

Health Education About Hypertension in The Community in Bingkeng Village, Dayeuhluhur Sub-District, Cilacap Regency

Cucu Nur Awaliyah, Anisya Bunga Aprilia, Andri Ubaidillah, Gina Sania Safitri, Kathy Yunisa, Muhammad Dinar Triyansyah, Tika Nur Hidayah, Tri Hani Nurul Aeni, Rizky Nur Muhammad Alwi, Rundy Budiana, dan Nandhini Huda A

Universitas Muhammadiyah Tasikmalaya, Tasikmalaya, Indonesia

Corresponding Author : nandhini.hagrs@umtas.ac.id

ABSTRACT

The high case of hypertension is a problem in Indonesia, including in the village of Bingkeng on blood pressure examination there are 16 (53.3%) of 30 people who have hypertension. Checking for hypertension is one of the programs carried out by the Puskesmas and it is carried out regularly to determine the condition of hypertension in the community in Posbindu. This hypertension usually attacks older people. Hypertension in the long term can cause various complications such as stroke, heart attack, heart failure and chronic kidney failure and even death. Although currently there are many effective drugs available for controlling hypertension, but they are still not good, therefore health education is very important to increase knowledge about preventing hypertension. This community dedication aims to provide additional knowledge to the community and elderly caregivers regarding risk factors, signs and symptoms, hypertension prevention and hypertension examination. This community dedication are carried out in August-September 2021 in the village of Bingkeng, especially in the hamlets of Pasirmanggu, Bingkeng and Nambo. 30 participants have participated in health education activities about hypertension. Based on the results of the evaluation after health education activities, most of the community and elderly caregivers understand knowledge related to hypertension, but support is still needed to change healthy lifestyles in the community. Based on the results of visits to check hypertension again, some participants still have hypertension.

Keywords: Community Service, Hypertension

INTRODUCTION

Hypertension is a condition when the pressure in the blood vessels increases chronically which occurs because the heart works harder to pump blood to meet the body's need for oxygen and nutrients. Someone suffering from hypertension can be seen from the results of measuring systolic blood pressure ≥ 140 mmHg and diastolic blood pressure ≥ 90 mmHg (Riskesdas, 2018).

According to WHO in 2013 it was stated that by 2025 hypertension is expected to rise to 29% at the age of more than 20 years and no known causal factors. According to the Ministry of Health in 2014, the prevalence of hypertension sufferers in the world who die as many as 8 million people each year is known early on, and 1.5 million of them occur in Southeast Asia.

The prevalence of hypertension according to Riskesdas 2018 Indonesia is a country with a high incidence of hypertension. There was an increase of 2% from 2016 to 2018 and is expected to increase every year. One of them was in the area of Central Java, where as many as 473,603 people were found to have hypertension, including in Cilacap Regency, and as many as 8.4% were over 18 years old. Seeing the incidence of hypertension, a strategy is

needed to reduce the prevalence of hypertension and prevent complications of hypertension such as stroke, heart attack, heart failure and chronic kidney failure and even death.

In research (Isnaini, 2020) hypertension can increase the risk of a sudden increase in blood pressure (hypertension emergency) which leads to death. If not detected early and treated adequately hypertension can be a disease that is a silent killer. Signs and symptoms are almost the same as other diseases such as headaches, dizziness, anxiety, heart palpitations, pain in the chest, blurred vision, and easy fatigue (Ministry of Health RI).

Risk factors for hypertension are age, gender, family history (genetics), smoking habits, salt consumption, consumption of saturated fat, use of used cooking oil, drinking habits, obesity, lack of physical activity, stress (Ministry of Health, 2014). This is supported by research (Ratna Wardani, 2018) that there is a relationship between age and gender.

The recommended healthy lifestyle for preventing and controlling hypertension is balanced nutrition, limiting salt and fat, maintaining body weight, regular exercise, stopping smoking, limiting alcohol consumption. (In Poniyah Simanullang's research, 2018) states that an unhealthy lifestyle; Physical activity and unhealthy eating patterns can cause hypertension in the elderly. Patients should be given advice regarding (1) not adding salt to the table and avoiding eating salty, fast food, canned food and food seasonings/vetsin, (2) measuring blood pressure regularly, (3) taking medication regularly according to instructions doctor, (4) the blood pressure that is checked must be recorded so that the blood pressure can be monitored closely (Ministry of Health, 2017). Exercise is also recommended for people with hypertension such as walking, running, jogging, cycling for 20-25 minutes with a frequency of 3-5 x per week, it is also important to get enough rest (6-8) hours and control stress (Ministry of Health 2015; Ministry of Health 2016; Ministry of Health , 2019).

In the context of community service activities in Bingkeng Village, Dayeuhluhur District, Cilacap Regency, students conducted blood pressure checks on 30 local people with an age range of 38-82 years. The results showed that 16 people had hypertension. Seeing these data, it is necessary to provide health education to the local community regarding risk factors and prevention methods that can be taken by the community to reduce the incidence of hypertension. This is supported in the article (Achadiyani, 2019) that health education can increase public knowledge, including hypertension. This community service aims to provide additional knowledge of risk factors, tackle hypertension and its complications and increase community participation in preventing hypertension from an early age.

RESEARCH METHOD

The implementation method used to realize the goals and realization of the work program is health education and mentoring activities for 32 days. A series of activities starting from checking blood pressure, screening examination of hypertension risk factors followed by assistance and approach to the community. Service activities include:

1. Preparation. In the preparation stage the UMTAS Thematic KKN team compiled an activity plan, data collection and all needs related to the implementation of activities.
2. Implementation phase which includes:
 - a. Registration of people who will be examined for hypertension.
 - b. Checking blood pressure by village midwives who are assisted by KKN students.

- c. Screening for hypertension risk factors is carried out by KKN students.
 - d. Counseling and education regarding the definition of hypertension, signs and symptoms, risk factors, and ways to prevent hypertension using powerpoint media and distribution of leaflets.
 - e. Residents' home visits to monitor the progress of patients diagnosed with hypertension.
3. Reports, evaluations, documentation and data on the results of activities are prepared in the form of written reports.

RESULT AND DISCUSSION

Examination and counseling were carried out on 30 men and women according to table 1.

Table 1. Sample characteristics

Characteristics	Amount (N)	Percentage(%)
Gender		
• Men	11	36.7%
• Women	19	63.3%
Age		
• < 40	4	13.3%
• 40-79	25	83.3%
• > 80	1	3.3%
Blood Pressure		
• Hypotension	0	0%
• Normal	14	46.7%
• Hypertension	16	53.3%
Risk Factor		
• Yes	15	50%
• No	15	50%

Service activities are carried out from August to September 2021.

1. Preparation. In the preparation stage the UMTAS Thematic KKN team compiled an activity plan, data collection and all needs related to the implementation of activities. Starting with contacting the head of the Dayeuhluhur puskesmas to ask for permission to participate in the puskesmas program, then the puskesmas head directed him to contact the local village midwife and received information that on August 18, 19 and 20, posyandu and posbindu were held in Nambo, Bingkeng and Pasirmanggu hamlets. Regarding the needs for carrying out activities, we prepared laptops, terminals, made leaflets and ppt and borrowed info from the village.
2. Implementation phase which includes:
 - a. Registration

Registration is intended for all Bingkeng villagers who will have their blood pressure checked.

Registration contains name, gender and age. There were 30 participants who attended the posbindu to check their blood pressure. There were 11 men and 19 women with an age range of 48-82 years.



Figure 1. Registration of health education participants

b. Blood pressure check

Blood pressure checks were carried out by village midwives who were assisted by KKN students. The results obtained were 14 people in the normal category and 16 people in the hypertension category.



Figure 2. Checking blood pressure

c. Risk factor screening

Screening was carried out by KKN students by asking about risk factors for hypertension in 30 participants. As many as 50% of participants still have unhealthy lifestyles that are at risk of developing hypertension such as lack of exercise, smoking, consuming salty foods and excessive fat. Most people still do not know about the risk factors and prevention of hypertension.



Figure 3. Risk factor screening

d. Health education

The Health Education was attended by 30 participants and 5 caregivers. This health education will be

held at the Nambo, Bingkeng and Pasirmanggu hamlet halls on 18-20 August 2021 starting at 08:00-10:00 WIB. The first day was attended by 9 participants, the second day was 5 participants and the third day was attended by 16 participants. The material presented in this health education is the definition of hypertension, signs and symptoms, risk factors, and ways to prevent hypertension using powerpoint media and distribution of leaflets. After providing the material, an evaluation was carried out to see an increase in the participant's knowledge with the result that the participant understood hypertension, but further monitoring was still needed in the application of a healthy lifestyle.



Figure 4. Hypertension health education

e. Home visits

A week after health education was carried out, on August 28, 2021, blood pressure was checked again using the home visit method by KKN students for 3 days from hamlet to hamlet. The results showed that there were still participants who experienced high blood pressure, namely as many as 6 people. This happened because the community did not have high awareness to be able to control blood pressure and minimize unwanted complications and did not apply lifestyle in preventing hypertension. In line with research (Wahid Tri Wahyudi, 2020) which shows that there are still bad behaviors regarding hypertension, this is because some respondents still find it difficult to reduce smoking consumption, reduce salt consumption and have difficulty doing regular exercise. Apart from that, family support also influences the prevention of hypertension. But overall there was a decrease in the rate of hypertension in Bingkeng village after the health education was carried out.



Figure 5. Home visit to check blood pressure

CONCLUSION AND SUGGESTION

In community service activities in Bingkeng Village, Dayeuhluhur District, Cilacap Regency, health education was carried out about hypertension with material regarding: (1) Definition of hypertension, (2) Symptoms, (3) Risk factors, (4) How to prevent it. Based on the evaluation results after the health education activities, most of the community and elderly caregivers understand knowledge related to hypertension, but support is still needed to change healthy lifestyles in the community. Based on the results of the return visit to check hypertension, there are still people who experience hypertension. The suggestion in this activity is that it is hoped that there will be socialization again related to increasing the role of community family support in helping to monitor the application of a healthy lifestyle that can reduce high blood pressure in people with hypertension.

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