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The Role of Diet in Hypertension Control: Foods to Avoid and Correct

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Abstrak

Kesehatan merupakan aspek penting dan berpengaruh besar bagi kehidupan manusia. Untuk mewujudkan masyarakat yang sehat secara optimal, diperlukan peningkatan derajat kesehatan masyarakat. Dalam penanganan berbagai masalah kesehatan tentunya harus melibatkan berbagai pihak, baik dari pemerintah, masyarakat, maupun berbagai institusi lainnya. Praktek Kerja Lapangan (PKL) merupakan salah satu cara untuk memunculkan pemberdayaan dan advokasi masyarakat di bidang kesehatan masyarakat serta meningkatkan jejaring dan aksesibilitas pelayanan kesehatan. Kegiatan praktek kerja lapangan (pkl) menggunakan penelitian operasional yang bertujuan untuk memecahkan masalah kesehatan di desa kedungrejo kecamatan sumberrejo kabupaten bojonegoro. kegiatan tersebut dimulai dari mengidentifikasi masalah, menentukan prioritas masalah dan memilih solusi, menyusun rencana program, implementasi, hingga evaluasi program. Data primer dari wawancara mendalamm dengan bidan desa, kader kesehatan, dan penyebaran kuesioner kepada masyarakat, serta FGD sedangkan ata sekunder dari kondisi sosial, budaya, pendidikan, kesehatan, dan aspek lainnya di Desa. Jumlah populasi adalah 2.730 sedangkan jumlah sample adalah 100 orang. Data primer dari wawancara dengan stakeholder terkait dan data sekunder dengan pengambilan data puskesmas meliputi biodata warga Desa Kedungrejo, Data wilayah Desa Kedungrejo melalui kuesioner, FGD, wawancara, skrining kesehatan. Pengolahan data menggunakan metode USG, penentuan akar masalah menggunakan fishbone diagram, kemudian untuk penentuan solusi terpilih menggunakan metode MEER, analisa data menggunakan metode SWOT. Prioritas masalah hipertensi di Desa Kedungrejo adalah tingkat pendidikan yang rendah. Hasil dari diagram fishbone menunjukkan bahwa rendahnya tingkat pendidikan adalah peran kader yang kurang optimal pada setiap program di desa Kedungrejo, Penyampaian informasi yang tidak akurat, sedikitnya materi edukasi terkait hipertensi yang disampaikan kepada kader maupun masyarakat. Solusi alternatif dengan menggunakan metode meer dan hasilnya adalah rencana alternatif solusi terbaik adalah CIAMIK Berdasarkan pendekatan hasil, ditemukan rencana program yang diusulkan adalah Masa Sih (Masak Asik Anti Hipertensi). Hasil dari

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Masa Sih (Masak Asik Anti Hipertensi) adalah 75% target mendengarkan dan mengikuti kegiatan demo masak sampai selesai. Data primer dan kumpulan data dianalisis dengan menggunakan metode USG dan ditemukan bahwa akar penyebab hipertensi adalah kurangnya pengetahuan tentang hipertensi yang diukur dengan metode USG (Urgency, Seriousness, Growth). Akar penyebab masalah diperoleh metode tulang ikan dengan menentukan Proses, Bahan, Mesin, Manusia, Metode dan ditemukan hasil yaitu Kurangnya Pengetahuan Tentang Hipertensi. Solusi alternatif menggunakan metode MEER dan terkait dengan program CIAMIK yang menunjukkan bahwa tingkat pengetahuan meningkat sebesar 75%.
Kata Kunci: *Hipertensi, Desa Kedungrejo, Metodologi, Efektivitas, Efisiensi, Relevansi, SWOT*

Abstract

Health is an important aspect and has a major influence on human life. to create an optimally healthy society, it is necessary to increase the degree of public health. In handling various health problems, of course, it must involve various parties, both from the government, the community, and various other institutions. Field Work Practices (PKL) is one way to bring out community empowerment and advocacy in the field of public health and improve networking and accessibility of health services. Field work practice activities (pkl) use operational research aimed at solving health problems in kedungrejo village, sumberrejo district, bojonegoro regency. these activities start from identifying problems, determining priority problems and selecting solutions, compiling program plans, implementation, to program evaluation. Primary data from in-depth interviews with village midwives, health cadres, and distribution of questionnaires to the community, as well as secondary focus group discussions on social, cultural, educational, health and other aspects in the village. The total population is 2,730 while the number of samples is 100 people. Primary data from interviews with relevant stakeholders and secondary data by collecting data from puskesmas including biodata of Kedungrejo Village residents, Kedungrejo Village area data through questionnaires, FGDs, interviews, health screening. Data processing used the USG method, root problem treatment used a fishbone diagram, then for the selected solution therapy used the MEER method, data analysis used the SWOT method. The priority of hypertension problems in Kedungrejo Village is the low level of education. The results of the diagram fishbone show that the low level of education is the role of cadres who are less than optimal in each program in the village of Kedungrejo, Submission of inaccurate information, little educational material related to hypertension delivered to cadres as well as society. The alternative solution using the meer method and the result is that the best alternative solution plan is CIAMIK Based on the proceeds approach, it was found that the proposed program plan was Masa Sih (Masak Asik Anti Hipertensi). The result of Masa Sih (Masak Asik Anti Hipertensi) was that 75% target listening and follow activity cooking demo To finish. The primary data and data sets were analyzed using a ultrasound method and found that the root cause of hypertension is lack knowledge about hypertension as measured using the USG method (Urgency, Seriousness, Growth). The root cause of the problem is obtained by the fishbone method by determining Process, Material, Machine, Man, Method and the results are found namely Lack of Knowledge About

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Hypertension. The alternative solution uses the MEER method and is related to the CIAMIK program which shows that the level of knowledge increases by 75%.
Keywords: *Hypertension, Kedungrejo Village, Methodology, Effectiveness, Efficiency, Relevance, SWOT*

INTRODUCTION

Health is an important and influential aspect great impact on human life. According to Law no. 36 of 2009 Regarding health, health can be defined as a state of good health physical, mental, spiritual, and social that allows everyone to socially and economically productive life. There are 4 influencing factors degree of health, namely environmental factors (physical, social, cultural, and political), individual and community behavior factors, health service factors as well hereditary/genetic factors. To create a healthy society optimally it is necessary to increase the degree of public health. Students as agents of change play a very important role in increasing degrees public health. One of the efforts to improve health status community that can be done by students, namely through street vendors (Field Work Practice) by making various health programs.

Field Work Practices (PKL) carried out by students is expected to carry out community empowerment and advocacy in the field public health to improve networking and service accessibility health. In addition, students are expected to be able to make a diagnosis on a community group to find various health problems. One of the health problems that often occurs in community groups are non-communicable diseases, such as diabetes mellitus (DM) and hypertension. Both of these diseases are diseases that are focused on by the Ministry Republic of Indonesia Health. Diabetes mellitus and hypertension are also diseases which often appears in Kedungrejo Village, Sumberrejo sub-district, Regency Bojonegoro.

Implementation of PKL (Field Work Practice) activities carried out by students of the Faculty of Public Health, Airlangga University in several villages in Bojonegoro Regency. The street vendors started on December 27 2022 to January 25 2023 with more than 240 students. Group 19 carried out street vendor activities in Kedungrejo Village, District Sumberrejo, Bojonegoro Regency. Kedungrejo village is one of them the working area of the Mejuwet Health Center. Kedungrejo Village consists of 3 RWs and 14 RTs there are more than 600 families or 1600 people.

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RESEARCH METHOD

Field Work Practice Activities (PKL) use operational research which aims to solve health problems in the Village Kedungrejo, Bojonegoro Regency. This activity begins with identification problem. Identification of the problem is done by using the method The Precede approach is divided into 5 phases of diagnosis, namely the Social Phase Assessment, Epidemiological Assessment Phase, Behavioral and Environment, Educational and Ecological Assessment Phase, and Phase Administrative and Policy Assessment. Collection of information or data taken using interview methods, Focus Group Discussion (FGD), tests health, and questionnaires as primary data collection and secondary data came from.

Based on the data we have obtained, we carry out an analysis SWOT which aims to determine the position of Kedungrejo Village based on strengths, weaknesses of internal conditions, as well as opportunities and challenges (threats) from external conditions. SWOT analysis is also used to evaluate strengths, weaknesses, opportunities and threats (threats), to then determine the type of strategy to be used in solving existing problems. Based on the results of the SWOT analysis will be found some health problems that will be prioritized with using the ultrasound method (Urgency, Seriousness, and Growth). Furthermore, we use the Fishbone method to identify the root cause problem from a priority problem that has been obtained from the ultrasound scoring results. The root cause of the problem is identified based on the primary data obtained from results of interviews with village stakeholders, including the head of Kedungrejo Village, village midwives, and health cadres. Identification of the root cause of the problem is carried out to find out the causes and consequences of a priority problem. After root cause analysis is carried out using the Fishbone method, will several program plans are prepared as a solution to a problem. Program plans will then be scored and selected using MEER method (Methodology, Effectivity, Efficiency, Relevancy) for determine the priority of the most effective, efficient, and relevant solutions in addressing the root cause of the problem and minimizing the impact of the priority problem. Apart from finding solutions and solving problems, MEER also used to determine how far the success of a strategy in achieving goals. Furthermore, from the priority of the solution is compiled a action plan for program implementation. The next stage is implementation pre-designed program of activities. After implementation the program, monitoring and evaluation will be carried out to measure program success rate.

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RESULT AND DISCUSSION

The total population is 1675 people consisting of 883 men and 782 women, the majority of the group aged 15-64 years with a total of 1284 people, the education level of the majority is elementary school or equivalent. The results of the study based on the USG method show that the priority of hypertension problems in Kedungrejo Village is the low level of education. The results of the diagram fishbone show that the low level of education is the role of cadres who are less than optimal in each program in the village of Kedungrejo, Submission of inaccurate information, little educational material related to hypertension delivered to cadres as well as society. The alternative solution using the meer method and the result is that the best alternative solution plan is CIAMIK (Prevent Hypertension with Us) with target housewives to be able to deal with hypertension problems.

Based on the proceeds approach, it was found that the proposed program plan was Masa Sih (Masak Asik Anti Hipertensi). The result of Masa Sih (Masak Asik Anti Hipertensi) was that 75% target listening and follow activity cooking demo To finish.

Discussion

Table 1 Kedungrejo Village Population Data

Variabel	Frequency (n)	Percentage (%)
Sex		
Man	883	52,71
Woman	782	46,68
Total	1675	100
Level of education		
Not Finish	167	10
Elementary school/ equivalent		
Diploma II	1	1
Diploma III	9	0,5
Diploma IV	2	0,1
S-1/equivalent	16	1
Senior High School	266	15,9
Junior High School	322	19,2
Elementary School	737	44
No or not school	155	9,3

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Total	1675	100
Type of Occupation of Resident		
Doesn't work	203	12,1
Private Sector Employee	174	10,4
Taking Care of household	159	9,5
Student / student	260	15,5
Village apparatus	6	0,4
Nurse	1	0,1
Farmer/Garden	689	41,1
TNI/PNS/Teachers	5	0,3
Businessman	165	9,9
Other	13	0,8
Total	1675	100
Existing facilities in Klampok Village in 2022 (units) Village Hall Office	1	8
PAUD/Equivalent Educational Institutions	4	33
Kindergarten/equivalent Education Institutions	2	17
SD/Equivalent Educational Institutions	2	17
SMP/Equivalent Educational Institution	1	8
High School/ Equivalent Educational Institution	1	8
Polindes	1	8

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Total	12	100

Table 2 Prevalence of PTM Ponkesdes Disease in 2020-2022

PTM disease prevalence	Frequency (n)	Percentage (%)
Hypertension	141	15,9
Gout	63	7,11
Cholesterol	27	3,04
Diabetes	23	2,59
Heart disease	10	1,112
Total	886	100

Source: Questionnaire

Table 3 List of Deaths Due to PTM for 2020-2022

Variabel	Frequency (n)	Percentage (%)
2020 (year)		
Heart disease	3	0,338
Hypertension	3	0,338
Influenza	5	0,564
Diabetes mellitus	1	0,11
Lungs Disease	1	0,11
2021 (year)		
Influenza	5	0,564
Hypertension	4	0,451
Diabetes mellitus	2	0,225
Diabetes Mellitus + Hypertension	1	0,11
Heart Disease	1	0,11
Kidney Disease	1	0,11
Asthma Disease	1	0,11
sick ent	1	0,11
Cancer	1	0,11
2022 (year)		
Hipertensi	3	0,338
Diabetes	2	0,225

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Diabetes Melitus	1	0,11
Lungs Disease	1	0,11
Heart Disease	1	0,11
Hyperthyroid Diseas	1	0,11
Total	40	100

Table 4 Results of Priority Assessment of Problems with the USG Method

Problems	U	S	G	Score Total	Rank
The high number of active smokers smoking in the house	8	8	9	25	4
The high prevalence rate of gout	8	9	9	26	3
High prevalence rate Hypertension	9	0	10	29	1
There are no programs yet no disease prevention infectious	9	8	10	27	2

Based on epidemiological diagnoses, it was found that the health problems that arise are hypertension, the cause of which is having obesity or being overweight, having a family who suffers from high blood pressure, experiencing stress, lack of sleep or difficulty sleeping, and so on. Based on behavioral and environmental diagnoses, it was found that the factors that influence health problems are the habit of consuming foods that contain high fat and salt, neighbors who never invite sports, smoking habits in the community in Kedungrejo Village, people tend to choose to spend money on treatment because they think that the quality of the drugs given free of charge is different from the medicines given from paid treatment, the people of Kedungrejo Village prefer to take medicine from stalls rather than checking into health care facilities when they are sick.

Based on Educational and Ecological Assessment, the predisposing factor is that the majority of people have the last level of elementary school education with a percentage of 44%. The level of public education in Kedungrejo Village is low, causing the community's knowledge about hypertension to be low. Reinforcing factor shows that, Based on the results interviews with village midwives, families from the community who experience symptoms of prehypertension and hypertension support by following the recommendations given by health workers, Parties

Families remind each other to always check and check blood sugar to health workers and take family members for checks to health service facilities, the majority of the people of

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Kedungrejo Village start smoking at their teens. Enabling factors indicate that the facilities in Kedungrejo Village that can prevent increasing rates of hypertension are one Youth Posyandu and one Elderly Posyandu and one Village Polyclinic, there are no special programs related to hypertension implemented by Posyandu cadres, both youth and elderly posyandu.

Based on the diagnosis of policy administration, it shows that there are various programs that support reducing the prevalence of hypertension, namely health screening that is not optimal and there are health education programs that have not focused on hypertension, only on lifestyle in general and as a whole.

SWOT analysis (Strength, Weakness, Opportunity, shows that the strongest strength is the availability of midwives in the village of Kedungrejo, the weakness is that the majority of the population's education is still low, the opportunity is the presence of health workers from the puskesmas who are willing to help with any health activities, the threat is the yields that are not erratic so that the income is not stable Determining priority problems using the USG method is the level of knowledge of hypertension which is still low.

An analysis of alternative solutions using the fishbone method found that Let's Learn with Mothers to overcome problems of educational background and low levels of education, CIAMIK (Prevent Hypertension with Us), and sharing and caring activities to overcome the problem of lack of socialization of cadres. An alternative solution plan using the meer method found that the solution chosen to overcome the problem of hypertension was the second alternative solution, namely CIAMIK (Prevent Hypertension with Us) with the target of housewives to be able to deal with Hypertension problems with the number of participants participating in the "MASA SIH" activity reaching 75%. of the target, There were representative participants from each RT, The cooking menu for each participant consisted of at least 3 types, Activity Achievements namely the number of participants attending the "MASA SIH" activity were 116 productive age housewives (15-64 years), there was 1 representative participants from each RT who took part in the competition, and each participant cooked more than 3 types of diet menus hypertension.

CONCLUSION

The primary data and data sets were analyzed using a ultrasound method and found that the root cause of hypertension is lack knowledge about hypertension as measured using the USG method (Urgency, Seriousness, Growth). The root cause of the problem is obtained by the fishbone method by determining Process, Material, Machine, Man, Method and the results are found namely Lack of Knowledge About Hypertension. The

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alternative solution uses the MEER method and is related to the CIAMIK program which shows that the level of knowledge increases by 75%.

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