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Knowledge and Attitude towards Hypertension Control Efforts by the Elderly at the Bua' Tarrung Elderly Posyandu, Tana Toraja

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ABSTRACT

Hypertension is sometimes not accompanied by symptoms, so it needs to be detected early, one of which is regular blood pressure checks. The purpose of this study was to analyze the relationship between knowledge and attitudes of the elderly towards hypertension control efforts at the Bua' Tarrung Posyandu, Lembang Bua' Tarrung Village, Rembon District, Tana Toraja Regency, Indonesia. The design of this study was cross-sectional. The research subjects were 35 elderly who were selected by total population sampling technique. Data on knowledge, attitudes and efforts to control hypertension were collected through filling out a questionnaire, then analyzed using the Chi-square test. The results of the analysis show that the p-value for knowledge was 0.001, while for attitude was 0.000. Furthermore, it was concluded that knowledge and attitudes were related to efforts to control hypertension by the elderly at the Bua' Tarrung Elderly Posyandu.
Keywords: elderly; hypertension control efforts; knowledge; attitude

INTRODUCTION

Hypertension is the most common problem in society, both in developed and developing countries, including Indonesia. Hypertension is sometimes not accompanied by symptoms, meanwhile hypertension that is continuously left for a long time can cause dangerous complications. Therefore, hypertension needs to be detected early, one of which is regular blood pressure checks. This is one of the steps to control blood pressure in people with hypertension. [(1)] According to the World Health Organization (WHO), [(2)] hypertension is a significant and very dangerous health problem in the world because hypertension is one of the main risk factors for various diseases or disorders of the cardiovascular system, brain, kidney and various other diseases, which is the leading cause of death in the world. According to the American Heart Association, hypertension is also called the silent killer which has various symptoms in each individual, with symptoms that are almost the same as other diseases. [(3)]

According to WHO [(2)], in the world, 1.13 billion people have a history of and suffer from hypertension and approximately 7.5 million deaths are caused by hypertension. Worldwide, about 972 million people or 26.4% of people as a whole suffer from hypertension. This figure is likely to increase to 29.2% in 2025, i.e. 22% of the world's population will suffer from hypertension and only one-fifth will make efforts to control hypertension. The highest prevalence of hypertension is in Africa (46%), while the lowest prevalence is in America (35%).

One study reported that knowledge and attitudes towards hypertension care were associated with hypertension care behavior in the elderly. [(4)] Meanwhile, other research results report that there is a relationship between elderly knowledge about hypertension and blood pressure control. [(5)]

According to the Ministry of Health of the Republic of Indonesia, in 2018 the estimated number of hypertension cases in Indonesia was 63,309,620 people, while the estimated death rate due to hypertension was 427,218 cases. The incidence of hypertension by age group is 31-44 years old = 31.6%, 45-54 years old = 45.3%, and 55-70 years old = 55.2%. [(6)] Based on the results of the 2013 Basic Health Research, the most common diseases suffered by the elderly were hypertension (57.6%), arthritis (51.9%), stroke (46%), dental and oral problems (19.1%), chronic obstructive pulmonary disease (8.6%), and diabetes mellitus (4.8%). In Indonesia, the prevalence of hypertension in Kalimantan = 44.1%, West Java = 43%, Central Java = 37.5%, East Java = 37.5%, East Kalimantan = 43.1%, West Kalimantan = 38%, Sumatra South = 32.7%, South Sulawesi = 32%, North Sulawesi = 32.2%, West Sulawesi = 36%, Central Sulawesi = 32.2%, Gorontalo = 32%, and Papua = 22.2%. [(7)]

Based on data from the Basic Health Research specifically for South Sulawesi in 2018, the prevalence of hypertension based on doctor's diagnosis and regularly taking medication in people aged 18 years is 7.22% and

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the prevalence of hypertension based on measurement results in the elderly community is 31.68%. [8] Meanwhile, according to the Health Profile of South Sulawesi, the highest prevalence of hypertension in South Sulawesi is Soppeng Regency (40.6%), Sidenreng Rappang (23.3%) and Makassar City (23.5%). [9]

Hypertension is also a major health problem in Tana Toraja Regency, with a prevalence of 36.23%. Hypertension is one of the 10 most common diseases in Tana Toraja Regency. In 2019, the number of hypertension cases in Tana Toraja was 13,641. [10] Based on data at the Bua' Tarrung Elderly Posyandu, the number of elderly people who actively participate in the Posyandu is 55 people, while the elderly who have a history of hypertension are 35. [11] According to Bua' Tarrung's elderly Posyandu cadres, the elderly's blood pressure is not well controlled. Most of the elderly do not understand how to control their blood pressure properly and correctly. The elderly do not yet have the awareness to regularly check their blood pressure, for example by regularly attending the elderly posyandu every month. Some elderly people only attend posyandu when they feel headache, dizzy or when they feel unwell.

Based on the above background, it is necessary to conduct research that aims to analyze the relationship between knowledge and attitudes of the elderly towards hypertension control efforts at the Bua' Tarrung Elderly Posyandu, Lembang Bua' Tarrung Village, Rembon District, Tana Toraja Regency, Indonesia.

METHODS

This type of research was an observational study by applying a cross sectional design. This research was carried out at the Bua' Tarrung Elderly Posyandu, Lembang Bua' Tarrung Village, Rembon District, Tana Toraja Regency on July 07 to 26, 2021. The population in this study were all elderly people at the Bua' Tarrung Elderly Posyandu who actively participated in the elderly posyandu, 35 people have a history and suffer from hypertension. The sample size was 35 elderly. Sample members were selected by total population sampling technique.

There were two independent variables in this study, namely knowledge about hypertension and attitudes towards hypertension, while the dependent variable was the effort to control hypertension. Data about the three variables were collected through filling out a questionnaire.

The data that has been collected was categorical data, so it was analyzed descriptively in the form of frequency and percentage. [12,13] Then, the hypothesis was tested using the Chi-square test.

RESULTS

The results of descriptive data analysis are presented in Table 1, Table 2 and Table 3. While the results of hypothesis testing are presented in Table 4 and Table 5.

Table 1 shows that most of the elderly had a good level of knowledge about hypertension, namely 60 percent. Table 2 shows that most of the elderly had a positive attitude towards hypertension, namely 65.7 percent. Meanwhile, Table 3 shows that most of the elderly (62.9%) had hypertension control efforts in the good category.

Table 1. Distribution of knowledge of the elderly about hypertension

Knowledge	Frequency	Percentage
Good	21	60
Less	14	40

Table 2. Distribution of elderly attitudes towards hypertension

Attitude	Frequency	Percentage
Positive	23	65.7
Negative	12	34.3

Table 3. Distribution of hypertension control efforts by the elderly

Control efforts	Frequency	Percentage
Good	22	62.9
Less	13	37.2

Table 4 shows that the elderly who had knowledge in the good category, most (85.7%) of them had hypertension control efforts in the good category as well. While the elderly who had knowledge in the good category, most (71.4%) of them had hypertension control efforts in the less category. The p value of the Chi-square test was 0.001, so it could be interpreted that there was a relationship between the level of knowledge and efforts to control hypertension by the elderly.

Table 5 shows that the elderly who had a positive attitude, most (87%) of them had hypertension control efforts in the good category. While the elderly who had a negative attitude, most (83.3%) of them had

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hypertension control efforts in the less category. The p value of the Chi-square test was 0.000, so it could be interpreted that there is a relationship between attitudes and efforts to control hypertension by the elderly.

Table 4. The relationship between the level of knowledge and efforts to control hypertension by the elderly

Knowledge	Control efforts						p
	Good		Less		Total		
	f	%	f	%	N	%	
Good	18	85.7	3	14.3	21	100	0.001
Less	4	28.6	10	71.4	14	100	

Table 5. The relationship between attitude and efforts to control hypertension by the elderly

Attitude	Control efforts						p
	Good		Less		Total		
	f	%	f	%	N	%	
Positive	20	87.0	3	13	23	100	
Negative	2	16.7	10	83.3	12	100	0.001

DISCUSSION

From the results of the study, it is known that most of the elderly at the Bua' Tarrung Lansia Posyandu have a good level of knowledge about hypertension. However, the proportion of the elderly who still have a level of knowledge in the less category is not too small, namely 40.0%. This may be due to the low level of education, namely not attending school = 17.1% and elementary school graduates = 34.3%).

Education is one of the factors that influence knowledge. Education will greatly affect how a person is able to absorb information well. The higher a person's education, the easier it will be for that person to absorb information, so that his knowledge will be wider. [(14)] However, a low level of education will not always hinder a person, because there are many other media that can be a source of learning such as: television, newspapers, magazines, radio and other people's experiences that are used as references for a person to gain knowledge. [(15)] This situation is in accordance with the respondents in this study, although the majority have low education, many still have good knowledge about controlling hypertension.

Knowledge is also influenced by a person's age, as it is known that the majority of the elderly are 45-54 years old. The older a person's age, the process of mental development improves and affects the knowledge he gains, but at the age before the elderly the ability to accept or remember a knowledge will decrease. Intelligence will decrease, causing reduced ability to understand general knowledge and information. [(15)] This is in line with the results of this study that there are still 14 respondents who have less knowledge, where the elderly begin to assume that hypertension is a natural thing because they are old and even think that if the need for food and rest is met, then the elderly have must be healthy. The elderly feel that they no longer need to follow the development of knowledge, where interest in information and knowledge about health has decreased, because at this stage the elderly begin to prioritize the fulfillment of physiological needs such as eating, drinking and resting rather than spending their funds and energy to seek information and knowledge.

From the results of the study, it is known that most of the elderly have a positive attitude towards hypertension. However, there are still 34.3% of the elderly who still have a negative attitude towards hypertension. This may be related to the condition that there are still some elderly people who have a level of knowledge in the less category, so that they do not understand and understand what attitude should be done and also some customary or cultural habits in society which are already very difficult for respondents to avoid so that it becomes a problem. habit, although it is not suitable for hypertensive conditions.

This is in line with the opinion of Saifuddin's statement [(16)] that attitudes have 3 components that form a mutually supportive attitude structure, namely the affective component (related to feelings and emotions), the cognitive component (containing thoughts and beliefs) and the conative component (formed from behavior). and behavior of a person).

From the results of the study, it is known that most of the elderly have hypertension control efforts in the good category. However, there are still 37.2% of the elderly who are not good at controlling hypertension. This may happen because there are still some elderly people who have unsatisfactory knowledge and attitudes regarding blood pressure control, even though health workers have made several efforts to support the elderly to be more obedient in controlling their blood pressure, one of which is by providing counseling on how to control it. hypertension. This is in line with the statement of Afzal et al. [(17)] that to be able to control blood pressure, it is expected that people with hypertension have good knowledge as a basic capital for efforts to control hypertension, so that this can improve compliance with hypertension care they suffer. Likewise, the attitude of

the elderly towards hypertension care has a significant relationship to the behavior of controlling hypertension they suffer from. [18]

The results of the analysis show that the level of knowledge of the elderly is related to efforts to control hypertension. Knowledge is a result of curiosity through sensory processes, especially in the eyes and ears of certain objects by themselves at the time of sensing. Thus, the knowledge produced is strongly influenced by the intensity of attention and perception of the object. [14] The respondent's knowledge of hypertension significantly shows its effect on hypertension control efforts. Good knowledge is believed to be able to change a person's lifestyle such as quitting smoking, exercising regularly, improving diet, avoiding stress and having regular health checks. Therefore, the better the respondent's knowledge about hypertension, the better the respondent's efforts to control hypertension. [19]

The results of the analysis show that the attitude of the elderly is related to efforts to control hypertension. Attitude is a reaction or response that is still closed from a person to a stimulus or object. Attitudes cannot be directly seen, but can only be interpreted beforehand from closed behavior. Attitude is when a person can do what he wants, can judge good and bad, approve or disapprove of a certain object based on his feelings towards a certain situation and development. [14] This can happen because the attitude is not yet an action or activity, but is a predisposition to an action. Attitudes towards something can influence a person's actions towards it. Attitude is one of the most influential factors on the individual's health value and can determine the right way of controlling the disease he is suffering from. So it appears that the more positive the attitude of the patient towards hypertension, the better the control carried out by the patient. [5]

CONCLUSION

Based on the results of the study, it can be concluded that knowledge and attitudes are related to efforts to control hypertension by the elderly at the Bua' Tarrung Elderly Posyandu, Lembang Bua' Tarrung Village, Rembon District, Tana Toraja Regency, Indonesia.

REFERENCES

1. Sidabutar. Hipertensi dan Pencegahannya. Jakarta: Salemba Medika; 2012.
2. WHO. Hypertension and World Health Statistics - Silent Killer, Global Public Crisis. Geneva: WHO; 2018.
3. Nurarif, Kusuma. Pengaruh Hipertensi terhadap Perilaku Hidup pada Lansia. Yogyakarta: Poltekkes Kemenkes Yogyakarta; 2016.
4. Ayuningsih CN. Hubungan Pengetahuan Sikap dan Perilaku tentang Perawatan Hipertensi pada Lansia yang Menderita Hipertensi di Johar Baru Jakarta Pusat. Jurnal Medika Cendikia. 2020;7(2).
5. Anggreani N. Hubungan Pengetahuan dan Sikap Lansia dengan Riwayat Hipertensi dengan Pengendalian Tekanan Darah pada Lansia di Puskesmas Sibolangit Kabupaten Deli Serdang. Medan: Poltekkes Kemenkes Medan; 2019.
6. Kemenkes RI. Hipertensi. Jakarta: Infodatin, Pusat Data dan Informasi, Kemenkes RI; 2018.
7. Kemenkes RI. Riset Kesehatan Dasar (Riskesdas) Tahun 2013. Jakarta: Kementerian Kesehatan RI; 2013.
8. Kemenkes RI. Laporan Rikesdas Sulawesi Selatan. Jakarta: Kemenkes RI; 2018.
9. Dinkes Prov. Sulsel. Profil Kesehatan Provinsi Sulawesi Selatan Tahun 2016. Makassar: Dinkes Prov. Sulsel; 2016.
10. Dinkes Kab. Tana Toraja. Profil Kesehatan Kabupaten Tana Toraja 2019. Tana Toraja: Dinkes Kab. Tana Toraja; 2019.
11. Posyandu Lansia Bua' Tarrung. Lapora Posyandu Lansia Bua' Tarrung. Tana Toraja: Posyandu Lansia Bua' Tarrung, Tana Toraja; 2021.
12. Suparji, Nugroho HSW, Martiningsih W. Tips for Distinguishing Nominal and Ordinal Scale Data. Aloha International Journal of Multidisciplinary Advancement (AIJMU). 2019;1(6):133-135.
13. Nugroho HSW. Descriptive Data Analysis for Categorical Data. Ponorogo: FORIKES; 2014.
14. Notoatmodjo S. Ilmu Perilaku Kesehatan. Jakarta: Rineka Cipta; 2014.
15. Nastiti FI. Hubungan Pengetahuan dengan Sikap Lansia terhadap Diet Hipertensi di Panti Tresna Werda Magetan. E-prints Repository. 2018;2(1):1–116.
16. Azwar S. Sikap Manusia: Teori dan Pengukurannya. Yogyakarta: Pustaka Pelajar; 2013.
17. Afzal M, Amir Gilani S, Naseem S, Sarwar H. Knowledge Attitude and Practice towards Hypertension among Adult Population in a Rural Area of Lahore. International Journal of Scientific & Engineering Research. 2018;9(5).
18. Sadeq R, Lafta RK. Knowledge, Attitude and Practice about Hypertension in Hypertensive Patients Attending Hospitals in Baghdad, Iraq. South East Asia Journal of Public Health. 2017;7(1):29–34.
19. Septianingsih DG. Hubungan Tingkat Pengetahuan dan Sikap Pasien Hipertensi dengan Upaya Pengendalian Hipertensi di Wilayah Kerja Puskesmas Samata. Makassar: Universitas Islam Negeri Alauddin; 2018.