THE STUDY EXAMINES THE CORRELATION BETWEEN PATIENT CONDUCT AND THE PREVALENCE OF TYPE I AND TYPE II HYPERTENSION AT SUBULUSSALAM CITY HOSPITAL 2023

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Abstract

Health problems in Indonesia include triple burdens, one of which is the problem of non-communicable diseases. In the context of research on hypertension, it can be interpreted that this condition occurs when blood pressure indicates more than 140/90 mmHg and 180/120 mmHg. cases of hypertension in 2023 were 555 patients. This data is also supported by the initial survey of research, where patients often do poor activities due to a lack of knowledge. Research Objectives: to determine the relationship between knowledge, attitudes, and actions of hypertensive patients at Subulussalam City Hospital. The type of research used is quantitative research with an observational analytic method and a cross-sectional study design conducted on December 29, 2023, at Subulussalam City Hospital with a sample size of 233 respondents calculated using the Slovin formula. Sample withdrawal was done using the accidental sampling technique. Data collection was done through interviews using a questionnaire. The results of this study indicate a significant relationship between knowledge and (p value = 0.001 PR = 2.279), attitude (p value = 0.000 PR = 3.737), and action (p value = 0.001 PR = 2.279). It is necessary to continue health promotion programs in the prevention of hypertension using both counseling and empowerment methods so as to achieve the goal of changing behavior, especially community action in the prevention of hypertension. Patients can change their diet and do physical activities such as regular exercise, not smoking, and screening blood pressure checks.

Keywords: hypertension, knowledge, attitude, action

INTRODUCTION

Health problems in Indonesia include triple burdens, one of which is the problem of non-communicable diseases. Hypertension can be interpreted as occurring when the blood pressure is between 140 and 90 mmHg and 180 and 120 mmHg (Satria and Hartutik, 2023) Patients often do not feel pain and will know after regular blood pressure measurements. In general, the older a person is, the more susceptible he is to hypertension (Afriani et al., 2023). Food consumed by the elderly should have a balanced proportion of carbohydrates, protein, and fat (Simamora et al., 2023). Stage I hypertension occurs when systolic and diastolic blood pressure is > 140/90 mmHg, and stage II hypertension occurs when systolic and diastolic blood pressure is 170/90 mmHg (Purbayanto et al., 2021). Hypertension According to the WHO (World Health Organization) in 2020, hypertension, or high blood pressure, is defined as a condition in which systolic blood pressure is more than 140 mmHg and diastolic blood pressure is more than 90 mmHg. By 2025, it is predicted that hypertension cases will increase from 639 cases in 2000 to 1.15 billion. Indonesia, which is a country with many rural areas, has a prevalence of hypertensive patients who have not been able to reach services, which must be considered by sufferers, health workers, medicines, and health services (Raiyan and Eppirta, 2023). World Health Organization (WHO) data for 2022 shows that around 1.13 billion people in the world have hypertension. The highest prevalence of hypertension in the world is in Africa at 27%, and the 2nd highest case of hypertension is in Southeast Asia. The highest cases of hypertension in Southeast Asia are in Thailand at 23.6%, Myanmar at 21.5%, and Indonesia at 21.3% (WHO, 2022).

According to data from the Indonesian Ministry of Health in 2021, hypertension cases amounted to 34.1%; the highest prevalence was in South Kalimantan Province at 44.1%, while Aceh

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Province was the 28th highest at 26.4% (Ministry of Health, 2021). According to data from the Aceh Provincial Health Office in 2021, there were 172,213 hypertension cases. The highest cases of hypertension were in Aceh Jaya District at 11.5%, South Aceh at 11.3%, and Banda Aceh City at 8.4% (DHO, 2021). Indonesia is currently experiencing a disease transition, which is caused by the number of cases of non-communicable diseases exceeding the number of infectious diseases. In the last five years, there has been an increase in the mortality rate due to non-communicable diseases by 11% and will continue to increase every year, including hypertension (Soesanto and Marzeli, 2020). Factors that influence the incidence of hypertension are health behaviors, namely predisposing factors manifested in knowledge, attitudes, beliefs, values, education, and socioeconomic level.

According to data from the Aceh Provincial Health Office in 2021, there were 172,213 hypertension cases. The highest cases of hypertension were in Aceh Jaya District at 11.5%, South Aceh at 11.3%, and Banda Aceh City at 8.4% (DHO, 2021). The number of elderly people who experience hypertension is 6,960; the highest cases are in Lampaseh Health Center, with 586 people suffering from hypertension; in Mimaraxa Health Center, with 584 people; and in Jaya Baru Health Center, with 578 people (Dinkes, 2022). Data from Subulussalam City Hospital showed that there were 710 patients with hypertension in 2021 and 451 people in outpatient visits at the clinic. And the number of hypertensive patients in 2022 was 962. The number of patients in outpatient visits was 715 in 2022. And in hypertensive patients who are on outpatient visits at the Inner Polyclinic in the period in 2023, there were as many as 555 people, according to medical records (Subulussalam City Hospital, 2023).

Knowledge and attitude or behavior towards hypertension play an important role in the prevention, control, and treatment of hypertensive patients (Firmansyah et al., 2023). Increased blood pressure is influenced by different risk factors, including age, gender, family history, genetics (irreversible factors), and people's lifestyle. Some factors that can influence knowledge include interest, curiosity, thoughts, and understanding, which are largely influenced by a person's level of education and experience (Rahmawati and Hudiyawati, 2023). A higher level of knowledge is positively correlated with healthy dietary behavior, which in turn can reduce the risk of hypertension (Azmi et al., 2021). Increased public knowledge is one of the outcomes of health promotion efforts, which greatly affects health behavior. Assistance in socializing the application of hypertension prevention can increase the knowledge and behavior of the elderly. In 2023, there will be as many as 555 people, according to data from medical records (Subulussalam City Hospital, 2023).

The main factor that is very risky and must be changed is behavior or lifestyle, while changing one's lifestyle or behavior is influenced by one's perception of their disease (Soesanto and Marzeli, 2020). Knowledge is the information, understanding, and skills that you gain through education or experience. information, understanding, and skills that you gain through education or experience (Darsini et al., 2019). Education can influence a person's behavior and lifestyle, especially in motivating a participatory attitude in development (Yuliana and Wahyuni, 2020). Benjamin Bloom divided human behavior into three domains, namely cognitive knowledge (cognitive), attitudes (affective), and actions (psychomotor). Habits that are not good for health indirectly increase the risk of high blood pressure, such as eating too much salty food, eating too much sweet food, fast food that is high in sodium, meat, and then a lack of physical activity or exercise (Marbun and Hutapea, 2022).

The role of attitudes in addressing the prevention of hypertension produces a positive reaction to the intention to avoid precipitating factors for an increase in blood pressure. There is also a treatment to reduce hypertension, which is to engage in physical activity and exercise moderately and regularly (Darmarani et al., 2020). Based on an initial survey conducted by researchers at the Subulussalam City Hospital, some patients who experience hypertension have poor knowledge because they have a low level of education. Poor patient attitudes cause hypertension, a lack of physical activity, and smoking. and the actions taken by hypertensive patients are also very bad, such as frequent consumption of foods that are high in fat and excessive iodine and caffeine. Therefore, researchers are interested in understanding patient behavior, such as diet, physical activity level, smoking habits, and not being able

to manage stress well. In dealing with health problems, one of them is preventive action. Prevention of hypertension can be done with various efforts, including comprehensive, proactive, preventive, and holistic. Lack of knowledge will affect hypertensive patients ability to overcome relapses or prevent complications from occurring.

LITERATURE REVIEW

Hypertension

Hypertension comes from hypertension and tension. Hypertension refers to excessive pressure, while tension is simply tension. Known as high blood pressure, hypertension is a persistent condition characterized by elevated levels of blood pressure over an extended period of time. It poses significant health risks, potentially leading to discomfort and, in severe cases, fatalities. A diagnosis of hypertension typically involves blood pressure readings greater than 140 mmHg in the systolic and/or 90 mmHg in the diastolic range. (Ainurrafiq et al., 2019).

Impact of hypertension

Elevated blood pressure, or hypertension, can have a serious impact on a person's health if not properly controlled. Some of the common effects of hypertension include: Damage to Organs: Uncontrolled hypertension can damage arteries and cause damage to vital organs such as the heart, brain, kidneys, and eyes. Heart and Vascular Disease: Heart failure, heart attacks, and coronary heart disease can all be made more likely by hypertension, as well as atherosclerosis (hardening of the arteries). Stroke: Brain blood vessel rupture may result from high blood pressure. or blockage of blood flow to the brain, which can result in a stroke. Kidney Failure: Kidney failure may result from injury to the kidneys' tiny blood veins. or worsen an existing condition. Eye Problems: Hypertension can cause hypertensive retinopathy, which is harmful to the vascular structures in the eye and can threaten vision (Udayani et al., 2018). Cognitive Problems: Uncontrolled hypertension can increase the risk of cognitive decline and dementia in the elderly. Emotional and Psychological Problems: Some people with hypertension may experience higher stress and anxiety. It is important to manage hypertension with healthy lifestyle changes (such as a balanced diet, regular exercise, avoiding smoking, and reducing alcohol consumption) as well as with medications prescribed by a doctor to reduce the risk of these serious impacts (Sari et al., 2019).

METHOD

A study design that is cross-sectional is employed to ascertain the connection between knowledge, attitudes, and actions of hypertension incidents residing in the city of Subulussalam. The study's population totaled 555 outpatient hypertensive individuals in the city of Subulussalam. The research was conducted from December 29 to January 29, 2024. The amount of sample used was the Slovin formula; hence, the study's sample consisted of 233 patient respondents, and the method of sampling was accidental sampling. data gathering in this study by distributing questionnaires and conducting interviews with respondents. Data processing includes editing, coding, and tabulating. Data analysis is univariate and bivariate using SPSS applications.

RESULTS AND DISCUSSION

A. Univariate Analysis

Table 1: Distribution of frequencies based on knowledge, attitudes, and actions of hypertension patients I and II in Subulussalam City Hospital

Variables	N	%
Knowledge		
Not good	222	95.3
Good	11	4.7
Total	233	100
Attitude		

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Negative	224	96.1
Positive	9	3.9
Total	233	100
Action		
Not good	220	94.4
Good	13	5.6
Total	233	100
Hypertension		
Stage I	188	80.7
Stage II	45	19.3
Total	233	100

(Source: Primary data 2023)

Based on Table 1, the above demonstrates that respondents who have poor knowledge are 222 (95.3%) and respondents who have good knowledge are 11 (4.7%). A total of 224 (96.1%) respondents' attitudes were unfavorable, and 9 (3.9%) had a positive attitude. Most of the respondents who had unfavorable actions were 220 (94.4%), and good actions were 13 (5.6%). And most of the respondents were in stage I hypertension; namely, as many as 188 (80.7%) and as many as 45 (19.3%) suffered from stage II hypertension.

B. Bivariate Analysis

Table 2. Frequency distribution based on knowledge, attitudes, and actions of hypertension patients I and II in Subulussalam City Hospital

Variabeles	Hypertension				Total		p value	PR
	Stage I		Stage II					
Knowledge	f	%	f	%	N	%	0,001	2,279
Not good	184	79,0	38	16,3	222	95,3		
Good	4	1,7	7	3,0	11	4,7		
Attitude							0,000	3,737
Negative	186	79,8	38	16,3	224	96,1		
Positive	2	0,9	7	3,0	9	3,9		
Action							0,001	2,279
Not good	183	78,5	37	15,9	220	94,4		
Good	5	2,1	8	3,4	13	5,6		

(Source: Primary data 2023)

Based on Table 2, the above shows that the proportion of stage I hypertension respondents with poor knowledge is 184 (79.0%) compared to 4 (1.7%) respondents with good knowledge. While the proportion of stage II hypertension respondents with poor knowledge was 38 (16.3%), those with good knowledge were 7 (3.0%). The proportion of stage 1 hypertension respondents with negative attitudes was 186 (79.8%), and 2 (0.9%) respondents had positive attitudes. While the proportion of stage II hypertension in negative attitudes was 38 (16.3%) respondents, and positive attitudes were 7 (3.0%). While the proportion of stage I hypertension respondents in poor action was 183 (78.5%) and in good action was 5 (2.1%), stage II hypertension respondents in unfavorable actions were 37 (15.9%) and their good actions were 8 (3.4%). The results of statistical tests with chi-square show knowledge with a p value of 0.001 and a PR value of 2.279. p-value attitude = 0.000 PR = 3.737. And action with a p-value of 0.001 PR = 2.279. This value is smaller, which means that there is a significant relationship between knowledge, attitudes, and actions in hypertensive patients I and II.

C. Multivariate Analysis

Table 3. Frequency distribution based on knowledge, attitudes, and actions of hypertension patients I and II in Subulussalam City Hospital

Variabeles	P-Value	Description
Knowledge	0,110	Not significant
Attitude	0,214	Not significant
action	0,032	signifikan

This analysis is to see the relationship between the knowledge-based independent variables, attitudes, and actions, and the dependent variable, namely the incidence of hypertension, with the type of logistic regression analysis so that the most dominant independent variable that influences is the action variable.

variabel	B	Sig	Exp(B)
Knowledge	1,227	0,001	3,411
Attitude	0,677	0,000	1,968
Action	1,457	0,001	4,291

(Source: Primary data 2023)

First-Stage Logistic Regression Test

After the logistic regression test, it is known that the variables have a p-value <0.05, meaning that the three variables interact with each other to influence the incidence of hypertension in Subulussalam City Hospital.

DISCUSSION

1. The relationship between knowledge and the incidence of hypertension in patients

Based The chi-square test reveals a statistically significant correlation between knowledge and the incidence of hypertension I and II at a p-value of 0.001 (p <0.005) and PR = 2.279. Subulussalam City Hospital. The findings of this investigation align with the findings of previous studies conducted by Khasanah and Muslimah (2023) that there is a p-value of 0 and a 0.31 correlation between knowledge and the occurrence of hypertension. At the Ciracas sub-district health center. This is very influential for people with hypertension, because when knowledge is not good, they will be susceptible to hypertension, such as unhealthy lifestyles and consuming high-fat foods, and this can cause someone to develop hypertension.Then this study is also not in line with the results of research by Sapardi and Hamdayani (2023), which show, with a p-value of 0, that there is no correlation between knowledge and the occurrence of hypertension. 009. at the Air Dingin Padang Health Center. Low knowledge can increase the incidence of hypertension. Poor lifestyle, heredity, and unhealthy food factors can cause hypertension in a person. According to the researcher, there is a relationship between knowledge and the incidence of hypertension because people whose knowledge is not good due to education and sources of information obtained about hypertension are not sufficient and affect individual actions to consume a poor diet, such as when there is a wedding party where each individual consumes food such as kuwah blango (goat curry typical of Acehnese cuisine), which is excessive, and people like salty foods that are high in iodine.

2. Relationship between attitude and the incidence of hypertension

Based on the chi-square test with a p-value of 0.000 (p <0.005) and PR = 3.737, it shows that an association between attitude and the prevalence of hypertension is statistically significant. I and II in Subulussalam City Hospital. The findings of this investigation align with the findings of previous studies conducted by Sapardi and Hamdayani (2023), which discovered that there is a connection between attitude and the p-value of 0 for the occurrence of hypertension. 047. At the Air Dingin Padang Health Center. This is very influential for people with hypertension, because when the attitude is negative, they will be susceptible to hypertension, such as unhealthy lifestyles and consuming

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unhealthy foods and lifestyles. This can cause someone to develop hypertension. Then this study is not in line with the results of research by Wibowo et al. (2023), which found that there is no relationship between attitude and the incidence of hypertension with a p-value of 0.043 in the work area at the Cibiru Health Center. This is because someone develops hypertension due to a negative attitude towards an unhealthy lifestyle. Stress, excessive salt consumption, and a lack of physical activity can cause hypertension in these respondents. According to the researcher, the connection between mindset and the prevalence of hypertension is due to people who have negative attitudes, such as consuming fatty foods, smoking, and so on. Regarding the prevention and risk factors for hypertension, these people tend to have actions that are contrary to the prevention of hypertension, such as not wanting to exercise, not wanting to maintain a diet, and not being able to manage stress properly.

3. The Relationship between Actions and the Incidence of Hypertension

Based on a p-valued chi-square test of 0.001 (p <0.005) and PR = 2.279, and according to the findings of the Logistic Regression Test, which had an Exp(B) value of 4.291 and a Sig value of 0.001, It the Panei Tongah Health Center, Simalungun Regency. shows that there is a statistically significant relationship between action and the incidence of hypertension I and II at the Subulussalam City Hospital. The findings of this investigation are consistent with those of Sipayung's research (2019), which discovered that there is a connection between action and the incidence of hypertension with a p-value of 0.003. At the Panei Tongah Health Center, Simalungun Regency. This is very influential for people with hypertension because when the action is positive, the respondent avoids hypertension. Because respondents cannhypertension,a diet and a healthy lifestyle and cause hypertension. Based on the study's findings, information was gathered that demonstrated the patients' bad conduct, including their smoking habit, consumption of foods rich in fat, and tidak bisa mengelola stress.

CLOSING

Conclusion

Drawing from the findings of the study carried out at the Subulussalam City Hospital The chi square test p value findings = 0.001 < α (0.05), It indicates that a relationship exists between patient knowledge and the incidence of hypertension I and II in patients at the Subulussalam City Hospital. We also obtained the prevalence ratio (PR) value of 2.279 (> 1). Knowledge becomes a risk factor for hypertension. The results of the chi square test p value = 0.000 < α (0.05), which means that there is a relationship between patient attitude and the incidence of hypertension I and II in patients at the Subulussalam City Hospital, and the prevalence ratio (PR) value = 3.737 (> 1), indicate that attitude is a risk factor for hypertension. The results of the chi square test p value = 0.001 < α (0.05), and according to the findings of the Logistic Regression Test, which had an Exp(B) value of 4.291 and a Sig value of 0.001, which means that there is a relationship between patient actions and the incidence of hypertension I and II in patients at the Subulussalam City Hospital, also obtained a prevalence ratio (PR) value of 2.279 (> 1). Action is very risky for hypertension.

Suggestions and Acknowledgments

From the results of this study, the authors outline a number of suggestions addressed to all parties, namely: For the RSUD/Health Office Maintain and continue health promotion programs in the prevention of hypertension using both counseling and empowerment methods so as to achieve the goal of changing behavior, especially community action in the prevention of hypertension. For the community For the community to increase awareness and alertness to health conditions, increase better knowledge, such as education, and create a healthy environment, And to change a bad attitude to a better one, change the lifestyle starting from the smallest environment, namely the family, by maintaining food patterns and actively doing physical activities such as exercising, being able to manage stress well, and routinely checking blood pressure at the nearest health service. For researchers

Can use different variables and different research methods, and can expand the area so that the results obtained are much better and in the context of research development.

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