

Increasing Public Knowledge about Hypertension and Diet Low Salt in the Village Rio De Janeiro Leste Timor

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ABSTRACT

Hypertension is the number 1 cause of death in the world. In general, hypertension is a condition without symptoms, where abnormally high pressure in the arteries causes an increased risk of stroke, aneurysm, heart failure, heart attack and kidney failure. Management of hypertension is carried out as an effort to reduce the risk of rising blood pressure and its treatment. In the management of hypertension, efforts are made in the form of non-pharmacological (modifying lifestyle through health education) and pharmacological (drugs). Some healthy lifestyles recommended by many guidelines are weight loss, reducing salt intake, sport which is done regularly, reduces alcohol consumption and stops smoking. The aim of this counseling is to increase public knowledge about hypertension as well as ways to prevent and treat hypertension by diet low in salt. The method used in counseling and demonstrations. Result *Pretest* regarding public knowledge about hypertension, namely 15 people (53.57%) had poor knowledge, 8 people (28.57%) had sufficient knowledge, and 5 people (17.85%) had good knowledge. Increased knowledge was obtained after the community was given education about hypertension and diet low salt with results *posttest*. 18 people (64.28%) had good knowledge and 10 people (35.71%) had sufficient knowledge. This outreach activity is a promotive and preventive effort to reduce the incidence of hypertension. During the Hypertension counseling process in the village Rio De Janeiro East Timor Respondents received educational material regarding hypertension and one way to prevent it with a low-salt diet. The conclusion of this activity is that there has been an increase in public knowledge village after providing education about hypertension and how to treat hypertension, one of which is using a low-salt diet.

Keywords: Counseling, hypertension, knowledge

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INTRODUCTION

Hypertension is currently still a major problem in the world. According to *Joint National Committee on Prevention, Detection, Evaluation, and Treatment on High Blood Pressure VII* (JNC-VII), almost 1 billion people suffer from hypertension in the world. According to reports *World Health Organization* (WHO), hypertension is the number 1 cause of death in the world.

High blood pressure (hypertension) is an increase in blood pressure in the arteries. In general, hypertension is a condition without symptoms, where abnormally high pressure in the arteries causes an increased risk of stroke, aneurysm, heart failure, heart attack and kidney failure (Tambayong, 2016).

Based on WHO data in 2021, it is estimated that 1.28 billion adults aged 30-79 years worldwide suffer from hypertension, the majority (two thirds) live in low and middle income countries and an estimated 46% of adults with hypertension are unaware that they have the condition (WHO, 2021). Based on 2018 Riskesdas data, the prevalence of hypertension sufferers in Indonesia is 8.47% (658,201 people) (RI Ministry of Health, 2019). Prevalence of hypertension in East Java Province Diagnostic doctors amounted to 8.27% (71,000 people) while in Sumenep district it was 5.91% (2,028 people) (Ministry of Health, East Java Province, 2019). The mechanism of hypertension in the body is controlled by baroreceptors, regulation of body fluid volume, system renin-angiotensin and auto regulation. A person in a state of hypertension will stimulate the release of hormones renin and angiotensinogen. Angiotensinogen is a protein that is inactive in the blood and is produced in the liver (Muhammadun, 2015). The bad effects of high blood pressure do not come immediately, but only recently appear after a lapse of decades. Hypertension can disrupt the function of various organs, such as the kidneys, brain, eyes and even the heart. If high blood pressure is left alone and continues to increase, it will cause various complications such as myocardial infarction, kidney failure, encephalopathy, and damage to the cornea of the eye (Ardiansyah, 2016).

Management of hypertension is carried out as an effort to reduce the risk of rising blood pressure and its treatment. In the management of hypertension, efforts are made in the form of non-pharmacological (modifying lifestyle through health education) and pharmacological (drugs). Some healthy lifestyle patterns recommended by many guidelines are weight loss, reducing salt intake, and sport done regularly, reduce alcohol consumption and stop smoking (Damayantie, et al, 2018). Research conducted by Setyaningrum (2021) showed that the majority of respondents had moderate adherence (91.7%) to the hypertension diet. Based on this, it is always needed to remind the community of diet regulation by providing education about hypertension and diet hypertension so that hypertension can be controlled.

METHOD

This activity was carried out in February 2023 at Rio De Janeiro Village, Timor Leste. The methods used in this counseling program are in the form of counseling and demonstrations. The media used namely leaflets, projectors and loudspeakers. Monitoring and evaluation is obtained from participant attendance sheets as well as the community's ability to participate in hypertension counseling and diet management. Monitoring activities are carried out by direct observation during counseling and demonstrations by observing the interaction between participants and the extension presenters and community activity in diet management demonstration activities. Evaluation is carried out by assessing the increase in knowledge through posttest evaluations related to the material and demonstrations of the diet management carried out.

RESULT

This counseling is done in village Rio De Janeiro East Timor. Based on the identification that was carried out, it was found that the number of people who took part in the counseling was 28 people.

Table 1. Identification of Hypertension Complaints

No	Hypertension Complaints	n	%
1	Experiencing complaints	18	64,28%

2	Had no complaints	10	35,72%
	Total	28	100

Based on the identification that was carried out, the number of people who participated was obtained counseling as many as 28 people. The identification results showed that 64.28% of the population said they had experienced complaints of hypertension, and 35.71% said they had not experienced complaints of hypertension.

Table 2 Knowledge of hypertension and low salt diet pre test post test

Knowledge	Pre test		Post test	
	n	%	n	%
Good	5	17,8%	18	64,28%
Enough	8	28,6%	10	35,71%
Less	15	53,6%	0	0%

Results pre test on public knowledge about hypertension and low salt diet, namely 15 people (53.57%) had poor knowledge, 8 people (28.57%) had sufficient knowledge, and 5 people (17.85%) had good knowledge. Increased knowledge was obtained after the community was given education about hypertension and diet low salt with post test results namely 18 people (64.28%) had good knowledge and 10 people (35.71%) had sufficient knowledge.

DISCUSSION

Based on facts in the field, the results of measuring the level of respondents' knowledge about hypertension and diet low salt before being given counseling, namely the majority knowledgeable less, after being given counseling the majority of respondents' knowledge became better. This is because respondents get new information that can increase respondents' knowledge about hypertension and diet low salt.

This activity is a promotive and preventive effort to reduce the incidence of hypertension which interferes with activities. During the Hypertension counseling process in village Rio De Janeiro East Timor received educational material regarding methods for preventing the author's hypertension complaints non-pharmacologically. Based on the results of interviews conducted with several the community got that result Most people say they are disturbed by complaints of hypertension.

It turned out that the materials presented were able to increase public knowledge as evidenced by the fast response in answering all the questions given correctly and directly demonstrating how to diet for hypertension. As a measure of increasing public knowledge, they can re-practice how to prepare a hypertension diet and they understand that it is very important to prevent hypertension by following a proper diet and maintaining dietary restrictions because it can prevent themselves and their families from hypertension and complications arising from hypertension.

Factors that influence a person's level of knowledge are the information received by a person from several sources, one of which is health education. Wawan's research (2010) states that factors that can influence a person's knowledge start from the information obtained and some have more information.

According to Daryanto's research (in Hasanah, 2020), the choice of presentation media can be presented in the form of text, images and animation combined. So that usage This presentation media is able to attract the attention of respondents in carrying out health education so that it can increase respondents' knowledge. Learning media is able to influence the effectiveness of

learning so that it can improve students' learning and can help increase material absorption and focus knowledge information (Arsyad, 2016).

According to Notoatmodjo (2015) that the basis of a person's reaction is knowledge. Knowledge is the result of "knowing", and this happens after people do it sensing towards a particular object. The meaning of knowing in this activity is that the respondent knows that when experiencing hypertension it can cause complaints of dizziness. To resolve these complaints, respondents will find out how to resolve them, which can be obtained from asking family members or people who are considered to understand the problem better. By understanding, respondents will try to make efforts to recover from hypertension.

The aim of delivering the material is to increase public knowledge of curative efforts in reducing hypertension rates, where the material provided is adapted to scientific novelty. In theory, non-pharmacological methods are proven to be safer for curing hypertension, when compared with pharmacological methods.

Researchers argue that Counseling with material explanations hypertension and a low salt diet can be achieved according to target. This activity was carried out in an orderly and smooth manner, participants were able to absorb the information well. It is hoped that outreach can be carried out regularly and continuously for the community to increase knowledge about hypertension prevention and treatment.

CONCLUSION

Before the counseling was given, the village community's knowledge was still low about hypertension and the treatment of hypertension and there was an increase in the village community's knowledge after the outreach was given about hypertension and how to treat hypertension, one of which is using a low-salt diet.

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