



PERCEPTIONS OF THE ELDERLY IN MANAGING HYPERTENSION AT PULO BRAYAN HEALTH CENTER MEDAN 2024

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ABSTRACT

The purpose of this study was to determine the perceptions of the elderly in overcoming hypertension at Puskesmas Pulo Brayan Medan in 2024. The research method used is a type of qualitative research that is descriptive. The location of this research was carried out at the Pulo Brayan Medan Health Center. The time of this research was carried out from March 2024 to August 2024. The number of participants in this study was 8 people. The research data were collected through in-depth interviews with participants and analyzed thematically. The results of the study consisted of 3 themes, namely: (the level of knowledge of the elderly about hypertension), (the source of information about hypertension), (the obstacles of the elderly in the non-adherence of taking hypertension medication. In this study, it was found that the perception of the elderly about hypertension at Pulo Brayan Health Center was often wrong. This is due to the lack of education related to hypertension so that the elderly have limited knowledge and the lack of desire of the elderly to seek information related to hypertension, there are still some elderly who often ignore treatment for hypertension they experience. lack of compliance in handling hypertension and the elderly's understanding of the importance of routinely taking hypertension medication.

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1. INTRODUCTION

Hypertension is a condition where the systolic blood pressure is more than 120 mmHg and the diastolic pressure is more than 80 mmHg. High blood pressure or Hypertension is an increase in blood pressure in the arteries. In general, hypertension is an asymptomatic condition, where abnormally high pressure in the arteries leads to an increased risk of stroke, aneurysm, heart failure, heart attack and kidney damage. In isolated systolic hypertension, the systolic pressure reaches 140 mmHg or more, but the diastolic pressure is less than 90 mmHg and the diastolic pressure is still within the normal range. This hypertension is often found in the elderly. As we age, almost everyone experiences an increase in blood pressure. Cytolic pressure continues to increase until the age of 80

years and diastolic pressure continues to increase until the age of 55-60 years, then decreases slowly or even decreases dramatically⁸. Elderly people who experience hypertension disorders can affect the balance of the elderly body. The higher the age of the elderly, the more susceptible the posture will be to poor balance of the elderly. (Kurniawan and Sulaiman, 2022).

According to World Health Organization (WHO) data in 2019, approximately 1.13 million people worldwide suffer from high blood pressure, which is particularly prevalent in low-income countries. Low levels of education, knowledge, and income, as well as low access to health education programs, mean that residents of low-income countries have poor knowledge about hypertension. This increase is mainly due to the increasing risk factors for hypertension in the community. The highest prevalence of hypertension in the elderly is in Africa (27%), while the lowest prevalence of hypertension in the elderly is in America (18%). Indonesia is the fifth country with the highest number of people with hypertension (WHO, 2019). Hypertension is a chronic, non-communicable disease and is increasing every year (Hikmawati & Pelu, 2022). According to the Ministry of Health, factors that influence the development of hypertension are divided into two large groups: risk factors that cannot/cannot be changed, such as gender, age, and genetics, and factors that can or may be changed. Diet (junk food, sodium intake, fat intake, coffee intake), exercise habits, smoking, sleep patterns, obesity, and ongoing stress. Hypertension if detected early and not treated properly will affect the entire organ system and ultimately reduce life expectancy by 10-20 years (Sakti, 2024)

The estimated number of people with hypertension in Indonesia is 63,309,620 people and the death rate due to hypertension is 427,218 people. Hypertension occurs in the following age groups: 31-44 years (31.6%), 45-54 years (45.3%), and 55-64 years (55.2%). The prevalence of hypertension was 34.1%, of which 8.8% were diagnosed with hypertension, 13.3% were diagnosed with hypertension and did not take medication, and 32.3% were diagnosed with hypertension and regularly took medication. This shows that most people with hypertension do not know they have hypertension and therefore do not receive treatment (Ministry of Health of the Republic of Indonesia, 2019b). This leads to decreased muscle mass and strength, increased heart rate, increased body fat, and decreased brain function (Akbar et al., 2020).

The Indonesian Ministry of Health found that the prevalence of hypertension in North Sumatra is in 4th position at 5.52% compared to other provinces in Indonesia. The Ministry of Health of the Republic of Indonesia (Kemenkes RI) also noted that the prevalence of hypertension in Medan City was 4.97% and reached the highest position of 7,174 people (Kemenkes, 2020). Since hypertension is often asymptomatic or develops suddenly without previous symptoms, many elderly people do not realize that they have high blood pressure and it is too late to seek early treatment. Common symptoms experienced by older people with hypertension include headaches, shortness of breath, nosebleeds, and anxiety, and older people experience increased heart rate (Alhabeeb et al., 2023). Elderly people with hypertension usually do not seek medical help until additional complications occur, such as coronary heart disease, stroke, glaucoma, or kidney failure (Ariyati et al., 2020). If blood pressure continues to rise and is uncontrolled, it can damage the brain, heart, kidneys, eye retina, aorta, and even peripheral blood vessels (Frack and Adekola, 2020). Hypertension that is not treated and monitored regularly can cause decreased physical function and even disability in the elderly (Mahtiara et al., 2021).

Actions that can be taken to prevent complications of hypertension in the elderly and increase their productivity include providing health support. Support can also include education about hypertension. Treatment, healthy lifestyle changes (such as reducing stress, losing weight, reducing high sodium food intake, and stopping smoking and consuming alcohol). Increase physical activity in the elderly through exercise (Ati et al., 2023). As health workers, nurses also play an important role in implementing preventive measures, which can be achieved by monitoring blood pressure regularly in the elderly (Harnawati & Nisa, 2023). Hypertension occurs in elderly people as they age, but its severity varies by age. Physical changes that occur in the elderly include changes that begin at the cellular level and affect all organ systems in the body. Everyone has experiences an increase in blood pressure with age, and the risk of developing hypertension can also increase, decrease, or decrease significantly (Waryantini and Amelia, 2021). Hypertension is usually treated with drug therapy, but its use requires medical supervision so regular checks to the doctor require

patient patience. Perception is a cognitive process that uses the five senses to understand information and allows people to react differently to their environment and give it different meanings. Awareness of illness has a major impact on prevention efforts and health behavior decisions. People try to prevent disease, maintain health, and continue daily life on their own terms without the help of others. We need to lose weight to improve our ability to identify and detect disease, improve prevention efforts, and fight disease recurrence. Reduce salt intake, exercise regularly, reduce alcohol intake, stop smoking, and increase or reduce intake of fruits, vegetables and fatty foods. Older people need lifelong medication to lower blood pressure and prevent it from rising. We age to prevent organ damage (Kreutz et al., 2020). Improve the treatment process and achieve better conditions (Novianti et al., 2022). The hypertension treatment strategy that needs to be implemented is to implement an integrative and sustainable health program in the form of promotion, prevention, treatment and rehabilitation to overcome hypertension problems. The current focus is on prevention efforts in the form of support and prevention efforts, lifestyle modification and regular blood pressure monitoring are very important for the prevention of hypertension and are expected to reduce morbidity and mortality compared to the treatment and rehabilitation of hypertension (Tinambunan, AD, 2022).

Based on the above background, it can be concluded that previous studies conducted by several researchers only focused on the prevention and control of hypertension, while few studies investigated the perceptions of elderly people and Only a few studies discuss the understanding of cognition of elderly people. Controlling high blood pressure in hypertensive patients. Therefore, based on the background described above, the researcher decided to conduct a study on the perception of the elderly towards hypertension control at the Pro Burayan Health Center, a health facility frequented by the general public and the elderly that I am interested in.

2. RESEARCH METHOD

This research uses a descriptive type of qualitative research. Qualitative method is a method that focuses on a certain condition at a certain time. The data from this study were obtained through interviews which will be presented with qualitative descriptive analysis techniques to reveal things about the perceptions of the elderly in overcoming hypertension at the pulo brayan health center in Medan in 2024.

Samples in qualitative research are not called respondents but as sources or participants, informants and friends in research (Sugiyono, 2020). In this study, sampling techniques or determination of participants using purposive sampling. The number of participants in this study was 8 people. The research data were collected through in-depth interviews with participants and analyzed thematically. The results of the study consisted of 3 themes, namely: (the level of knowledge of the elderly about hypertension), (sources of information about hypertension), (obstacles for the elderly in not taking hypertension medication).

3. RESULTS AND DISCUSSIONS

In the results and discussion of this study, the demographic characteristics of participants involved 8 (eight) participants who had been interviewed by the researcher. Participants consisted of 62.5% women and 37.5% men. The majority of participants were aged 60-70 years as much as 50%, followed by participants aged 70-75 years as much as 25%, followed by participants aged 75-80 years as much as 25%. The majority of participants had an undergraduate education level of 50%, followed by an elementary education level of 12.5%, followed by a junior high school education level of 12.5%, and followed by a vocational education level of 25%. The majority of participants' occupations are housewives as much as 37.5%, pensioners as much as 25%, teachers as much as 37.5%,.

Table 1. Demographic Participants

Participant	Gender	Age	Education	Occupation
P1	F	60	Bachelor	Teacher
P2	F	60	Bachelor	Teacher
P3	M	70	Bachelor	Retired
P4	M	70	Bachelor	Retired
P5	F	80	Elementry	Housewife
P6	F	80	Middle School	Housewife
P7	M	75	High School	Teacher
P7	F	75	High School	Housewife

Source: processed by the author, 2024

Elderly Knowledge Level About Signs and Symptoms of Hypertension

The source of information for the elderly about hypertension, the obstacles of the elderly in carrying out hypertension treatment. Some statements that have been expressed by 8 participants, namely:

“You would feel dizzy and feel like you want to fall if you stand for a long time, sometimes you also take a nap for a while and it’s better and you don’t have to think too much about it” (participant 1). “Feeling dizzy also makes the body weak, well, our blood pressure rises, it feels like all our nerves are tense, so we can’t do anything else except sleep and take medicine, that’s all, deck” (participant 2). “oh yes, I ignored it because my mother often eats seafood foods such as shrimp, especially shrimp is delicious so I ate a lot, after that I felt dizzy” (participant 3) (participant 7) “yes, there is nothing, there is no headache, it’s just that the blood pressure is high but there are no complaints as usual, that’s why my mother sometimes wonders how come the blood pressure can be so high” (participant 4). “sometimes I feel chest pain, back pain, often dizzy too” (participant 5) (participant 8). “I feel dizzy and headache that’s all” (participant 6).

and continued with several explanations by other participants :

“The first treatment that mom did yesterday, my mother had bekam therapy, drank juice, took medicine, sometimes also went to the village treatment deck” (Participant 3). “the handling or treatment that the mother has done while experiencing hypertension is just taking regular medication, improving diet, getting enough rest, not thinking too much” (participant 4). “the treatment that my mother has done so far, besides seeking treatment at the hospital, there are also other treatments, yesterday I also did cupping therapy, continued to often drink cucumber juice and seek treatment, of course, deck, when it comes to traditional treatments, I don’t want to deck because yesterday the doctor recommended that if possible, don’t do village medicine, just deck” (participant 5). “The first treatment that the father does is just rest, take medicine, drink cucumber juice and star fruit juice, sometimes to relieve the pain the father asks to be massaged by the grandchildren” (participant 6).

The level of knowledge of the elderly about hypertension at Puskesmas Pulo Brayon Medan starting from signs and symptoms, transmission is sufficient. However, the level of knowledge of the elderly in how to prevent and treat it is still lacking and there are still some participants who say that they often ignore this hypertension disease due to lack of knowledge of the hypertension disease they experience. . This is in line with research (Fransisca & Hayu, 2020) Lack of knowledge will affect hypertensive patients to be able to overcome relapse or prevent complications from occurring. Knowledge is the result of human sensing, or the result of someone knowing an object from his senses. In the age range of the elderly, the possibility of intelligence and the ability to accept or remember will decrease. This is because most elderly hypertensive patients live in rural areas and their education is still low. Low education in elderly hypertension patients affects the level of knowledge about hypertension disease properly. Knowledge is closely related to education. However, it needs to be emphasized that a person with a low education does not necessarily have

low knowledge. Low education in elderly hypertensive patients affects the level of knowledge about hypertension disease properly. Knowledge is closely related to education. However, it needs to be emphasized that a person with low education does not necessarily have low knowledge.

The lack of knowledge of elderly hypertensive patients leads to poor habits in terms of hypertension treatment. The elderly still consume excess salt, the habit of drinking coffee is an example of how the wrong habits are still implemented. Insufficient knowledge and habits that are still inappropriate in elderly hypertension can affect the motivation of the elderly in efforts to prevent hypertension.

Elderly Information Sources about Hypertension Disease

Elderly information sources about information availability. The availability of information can increase the knowledge of the elderly about hypertension, this situation will have an impact on the behavior of the elderly in caring for themselves (Apsari, 2022).

“No, deck, I recently went to the health center for treatment, you can say it’s only been 5 days because I was just discharged from the hospital, and even then it was because a relative told me.” (participant 2). “ohh iyah, I have participated in the posyandu for the elderly deck, it is every month, sometimes the mother also does not come, because she forgot, the mother is old hehehehehh” (participant 4). “No deck, because yesterday the doctor recommended that you follow the elderly posyandu, but you are not allowed to do village medicine like that deck” (participant 5). “I participated in education like that yesterday, son, but I forgot.” (participant 6) “I found out the information myself from the internet, then went to the health center and was recommended to follow the elderly posyandu deck” (participant 7) (participant 8). “Family support is good, all of my children are married. There is only one unmarried one who is close to my mother, but he now lives in a boarding house because he works so he rarely comes home. My son works at the hospital too, just like you” (participant 5) (participant 7) (participant 8) “yes, sist, I am grateful because the family still loves, cares about the old father who is also sickly hemmm” (participant 6).

In this study, it is known that the source of information obtained by participants is from elderly posyandu education, and sources of information from neighbors. This is in line with research (Ministry of Health, 2021), stating that most people consider hypertension to be common in the elderly, so the majority of people underestimate this disease. Elderly people who have become vulnerable, need to get attention to their health, so that they remain healthy and have a long life expectancy, do not depend on family, and can live independently. Thus, examination is very important for the elderly in health services, especially in the elderly posyandu. Integrated service post (posyandu) is one form of Community-Sourced Health Efforts (UKBM) which is managed and organized from, by, for and with the community in providing health coaching, and basic health services for the elderly, Health services at the elderly posyandu include physical and mental emotional health checks which are recorded and monitored with a card towards healthy (KMS), to find out early the disease suffered or the threat of one of the health faced. The objectives of the elderly posyandu include improving the health status of the elderly who are healthy, independent, active, productive, and useful for the family and society.

Most of the elderly at the pulo brayan health center knowledge is obtained from sources of information from health workers, the internet, family or peers, The availability of information about hypertension and its treatments available can affect client motivation. The availability of information that can be accessed by clients either from home or in health services so as to increase client understanding. A good understanding will improve client behavior in caring for themselves. The results of the study of hypertensive clients have obtained information from various sources. both from family, health workers and social media. The availability of information can increase client knowledge about hypertensive disease.

Constraints for the elderly in the non-adherence of taking hypertension medication

Non-compliance with taking medication in the elderly. Elderly people with hypertension are not compliant in taking medication This was expressed by 6 participants, namely:

“Not routinely, I mostly drink juice because if I keep taking medication, I get bored and the medicine is bitter” (participant 1), (participant 3) “No, because I get bored, plus the medicine is bitter, it’s useless to drink it because I end up vomiting it out anyway” (participant 5) (participant 7) “Not too routinely, because I’ve resigned myself to the life I’m living now” (participant 6) (participant 8)

In this study, it was found that there are still some elderly people who often ignore taking their hypertension medication regularly. This is in line with research (Wirakhmi, 2021), stating that non-compliance with taking antihypertensive medication in patients is one of the main factors in therapy failure so that hypertension can cause the highest mortality in Indonesia, so that hypertensive patients can undergo other therapies such as pharmacological therapy with the use of antihypertensive drugs. A person's compliance with the use of medication affects the success of treatment therapy. Non-compliance with the use of antihypertensive drugs can have very large negative effects, such as complications. Compliance with taking medication is the biggest factor that affects blood pressure balance. Compliance with taking medication for treatment is an important factor in the continued health and well-being of hypertensive patients.

The condition would have an impact on the client's behavior in caring for themselves. The results of this study are in line with the results of other previous studies which explain that there is a relationship between knowledge and compliance with taking medication in hypertensive clients (Apsari, 2022). This is a challenge for the elderly who experience hypertension and their families to be able to maintain the motivation to adhere to the medication schedule for years. One thing that increases the motivation of the elderly is through family support. Family support has an influence on controlling hypertension and compliance in taking medication in elderly people with hypertension (Nita, 2018).

4. CONCLUSION

The research on the perception of the elderly in dealing with hypertension at the Pulo Brayon Health Center finally obtained several conclusions that can be understood, including; In this study, it was found that the perception of the elderly about hypertension at the Pulo Brayon Health Center is often wrong. This is due to the lack of education related to hypertension so that the elderly have limited knowledge and the lack of desire of the elderly to seek information related to hypertension.

It was found that the elderly at the Pulo Brayon Health Center obtained more information through the elderly posyandu, information from neighbors and the internet. However, there are still some elderly who often ignore the treatment for their hypertension. The Pulo Brayon Health Center experienced obstacles in routinely taking hypertension medication. Where the obstacles experienced by the elderly in taking medication were the lack of compliance in handling hypertension and the lack of understanding of the elderly regarding the importance of routinely taking hypertension medication. The level of knowledge of the elderly about the signs and symptoms of hypertension was sufficient and the service facilities at the Pulo Brayon Health Center were very good and satisfactory.

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