

## EFFORTS TO OPTIMIZE FAMILY DUTIES FOR PREVENTION OF HYPERTENSION COMPLICATIONS THROUGH HEALTH EDUCATION

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### ABSTRACT

Hypertension is a disease caused by blood circulation disorders which is still a problem in public health. The purpose of this community service activity is to increase the understanding of cadres, the elderly and families in preventing complications in the elderly suffering from hypertension. Community service is carried out by providing health education to cadres, the elderly and families on how to care for the elderly with hypertension to prevent complications. Activities carried out at the elderly posyandu and followed by all cadres, the elderly and accompanying families. Health education is carried out by providing presentation materials and giving leaflets. After the health education is carried out, it is hoped that cadres, the elderly and families will understand how to care for the elderly with hypertension so that the elderly do not experience hypertension complications such as stroke, heart failure, etc.

**Kata Kunci :** *hypertention, prevention of complications, elderly*

### Introduction

Hypertension is a disease caused by blood circulation disorders which is still a problem in public health. This disease progresses slowly and may not be felt until it causes significant organ damage. Symptoms that may be felt in people with hypertension are headache accompanied by nausea and vomiting, blurred vision, urination at night, difficulty breathing. The higher the blood pressure, the greater the risk (Prince, 2005). If uncontrolled blood pressure will lead to stroke, myocardial infarction, kidney failure, encephalopathy, and seizures (Corwin, 2009). If people with hypertension are lacking or even not getting proper management in controlling blood pressure, the morbidity and mortality rates will increase and health problems in the community will be increasingly difficult to fix. Patients will experience complications such as stroke, heart failure, and others.

The World Health Organization (WHO) noted that in 2010, there were at least 839 million cases of hypertension, an estimated 1.15 billion in 2025 or around 29% of the world's population, where more sufferers were women (30%) than men (29%). ). Approximately 80% of the increase in cases of hypertension occurred mainly in developing countries. The prevalence of hypertension in Indonesia reaches 31.7% of the population aged 18 years and over. The results of Setiawan's (2004) study showed that the prevalence of hypertension in Java was 41.9%. Data from the Kediri City Health Office in 2010, there were 53,732 hypertension sufferers and was ranked 2nd for the total group of 10 major morbidity data. Based on the community service report carried out by STIKES lecturers at Kediri Baptist Hospital in 2017, health counseling was given about hypertension care at the Elderly Posyandu RW 02 Ward Ward, Kediri City, 57% of the elderly have good knowledge, while 43% have sufficient and

insufficient knowledge. These data show that further health education is needed in the proper handling of hypertension sufferers.

Hypertension can occur due to an increase in heart rate and stroke volume due to activity of the sympathetic nervous system (Corwin, 2009). This results in an increase in the contractility of the heart muscle fibers by selective vasoconstriction in peripheral organs (Muttaqin, 2009). If this happens continuously, the heart muscle will thicken (hypertrophy) and cause the function of the heart as a pump to be disrupted, further resulting in damage to the blood vessels of the brain, eyes (retinopathy), and kidney failure (Muhammadun, 2010). Hypertension can be a serious threat if it is not treated properly. If the blood pressure in hypertensive sufferers can be maintained at optimal values, it will help hypertension sufferers obtain optimal health, avoid the risk of complications of cardiovascular disease, and improve the quality of life.

One part of controlling hypertension is improving the quality of human resources, especially in case management and program management. Health education is an effort to achieve this. One of the health education that can be given is health education for health workers and non-health workers in controlling hypertension sufferers (Ministry of Health, 2011). Efforts to train non-health workers in this case are cadres. Health education carried out to cadres is an effort to increase health awareness in the context of community empowerment. Health education about hypertension management for cadres in the community is very important, because cadres are part of the community whose duties, one of which is to provide counseling to the elderly. However, the level of education and knowledge of the cadres is very diverse, allowing gaps in providing health education or outreach to the community.

## Method

The approach method used for the Implementation of Health Education for Cadres and Families in an Effort to Optimize Family Duties in providing care for elderly with hypertension to prevent complications in RW 2 *Kelurahan Bangsal* Kediri, by lecturing and discussion methods and monitoring every month.

The work procedure carried out is Health Education for *kader posyandu*, elderly and their families in an effort to optimize family duties in providing care for elderly with hypertension to prevent complications in the *Kelurahan Bangsal* Kediri, the expected goal is to increase the knowledge and behavior of *kader posyandu*, elderly and their families in providing care for elderly with hypertension. First, the activity service team will make a letter of assignment from the institution to carry out community service activities that will be carried out in RW 2 *Kelurahan Bangsal Kediri*. Discussing with *kader Posyandu* in Implementing Health Education to elderly and their families in an effort to optimize family duties in providing care for elderly with hypertension to prevent complications in RW 2 *Kelurahan Bangsal* Kediri.

## Results and Discussion

Community service activities in RW 2 *Kelurahan Bangsal* Kediri with the theme of Implementing Cadre and Family Health Education in an Effort to Optimize Family Tasks were carried out for 4 months from September 2019 to December 2019. In September, health education was carried out for the elderly and cadres. In October and November the elderly and cadres will carry out independent activities according to the *posyandu* for the elderly. In December, an activity evaluation was conducted.

This activity involves all the elderly and cadres in health education related to how family duties carry out family duties to prevent complications in elderly people

with hypertension. Elderly and cadres are given health education about the prevention of hypertension complications and brain exercise exercises.

On September 6, 2019, an elderly posyandu activity was carried out at RW 2 *Kelurahan Bangsal* Kediri for the elderly along with this activity the servant carried out a health assessment of elderly blood pressure, obtained from 30 elderly who came to the elderly posyandu, 67% or 20 elderly experienced hypertension. When interviewed by the service provider, 60% of the elderly admitted that they had not received information about the management of hypertension and many families had not directed or had not carried out family duties properly. In addition, the service provider also provides or provides health education to cadres, the elderly who are present and also to families who take the elderly to the elderly posyandu. Education provided on the prevention of complications of hypertension and brain exercise exercises.

Hypertension is a persistent state of systolic pressure greater than 140 mmHg or diastolic higher than 90 mmHg, this diagnostic can be confirmed by measuring the average pressure at 2 separate times (Oktavianus, 2014). Factors that can cause hypertension include resistance to disease, genesis, age, gender, customs, occupation, and race or ethnicity. Factors seen from the sooner or later the occurrence of hypertension include excess food, smoking, drinking too much alcohol, kidney disorders, salt consumption, stress, use of waste, others (consumption of caffeine, birth control pills, and passive lifestyle) (Muhammadun, 2010).

Rubin (2007) created a basic management category that can be recommended for hypertensive patients, and divided it into three groups (A, B, and C) according to risk factors for heart disease. To treat hypertension can be done by lowering the heart rate, volume, or TPR. Pharmacological and non-pharmacological interventions can help individuals reduce their blood pressure (Corwin, 2009). Health education is a process of change in humans that is related

to the achievement of individual and community health goals (Zaidin Ali, 2010). The health education process is a learning process that has three main components, namely input, process and output. In the process there is feedback on various factors that can influence each other (Nursalam and Efendi, 2009).

Health education activities are given to elderly cadres and families who take the elderly to the posyandu with the mass education method, namely lectures (This method is good for both high and low educated targets. Lectures are successful if the lecturer mastered the material with good systematic and there is preparation of teaching aids). In giving lectures, the servant provides teaching aids in providing health education in the form of leaflets that can be used as a source of information for cadres, the elderly and family members who take the elderly to the elderly posyandu.

On December 6, 2019 the servant conducted an evaluation at the level of knowledge of the elderly related to hypertension management and whether the family was doing family tasks properly. From the data obtained from 30 elderly, 67% or 20 elderly have a good level of knowledge. It can be seen that the elderly are more familiar with their hypertension condition and the family patiently escorts the elderly to carry out examinations at the elderly posyandu.

Hypertension is a disease that has a very high killing power and always causes complications of other serious diseases such as stroke as much as 62%, while the other 49% can cause heart attacks. The World Health Organization (WHO) determines hypertension as the number three risk factor for death in the world (Ridwan, 2011). The incidence of hypertension in the elderly is quite high, namely 40% with 50% mortality over the age of 60 years (Suhadi, 2011). The elderly who experience chronic diseases such as hypertension prefer to live with their family. According to Tamher&Noorkasiani (2011), the family is the most preferred shelter for the elderly. The elderly prefer to live with their families rather than live in

institutions such as nursing homes, there are around 65% of the elderly who suffer from health problems such as chronic diseases or disabilities, live with people who care for them, who remember their health problems, while the remaining 35% live alone. According to Mubarak, Santoso, Rozikin & Patonah (2006) the reason the elderly need to be cared for by the family is because the family residence is a natural and peaceful environment or place for the elderly, besides that the family is a decision maker related to the health of their family members including the elderly, and there are many reasons. Other why the elderly need to be cared for in the family environment.

Family is the main key for health and healthy behavior in illness, therefore the family is directly involved in making decisions and therapeutic at every stage of illness as a family member (Setiadi, 2008). One of the main functions of the family is the family care function, where the family provides preventive health care and jointly cares for family members who are sick. The ability of the family to carry out health care or maintenance can be seen from the family health duties carried out (Mubarak, Chayatin, & Santoso, 2010). Elderly with hypertension need family in carrying out family health duties. According to Setiadi (2008) there are several things related to family health duties including the ability to recognize problems, the ability of families to make decisions, the ability of families to care for family members who are sick, the ability of families to modify the environment and the ability of families to utilize existing health service facilities. (Setiadi, 2008).

### Conclusion

After being given health education about efforts to optimize family duties in providing care for the elderly with hypertension to prevent complications in RW 2 Kelurahan Bangsal Kediri when helping cadres and family members in increasing knowledge of the elderly, so that families understand how to care for

the elderly with hypertension and the elderly also understand how to treat the elderly with hypertension. The elderly must continue to be motivated to continue to carry out routine checks every month. So that the elderly with hypertension do not fall in a condition of complications and the family can provide or carry out family health duties properly and, above all, will improve the health status of the elderly and their families.

### Suggestion

It is hoped that the *kader posyandu* will be more active in providing information to the elderly about the importance of posyandu activities and health checks, and the *kader posyandu* can provide health education to the elderly about health.

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