH METHODS

The method of data collection in this study is in the form of a questionnaire and distributed to Gastritis patients at the Sigumpar Health Center. Primary data is data collected based on name, age, gender, education, occupation from the subject's answers to questions given by the researcher obtained from the variables to be studied, namely by interview and questionnaire methods. The questionnaire was distributed to respondents to collect data on patient knowledge of compliance with the use of Gastritis drugs. Data analysis used in this study is descriptive statistics. The type of research conducted is a quantitative approach, namely the research strategy that will be carried out is a non-experimental design and correlation study used to connect two or more variables. The approach used is cross-sectional research considering only one sampling. This study aims to determine the relationship between knowledge about gastritis and compliance with drug use in gastritis patients at the Sigumpar Health Center. The sampling technique used in this study is to use a non-probability sampling technique, namely purposive sampling, namely all existing subjects who meet the criteria are included in the study until a certain period of time, so that the number of respondents can be met. The sample in this study was gastritis patients at the Sigumpar Health Center, namely 36 people. Inclusion Criteria: Patients aged 16 - 80 years, Patients with Gastritis, Willing to fill out the questionnaire. The sampling technique used in this study is to use a non-probability sampling technique, namely purposive sampling, namely all existing subjects who meet the criteria are included in the study until a certain period of time, so that the number of respondents can be met.

RESULTS AND DISCUSSION

Respondent Characteristics

Based on research conducted at the Sigumpar Health Center by visiting patients in several villages in August 2024, the following respondent characteristics were obtained:

Tabel 1 . Respondent Characteristics

Characteristics Respondents		
Age	Amount	Percentage
17-25 Years	1	2.7%
26 - 35 Years	4	11.1%
36 - 45 Years	4	11.1%

46 - 55 Years	15	41.7%
56 – 65 Years	6	16.7%
65>	6	16.7%
Total	36	100%
Gender		
Man	18	50%
Woman	18	50%
Total	36	100%
Education		
SD	4	11.11%
JUNIOR HIGH SCHOOL	12	33.33%
SENIOR HIGH SCHOOL	19	52.78%
Bachelor	1	2.78%
Total	36	100%
Work		
Government employees	0	0%
Farmer	20	55.56%
Private employees	0	0%
Housewife	7	19.44%
Self-employed	2	5.56%
Others	7	19.44%
Total	36	100%

Based on research conducted at the Sigumpar Health Center by visiting 9 villages in Sigumpar District in August 2024, researchers conducted short interviews with prospective respondents before researchers gave questionnaires, the interview topic given was about gastritis. If the respondent agrees and signs the respondent's request, they can fill out the questionnaire without any element of coercion from any party.

The results of research conducted at the Sigumpar Health Center showed that age can also affect gastritis. Based on age 15-25 years by 2.77% (1 person), age 26-35 years by 11.1% (4 people), age 36-45 years by 11.1% (4 people), age 46 -55 years by 41.7% (15 people), age 56-65 years by 16.7% (6 people), age 65 <years by 16.7% (6 people).

The results of this study are consistent with previous studies showing that gastritis is more common in older people. Studies by Sonnenberg and Genta (2013) and Savarino et al. (2009) showed that the prevalence of gastritis increases with age, especially after the age of 40 years. Their research showed that age factors are closely related to pathological changes in the stomach, such as thinning of the gastric mucosa, which makes the stomach more susceptible to inflammation. Female gender was 50% (18 people) and male gender was 50% (18 people) of 36 respondents. The balanced gender distribution (50% male and 50% female) shows that gastritis does not have a dominant tendency towards one gender. Research by Gao et al. (2017) showed that the risk of gastritis is relatively the same between men and women, although risk factors such as smoking habits and alcohol consumption, which are more common in men, can affect the prevalence of gastritis individually.

Respondent characteristics based on education found from 36 respondents were elementary school education of 11.11% (4 people), junior high school of 33.33% (12 people), high school of 52.78% (19 people), college of 2.78% (1 person). This distribution of education level provides important insights into the socio-economic background of respondents that may affect their knowledge of gastritis and compliance in taking medication. Higher levels of education, such as college education,

are usually associated with a better understanding of health and disease, as well as better access to medical information.

However, in this study, only one respondent had a college education, reflecting the low proportion of individuals with higher education in this sample. The majority of respondents who had high school education (52.77%) indicated that this group likely had a better understanding of the importance of gastritis management compared to respondents with lower levels of education. Research by Nutbeam (2000) showed that education affects an individual's ability to understand health information, which in turn can affect their health attitudes and behaviors, including compliance with medication.

In contrast, respondents with elementary and junior high school education, which accounted for 11.11% and 33.33% of the total sample, respectively, may have limitations in understanding complex medical instructions or accessing accurate health information.

Research by Baker et al. (2007) found that lower levels of education are often associated with lower health literacy, which can affect adherence to treatment and management of chronic diseases such as gastritis. Respondent characteristics based on occupation found in 36 respondents are the characteristics of respondents based on occupation, Farmers 55.55% (20 people), Housewives 19.44% (7 people), Self-employed 5.55% (2 people), others 19.44% (7 people). The high proportion of farmers in this sample may reflect the characteristics of the area where the study was conducted, which may be dominated by the agricultural sector. Working as a farmer is often associated with levels of physical stress and exposure to less than ideal environmental conditions, such as hard work in the field and exposure to agricultural chemicals. These physical and environmental stressors can be additional risk factors for gastritis, especially when combined with irregular eating patterns or malnutrition, which are often found in workers in this sector.

Housewives (IRT) comprise 19.44% of the total respondents. IRT may have different levels of stress, which are related to heavy household responsibilities, which can also contribute to digestive problems such as gastritis. Research by Santos et al. (2011) showed that high psychosocial stress in IRT can affect digestive health, including increasing the risk of gastritis. Respondents who work as self-employed only cover 5.55% of the total sample. Self-employed people may face different business stress and work pressure compared to other jobs, which may affect their overall health, including the risk of gastritis.

Smith et al. (2008) found that self-employed people often experience high work stress, which may increase the risk of gastrointestinal diseases. The category of "others" which covers 19.44% of respondents indicates that there are variations in other jobs not covered by the main categories. These variations may reflect different working conditions and lifestyles that may also affect the risk and prevalence of gastritis.

Knowledge About Gastritis Disease

Based on the results of research conducted at the Sigumpar Health Center in August 2024.

Table 2. Respondents' Knowledge Level at Sigumpar Health Center

No.	Knowledge	Total Respondent	%
1	Good 76% - 100%	29 People	80.56
2	Enough 56 % - 75%	7 People	19.44
3	Less < 56%	0	0
	Total	36 People	100

Based on research conducted at the Sigumpar Health Center, the level of knowledge found from 36 respondents with good knowledge was 80.56% (29 people), sufficient knowledge was 19.44% (7 people), and there was no knowledge. From these results, the level of knowledge of gastritis in patients at the Sigumpar Health Center was good. Knowledge is the result of knowing, and this occurs after people sense a particular object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch (Notoatmodjo, 2007).

In this study, the majority of respondents with good knowledge of 80.56% (29 people) showed that they had a basic understanding of gastritis but not yet fully understood. Sufficient knowledge reflects that patients may have adequate information to understand the general symptoms, causes, and some basic aspects of gastritis management. However, this knowledge does not yet cover deeper details that can influence more effective health decisions.

Meanwhile, the proportion of respondents with sufficient knowledge was 19.44%. Research by Kershaw et al. (2013) found that individuals with adequate health literacy were more likely to ignore early signs of chronic conditions such as gastritis. The study suggests that additional efforts are needed to improve understanding in the knowledgeable group, as they are less likely to be proactive in seeking care or following health guidelines. Study by Zhang et al. (2011): This study found a strong correlation between the level of knowledge about gastritis and preventive behaviors. Patients with good knowledge were more likely to take preventive measures, such as avoiding spicy foods, alcohol, and smoking. They were also more likely to follow medical advice about using medications that do not irritate the stomach.

Compliance Regarding the Use of Gastritis Medication

Based on research conducted at the Sigumpar Health Center in August 2024, patient compliance in using medication is as follows:

Table 3. Respondent Compliance in the Use of Gastritis Medication at the Sigumpar Health Center.

No	Compliance	Amount Respondents	Percentage
1	Tall	6 People	16.7%
2	Currently	20 People	55.5%
3	Low	10 People	27.8%
	Total	36 People	100%

Based on research conducted at the Sigumpar Health Center, the majority of respondents who had gastritis showed compliance with the use of drugs in the high compliance category of 15-16 of 16.7% (6 people), moderate compliance of 12-14 of 55.5% (20 people) and low compliance <11 of 27.8% (10 people). Several factors that influence patient compliance in the use of drugs are because there are patients who forget to bring medicine when traveling or leaving the house.

Only 16.7% of respondents are included in the high compliance category. This figure shows that a small number of patients are very disciplined in following the prescribed drug schedule and dosage. High compliance is often associated with a strong awareness of the importance of treatment for the management of gastritis and the positive impact of compliance on long-term health.

The majority of respondents (55.5%) are in the moderate compliance category. This shows that although most patients follow the treatment quite well, there is still room for improvement. Moderate compliance can be influenced by various factors such as difficulty in adhering to the treatment schedule, the influence of side effects, or a lack of understanding of the importance of compliance. Approximately 27.8% of respondents showed low adherence. This indicates significant challenges in managing the condition for some patients. Low adherence is often related to non-adherence to medication schedules, possibly due to cost, side effects, or inconvenience.

Study by Krousel-Wood et al. (2009): This study found that adherence to medication directly affects health outcomes in patients with chronic conditions. Patients who show high adherence tend to experience better disease management and reduce the risk of complications.

Study by Perri et al. (2002): This study shows that factors such as patient education, social support, and understanding of the disease greatly affect the level of adherence. Intensive education programs and support from health workers can significantly increase medication adherence

According to the researcher's assumption, according to research conducted at the Sigumpar Health Center by meeting patients in 9 villages, the majority are in the non-adherent category. The researcher assumes that patients sometimes forget to take their medication or forget to bring their medication when traveling or leaving the house, causing them to be non-adherent in taking their medication.

Relationship between Patient Knowledge About Gastritis Disease and Compliance in Using Gastritis Medication

Based on research conducted at the Sigumpar Health Center using the Spearman's rho test, the following results were obtained:

Table 4. Relationship between Patient Knowledge about Gastritis Disease and Compliance with the Use of Gastritis Medication at the Sigumpar Health Center

	Spearman	Knowledge	Compliance
Knowledge	Correlation Coefficient	1000	.023
	Sig. (2-tailed)	.	.896
	N	36	36
Compliance	Correlation Coefficient	.023	1000
	Sig. (2-tailed)	.896	.
	N	36	36

Based on the discussion table above, the results of the statistical test using the Spearman test show that N is 36. The Sig. Value (2-tailed) is 0.896 > 0.05, so it can be concluded that there is no relationship between knowledge about gastritis and compliance with medication use. This study is in line with several other studies that have found that medical knowledge is not always the main predictor of patient compliance, which is often influenced by various psychological, social, and economic factors. However, these results also emphasize the importance of a more holistic approach to improving patient compliance, which not only focuses on increasing knowledge but also on more comprehensive interventions that include these aspects. Several of these researchers found that there was a significant relationship between patient knowledge and compliance with medication use. For example, a study by Jin et al. (2008) found that better knowledge of the disease and treatment correlated with higher levels of compliance, especially among patients with chronic conditions. This is often because patients who understand their condition are more likely to see the importance of following the recommended treatment regimen.

According to the researcher's assumption that patients who have good knowledge about gastritis disease do not necessarily have good compliance in taking medication because even though patients understand the importance of taking medication, they may often forget to bring or take medication because they do not have effective reminders or regular routines. And patients may place other priorities above their treatment, such as work or family responsibilities, which makes them forget or ignore compliance with medication.

CONCLUSION

Based on research conducted at the Sigumpar Health Center by visiting respondents in 9 villages, it can be concluded as follows: The level of knowledge of gastritis patients with gastritis disease with a total of 36 respondents, good knowledge of 80.56% (29 people), sufficient knowledge of 19.44% (7 people), poor knowledge none. Compliance with drug use from 36 gastritis patients, high compliance category 15-16 of 16.7% (6 people), moderate compliance 12-14 of 55.5% (20 people) and low compliance <11 of 27.8% (10 people). There is no significant correlation between knowledge of gastritis disease and drug use compliance at the Sigumpar Health Center. The results of the Spearman statistical test with a Sig. Value (2 tailed) is $0.896 > 0.05$.

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