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Keywords—*component, formatting, style, styling, insert (key words)*

I. INTRODUCTION (*HEADING 1*)

This template, modified in MS Word 2007 and saved as a “Word 97-2003 Document” for the PC, provides authors with most of the formatting specifications needed for preparing electronic versions of their papers. All standard paper components have been specified for three reasons: (1) ease of use when formatting individual papers, (2) automatic compliance to electronic requirements that facilitate the concurrent or later production of electronic products, and (3) conformity of style throughout a conference proceedings. Margins, column widths, line spacing, and type styles are built-in; examples of the type styles are provided throughout this document and are identified in italic type, within parentheses, following the example. Some components, such as multi-leveled equations, graphics, and tables are not prescribed, although the various table text styles are provided. The formatter will need to create these components, incorporating the applicable criteria that follow.

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Define abbreviations and acronyms the first time they are used in the text, even after they have been defined in the abstract. Abbreviations such as IEEE, SI, MKS, CGS, sc, dc, and rms do not have to be defined. Do not use abbreviations in the title or heads unless they are unavoidable.

B. *Units*

- Use either SI (MKS) or CGS as primary units. (SI units are encouraged.) English units may be used as secondary units (in parentheses). An exception

would be the use of English units as identifiers in trade, such as “3.5-inch disk drive”.

- Avoid combining SI and CGS units, such as current in amperes and magnetic field in oersteds. This often leads to confusion because equations do not balance dimensionally. If you must use mixed units, clearly state the units for each quantity that you use in an equation.
- Do not mix complete spellings and abbreviations of units: “Wb/m²” or “webers per square meter”, not “webers/m²”. Spell out units when they appear in text: “. . . a few henries”, not “. . . a few H”.

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- Use a zero before decimal points: “0.25”, not “.25”. Use “cm³”, not “cc”. (*bullet list*)

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The equations are an exception to the prescribed specifications of this template. You will need to determine whether or not your equation should be typed using either the Times New Roman or the Symbol font (please no other font). To create multileveled equations, it may be necessary to treat the equation as a graphic and insert it into the text after your paper is styled.

Number equations consecutively. Equation numbers, within parentheses, are to position flush right, as in (1), using a right tab stop. To make your equations more compact, you may use the solidus (/), the exp function, or appropriate exponents. Italicize Roman symbols for quantities and variables, but not Greek symbols. Use a long dash rather than a hyphen for a minus sign. Punctuate equations with commas or periods when they are part of a sentence, as in:

$$a \text{ } \frac{b}{c} \text{ } \bullet \text{ } \blacksquare \text{ } \text{---} \text{ } \square \text{ } \text{---} \text{ } \square$$

Note that the equation is centered using a center tab stop. Be sure that the symbols in your equation have been defined before or immediately following the equation. Use “(1)”, not “Eq. (1)” or “equation (1)”, except at the beginning of a sentence: “Equation (1) is . . .”

D. Some Common Mistakes

- The word “data” is plural, not singular.
- The subscript for the permeability of vacuum μ_0 , and other common scientific constants, is zero with subscript formatting, not a lowercase letter “o”.
- In American English, commas, semicolons, periods, question and exclamation marks are located within quotation marks only when a complete thought or name is cited, such as a title or full quotation. When quotation marks are used, instead of a bold or italic typeface, to highlight a word or phrase, punctuation should appear outside of the quotation marks. A parenthetical phrase or statement at the end of a sentence is punctuated outside of the closing parenthesis (like this). (A parenthetical sentence is punctuated within the parentheses.)

- A graph within a graph is an “inset”, not an “insert”. The word alternatively is preferred to the word “alternately” (unless you really mean something that alternates).
- Do not use the word “essentially” to mean “approximately” or “effectively”.
- In your paper title, if the words “that uses” can accurately replace the word “using”, capitalize the “u”; if not, keep using lower-cased.
- Be aware of the different meanings of the homophones “affect” and “effect”, “complement” and “compliment”, “discreet” and “discrete”, “principal” and “principle”.
- Do not confuse “imply” and “infer”.
- The prefix “non” is not a word; it should be joined to the word it modifies, usually without a hyphen.
- There is no period after the “et” in the Latin abbreviation “et al.”.
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A. Authors and Affiliations

The template is designed for, but not limited to, six authors. A minimum of one author is required for all conference articles. Author names should be listed starting from left to right and then moving down to the next line. This is the author sequence that will be used in future citations and by indexing services. Names should not be listed in columns nor group by affiliation. Please keep your affiliations as succinct as possible (for example, do not differentiate among departments of the same organization).

1) *For papers with more than six authors:* Add author names horizontally, moving to a third row if needed for more than 8 authors.

2) *For papers with less than six authors:* To change the default, adjust the template as follows.

a) *Selection:* Highlight all author and affiliation lines.

b) *Change number of columns:* Select the Columns icon from the MS Word Standard toolbar and then select the correct number of columns from the selection palette.

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B. Identify the Headings

Headings, or heads, are organizational devices that guide the reader through your paper. There are two types: component heads and text heads.

Component heads identify the different components of your paper and are not topically subordinate to each other. Examples include Acknowledgments and References and, for these, the correct style to use is “Heading 5”. Use “figure caption” for your Figure captions, and “table head” for your table title. Run-in heads, such as “Abstract”, will require you to apply a style (in this case, italic) in addition to the style provided by the drop down menu to differentiate the head from the text.

Text heads organize the topics on a relational, hierarchical basis. For example, the paper title is the primary text head because all subsequent material relates and elaborates on this one topic. If there are two or more sub-topics, the next level head (uppercase Roman numerals) should be used and, conversely, if there are not at least two sub-topics, then no subheads should be introduced. Styles named “Heading 1”, “Heading 2”, “Heading 3”, and “Heading 4” are prescribed.

C. Figures and Tables

a) *Positioning Figures and Tables:* Place figures and tables at the top and bottom of columns. Avoid placing them in the middle of columns. Large figures and tables may span across both columns. Figure captions should be below the figures; table heads should appear above the tables. Insert figures and tables after they are cited in the text. Use the abbreviation “Fig. 1”, even at the beginning of a sentence.

TABLE I. TABLE TYPE STYLES

Table Head	Table Column Head		
	Table column subhead	Subhead	Subhead
copy	More table copy ^a		

^a Sample of a Table footnote. (*Table footnote*)

Fig. 1. Example of a figure caption. (*figure caption*)

Figure Labels: Use 8 point Times New Roman for Figure labels. Use words rather than symbols or abbreviations when writing Figure axis labels to avoid confusing the reader. As an example, write the quantity “Magnetization”, or “Magnetization, M”, not just “M”. If including units in the label, present them within parentheses. Do not label axes only with units. In the example, write “Magnetization (A/m)” or “Magnetization {A[m(1)]}”, not just “A/m”. Do not label axes with a ratio of quantities and units. For example, write “Temperature (K)”, not “Temperature/K”.

ACKNOWLEDGMENT (*Heading 5*)

We suggest that you use a text box to insert a graphic (which is ideally a 300 dpi TIFF or EPS file, with all fonts embedded) because, in an MSW document, this method is somewhat more stable than directly inserting a picture.

To have non-visible rules on your frame, use the MSWord “Format” pull-down menu, select Text Box > Colors and Lines to choose No Fill and No Line.

The preferred spelling of the word “acknowledgment” in America is without an “e” after the “g”. Avoid the stilted expression “one of us (R. B. G.) thanks ...”. Instead, try “R. B. G. thanks...”. Put sponsor acknowledgments in the unnumbered footnote on the first page.

REFERENCES

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Number footnotes separately in superscripts. Place the actual footnote at the bottom of the column in which it was cited. Do not put footnotes in the abstract or reference list. Use letters for table footnotes.

Unless there are six authors or more give all authors’ names; do not use “et al.”. Papers that have not been published, even if they have been submitted for publication, should be cited as “unpublished” [4]. Papers that have been accepted for publication should be cited as “in press” [5]. Capitalize only the first word in a paper title, except for proper nouns and element symbols.

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- [1] G. Eason, B. Noble, and I. N. Sneddon, “On certain integrals of Lipschitz-Hankel type involving products of Bessel functions,” *Phil. Trans. Roy. Soc. London*, vol. A247, pp. 529–551, April 1955. (*references*)
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- [5] R. Nicole, “Title of paper with only first word capitalized,” *J. Name Stand. Abbrev.*, in press.
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- [7] M. Young, *The Technical Writer’s Handbook*. Mill Valley, CA: University Science, 1989.
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Effective Gastritis Healthy Card Games In Increasing Adolescent Understanding About Gastritis

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Abstract : Gastritis is inflammation (swelling) of the gastric mucosa. Gastritis is often triggered by inappropriate eating patterns and psychological factors. Wrong Knowledge about foods that increase stomach acid can lead to complications. Prevention efforts that can be done are providing health education about gastritis. The design used in this study was quasi-experimental with the pretest-posttest design with control group. The number of samples in this study were 60 people. The sampling technique used is Simple Random sampling with the analysis of Knowledge variables using Mann Whitney while the variebal attitude uses an independent T-test. The results of the study on Knowledge showed that the P value <0.05 can be concluded that there is a difference in Knowledge between the intervention group and the control group. The results of the study on attitudes obtained P value <0.05 can be concluded that there is no difference in attitude between the intervention group and the control group. The provision of education with teaching and lecture methods is normal so as to make the respondents saturated and bored, therefore there is a need for new things by providing education through educational games so that there is interest in being able to be understood and able to remember the health messages conveyed.

Keywords : *KSG Cards, Knowlegde, Games, Gastritis*

I. INTRODUCTION

Gastritis is one of the most common gastrointestinal health problems but is often considered a trivial thing (Gustin, 2012). Symptoms of gastritis that are felt as heartburn, people who are afflicted with this disease are usually often nausea, vomiting, feeling full, and feeling uncomfortable (Misnadiarly, 2009). Most cases of gastritis do not permanently damage the stomach but someone suffering from gastritis often experiences a recurrence attack which results in heartburn (Ehrlich, 2011). WHO data (2012) obtained the percentage results from the incidence of gastritis in the world 1, 8-2.1 million of the total population each year. Based on Indonesia's health profile in 2010, gastritis is ranked fifth of the top 10 most inpatient diseases, 24,716 cases and ranked sixth out of the top 10 most outpatient diseases in hospitals in Indonesia, namely 88,599 cases. The increase in the number of inpatients who experienced gastritis was 5,438 cases from 2010, namely 24,716 cases and in 2011 that were 30,154 cases.

Gastritis incidence in Bengkulu Province is still quite high, Bengkulu Provincial Health Office Data (2016) Gastritis ranks second after ARI with a total of 45001 cases, as well as the Dinas Kota Bengkulu annual report (2016) Gastritis ranks second after ARI with a total of 12856 cases. Initial survey conducted by researchers on January 8, 2018 at SMAN 3 Bengkulu City, From the results of interviews with 10 respondents, 3 people (30%) had less Knowledge of 5 people (50%)

had sufficient Knowledge, and 2 people (20%) have good Knowledge and from those 10 patients 7 of them said they often consume spicy, sour foods, drink carbonated drinks and coffee so that they can cause nausea and bloating, besides often not eating on time to complete the assignment and not having breakfast causing recurrence. Thus, there is still a lack of Knowledge of adolescents in preventing recurrence of gastritis. So there needs to be an effort to provide education to increase awareness and Knowledge of adolescents about things that can cause gastritis. Through the correct method and the use of teaching aids that are right on target, the material delivered in health counseling will be easily accepted, digested and absorbed by the target (Baranowski *et.al*, 2015).

Author develop a method of health education through a game of healthy gastritis cards or abbreviated as KSG. This card game is a new model that has never been used extensively as a method of health education, especially regarding gastritis. The purpose of this study was to determine the influence of education through the KSG card game on Knowledge and attitudes about gastritis in adolescents in SMAN 3 Bengkulu City.

MATERIALS AND HOW TO WORK

This research uses *quasi-experimental* research design with *pretest-posttest with control group* aims to analyze the effect of gastritis health card game

education on the average Knowledge score and gastritis attitude score. The study was conducted in Ja Nuari 2018 till March 2018 in SMAN 3 Bengkulu City. The population used as subjects in this study were all students of class X in SMAN 3 Bengkulu City, sampling using *simple random sampling* with 30 people in a group and the entire sample is 60 people. The test used to compare the mean differences in Knowledge between the intervention and control groups using the Mann Whitney test. While the test used to compare the

mean attitude differences between the intervention and control groups using the Independent T-test.

RESULTS

1) Characteristics of respondents

Table 1
Distribution of Respondents based on age, gender and history of gastritis in SMAN 3 Bengkulu City in 2018

Characteristics	Intervention	Control	P Value
Age			
Mean	15,67	15,77	
Median	16,0	16,00	
SD	0,606	0,679	0,328
Min-Maks	15-17	15-17	
CI for Mean 95%	15,44-15,89	15,51-16,02	
Gender			
Man	12 (40,0%)	17 (56,7%)	0,196
Woman	18 (60,0%)	13 (43,3%)	
Gastritis history			
Ever	18 (60,0%)	19 (63,3%)	0,791
Never	12 (40,0%)	11 (36,7%)	

Table 1 is obtained that the average age of respondents in the intervention group was 15.67 (16 years). Whereas in the control group the average age of respondents was 15.77 (16 years). More than half of the respondents for the control group were male (56.7%). While the respondents for the intervention group were more than some women (60.0%).

Gastritis history category for group k onrol more than most have experienced a history of

gastritis (63, 3%), while for the group intervemsi more than most have experienced a history of gastritis, namely (60.0%). Obtained the results of the equality test of respondents based on characteristics of age, sex, and history of gastritis which is equivalent to $p\ value > 0,05$..Bivariate analysis was carried out to determine differences in Knowledge and attitudes of respondents after being educated between intervention groups (KSG) and control groups (Leaflets).

Table 2

The difference in the value of respondents' Knowledge about Gastritis after being given education between the control and intervention groups in SMAN 3 Bengkulu City 2018

Group (n=60)	Knowledge			P value
	Sd	Mean Rank	Sum of ranks	
Intervention	2,09	37,05	1111,50	0,003
Control	1,05	23,95	718,50	

**Mann Whitney

Table 3

The difference in the value of respondents' attitudes about Gastritis after being given education between the control and intervention groups in SMAN 3 Bengkulu City 2018

Group (n=60)	Attitude			
	Sd	Mean	Δ mean	P value
Intervention	5,98	5,83	3,00	0,057
Control	5,95	2,83		

**Independent Sample T-Test

Table 2 shows the results of the analysis of the value of P value = 0.003 <0.05, so Ho is rejected so it can be concluded that there is a difference in Knowledge between the intervention group and the control group.

Table 3 shows the results of the analysis of the value of P value = 0.057 <0.05, so Ho is accepted so that it can be concluded that there is no difference in attitude between the intervention group and the control group

DISCUSSION

1. Characteristics of respondents

The results of research conducted on 60 respondents showed that the majority of respondents were 16 years old (51.7%). According to Potter (2005) adolescents are very vulnerable to gastritis. Angkow's research (2014)lifestyle among adolescents also greatly affects the incidence of gastritis such as smoking, factors of drinking alcohol, fizzy and coffee drinking factors against the incidence of gastritis.

The results of research conducted on 60 respondents showed that most of the respondents were female (51, 7 %). In line with Warguna's research (2016) of 48 respondents, there were (52%) respondents as many as 25 women. This is because girls tend to reduce the frequency of their meals. According Kusumajaya, et al (2007) explained that the perception of adolescent girls on *body image* can determine their diet and nutritional status.

The results of research conducted on 60 respondents showed that most respondents had experienced gastritis (61.7%).

2. Differences in Knowledge and Attitudes About Gastritis After Being Edited Between Intervention Groups and Control Groups

From the results of the study to determine differences in Knowledge about gastritis between the intervention group (KSG) and the control group (leaflet) after being given education obtained a significant number of 0.003,value P value <from 05 , meaning that there is a significant difference between the intervention group (KSG) and the control group (Leaflet) after being educated about Gastritis on the Knowledge of adolescents in SMAN 3 Bengkulu City.

Then the results of the study unt uk know the difference between the attitude of gastritis intervention group (KSG) and the control group (Leaflet) after a given educational obtained a significant number of 0.057, Pvalue> 0.05 then it means there is no significant difference between the intervention group (KSG) and the control group (Leaflet) after being educated about Gastritis on the attitude of adolescents in SMAN 3 Bengkulu City.

This is in line with Hartami Reza Gema's research, (2011), there were significant differences in Knowledge about Environmental Health in Randurejo NIV Elementary School students between the experimental group and the control group, namely by obtaining P value (0,000) <0.05. That is, that the Flow Card media increased Knowledge of Environmental Health for students of SDN IV Randurejo Grobogan District in 2010.

Dita Anugrah Pratiwi's research, (2015) based on the analysis with Mc Nemar test obtained P vsalue (0.500)> 0.05, so ho was accepted, meaning that there was no influence of lecture method counseling on the attitudes of elementary students about the prevention of diarrheal diseases before and after counseling at SDN 7 Poasia in 2015.

Bigge in Dianita (2011) states that attitudes formed by certain values can be learned gradually. This is because to measure changes in attitude it takes a relative and gradual time according to the mental and nervous state of preparedness, which is regulated through experience that has a dynamic or directed effect on the response.

Whereas Knowledge according to Mubarak et al, (2007) states that the easier someone is in accessing information, the faster the person will get a new Knowledge.

Health education with educational games is more fun than counseling with teaching and lecture methods Baranowski et.al , (2015). Through the right method and the use of teaching aids that are right on target, the material delivered in health counseling will be easily accepted, digested and absorbed by the targets of Baranowski et.al , (2015).

Based on the description above, it can be concluded that educational game is a form of game that can be useful to support the teaching and learning

process more fun and more creative, and is used to provide instruction or increase user Knowledge through an appropriate and interesting media.

CONCLUSION

From the results of the study it can be concluded as follows: The average respondent of the intervention group aged 15.67 years, while the control group aged 15.77 years. More than half of the female sex is 51, 7%. More than most have ever experienced gastritis that is 61, 7%.

There was a difference in Knowledge between the intervention groups who were given education through the media of healthy gastritis cards (KSG) with the control group which was only given a leaflet $P = (0.003)$. There was no difference in attitude between the intervention groups who were given education through the media of healthy gastritis cards (KSG) with the control group which was only given a leaflet $P = (0.057)$.

It is expected that with this KSG media can be a means to increase Knowledge to students related to the prevention of gastritis in adolescents. Besides that, as an educational institution in the health sector is expected to develop methods and media in providing education to adolescents regarding gastritis and this media can be used in counseling or community service activities for the prevention of gastritis in adolescents. Other eneliti P is expected to discuss the prevention of gastritis are focused like gastritis, control the confounding variables tested such as age, education level and medical history.

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