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Gali Potensi (Hypertension Care Kedaton Movement) To Reduce The High Rate Of Hypertension In Kedaton Village, Bojonegoro

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Abstrak

Berdasarkan Profil Kesehatan Bojonegoro 2021, jumlah penderita hipertensi di Kabupaten Bojonegoro adalah sebanyak 15.919 orang. Sementara itu, Desa Kedaton sendiri mempunyai permasalahan terkait penyakit tidak menular yang dimana permasalahan utamanya adalah penyakit hipertensi. Mengidentifikasi masalah kesehatan masyarakat, situasi kondisi pelayanan kesehatan, menentukan prioritas masalah dari daftar masalah kesehatan yang sudah disusun, menentukan prioritas masalah dari daftar masalah yang telah disusun, menentukan prioritas permasalahan kesehatan di Desa Kedaton, menyusun dan menentukan akar penyebab masalah kesehatan di Desa Kedaton, menyusun dan menentukan alternatif solusi dalam mengatasi permasalahan kesehatan di Desa Kedaton, dan menyusun Rencana Usulan Kegiatan (RUK) serta rencana monitoring dan evaluasi tentang pelaksanaan program intervensi untuk masyarakat Desa Kedaton. Penentuan prioritas masalah menggunakan metode USG (Urgency, Seriousness, Growth), penentuan akar penyebab masalah menggunakan metode fishbone, akar penyebab masalah digali melalui aspek 4M + 1I yang terdiri dari Market, Method, Money, Man, dan Information. Dari hasil penelitian menunjukkan bahwa prioritas masalah kesehatan PTM di Desa Kedaton adalah terdapat penderita Hipertensi dengan usia >15 tahun, akar penyebab masalah yang utama dari kurangnya pengetahuan masyarakat tentang hipertensi adalah kurangnya akses & media informasi, keterbatasan waktu dan kader kesehatan, kurangnya alokasi dana, kurangnya advokasi dan perencanaan yang terstruktur, serta belum tersalurnya alokasi dana desa. Hasil dari perhitungan penentuan alternatif solusi, didapatkan bahwa rencana sosial yang pertama adalah Pengadaan program GALI POTENSI (Gerakan Kedaton Peduli Hipertensi) yang memiliki beberapa sub kegiatan antara lain adalah penyuluhan mengenai pengendalian hipertensi, pembentukan media promosi kesehatan, pelatihan dan pembekalan kader PTM terhadap permasalahan hipertensi, dan pengenalan TOGA.

Kata Kunci: *Emisi Karbondioksida, GDP, Inklusi Keuangan, Perdagangan Internasional, Populasi,*

Abstrack

Based on the 2021 Bojonegoro Health Profile, the number of hypertension sufferers in Bojonegoro Regency is 15,919 people. Meanwhile, Kedaton Village itself has problems related to non-communicable diseases, the main problem of which is hypertension. Identifying public health problems, health service conditions, determining problem priorities from the list of health problems that have been prepared, determining problem priorities from the list of problems that have been prepared, determining priority health problems in Kedaton Village, compiling and determining the root causes of health problems in Kedaton Village, develop and determine alternative solutions to overcome health problems in Kedaton Village, and prepare a Proposed Activity Plan (RUK) as well as a monitoring and evaluation plan regarding the implementation of intervention programs for the Kedaton Village community. Determining problem priorities using the USG method (Urgency, Seriousness, Growth), determining the root causes of problems using the fishbone method, root causes of problems are explored through the 4M + 1I aspects consisting of Market, Method, Money, Man, and Information. The research results show that the priority health problem for NCDs in Kedaton Village is that there are hypertension sufferers aged >15 years, the main root cause of the problem of lack of public knowledge about hypertension is lack of access & information media, limited time and health cadres, lack of funding allocation, lack of advocacy and structured planning, and the allocation of village funds has not been distributed. The results of the calculations for determining alternative solutions, it was found that the first social plan was the provision of the GALI POTENSI program (Gerakan Kedaton Cares for Hypertension) which had several sub-activities, including counseling on controlling hypertension, establishing health promotion media, training and equipping PTM cadres on hypertension problems. , and the introduction of TOGA.

Keywords: *Carbon Dioxide Emissions, GDP, Financial Inclusion, International Trade, Population, Tourism*

INTRODUCTION

According to WHO (1947), health is a state of health or well-being in physical, mental and social health, not only free from disease. Meanwhile, according to Health Law No. 23 of 1992 health is a state of well-being of body, soul and social that allows a person to live socially and economically. Health is one of the important aspects that people really need to get prosperity in their lives. However, health in Indonesia is still uneven, leaving concerns about the health status of the population. Therefore, fair and equitable health development is needed, where according to Law no. 36 of 2009 article 3 health development aims to increase awareness, willingness and ability to live healthy for everyone people in order to realize the highest public health, as an investment for the development of socially and economically productive human resources. Health is the right of every person which is used as an indicator of the level of welfare of a nation. Health is also referred to as an investment considering that health is not important to support someone to lead a

productive life. Therefore, everyone is obliged to participate in improving the highest degree of public health. The higher the level of public health in a country, the higher the welfare of the population of that country. In creating public health degrees, quality resources are needed. Human Resources are the key to driving health development, where health HR plays a role in increasing everyone's awareness, willingness and ability to live healthily so as to achieve optimal health. In addition to human resources, there are also health programs that are needed to achieve the goal. This research was conducted in Kedaton Village, Kapas District, Bojonegoro Regency. Kedaton Village consists of 2 RWs and 18 RTs in total with an area of 88,937 Ha. Kedaton Village is inhabited by 2,942 people consisting of 1,481 men and 1,461 women. Most of the residents of Kedaton Village have an income as farm laborers the education of the majority of elementary school graduates. Based on the 2021 Bojonegoro Health Profile, the number of hypertension sufferers in Bojonegoro Regency is 15,919 people. Meanwhile, Village. Kedaton itself has problems related to non-communicable diseases where the main problem is hypertension.

METHOD

Primary data collection was carried out by compiling a questionnaire which was distributed to 109 respondents aged 31-75 years spread across Kedaton Village. Secondary data collection was obtained from the data from the Kapas Health Center and the Kedaton Village Hall data. The method of determining the priority of problems using ultrasound, analysis of the root causes of problems using Brainstorming with Fishbone, Analysis of determining solutions using Brainstorming with the MEER method. To deepen the analysis related to the situation in Kedaton Village, the PRECEDE approach is used, this aims to find out the problems that exist in Kedaton Village, after that determine the priority of problems using the USG method from Focus Group Discussion and determine problem solutions which are then used for program planning. The second stage is the program implementation stage, which has been planned beforehand and carried out monitoring and evaluation using the PROCEED approach and documenting program activities presented at the second seminar.

RESULTS AND DISCUSSION

Result

The total population in the Kedaton village is 2,942 people with details of 1,481 men and 1,461 women. Based on non-communicable disease data at the Kapas Health Center for the 2017-2020 period, it was found that hypertension is still a non-communicable disease that has a high prevalence when compared to diabetes mellitus. Even though the prevalence of hypertension in the working area of the Kapas Health Center in 2020 has decreased compared

to the previous year, this figure is still very high, namely 4,097 cases. There are several risk factors for hypertension in Kedaton Village, namely age, family, history.

Based on the behavioral and environmental diagnosis, it was found that positive behavior was that the Kedaton Village Community was active in carrying out routine activities of the population, 61.5% or 67 respondents consumed processed family medicinal plants (TOGA) to maintain their health, 45.9% or 50 respondents carried out physical activity to maintain their health, 95.4% or 104 respondents were willing to take part in the hypertension management program, 55.1% or 60 respondents routinely checked themselves at a health facility if they experienced symptoms of high blood pressure, 53.2% or 58 respondents routinely checked their weight, 75, 2% or 82 respondents routinely control the type of food consumed, 81.6% or 89 respondents routinely control stress by doing activities, while the negative behavior of the Kedaton community is 40.4% of respondents rarely do blood pressure checks at the nearest health care facility, Youth enthusiasm to participate in forming youth cadres is still lacking, in order to prevent PTM from an early age. Based on research conducted by (Kusuma et al., 2021) states that pharmacological and non-pharmacological management is a form of treatment that can be carried out in hypertensive patients, namely by using skills, ingredients, or a combination by combining skills and ingredients. research conducted by (Kusuma et al., 2021) states that complementary therapies such as: (Decoction and juice: infused cucumber water, cucumber juice, bananas, tomato juice, avocado leaf decoction, betel leaf decoction), yoga, meditation, classical music, bending and hypnosis, SEFT therapy, progressive muscle relaxation, deep breathing techniques, reflexology, dance movement therapy, leg mases, hydrotherapy, laughter therapy, acupressure therapy, therapy acupuncture. showed significant results on lowering blood pressure in hypertention patient.

Based on the results of research conducted by Nur Afni Karim et al, 2018 it shows that there is a relationship between physical activity and the degree of hypertension in outpatients in the working area of the Tagulandang Health Center, SITARO Regency. Statistical test results using the alternative test from Chi-Square obtained a p value of 0.039 less than 0.05 ($p=0.039 < \alpha$) which means that there is a significant relationship between physical activity and the degree of hypertension in outpatients in the working area of the Tagulandang Health Center . However, this is inversely proportional to research conducted by Eganda and Bambang, 2020 which states that there is no relationship between physical activity and hypertension. Employees who have light activity are more in the hypertension group than the hypertension employee group. This shows that there is a risk of hypertension in people who are not physically active. The results of research conducted by Christy et al 2018 showed that there

was no relationship between physical activity and hypertension at the Paceda Health Center. While the environmental diagnosis was 54.1% or 59 respondents did not have TOGA (Family Medicinal Plants) plants in their home environment, 60.6% or 66 respondents did not know about the existence of hypertension control programs such as PTM (Non-Communicable Diseases) screening, the existence of medical facilities prevention of hypertension which still has deficiencies in the scope of tools and human resources. Based on research conducted by Mayasari et al, 2019 shows that there is a significant relationship between health facilities and the incidence of hypertension in the Work Area Bonegun Health Center. This is in line with research conducted by Soesanto (2010) which states that there is a relationship between access to health services and the practice of hypertensive elderly people in controlling their health ($p = 0.026$). Health services play an important role in the prevention of cardiovascular disease, especially primary health services. Health services are expected to provide adequate medicines and screening for cardiovascular disease. The difficulty of access to health services will make it difficult for people to obtain information, examination and treatment of cardiovascular disease (WHO, 2014). The results of the Systematic Review Maimaris et al., (2013) show that the distance to health services is related to hypertension. Furthermore, research conducted by Ambaw et al (2012) stated that a distance of >30 minutes increased the risk of hypertension by 2.02 times. In Indonesia, it takes the majority of people 16-30 minutes to get to health service facilities such as hospitals and <15 minutes to get to puskesmas, supporting puskesmas, practicing doctors, midwives, village health posts, cross-village posts and posyandu (Ministry of Health, RI, 2013).

Diagnosis of education and organization in Kedaton Village consists of predisposing factors, namely low level of education, namely the majority are still at the elementary school level, low level of knowledge about hypertension, risk factors, and its prevention. Community enthusiasm in participating in the PTM screening program held by the Polindes is quite high, the Kedaton community's actions in dealing with hypertension symptoms are considered good enough, the reinforcing factor is the lack of human resources who act as cadres in charge of Non-Communicable Diseases (PTM), there are routine organizational gatherings held in Kedaton Village, so as to facilitate the dissemination of information, while the supporting factors are the lack of health promotion media, especially related to hypertension in the community and health service facilities (Polindes), the lack of budget funds for a complete medical test program, the Kedaton Village Government has provided support in the form of assigning cadres through a work letter, then the village government has also procured cholesterol and uric acid test sticks that are used for screening purposes at the Polindes. There is a significant relationship between education level and the incidence of hypertension in the

working area of the Surakarta Pucangsawit Health Center (Wahyuni & Eksanoto, 2013). Based on research conducted by (Sutrisno et al., 2020) it shows that the results of the study can be seen in the correlation test using the Somers'd test with computerized assistant.

From these results it can be concluded that there is a relationship between education level and hypertension control behavior in Jono Village, Tawangharjo District, Grobogan Regency. The correlation value of education level with hypertension control behavior in Jono Village, Tawangharjo District, Grobogan Regency can be said to be strong, meaning that education level has a strong influence on hypertension control behavior in Jono Village, Tawangharjo District, Grobogan Administrative and policy diagnosis is PTM control aimed at pre-existing risk factors identified through examinations at the Puskesmas, where some of the Kedaton Village community adopts an unhealthy lifestyle such as smoking, consuming too much salty food, and lack of physical activity. Based on research conducted by (Meylen et al, 2014) states that there is a significant relationship between the level of lifestyle: physical activity and the incidence of hypertension at the Kolongan Health Center, Kalawat District.

Furthermore, the Spearman correlation coefficient rho (r) of 0.584 indicates that the strength of the correlation is strong. The results of the Spearman's rho statistical test with a significance value (α) = 0.05 obtained a significant value (p) = 0.002 which is smaller than α = 0.05, thus it can be said that H1 is accepted and H0 is rejected, meaning that there is a significant relationship between lifestyle level: stress with the incidence of hypertension at the Kolongan Health Center, Kalawat District.

Furthermore, the Spearman correlation coefficient rho (r) is 0.537 indicating that the strength of the correlation is strong (Meylen et al, 2014). There is no significant relationship between the level of lifestyle: smoking and the incidence of hypertension at the Kolongan Health Center, Kalawat District. Furthermore, the Spearman correlation coefficient rho (r) is 0.139 indicating that the strength of the correlation is very weak or considered to have no correlation (Meylen et al, 2014). Based on research conducted by Poniyah Simanullang, 2018 states that there is a relationship between physical activity lifestyle and the incidence of hypertension in the elderly at the Darussalam Medan Health Center, there is a relationship between dietary lifestyle and the incidence of hypertension in the elderly at the Darussalam Medan Health Center, there is no significant relationship between Smoking Habits with the Incidence of Hypertension in the Elderly at the Darussalam Health Center in Medan, and there is no significant relationship between Resting Habits and the Incidence of Hypertension in the Elderly at the Darussalam Health Center in Medan. Based on research conducted by stating that based on the results of the person chi- square test, the value of α = 0.024 was obtained , thus Ha was accepted and Ho was rejected, so it can be concluded that there is a relationship

between dietary lifestyle and the incidence of hypertension at the Sabutung Health Center, Pangkep Regency (Arifin et al., 2020). Based on the results of the person chi-square test, the value of $\hat{y} = 0.028$ was obtained, thus H_a was accepted and H_o was rejected, so it can be concluded that there is a relationship between the physical exercise lifestyle and the incidence of Based on research conducted by stated that there is a significant relationship between lifestyle (salt food) and the incidence of hypertension in young adults in Lamakan Village, Kramat District, Buol Regency, but there is no significant relationship between lifestyle (coffee consumption) and lifestyle (smoking habits) with the incidence of hypertension in young adults in Lamakan Village, Karamat District, Buol District. Based on research conducted by the results of the chi square test it was found that there was no significant relationship between physical activity and the incidence of hypertension ($p=0.024$), there was no significant relationship between stress and the incidence of hypertension ($p=0.468$), there was no relationship between sodium intake and the incidence of hypertension ($p=0.008$), there was no relationship between sodium intake and the incidence of hypertension ($P=0.001$), and there was no significant relationship between potassium intake and the incidence of hypertension ($p=0.264$) (Mahmudah et al., 2017). Bojonegoro Regency has implemented SPM services (Minimum Service Standards) in accordance with Permenkes Number 43 of 2016. In the Permenkes there are 12 services, of which 3 are related to hypertension, namely health screening for ages 15-59 years, health screening > 60 years, and health services for people with hypertension. The method used in determining the priority of hypertension problems in Kedaton Village is the USG (Urgency, Seriousness, Growth) method and the main problem is found to be a lack of public knowledge about hypertension.

From the root cause analysis above, it can be concluded that the main root cause of the problem is the lack of public knowledge about hypertension is the lack of access to media & information, limited time and health cadres, lack of fund allocation, lack of structured advocacy and planning, and allocation of village funds that are not distributed. Based on the results of calculating alternative solutions using the MEER method with village officials, village midwives, and Kedaton Village PTM cadres, the alternative solution with the highest rating is the GALI POTENSI (Kedaton Caring for Hypertension Movement) program which has several sub-activities including counseling on hypertension control, forming health promotion media, training and debriefing PTM cadres on hypertension issues, and introducing TOGA as an effort to prevent hypertension. There is a significant relationship between physical activity and smoking habits with hypertension in the elderly at the Tutun Sehati Tanjung Morawa Clinic in 2019, the most significant relationship is between physical activity with hypertension, which is indicated by the p-value result of $0.003 < 0.05$, while the p-value result between the

relationship between smoking habits and hypertension is 0.028 <0.05 (Damanik & Sitompul, 2020).

CONCLUSION

Kedaton Village has three non-communicable disease problems, namely hypertension, diabetes mellitus, and arthritis and the highest is disease hypertension. Based on survey results with the method Ultrasound, it is known that 71.92% of people have low knowledge about hypertension so that it becomes the cause high cases of hypertension in target locations. After being identified using (fishbone), it is known that the lack of public knowledge about hypertension due to lack of access to information media. Based on the MEER method, an alternative solution to this problem is the implementation of the DEAR POTENSI program (Kedaton Caring for Hypertension Movement) which consists of outreach activities about hypertension, training and debriefing cadres, planting Family Medicinal Plants (TOGA), and making promotional media health.

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