



Evaluation of the Use of a Hypertension Control Program Using the Walet Method

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Abstract Hypertension is a condition that is often found in health services. Hypertension is a condition when blood pressure in the blood vessels chronically increases. Many risk factors can cause hypertension, including age, race, gender, lifestyle, sodium consumption, smoking, alcohol consumption, stress level, and education. The urgency of this research is the large number of hypertension patients at the Purwodiningratan Surakarta Health Center and it is increasing almost every year. From the initial survey at the Purwodiningratan Surakarta Community Health Center, data was obtained that the number of hypertension patients over the last five years has increased, decreased, then increased again. This is supported by data on the number of hypertension patients in 2019 as many as 311, in 2020 as many as 214, in 2021 as many as 319, in 2022 as many as 125 and in 2023 up to now there are 335. The objective problem in this research is the number of patients with the disease. Hypertension increases from year to year, so research is needed on the relationship between knowledge, attitudes and family support and efforts to control hypertension. The importance of this research is as an effort to control hypertension which continues to increase from year to year by means of interviews and distributing leaflets with the aim of approaching the community. The aim of this research is to analyze how much impact the hypertension control program using the walet method (interviews and leaflets) has on the community. The achievement stages in this research are for the approach used in this research, namely cross sectional. The sample in this study was employees of the Purwodiningratan Health Center, totaling 41 respondents. The sampling technique uses the accidental sampling method based on inclusion and exclusion criteria. The statistical test used is the T test followed by a linear regression test at a significance level of 0.05.

Keywords Hypertension, control, health center, linear regression

1. INTRODUCTION

The background of this research is one of the Non-Communicable Diseases (NCDs) which is the most serious health problem today, namely hypertension [1]. According to the results of Basic Health Research (Riskesdas) [2] the prevalence rate of hypertension in the population aged > 18 years in Indonesia is 34.1%. This prevalence is obtained by measuring blood pressure, namely if blood pressure is >140/90 mmHg. This prevalence figure is higher than in 2019, namely 25.8%. The 2022 Central Java Province Health Profile [4] recorded that the prevalence of hypertension in Central Java in 2022 was 41.6%, while the 2021 Riskesdas results [2] were 39.6%, an increase compared to the 2019 Riskesdas results, namely 29.4% [3].

The city of Surakarta is included in Central Java Province with a hypertension prevalence of 19.2% [5]. Based on data from the Surakarta City Health Service for 2023 [5] it shows that the highest prevalence of hypertension in Surakarta City occurs in the working area

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of the Purwodiningratan Community Health Center (10.6%), Sibela Community Health Center (6.7%) and Ngoresan Community Health Center (5.8%).

The Purwodiningratan Surakarta Community Health Center is one of the community health centers in Surakarta which is ranked first (highest) for the prevalence of hypertension in 2023. From the initial survey at the Purwodiningratan Community Health Center, data was obtained that the number of hypertension patients over the last five years has increased, decreased, then increased again. This is supported by data on the number of hypertension patients in 2019 as many as 311, in 2020 as many as 214, in 2021 as many as 319, in 2022 as many as 125 and in 2023 up to now there are 335.

Reinforcing factors include family support and health workers. This is supported by research [6], [7], [8], [9], [10], [11], which states that there is a significant relationship between knowledge about hypertension and blood pressure control in the elderly and research [12], [13], [14], [15], [30], [29], [34] which states that there is a significant relationship between the attitude of hypertensive patients and efforts to control hypertension as well as research [16], [17], [18], [19], [20], [21], [22], [31], [32] which states that there is a relationship between family support and compliance with hypertension control in the elderly. Based on the description of the problem above, researchers are interested in conducting research on "Analysis of the Implementation of the Hypertension Control Program Using the Walet Method (Interviews and Leaflets) at the Purwodiningratan Surakarta Community Health Center".

The formulation of the problem to be studied is: What are the factors that influence efforts to control hypertension? The general aim of this research is to analyze how much impact the hypertension control program using the swallow method (interviews and leaflets) has on the community. The specific objectives of this research are to determine the frequency distribution of respondents' characteristics, determine the relationship between knowledge and efforts to control hypertension, determine the relationship between attitudes and efforts to control hypertension and determine the relationship between family support and efforts to control hypertension.

2. MATERIALS AND METHODS

The first stage of this research is the stage of re-studying the results of previous research [27] which is initial research as an illustration or comparison for future research by researchers. The second stage of this research was to carry out observations and preliminary studies at the research location (Purwodiningratan Community Health Center, Surakarta). From this second stage, the researcher obtained data on the number of Purwodiningratan Community Health Center employees as a sample of 41. The third research stage was conducting research (quantitative descriptive). In the third research stage, the researcher collected primary data by conducting interviews with 41 employees using a cross-sectional design with an accidental sampling technique. The interviews that will be conducted also aim to approach patients through small outreach and also provide leaflets about hypertension. The fourth stage of research is the correlative test. In this fourth stage, the research data is analyzed univariately in the form of a frequency distribution table. The final (fifth) stage of this research is a bivariate test using the one way Anova test followed by a linear regression test at a significance level of 0.05.

As for answering the first specific objective, namely "knowing the frequency distribution of respondents' characteristics", a bivariate test was carried out with the independent variables being "age, gender and level of education", while the dependent variable was "respondent characteristics". To answer the second, third and fourth objectives, namely "knowing the relationship between knowledge and efforts to control hypertension, knowing the relationship between attitudes and efforts to control hypertension and knowing the relationship between family support and efforts to control hypertension" a bivariate test was carried out with the independent variables being "knowledge, attitudes and family support" , while the dependent variable is "efforts to control hypertension". For the discussion stage of research results, researchers will use comparisons with the results of previous research/preliminary research [28] and [35] and also by comparing with the results of other studies.

3. RESULT

Data on Respondent Characteristics

Table 1. Frequency Distribution of Respondent Characteristics in the Community Health Center Work Area Purwodiningratan in 2024

| No | Variable | F | % |
|------------------------------|-----------|-----------|------------|
| a. Age | | | |
| 1 | 41 | 2 | 4,87 |
| 2 | 42 | 2 | 4,87 |
| 3 | 43 | 3 | 7,32 |
| 4 | 44 | 2 | 4,87 |
| 5 | 45 | 8 | 19,51 |
| 6 | 46 | 2 | 4,87 |
| 7 | 47 | 1 | 2,44 |
| 8 | 50 | 4 | 9,76 |
| 9 | 51 | 4 | 9,76 |
| 10 | 52 | 5 | 12,19 |
| 11 | 53 | 6 | 14,63 |
| 12 | 54 | 2 | 4,87 |
| Total | | 41 | 100 |
| b. Gender | | | |
| 1 | Man | 18 | 43,91 |
| 2 | Woman | 23 | 56,09 |
| Total | | 41 | 100 |
| c. Tingkat Pendidikan | | | |
| 1 | No School | 0 | 0 |
| 2 | SD | 0 | 0 |
| 3 | SMP | 0 | 0 |
| 4 | SMA | 21 | 51,22 |
| 5 | PT | 20 | 48,78 |
| Total | | 41 | 100 |

Description: Processed 2024 research data

Based on table 1, it can be seen that the largest number of respondents was 45 and the smallest was 47 years. Most of the respondents were female and the respondents' highest level of education was dominated by the highest level of education, namely high school.

Research Variable Data

a. Frequency Distribution of Research Variable Data

Table 2. Frequency Distribution of Research Variable Data in the Purwodiningratan Health Center Working Area in 2024

| No | Variable | F | % |
|--|------------|-----------|------------|
| a. Knowledge | | | |
| 1 | Not enough | 9 | 21,95 |
| 2 | Good | 32 | 78,05 |
| Total | | 41 | 100 |
| b. Attitude | | | |
| 1 | Negative | 9 | 21,95 |
| 2 | Positive | 32 | 78,05 |
| Total | | 41 | 100 |
| c. Family Support | | | |
| 1 | Not enough | 13 | |
| 2 | Good | 28 | |
| Total | | 41 | 100 |
| d. Effort to control hypertension | | | |
| 1 | Not enough | 14 | |
| 2 | Good | 27 | |
| Total | | 41 | 100 |

Description: Processed 2024 research data

There are more respondents who have a good level of knowledge regarding hypertension control compared to respondents who have less knowledge and there are more respondents who have a positive attitude regarding hypertension control compared to respondents who have a negative attitude and there are more respondents who have good family support regarding hypertension control compared to respondents who have less family support.

b. Bivariate Analysis

Table 3. Relationship between Knowledge, Attitudes and Family Support with effort Hypertension Control

| Variable | Effort to control Hypertension | | | | Total | | p-value | OR | CI (95%) | |
|-----------------------|--------------------------------|-------|------|-------|-------|-------|---------|-------|----------|-------|
| | Not enough | | Good | | f | % | | | Lower | Upper |
| | F | % | F | % | | | | | | |
| Pengetahuan | | | | | | | | | | |
| Not enough | 9 | 21,95 | 32 | 78,05 | 9 | 21,95 | 0,001 | 48,80 | 9,00 | 35,00 |
| Good | 32 | 78,05 | 9 | 21,95 | 32 | 78,05 | | | | |
| Total | 41 | 100 | 41 | 100 | 41 | 100 | | | | |
| Sikap | | | | | | | | | | |
| Negative | 9 | 21,95 | 32 | 78,05 | 9 | 21,95 | 0,473 | 11,50 | 9,00 | 35,00 |
| Positive | 32 | 78,05 | 9 | 21,95 | 32 | 78,05 | | | | |
| Total | 41 | 100 | 41 | 100 | 41 | 100 | | | | |
| Family Support | | | | | | | | | | |
| Not enough | 13 | 31,71 | 28 | 68,29 | 13 | 31,71 | 0,030 | 45,80 | 19,00 | 49,00 |
| Good | 28 | 68,29 | 13 | 31,71 | 28 | 68,29 | | | | |
| Total | 41 | 100 | 41 | 100 | 41 | 100 | | | | |

Description: Processed 2024 research data

4. DISCUSS

a. Relationship between knowledge and efforts to control hypertension

The results of the analysis show that there is a relationship between knowledge and efforts to control hypertension in the elderly with a p-value = 0.001 ($\alpha=0.05$). The OR results obtained show that respondents with a poor level of knowledge are 48.80 times more likely to make poor efforts to control hypertension than respondents with a good level of knowledge.

Respondents' knowledge will influence decisions taken regarding hypertension control efforts undertaken. Respondents who have good knowledge and actions occur because respondents already have good knowledge regarding hypertension so that it can be a means to help respondents control hypertension. The more the respondent understands about their illness, the better they will understand the actions that must be maintained or changed. Insufficient knowledge about hypertension can occur due to a lack of information obtained by respondents, seen from the majority of respondents' highest level of education, namely elementary school (Primary School), where the higher the respondent's education, the easier it will be to receive information and the more knowledge they will have.

According to Notoatmodjo (2010), knowledge is an important aspect in the formation of individual behavior or actions. Respondents' high knowledge regarding hypertension control will influence respondents to take good action. Actions that are based on knowledge will be lasting and conversely, if an action is not based on knowledge it will be temporary or not long-lasting (Notoatmodjo, 2010).

The results of this study support the theory used, where respondent knowledge is an important aspect in determining hypertension control measures. Knowledge related to efforts to control hypertension can be seen from the research results, many respondents do not know the risk factors for hypertension and habits that can cause hypertension as well as checking blood pressure regularly so that many respondents do not make efforts to control hypertension properly. This lack of knowledge can prevent respondents from adopting a healthy lifestyle and regular blood pressure checks. This can trigger an increase in blood pressure and cause complications.

This research is in line with research conducted by Anggreani and Nasution (2019) which shows that there is a significant relationship between knowledge and controlling hypertension in the elderly with a p-value of $0.009 < 0.05$. This is also in line with research conducted by Daeli (2017), which states that there is a relationship between knowledge and efforts to control hypertension with a p-value of $0.001 < 0.05$.

b. Relationship between attitude and efforts to control hypertension

The results of the analysis show that there is no relationship between attitude and efforts to control hypertension in the elderly with a p-value = $0.473 (>\alpha=0.05)$. The OR results obtained show that respondents with a negative attitude are 11.50 times more likely to make less efforts to control hypertension than respondents with a positive attitude.

Notoatmodjo (2010) states that attitude is a person's closed response to a particular stimulus or object. Indirect attitudes can be seen, they can only be interpreted through closed behavior. More information can influence and increase knowledge, thereby creating awareness which will ultimately act in accordance with the knowledge gained from learning and experience (Masyudi, 2018).

Attitudes arise from the knowledge obtained by respondents. The more information obtained about hypertension can raise awareness among respondents so that they are willing to take a positive attitude in responding to their disease condition. Respondents with negative attitudes tend to have poor efforts to control hypertension and do not want to change their behavior, this can happen because the knowledge they obtain is still lacking and they do not understand the importance of information about hypertension, namely as a provision in

changing their behavior because they realize that there is a need for prevention and control measures. hypertension so that blood pressure can be controlled and minimize the occurrence of complications.

The results of this study support the theory used, where the respondent's attitude can determine hypertension control measures. Attitudes related to efforts to control hypertension can be seen from the research results, many respondents still have a closed attitude and lack awareness regarding checking blood pressure, taking antihypertensive drugs and managing stress, so that many respondents do not make efforts to control hypertension properly. This negative attitude can make respondents unwilling to change their attitude towards checking their blood pressure regularly and taking medication as recommended by their doctor and managing stress.

c. Relationship between family support and efforts to control hypertension

The results of the analysis show that there is no relationship between family support and efforts to control hypertension in the elderly with a p-value = 0.030 ($\alpha=0.05$). The OR results obtained show that respondents with poor family support are 45.80 times more likely to make less efforts to control hypertension than respondents with good family support.

According to the Indonesian Ministry of Health (2016), there are several roles of family members towards the elderly, including providing love and providing time and attention, being patient and wise towards the behavior of the elderly. As a family, give the elderly the opportunity to live together without considering it as a burden, remind and accompany the elderly in having regular health checks at health services, provide healthy food with balanced nutritional principles, help meet their needs such as recreation and finances and communicate frequently with parents and family.

Support family is an important factor in the process of controlling hypertension to prevent complications. Family support is related to efforts to control hypertension. It can be seen from the research results that many respondents did not receive assistance when undergoing health checks at health services and were not invited to exercise regularly. This can trigger the action of not checking blood pressure and exercising regularly because they don't get enough attention from their family. This poor family support can result in respondents not routinely checking their blood pressure at health services so that this action causes respondents not to know their health condition and not to carry out prevention and control which can result in uncontrolled blood pressure and complications.

Family support is very helpful in increasing enthusiasm for life so that respondents have a high commitment to undergoing treatment for hypertension. As well as support and

encouragement from the family, respondents are able to do regular exercise as a form of effort to control hypertension. Providing support from the family is a motivation for respondents to control their illness and can help in maintaining their health.

This research is in line with research conducted by Imran (2017) which states that there is a relationship between family support and compliance with hypertension control in the elderly with a p-value of $0.004 < 0.05$. This is also in line with research conducted by Saraswati, Abdurrahmat and Novianti (2018) which states that the p-value is $0.012 < 0.05$, meaning there is a relationship between family social support and controlling hypertension.

5. CONCLUSION

There is a relationship between knowledge and efforts to control hypertension with a p-value = 0.001 ($<\alpha=0.05$). The OR results obtained show that respondents with a poor level of knowledge are 48.80 times more likely to make poor efforts to control hypertension than respondents with a good level of knowledge. There is no relationship between attitude and efforts to control hypertension in the elderly with a p-value = 0.473 ($>\alpha=0.05$). The OR results obtained show that respondents with a negative attitude are 11.50 times more likely to make less efforts to control hypertension than respondents with a positive attitude. There is a relationship between family support and efforts to control hypertension in the elderly with p-value = 0.030 ($<\alpha=0.05$). The OR results obtained show that respondents with poor family support are 45.80 times more likely to make less efforts to control hypertension than respondents with good family support.

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