Low Salt Diet Counseling as an Effort to Increase Knowledge of Hypertension Patients

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Abstract
The prevalence of hypertension has increased throughout the year. Hypertension spreads widely because of the lack of knowledge and a healthy lifestyle. People's lifestyle which is more practical has an impact on the implementation of inappropriate hypertension diets and triggers various diseases. Based on this phenomenon, it is necessary to increase public knowledge about hypertension diets. The purpose of this activity was to provide counseling about a low-salt diet as an effort to increase knowledge of hypertension patients. The method was done by giving counseling about low salt diet through lectures to 30 hypertension patients who were routinely monitored at the Panti Rahayu Clinic. The pre test showed that almost all of the hypertension patients (80%) were in the poor category of knowledge. The post test showed that after being given counseling the knowledge of hypertension patients increased almost half (46%) were in the good category. Knowledge of hypertension patients increased after getting information through counseling activities about a low salt diet. Suggestions for clinics are expected to hold regular and periodic health education or promotion programs to provide information so as to increase the knowledge of hypertension patients.

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INTRODUCTION

Hypertension is a global health problem that requires attention because it can cause major death in both developed and developing countries. According to a survey conducted by the World Health Organization (WHO) in 2016, showed around 1.13 billion people in the world have hypertension. The incidence of hypertension in Indonesia based on measurement results at the age of 18 years is 25.8% or there are 65,048,110 people who suffer from hypertension the highest in Bangka Belitung (30.9%), followed by South Kalimantan (30.8%). According to the East Java province riskesdas data, the prevalence of hypertension reached 26.2%, the prevalence of hypertension in the city of Surabaya reached 22.0% (Kemenkes RI, 2013).

Diet is one way to treat hypertension without serious side effects, because of its natural control method. It's just that many people consider a hypertension diet as a hassle and unpleasant. Many foods can be included in the list of foods to avoid, such as flavoring salt, salty popcorn, cheese and potato chips (Devita, 2014). Diet is one way to reduce hypertension. Dietary factors (dietary compliance) are important things to consider in patients with hypertension. Patients with hypertension should adhere to a hypertension diet in order to prevent further complications. Patients with hypertension must continue to run a hypertension diet every day with the presence or absence of pain and symptoms that arise. This is intended so that the blood pressure of people with hypertension remains stable so that they can avoid hypertension and its complications (Agrina, Rini, 2011).

The goal of diet management is to help lower blood pressure and maintain blood pressure toward normal. Besides, the diet is also intended to reduce other risk factors such as excess body weight, high levels of fat, cholesterol and uric acid in the blood. It is recommended that people with hypertension have knowledge and attitudes about a low-salt diet because a good level of knowledge and attitude about a hypertension diet will facilitate behavioral changes by controlling blood pressure. According to Notoatmodjo states that one of the determinants of changes in health behavior is a predisposing factor which includes knowledge and attitudes regarding hypertension diet (Notoatmodjo, 2010).

Panti Rahayu Clinic is a first-level health facility BPJS Kesehatan Malang which is located on Jl. Simpang Borobudur No.1 Mojolangu, Kec. Lowokwaru, Malang City, East Java 65142 with a total of 5219 people using BPJS. The results of the preliminary study on November 5, 2020, obtained data on 105 people registered as active participants in hypertension PROLANIS (chronic disease management program). The increase in hypertensive patients is caused by several factors, one of which is the regulation of a low-salt diet. This is closely related to knowledge that shapes behavior and attitudes in consuming food. Drugs are taken in a controlled manner every Wednesday and Saturday every week, and patients are required to have control every month. Before the Covid-19 pandemic, patients did health counseling exercises once a month, but during the Covid-19 pandemic, these routine activities were abolished. The results of interviews with 10 hypertension patients at the Panti Rahayu Clinic, Malang, found that only 30% of patients knew about a low salt or sodium diet.

Based on the analysis of the existing situation and problems, the solution offered is to provide counseling about a low salt diet, considering that this disease is one of the genetic diseases in Indonesia and requires immediate treatment.

METHOD

Time and Place of Activity

The counseling activity was carried out at the Panti Rahayu Clinic, Malang.
City and was carried out on November 21, 2020.

**Activity Methods**
1. Preparation starting from licensing to the Director of the Panti Rahayu Clinic, Malang City.
2. Perform a time contract with PROLANIS (cronic disease management program) officers.
3. Giving a pre test using a questionnaire.
4. Giving counseling about a low-salt diet to hypertension patients (Figure 1).
5. Giving a post test using a questionnaire.

**RESULTS**
The characteristics of participants in community service activities.

| Characteristics                          | f     | %    |
|------------------------------------------|-------|------|
| **Age (years)**                          |       |      |
| 45-55                                    | 5     | 16.7 |
| 56-66                                    | 18    | 60.0 |
| 67-76                                    | 6     | 20.0 |
| 77-87                                    | 1     | 3.3  |
| **Sex**                                  |       |      |
| Male                                     | 15    | 50.0 |
| Female                                   | 15    | 50.0 |
| **Last Education**                       |       |      |
| Elementary School                        | 0     | 0.0  |
| Junior High School                       | 5     | 16.7 |
| Senior High School                       | 11    | 36.7 |
| College                                  | 14    | 46.6 |
| **Blood Pressure (mmHg)**                |       |      |
| Pre Hypertension                         | 10    | 33.3 |
| Stage 1 Hypertension                     | 20    | 66.7 |
| Stage 2 Hypertension                     | 0     | 0.0  |
| **Knowledge of Hypertension Before**     |       |      |
| Very Good                                | 1     | 3.33 |
| Good                                     | 0     | 0.0  |
| Moderate                                 | 5     | 16.6 |
| Less                                     | 24    | 80.0 |
| **Knowledge of Hypertension After**      |       |      |
| Very Good                                | 2     | 6.66 |

Based on Table 1 more than half (60%) of hypertensive patients aged 56-66 years, half (50%) of hypertensive patients are male and female, respectively, almost half (46.6%) of hypertensive patients have the last education at college, and more than half (66.7%) of hypertensive patients were categorized as stage 1 hypertension. Before counseling, most (80%) hypertensive patients have poor category knowledge. After counseling, almost half (46%) of hypertensive patients had knowledge in the good category.

**DISCUSSION**
Most of hypertensive patients have poor category knowledge. It is known from the presentation of the lowest answers from the tabulated data on the parameters of foods that are allowed for a low salt diet, foods that are not allowed for a low salt diet, and types of low salt diets. The majority of hypertensive patients have a low level of education (Senior High School) which is 37.9% of hypertensive patients. Education will affect a person's absorption of information. The higher the level of education, it will be easier for someone to absorb information. People who have higher education tend to be more prone to hypertension than people who have low education. Education is significantly related to lifestyle, stress and nutritional status. Education is related to work and income received, the amount of one's income affects one's eating preferences (Nursalam, 2013).

However, there are some hypertensive patients who have a high level of final education, namely the high school level, but their knowledge is not good. This can be influenced by several factors, including the attitude of the elderly, meaning that most hypertensive patients do not really care about a good diet for people with
hypertension (Kristiawani, 2017). Family support, the family explains what is prohibited and allowed, to be consumed, explains the importance of complying with the diet given on the orders of a doctor or other medical personnel in order to avoid complications of hypertension, the heredity factor that is emphasized is not from a genetic perspective, but rather a hereditary diet in family. The tendency of hypertension in the family can be caused by the similarity of the diet of parents and children (Astria, 2009).

![Figure 1. Counseling Activity at Panti Rahayu Clinic](image)

Knowledge is the result of knowing after someone uses their senses (sight, hearing, smell, touch, and taste) in observing a particular object and knowledge is very important in influencing a person's actions or behavior (Notoatmodjo, 2010). Knowledge is influenced by the factor of age and education level. Where the higher a person's knowledge, the better his understanding. This is in line with research conducted by Agrina, the level of education can affect a person's ability and knowledge in implementing healthy living behaviors, especially preventing hypertension. The higher the level of education, the higher a person's ability to maintain a healthy lifestyle. Patients who lack knowledge about a low-salt diet will be more likely to consume foods that are high in salt regardless of their health, and vice versa if the knowledge of the response is good about how to control a low-salt diet, the respondent will prevent or avoid foods that are high in salt (Agrina, Rini, 2011).

**CONCLUSION**

Implementation of community service activities went smoothly as planned. Elderly at Panti Rahayu Clinic gain additional knowledge and skills information about a low salt diet.

**SUGGESTION**

Suggestions for clinics are expected to hold regular and periodic health education or promotion programs to provide information so as to increase the knowledge of hypertension patients.

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