

# SELF-CARE MANAGEMENT OF HYPERTENSIVE PATIENTS IN PANGARANGAN VILLAGE SUMENEP CITY DISTRICT, SUMENEP REGENCY

**Emdat Suprayitno<sup>1)</sup> and Cory Nelia Damayanti<sup>2)</sup>**

<sup>1)</sup>Program Studi Profesi Ners Fakultas Ilmu Kesehatan Universitas Wiraraja

<sup>2)</sup>Program Studi Keperawatan Fakultas Ilmu Kesehatan Universitas Wiraraja

Email: emdat@wiraraja.ac.id

## ABSTRACT

Hypertension is a major risk factor for cardiovascular disease death which is a cause of genetic, environmental and social factors. Elderly people with hypertension have difficulty doing self-care management on themselves, which can worsen their quality of life. The purpose of this study was to determine self-care management of hypertensive patients. This study is a descriptive using a non-analytic cross-sectional design.

The population were 66 patients with hypertension in Pangarangan Village, Sumenep Regency with total sampling. The research instrument was a questionnaire of Hypertension Self Management Behavior Questionnaire.

The results indicate the majority of self-care management in elderly people with hypertension is sufficient around 41 respondents (62.1%). The elderly people with hypertension are expected to improve their self-care independence during home care with better self-care management.

**Keyword:** hipertension, self-care management

## INTRODUCTION

Hypertension is a major global health problem that is prevalent in all regions and countries of the world. It is one of the three major risk factors for the global disease burden accounting for 7% of the life year adjusted for global disability. Approximately 31.1% of the world's adult population live with hypertension, and 28.5% are in high-income countries [1]. Around 1.5 billion people worldwide are estimated live with hypertension by 2025 [2]. Achieving and maintaining reasonable directional pressure control continues to be a challenge for a variety of reasons including non-compliance with prescribed care and lifestyle performed [3]. However, self-care management could control the hypertension, namely changing lifestyle, such as increasing physical activity, maintaining healthy body weight, and eating a healthy diet. Thus, elderly people should pay atten

tion of doing good self-management [4].

Hypertension is an epidemic that affects one billion people and is the most common risk factor for death worldwide [5]. The 2012 world health statistics estimated the prevalence of hypertension to be 29.2% in men and 24.8% in women. About 90 percent of non-hypertensive men and women at the age of 55 or 65 will develop hypertension between the ages of 80 and 85 years [6]. Hypertension is a significant risk factor for cardiovascular disease and death. According to a report from the World Health Organization (WHO), hypertension complications account for 9.4 million of the 17 million annual deaths worldwide due to cardiovascular disease [7]. Hypertension is responsible for approximately 45% of deaths from heart disease and 51% of deaths from stroke [8].

Someone has the right to do *self-care*

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for themselves, except for those who are unable to do it themselves [9]. Self-care is an important task to control the negative consequences of the disease, where behaviour modification is targeted, including knowledge, health education and attitudes towards patients suffering from hypertension. Inadequate self-care leads to poor health outcomes and re-hospitalization. Self-care in cardiovascular disease refers to diet and drug management, sodium and fluid restriction, daily weighing, regular exercise, monitoring for signs and exacerbations symptoms of the disease, also seeking and making decisions for appropriate treatment [10]. Self-care refers to the process of maintaining health through positive health practices, and managing disease. self-care plays a vital role because it is directly related to clinical outcomes. Some of the main self-care behaviours for hypertensive management can be: a diet rich in fruit and vegetables, smoking cessation, adequate physical activity, antihypertensive drugs, weight loss, saturated and total fat, sodium, and alcohol consumption [11].

In addition to pharmacological action to control blood pressure, there must be the active treatment of factors known to increase the risk of hypertension. those who lower blood pressure, such as weight loss, reduced salt intake, alcohol consumption restrictions, physical exercise, increased fruit and vegetable consumption, and reduced total and saturated fat intake. quitting smoking; increased consumption of oily fish; and reduce total fat intake [12], [13] The purpose of this study was to determine self-care management in hypertensive patients in Pangarangan Village, Sumenep Regency.

### METHODS

This type of research is descriptive using cross-sectional non-analytic design. The population were 66 patients with hypertension in Pangarangan Village, Sumenep City District, Sumenep Regency with total

sampling. This research instrument is a questionnaire of hypertension self management behavior questionnaire. The questionnaire has been tested for validity which shows that each statement item has a calculated r-value between 0.375-0.781 and there are no invalid statements. Reliability test results show that all valid statement on questionnaire of hypertension self-management behavior questionnaire is reliable by the reliability value is 0.949. The data collection process was carried out by visiting the respondent's house one by one and giving a questionnaire to each respondent by paying attention to the health protocol, like using a mask, maintaining a distance of 1.5 meters and washing hands before and after the study.

### RESULT

**Table 1.**

The respondent's distribution according to age

Age	Total	Percentage
45-59 years	17	25,8
60-74 years	42	63,6
75-90 years	7	10,6
<b>Total</b>	<b>66</b>	<b>100</b>

Table 1 shown that the age of respondents were majority 60-74 years as much as 42 people (63,6%).

**Table 2**

The respondent's distribution according to education

Education	Total	Percentage
Unfinish elementary	4	6,1
Elementary	11	16,7
Junior high	8	12,1
Senior high	35	53
Higher education	8	12,1
<b>Total</b>	<b>66</b>	<b>100</b>

Table 2 shown the education of respondents were majority Senior High School (SMA) as much as 35 respondents or (53%).

**Table 3**

The respondent's distribution according to gender

Gender	Total	Percentage
Male	43	65,2
Female	23	34,8
<b>Total</b>	<b>66</b>	<b>100</b>

Table 3 shown the gender of respondents were majority male as much as 43 people (65,2%).

**Table 4**

The respondent's distribution according to occupation

Occupation	Total	Percentage
Civil servant	9	13,6
Farmer	18	27,3
Entrepreneur	22	33,3
Private Employer	17	25,8
<b>Total</b>	<b>66</b>	<b>100</b>

Table 4 shown the occupation of respondents were majority Entrepreneur as much as 22 people (33,3%).

**Table 5**

The respondent's distribution according to smoking history

BF	Total	Percentage
Smoking	43	65,2
No smoking	23	34,8
<b>Total</b>	<b>66</b>	<b>100</b>

Table 5 shown that the smoking history of respondents were majority no smoking as much as 43 people (65,2%).

**Table 6**

The respondent's distribution according to grade

Hypertension grad	Total	percentage
Grade I	34	51,5
Grade II	32	48,5
<b>Total</b>	<b>66</b>	<b>100</b>

Table 6 shown that the hypertension grade of respondents were majority grade I as much as 34 people (51,5%).

**Table 7**

The respondent's distribution according to hypertension history

Hypertension history	Total	Percentage
1-5 years	25	37,9
6-10 years	35	53
>10 years	6	9,1
<b>Total</b>	<b>66</b>	<b>100</b>

Table 7 shown the hypertension history of respondents were majority 6-10 years as much as 35 people (53%).

**Table 8**

The respondent self-care

Selfcare	Total	Percentage
Good	25	37,9
Sufficient	41	62,1
<b>Total</b>	<b>66</b>	<b>100</b>

Table 8 shown the self-care of respondents were majority sufficient as much as 41 people (62,1%).

## DISCUSSION

### Self-care management of hypertensive patients

The results show that 41 respondents (61.2%) had sufficient average self-care for hypertensive patients. In line with the research results of Wachhyu's 2014 showed that self-care management of elderly with hypertension in elderly integrated healthcare center (posyandu) in Manyar Sabrangan Village has the total of 15 elderly (54%) with sufficient self-care management, 1 elderly (3%) less and 14 elderly (47%) had good self-care management of hypertension [14]. Among the elderly, the survey of knowledge, attitude and practice are important and effective in terms of providing the necessary information through intervention programs for improve their quality of life [15]. The results also supported by the education of the respondents that most of them have high school and diploma/bachelor degrees, where in general someone with higher education will have broader knowledge

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that affect the better self-care [16].

Self-care management of elderly with hypertension are mostly sufficient, showing the answer distribution to the statement that most people do in a self-care management found in these kind of statements like the ban on smoking, attempt to maintain a healthy weight normal, the suggestion of taking blood pressure medications and calming down when things go wrong [17]. Previous studies have shown that lifestyle changes such as weight loss, reduced sodium intake, dietary approaches to stop hypertension, regular exercise, stress reduction, smoking cessation, and drinking other than drugs affect hypertension control [18], [19]. The involvement of patients in self-monitoring, along with continuous follow-up has also been recommended. The study conducted by Wang YR et. al. emphasized that the most important points for controlling blood pressure are lifestyle modification, monitoring of blood pressure at home, strengthening healthy behavior, & ongoing follow-up [20].

Self-care in hypertensive patients is one of the client's positive efforts to optimize their health, control and manage signs and symptoms that appear, prevent complications and minimize disturbances in bodily functions. Self-care is an activity that is created and carried out by the individual itself in order to maintain a prosperous life, be a healthy or sick state [9].

Hypertensive patients with good self-care and healthy lifestyle behaviours could more easily lower the cardiovascular disease problem. Therefore, lifestyle change steps can support blood pressure control programs for people with hypertension. The ability or skill to carry out quality self-care in hypertensive patients aims to prevent and reduce the risks that can be caused by the disease they are suffering from. Many causes for this lack of ability to control hypertension. Therefore, self-care strategies in everyday life are fundamental

as prevention in increasing blood pressure and modifying lifestyle patterns of hypertensive sufferers [21].

### CONCLUSION

The results of the study concluded that the self-care management intervention in the elderly suffering from hypertension in Pangarangan Village, Sumenep City District, Sumenep Regency, was mostly in the sufficient category. Suggestions for the elderly are to be able to do self-care properly while at home to improve the quality of life and independence during treatment.

### REFERENCES

- [1] Ademe S, Aga F, Gela D. Hypertension self-care practice and associated factors among patients in public health facilities of Dessie town, Ethiopia. *BMC Health Serv Res.* 2019;19(1):51.
- [2] Kearney PM, Whelton M, Reynolds K, Muntner P, Whelton PK, He J. Global burden of hypertension: analysis of worldwide data. *Lancet.* 2005;365(9455):217–23.
- [3] Logan AG. Transforming Hypertension Management Using Mobile Health Technology for Telemonitoring and Self-care Support. *Can J Cardiol* [Internet]. 2013;29(5):579–85. Available from: <http://dx.doi.org/10.1016/j.cjca.2013.02.024>
- [4] Poulter P. Caulfield. (2015). Hypertens *Lancet.* 386(9995):801–12.
- [5] Suprayitno E. 2019. Gambaran Status Tekanan Darah Penderita Hipertensi di Desa Karanganyar Kecamatan Kali anget Kabupaten Sumenep. *J Heal Sci (Jurnal Ilmu Kesehatan).* 2019;4(2): 20–4.
- [6] Kilic M, Uzunçakmak T, Ede H. The Effect of Knowledge about Hypertension on the Control of High Blood Pressure. *Int J Cardiovasc Acad* 2016; 2(1):27–32.
- [7] Organization WH. A Global Brief on Hypertension: Silent Killer, Global

- Public Health Crisis: World Health Day 2013. World Health Organization; 2013.
- [8] Fraser-Bell S, Symes R Vaze A Hypertensive eye disease: a review. *Clin Experiment Ophthalmol* 2017;45(1):45
- [9] Winata IG, Asyrofi A, Nurwijayanti AM. Faktor-Faktor yang Berhubungan dengan *Self-Care* pada Orang Dewasa yang Mengalami Hipertensi di Puskesmas Kendal 01 Kabupaten Kendal. *Jurnal Manajemen Asuhan Keperawatan*. 2018;2(2):1–8.
- [10] Asadi P, Ahmadi S, Abdi A, Shareef OH, Mohamadyari T, Miri J. Relationship between self-care behaviors and quality of life in patients with heart failure. *Heliyon* [Internet] 2019; 5(9):e02493. Available from: <https://doi.org/10.1016/j.heliyon.2019.e024>
- [11] Lee JE, Han HR, Song H, Kim J, Kim KB, Ryu JP, et. al. Correlates of Self-Care Behaviors for Managing Hypertension among Korean Americans: A Questionnaire Survey. *Int J Nurs Stud* [Internet]. 2010;47(4):411–7. Available from: <http://dx.doi.org/10.1016/j.ijnurstu.2009.09.011>
- [12] Foëx P, Sear JW. Hypertension: Pathophysiology and treatment. *Contin Educ Anaesthesia, Crit Care Pain*. 2004;4(3):71–5.
- [13] Suprayitno E, Purnomo JDT, Sutikno S, Indriyani R. Health Education in Principle of Community Affected Teenager's Smoking Attitude and Habitual in the Coastal Area of Madura Island Indonesia. *Int J Psychosoc Rehabil* [Internet]. 2020;24 (10): 1492–502. Available from: <https://www.psychosocial.com/article/PR300173/234>
- [14] Wachhyu N, Indarwati R, Misbahatul E. Hubungan antara Dukungan Keluarga & *Self-Care* Management Lansia dengan Hipertensi di Posyandu Lansia Kelurahan Manyar Sabrangan Surabaya. *Indones J Community Health Nurs*. 2014; 3 (1).
- [15] Roopa KS, Rama Devi G. Impact of Intervention Programme on Knowledge, Attitude, Practices in the Management of Hypertension among Elderly. *Stud Home Community Sci*. 2014; 8 (1): 11–6.
- [16] Azwar S. Sikap Manusia: Teori dan Pengukurannya. *Sikap Manusia: Teori dan Pengukurannya*. 2013.
- [17] Suprayitno E, Wahid A. Pendampingan tentang Penyakit Hipertensi dan Perawatan Keluarga dengan Hipertensi. Seminar Nasional Hasil Pengabdian [Internet] 2019;104–6 Available from <http://proceeding.uim.ac.id/index.php/senias/article/view/299>
- [18] Reinders ME, Blankenstein AH, van Marwijk HWJ, Schleypen H, Schoonheim PL, Stalman WAB, et al. How Can We Promote Medication Adherence and Lifestyle Changes in Hypertensive Patients?, A. Finset, W. Gerin (USA) *Patient Education Couns* 2008 72:464–6.
- [19] Mancia G, Fagard R, Narkiewicz K, Redon J, Zanchetti A, Böhm M, et al. 2013 ESH/ESC Guidelines for the Management of Arterial Hypertension. *Arter Hypertens*. 2013;17(2):69–168.
- [20] Wang YR, Alexander GC, Stafford RS. Outpatient Hypertension Treatment, Treatment Intensification, and Control in Western Europe and the United States. *Arch Intern Med* 2007; 167(2):141–7.
- [21] Etemadifar S, Bahrami M, Shahriari M, Farsani AK. The Effectiveness of a Supportive Educative Group Intervention on Family Caregiver Burden of Patients with Heart Failure. *Iran J Nurs Midwifery Res*. 2014;19(3):217.