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The Adherence of Low Salt Diet of Elderly with Hypertension





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Article Information

Abstract

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Keywords: adherence, low salt diet, hypertension, elderly The complexity of hypertension of elderly is very problematic, especially the problem of a low-salt diet. Non-adherence of the diet will have a negative impact on the elderly and cause many complications. This was a descriptive study which aimed to observe the adherence of low-salt diet in elderly with hypertension. The population of the study was 60 elderly with hypertension at the Srikandi elderly Posyandu and Brontoseno Elderly Posyandu in the Working Area of Sananwetan Health Center, Gedog, Sananwetan, Blitar City. 50 people was taken as the sample by using simple random sampling technique. The instruments used respondent characteristics questionnaire and a low-salt diet adherence questionnaire that the researchers made themselves based on references. The general data in this study was gender, marital status, last education, length of time suffering from hypertension and routine internal pressure control. The specific data in this study was the adherence diet of elderly with hypertension. The results revealed that almost half of the respondents as many as 46% (23 respondents) were in the category of lack adherence with the low-salt diet and a small proportion of the respondents were in the category of good adherence with the low-salt diet 14% (7 respondents). More in-depth interventions are still needed, especially to increase the adherence to a low-salt diet in elderly hypertension.

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INTRODUCTION

The increasing prevalence of hypertension put this disease as major public health problem worldwide. The escalated incidence of hypertension contributes to morbidity and mortality because hypertension is already well known and becomes the most common risk factor for cardiovascular and cerebrovascular disease (Farapti, et al., 2020). 90% of people in their middle age and older have a lifelong risk of developing hypertension, and as people get older, the chance of developing hypertension rises (Shim et al., 2020).

Elderly hypertension is a health problem that causes other serious cardiovascular problems. The World Health Organization (WHO) reports that hypertension is a high-risk condition that causes death from stroke and coronary heart disease. Usually, people think that hypertension is a common disease and cannot be treated quickly, especially in this day and age where economic needs are increasing and the difficulty of finding a job affects an unhealthy life and especially poor eating patterns without knowing the right diet (Devi & Putri, 2021). Elderly health problems in the family are very complex, one of which is hypertension. Hypertension and its complications (Hemorrhagic Stroke) deserve attention because it is the highest cause of death in Indonesia. Because most people still believe that hypertension is a common disease that is not hazardous, hypertension is still relatively high and even tends to rise along with lifestyle choices and patient non-adherence to the hypertension diet (Veronika et al., 2017). World Health Organization (WHO) in 2011 recorded the incidence of hypertension which reached 1 billion people, with two-thirds of them living in developing countries with low and moderate incomes. Hypertension will continue to increase the larger the population which can lead to an increase in the burden of health costs (InaKii et al., 2021). Along with Myanmar, India, Sri Lanka, Bhutan, Thailand, Nepal, and the Maldives, Indonesia appears to have the greatest prevalence of hypertension in the world. By 2025, it is expected that up to 29% of adults worldwide may experience an attack due to the prevalence of hypertension. (Devi & Putri, 2021).

According to Riskesdas Balitbangkes' (2018) research, hypertension is a major health concern with a high prevalence of 34.1% in Indonesia. The population of Blitar City in 2018 with an age range of 15-59 years was 91,000 people with a hypertension prevalence of 30.3%. In 2019 the prevalence of hypertension rose to 40.7%. Based on

the preliminary study that has been carried out, data obtained in Sananwetan District is the sub-district with the highest number of hypertension sufferers in Blitar City, namely 17,184 cases in 2021 (Mutaqqin et al., 2021).

An unbalanced diet is one way to reduce hypertension. Food factors (dietary adherence) are important things to note in people with hypertension. Diet adherence with hypertension sufferers found respondents in the non-adherent diet category, namely 56.7% and respondents who adhered to the diet, namely 43.3% (Nita & Oktavia, 2018). A study conducted by Yuliana, Anestia, Handayani, & Fitria, 2014 on hypertension sufferers showed that as many as 65% of respondents were disobedient in implementing a low-salt diet and as many as 35% were compliant in implementing a low-salt diet (Putri, 2022).

This hypertension does not only have an impact on the physical but also has an impact on the psyche, where someone who suffers from hypertension will feel anxious, and cannot control their emotions. When the individual's psychology is low, there is a serious threat, most of which are forms of depression and anxiety related to hypertension. When a person has negative feelings in the body, the body will produce hormones that can increase blood pressure, this increase in blood pressure will trigger complications of the disease and can have an impact on a low quality of life (InaKii et al., 2021).

To manage blood pressure, both medication and nutrition are required. Patients must aware that while there is no known treatment for high blood pressure, it is manageable with dietary restrictions and lifestyle changes (low salt diet, caffeine diet, saturated fat food diet, doing sports, reducing weight, not smoking or drinking alcohol and increasing consumption of fruits and vegetables and taking medication as directed). Adherence in undergoing a diet for patients becomes a problem in itself when the rules must be followed by patients regularly and for a very long time. Long-term adherence to meal plans is also a major challenge for hypertensive patients, if patients do not adhere to a hypertensive diet, it will increase morbidity and mortality rates as well as complications from other diseases. In order to avoid additional difficulties, patients with hypertension should adhere to the hypertension diet. Regardless of the presence or absence of disease and symptoms, patients with hypertension must continue to adhere to the hypertension diet every day. This is performed in order to keep persons with hypertension's blood

pressure stable so they can prevent developing hypertension and its problems (Devi & Putri, 2021).

There is still a high number of cases of hypertension in Sananwetan District, it is necessary to conduct research related to hypertension. Preliminary studies and interviews conducted by researchers at the elderly Posyandu in Gedog Village, Sananwetan District, Blitar City obtained data that 10 elderly people said they still consumed fried foods, salted fish and salted eggs. It is difficult for the elderly to maintain their diet because they have been used to it since they were young. Based on the description above, the researchers are interested in leading research with the title Low Salt Diet Adherence in Elderly Hypertension at the Elderly Posyandu, Gedog Village, Sananwetan District, Blitar City. The results of this study are expected to be a reference in the management of elderly hypertension, especially those related to a low-salt diet. This study is also useful as input considering the high non-adherence to a low-salt diet in elderly with hypertension in Gedog Village, Sananwetan District, Blitar City.

METHODS

This was a descriptive study that describes adherence to a low-salt diet in elderly with hypertension. The population in this study were elderly with hypertension at the Srikandi elderly Posyandu and Brontoseno elderly Posyandu in the Working Area of the Sananwetan Health Center, Gedog Village, Sananwetan District, Blitar City as many as 60 people. The sample of the study was based on the formula for calculating the number of samples, with the total of 50 people. The sampling technique used simple random sampling. The inclusion criteria in this study were (1) the elderly who became respondents, (2) the elderly who took the pre and post tests, (3) the elderly who took part in educational counseling and lectures until they were finished. The instruments used respondent characteristics questionnaire and a low-salt diet adherence questionnaire made by the researchers themselves based on references. This study was conducted from April to May 2023.

RESULT

Table 1: The Frequency Distribution of Respondents by Gender, Last Education, Marital Status, Length of Suffering from Hypertension, Routine Blood Pressure Control in the Work Area of Sananwetan Health Center, Gedog Village, Sananwetan District, Blitar City, May 2023.

Variable		Frequency	Percentage
Education	No school	1	2
	Elementary school	27	54
	Junior high school	8	16
	Senior High School	8	16
	Academy/college	6	12
Total		50	100
Long Suffering from	< 1 year	9	18
Hypertension	> 1 years	41	82
Total		50	100
Routine Blood Pressure Routine		43	86
Control			
	Not a routine	7	14
Total		50	100

Based on Table 1, it can be seen that 54% of respondents (or 27 respondents) had completed elementary school. The frequency of respondents based on the duration of suffering from hypertension was that almost all respondents had hypertension for more than 1 year, namely 82% (41 respondents) and almost all respondents had routine blood pressure control, namely 86% (43 respondents).

No	Kepatuhan Diet Rendah Garam	Frequency	Precentage (%)
1	Less obedient	23	46
2	Just comply	20	40
3	complied	7	14
	Total	50	100

 Table 2: The Frequency Distribution of Respondents by the Adherence of Low-Salt Diet in the Area of Sananwetan Health Center, Gedog Village, Sananwetan District, Blitar City, May 2023.

Table 2 shows that almost half of the respondents were in the category of lack adherence with the low-salt diet in the number of 46% (23 respondents) and a small proportion of the respondents in the category of good adherence to the low-salt diet, 14% (7 respondents).

DISCUSSION

Table 2 shows that almost half of the respondents were less compliant with the low-salt diet, namely 46% (23 respondents). The findings revealed that nearly all respondents had been dealing with hypertension for longer than a year. The hypertension diet was not generally followed by respondents. This may be affected by the understanding or behaviors of those who have high blood pressure. Lack of knowledge due to lack of information obtained by sufferers, both from health workers and print or electronic media. The negative attitude factor that often arises is due to boredom and the unfamiliarity of hypertension sufferers to follow a hypertension diet, which is caused by the respondent's own culture which has been inherent since birth so it is very difficult to get rid of (Nita & Oktavia, 2018). Researchers just assumed that the longer they suffer from hypertension by administering a low-salt diet for a long time, of course, it will cause a feeling of saturation in the elderly. This is what causes many elderly people to be disobedient to having a low salt diet.

Education level, knowledge level, income level, accessibility to medical facilities, and the availability of health insurance that relieves patients from paying for medical expenses are all factors that affect patient adherence to the diet. Often respondents have not completely reduced salt consumption and are still quite frequent to consume fast food because it is practical and tastes more delicious if the respondent consumes food with a limited amount of salt intake (Wahyudi et al., 2020). The findings revealed that 54% (or 27 respondents) of the sample had completed elementary school. More people with hypertension tend to have low levels of education (attending no school or elementary school) than those with higher education. According to Kharisyanti Fika's research, there is a significant link between high blood pressure and education level. Hypertension sufferers with a low

level of education (not in school/elementary school) tend to be more common than those with secondary education or higher education. This is also consistent with studies by Sugiharto et al. (2018) who found that a person's education degree can influence their knowledge and capacity to apply healthy lifestyle practices, particularly those related to hypertension. Since the elderly are senile, they forget that salt can trigger hypertension. The researchers made the assumption that there was a correlation between the elderly's knowledge of hypertension and a low-salt diet. Research findings and theories that suggest that, among other things, a reduction in the capacity to process the information received may be a factor in the elderly's lack of knowledge about diet. (Nita & Oktavia, 2018).

CONCLUSION

Respondents with low adherence to the low salt diet were 46% (23respondents) and the number of respondents with good adherence was 14% (7 respondents).

SUGGESTION

1. Suggestion for educational institutions

This research is expected to be used as a reference in making study materials, especially gerontology and community courses.

2. Suggestion for Public Health Center

This research can be used as input for the puskesmas to be more intense in managing the elderly Posyandu, especially in paying attention to diet for the elderly.

3. Suggestion for elderly posyandu

The results of this study can be used as input for cadres that there are problems in the elderly, especially the problem of a low-salt diet.

4. Suggestions for further research

The results of this study can be used as a basis for further research related to dietary patterns in elderly hypertensives.

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CONFLICT OF INTEREST

The authors have no conflict of interest in publishing the article.

AUTHOR CONTRIBUTIONS

All authors fully contribute to research activities starting from drafting activities, tabulating data management, writing drafts of manuscripts and analysis. Each author makes a positive contribution to this activity from start to finish, including publishing articles in this journal.

REFFERENCE

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