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THE RELATIONSHIP BETWEEN THE PERCEPTION AND PRACTICE AMONG ELDERLY WITH HYPERTENSION IN CONTROLLING HEALTH IN PHC MRANGGEN DEMAK

Edy Soesanto¹

¹The Study Program of Nursing University of Muhammadiyah Semarang

ABSTRACT

Hypertension is a major risk factor for cardiovascular disease which is the leading cause of death in Indonesia. Data showed that hypertension and cardiovascular disease are still quite high and even increase with the lifestyle, unhealthy behavior, and poor hygiene. Hypertension can be prevented if the risk factors can be controlled and people practice healthy behaviors. The aim of this study was to examine the relationship between the perception and practices among elderly with hypertension in controlling health in Puskesmas Mranggen, Demak by using a cross sectional study with a quantitative approach. The sample size was 285 respondents who were taken by total sampling technique. The data were analyzed using descriptive statistics and Chi Square. The results showed that there was an association between the perception of the elderly about the susceptibility to disease of hypertension with the practice among elderly with hypertension in controlling health ($p = 0.026$). There was a correlation between the perception of the elderly about the severity of hypertension with the practice among elderly with hypertension in controlling health ($p = 0.040$). In order to improve the quality of health care, Puskesmas has to do home visit to provide health education particularly to controlling the health status that is benefits for the elderly with hypertension. Puskesmas need to build cross-sectoral cooperation to implementation the program of the Posbindu (center of integrated health training) for elderly.

Keywords: *practice, elderly, health control, hypertension*

INTRODUCTION

Hypertension is a major risk factor for cardiovascular disease which is the leading cause of death in Indonesia. Data from Research Department of Health in 2005, showed that hypertension and cardiovascular disease is still quite high and even tends to increase with the lifestyle that is far from healthy and hygienic behavior, high cost

of treatment of hypertension, and also lack of safety facilities for hypertension. If hypertension untreated, the blood pressure will continue to increase gradually, so it could excess the workload of the heart.

From 38.8% of the elderly who suffer from hypertension, only 50% were treated regularly (controlled hypertension) and only half in a good control. It means that all of

people with hypertension in Indonesia in good controlled amount below 10% (Sanjaya, 2005). It is easy to understand because it does not give symptoms of hypertension. Its conditions appropriate to the nature of hypertension as the silent killer (silent killers), because many people do not pay attention to a disease that is sometimes taken lightly by them, without knowing if the disease is dangerous from a variety of more fatal disorders, for example, abnormal blood vessels, heart (cardiovascular) and kidney problems and many patients who come for treatment when already severe vascular damage (Boedhi Darmojo, 1994).

Hypertension is actually a disease that can be prevented if the risk factors can be controlled and healthy behaviors, namely behavioral efforts to maintain and improve healthy. The efforts including regular monitoring of blood pressure, healthy living programs without smoke, increased physical activity/exercise, a healthy diet with caloric balance through the consumption of high-fiber, low fat, and low salt. Patients with hypertension should doing routine checks that hypertension in misery can be controlled well (Fadilah Supari, S., 2007).

Data from Demak district health offices showed that the incidence of hypertension has increased 2–3% within the last three years and it included in top 10 diseases for elderly. Data in Demak Mranggen health center in the last 3 years also showed the increasing number of hypertension by 4–5% and hypertension was the second highest disease after joint disease with the number up to 1.570 cases (21%). Based on reporting

records of Posyandu elderly Source Healthy Kale village, hypertension in the elderly was ranked first in the amount of 64% (130 people), followed with joint disease 20% (41 people) out of 203 elderly who were registered as members of Posyandu. Among those with hypertension, there was only 32% (42 people) who carry out regular visit to control their health condition each month. The rest of them did not visit to posyandu or health center on a regular basis because they did not have money for treatment, felt bad for being a burden for his family, did not have someone who accompany and drop them to posyandu or health center because stay alone, and considered the their disease did not require regular check up each month.

We often found misconceptions about the illness. Many people cannot work or is not able to get out of bed when they are sick. Someone will take preventive action which influenced by demographic variables (education, knowledge, age, and occupation) of individuals as well as instructions to behave (cues to action) alleged right to start the process of behavior, which is derived from information or advice on the health problems of hypertension. Health behaviors starts that behavior is a function of one's intention to act (behavior intention), social support from family and the surrounding community (social support), lack of access to health services (accessibility of health care), personal autonomy of people concerned in terms of taking the actions or decisions (personal autonomy) as well as the situation allows it to act (action situation) (Notoatmodjo S, 2003).

RESEARCH METHODS

This type of research was an explanatory research by using cross sectional approach. The populations in this study were all elderly with hypertension, aged ≥ 60 years or older and live in the region Puskesmas Mranggen Demak between the months of June to December, 2014. The sampling technique in this study was total sampling that all the elderly who suffer from hypertension, aged ≥ 60 years or older and live in the region Puskesmas Mranggen Demak, as many as 285 people.

The measurement tools of this study was a questionnaire that has been validated with product moment correlation test and reliability test by using Cronbach alpha statistic test. The variables of this study was the perception of the elderly and elderly with hypertensive practices in controlling their health. The data of the study were analyzed by using: univariate and bivariate analysis using Chi Square test with $\alpha = 0.05$.

RESEARCH RESULT

Practices of elderly in controlling health. The average practices committed by the respondent in controlling health was 5.47 ± 1.721 with a minimum of 2 and a maximum value of 8. Most of practice elderly hypertension in controlling health was good, that is 69.1% and less by 30.9%, but there are about 59.6% do not exercise regularly, 44.2% were still smoking and a diet as recommended by 35.1% and 33.7% still consume alcoholic.

Perception of vulnerability felt by respondents to the hypertension disease. The average perception of vulnerability felt by respondents to hypertensive disease was

4.57 ± 1.371 with a minimum value of 1 and a maximum of 6. The level of vulnerability perception felt by the majority of respondents to the hypertension disease is good, about 71.9%. The respondents' answers according to our analysis of the perception of perceived vulnerability to disease hypertension showed that most respondents have a good perception of vulnerability or risk factors for hypertension disease, but there are still about 32.6% exhaustion in the move will not cause hypertension disease relapse again, a lot of thought does not cause hypertension disease relapse was 28.4%, eating fatty foods will not cause hypertension disease recurrence by 28, 1% and about 20.7% smoking does not cause hypertension disease recurrence 20.7% of respondents stated that smoking does not cause hypertension disease recurrence turns out there are about 37.3% male and 62.7% female.

From the analysis of the relationship between the perception of the elderly about the susceptibility with disease of hypertension with aging Hypertension Practice in controlling health showed that there were 47 (58.8%) of respondents who have less perception of susceptibility to disease control hypertension to practice good health.

While respondents have a good perception of susceptibility to disease hypertension are 150 (73.2%) who practice good health control, and that there are as many as 33 (41.3%) of respondents who have less perception of susceptibility to disease hypertension practice controlling ill health. While respondents have a good perception of susceptibility to disease hypertension

there were 55 (26.8%) who practice in controlling illness. The result showed that there is a relation between the perception of the vulnerability of elderly hypertensive disease (perceived susceptibility) in elderly hypertensive practice in controlling the health of 0.026 ($p < 0.05$). From the results of the distribution is known that 73.2% of respondents have a good perception of vulnerability to practice good health control.

The perception of the perceived severity of hypertension respondents. Average perception of severity perceived by respondents to hypertensive disease was 2.96 ± 0.934 with a minimum value of 1 and a maximum of 5. The level of severity of hypertension felt by respondents are good perception about 71.9%. According to the investigators' analysis of the perception of severity perceived elderly against disease hypertension showed that most respondents have a good perception of the severity of the risk of complications to the disease or hypertension, but there are still about 73% said that hypertension does not lead to complications in the kidneys, 47.7% had the perception that hypertension does not cause interference with the vascular and 43.2% had the perception that hypertension does not cause blindness. From the analysis of the relationship between the perception of the elderly about the severity of hypertension suffered by the elderly hypertension practice in controlling health, found that there were 63 (78.8%) of respondents who have less perception of the severity of disease control hypertension to practice good health. While respondents have a good perception of

disease severity of hypertension there are 134 (65.4%) who practice good health control, and that there are as many as 17 (21.3%) of respondents who have less perception of disease severity of hypertension practice controlling ill health. While respondents have a good perception of disease severity of hypertension there are 71 (34.6%) who practice controlling ill health. The results of the statistical test Chi Square test obtained by value $p = 0.040$ means that there is a relationship between the perception of the elderly about the severity of hypertension suffered by the elderly Hypertension Practice in controlling health. Perception of severity is a degree to which individuals feel as a result of her illness became severe, and perceived as a threat of a disease.

DISCUSSION

Perception is a cognitive process in understanding the information about the environment through the five senses, and each individual can give a meaning or a different response, someone's perception of vulnerability and the efficacy of the treatment can affect a person's decision on health behavior.

According to the theory of HBM, an elderly hypertension will conduct a practice controlling his health is mostly influenced by the existence of a threat to make an elderly have confidence whether hypertension who suffered will get worse or heal and feel the disease is a problem that must be overcome (self susceptibility to disease). The threat of an illness perceived differently by each individual. There is a fear of the disease, so that they will practice to control disease,

but there is also considered a disease that is not severe, or the individual that was not to be exposed/recurrence of the disease because there are no family history of hypertension, so that they will not practice health control. Perception of the threat of disease and preventive efforts are influenced by socio-demographic background and past experiences of the individual. According Yachya Siagian in 2008, someone to practice controlling the disease because of the motive of desire, hope for a cure and want to stay healthy and how to define the illness well and a person's ability to resist the attack of the disease. Many factors cause someone to react with the disease, according to Kanho T., 1990, among others experience symptoms/signs that deviate from normal circumstances, assume the symptoms are serious and expected to pose a hazard, the impact of symptoms on the relationship with family, relationship work in other social activities, the frequency of the symptoms and signs of increased risk or possibility of individual susceptibility to attack/recurrence of disease was more visible, and the availability of health facilities, ease of reaching these facilities, the availability of cost.

Consistent with the results of this study, namely, the relationship perception of the elderly about the susceptibility to disease of hypertension with the practice of elderly hypertension in control of their health and the results of multivariate analysis which states that any change in the perception of vulnerability as much as one unit, then the chances of elderly hypertension to do health control practices increased by 62.6%. This is consistent with the reality in the study

because the majority of respondents express their perceptions of disease susceptibility hypertension can be caused by age, heredity, eating a lot of fat, salt, smoking and stress. It also showed that some of the female respondents have a habit of smoking at 62.7%, this is due to the young since they have been using tobacco *nginang* (fringe in Javanese), when they run out of *nginang* it will soon be replaced by smoking, in addition to environment around also supports to smoke because most of the men in the area of active smokers and is one of the tobacco-producing areas in the district Mranggen, so that the habit is difficult to be abandoned. To reinforce the decision to act or change behavior requires trigger factors, can include information from the media, engaging people who are known or there is cautioned. If the precipitating factor was strong enough and the elderly feel ready, then aging it actually implement health control practices. Thus, the better the respondents know about the vulnerability/risk factors of hypertension it will be better the disease control practices.

Experience from the people of the state of hypertension that is not controlled properly will lead to a condition that is getting worse, the desire, motivation and attitude strongly encourage someone to do a health control measures against the disease being suffered (Dijkstra et al., 2008). The process of perception is a cognitive process that is influenced by experience, horizons, and individual education (Mar'at, 1991). The experience and the learning process will give shape and structure to the object that was captured five senses, while knowledge and horizons will give meaning to the objects captured

individual, and ultimately the individual components will play a role in determining the availability of the answers that form the attitudes and behavior of individuals to an existing object. Most respondents have low education (92.6%) that will hinder the process of understanding the possibilities that will result from hypertension disease if not controlled properly, even though the experience of respondents to efforts to control the disease is relatively long on average been 2 years of suffering hypertension. Likewise, the results of multivariate analysis of this study that states that any change in the perception of severity as much as one unit, then the chances of elderly hypertensive to practice controlling his health decreased by 78.9%. Perception of severity is an analysis of how to integrate the application of a person against a result of hypertensive disease if not treated properly, then recognize the form and severity of complications of the disease and to act in accordance with existing conditions (Hamka, Muhammad, 2002). Individual perception is influenced by functional and structural factors. Functional factors are factors that are personal (Robbins, S.P., 2003). For example individual needs, age, past experience, personality, gender, and other things that are subjective. Structural factors are beyond individual factors, such as environmental, cultural and social norms influence on someone in mempresepsikan something. Results of the research that the perception of the severity of the elderly who suffer from hypertension are very good, most of the respondents said that the hypertension disease if not controlled properly can lead to heart disease, kidney damage, stroke,

reduced visibility, rupture of blood vessels. Thus the perception of the elderly about the severity of the disease suffered hypertension is associated with practices in controlling hypertension elderly health.

CONCLUSION

From the results of the study showed that 69.1% of respondents have good health control practices and the remaining 30.9% had less health control practices. Among others: there were about 59.6% do not exercise regularly, 44.2% still smoke and not full of the diet as recommended by 35.1% and 33.7% still consume alcoholic beverages. 70.2% of respondents have a good perception of vulnerability and 29.8% had less perception of vulnerability. 20.7% of respondents stated that smoking does not caused hypertension disease recurrence turns largely female is approximately 62.7%. 71.9% of respondents have a good perception of the severity and 28.1% had less perception of severity. It is expected to hold Posyandu routinely every month in all villages in Puskesmas Mranggen, prompting health officials to increase the frequency of health information, especially about the importance and benefits of health management for elderly hypertensive. Other activities such as improving cross-sectoral cooperation with the districts and villages as well as educational institutions for disseminating the program posbindu elderly.

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