

Improving Healthy Behavior In Youth To Prevent Hypertension

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Abstract:

The health cadre group at the junior high school level is a group of early adolescents who have psychological characteristics in the form of anxiety, conflict, imagining, group activities and the desire to try something new, so that this group of early adolescents can receive correct information so that they can increase efforts to behave in a healthy life. This teenager has high curiosity, then explores everything and tries everything he has never received, especially the prevention of hypertension. The purpose of this community service is to improve the healthy life behavior of school health cadres as an effort to prevent hypertension. The method used is training with a target of 50 students of school health cadres in East Surabaya Junior High School. Based on the results of the pre-test and post-test assessments, it is known that almost all health cadres (98%) have increased scores, and 2% have fixed scores. The difference between the post-test and pre-test results ranged from 0-34 points. The skills of school health cadres were assessed through assignments to identify the healthy behavior of those closest to them, the results showed that more than 76% of someone identified as having a habit of eating a balanced diet consisting of carbohydrates, vegetables, fruit and side dishes, getting enough rest as much as 70%, but also getting 60 % of their families smoke in the house, play a lot with gadgets by 54% and if there are problems, they are discussed with parents by 68%. Empowerment carried out through health cadres is one way to anticipate the increase in hypertension in adolescents.

Keywords: Healthy behavior, Hypertension, Teenager

Abstrak:

Kelompok kader kesehatan di tingkat SMP merupakan kelompok remaja awal yang memiliki karakteristik psikologis berupa kegelisahan, pertentangan, mengkhayal, aktivitas kelompok dan keinginan mencoba sesuatu yang baru, sehingga kelompok remaja awal ini dapat menerima informasi yang benar sehingga dapat meningkatkan upaya untuk berperilaku hidup sehat. Remaja ini memiliki rasa ingin tahu yang tinggi (high curiosity), kemudian menjelajah segala sesuatu dan mencoba segala sesuatu ilmu yang belum pernah diterimanya, terutama pencegahan penyakit hipertensi. Tujuan dari pengabdian kepada masyarakat ini adalah Meningkatkan perilaku hidup sehat kader kesehatan sekolah sebagai upaya pencegahan hipertensi. Metode yang digunakan adalah pelatihan dengan sasaran 50 siswa kader kesehatan sekolah di SMP Surabaya Timur. Berdasarkan hasil penilaian pre tes dan pos tes diketahui bahwa hampir seluruh kader kesehatan (98%) nilainya mengalami kenaikan, dan 2% yang memiliki nilai tetap. Selisih hasil pos tes dan pre tes berkisar antara 0-34 poin. Keterampilan kader kesehatan sekolah dinilai melalui penugasan untuk mengidentifikasi perilaku sehat orang terdekat, didapatkan hasil bahwa lebih 76% seseorang yang diidentifikasi memiliki kebiasaan mengonsumsi makanan seimbang yang terdiri dari karbohidrat, sayur, buah dan lauk pauk, istirahat cukup sebanyak 70%, namun didapatkan pula 60% keluarganya ada yang merokok di dalam rumah, banyak bermain gadget sebesar 54% dan jika ada permasalahan dibicarakan dengan orang tua sebesar 68%. Pemberdayaan yang dilakukan melalui kader kesehatan merupakan salah satu cara mengantisipasi peningkatan hipertensi pada remaja.

Kata kunci: Perilaku sehat, Hipertensi, Remaja

I. LATAR BELAKANG

Problems that can be identified in the partner group are unhealthy behavior of adolescents and lack of knowledge related to hypertension prevention efforts that can be anticipated and carried out since adolescence. This problem is in accordance with the data from Riskesdas in 2018 which shows that the unhealthy behavior of adolescents is indicated by the data on the proportion of fruit/vegetable consumption that is less in the population > 5 years which has increased from 93.5% to 95.5%. The 2016 SIRKESNAS (National Health Indicator Survey) data shows that the smoking rate at the age of <20 years in Indonesia is 11.1%. The results of Riskesdas and SIRKESNAS show that the healthy behavior of the adolescent group is not good, so they are at risk for diseases including hypertension. The prevalence of hypertension at age <

20 years from the 2016 SIRKESNAS (National Health Indicator Survey) results based on the results of blood pressure measurements is 10.7%.¹

The health cadre group at the junior high school level is a group of early adolescents who have psychological characteristics in the form of anxiety, conflict, imagining, group activities and the desire to try something new, so that this group of early adolescents can receive correct information so that they can increase efforts to behave in a healthy life. This teenager has high curiosity, then explores everything and tries everything he has never received, especially the prevention of hypertension.

A school health cadre is every person chosen by the school who is trained and assigned to assist in efforts to improve health, especially efforts to prevent disease and promote health. Health services have the aim of developing the ability and skills of healthy living

behavior, preventing disease, stopping the disease process, increasing the body's resistance of students and preventing complications due to disease. School Health Efforts are a vehicle for teaching and learning to improve the ability to live healthy, thereby increasing the harmonious and optimal growth and development of students, in order to become qualified human resources. Health education is also directed at getting used to living a healthy life in order to have the knowledge, attitudes, skills to implement the principles of healthy living, and actively participate in health efforts both in the school environment, in the household environment and in the community environment.

Health services can be provided comprehensively by prioritizing promotive and preventive activities. Efforts to prevent hypertension cases can be carried out through the Usaha Kesehatan Sekolah (UKS) approach, not only through people who already have hypertension. The school cadre group has the potential to developed in order to apply healthy living behavior from an early age. The UKS in schools has a Healthy Life Skills Education (PKHS) program, so it is possible to empower groups of school health cadres to improve healthy living behavior as an effort to prevent hypertension. This empowerment is an intervention at the promotive and preventive levels. The empowerment group that carries out community service is a team in Community Nursing who has competence in accordance with their scientific field. The intervention is in accordance with the level of prevention comprehensively at the promotive and preventive levels in groups or aggregates of adolescents at school institutions, so that in accordance with the purpose of this community service, it is to improve the healthy life behavior of school health cadres before and after empowerment in order to prevent hypertension in adolescents.

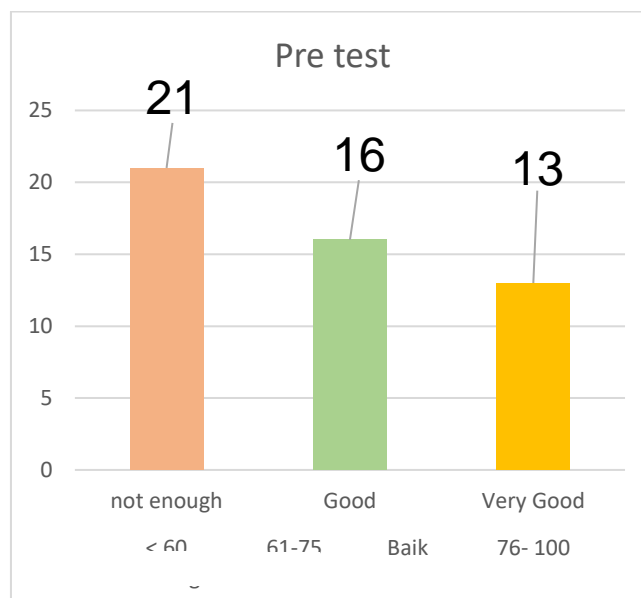
II. METODE

The method used in community service is training as a form of empowerment for health cadres in schools. The training is conducted online for 4 days for 2 days and face-to-face is limited for 2 days for evaluation. The number of participants is 50 students from 6 junior high schools in the East Surabaya area which has been determined based on the Sub-Rayon. Before giving the material, a pre-test was carried out. After giving the material through the zoom room, participants were given an assignment to identify healthy behavior to other people, namely relatives, friends or neighbors through the healthy behavior instrument that has been provided. On the following day, each participant presented the results of their identification and discussed it with other participants. The post test was carried out after giving the material on the 2nd day. The media used were material in the form of power points, modules and instruments to identify healthy behavior.

III. HASIL DAN PEMBAHASAN

The first day was the opening, then a pre test was conducted. The results of the pre test as the lowest score 47, the highest score 87 (data attached). If the assessment is based on categories, it can be seen that

almost half of the students who scored less were 21 people (42%), and a small proportion of cadres scored very well, namely 13 people (26%). Diagrammatically it can be seen as follows:

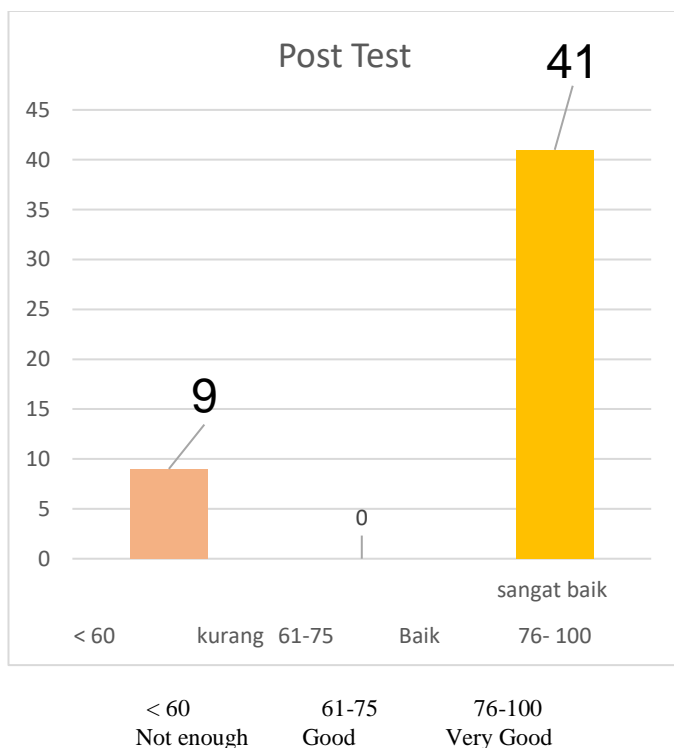


The implementation of the activity on day 2, is that each student of the health cadre conveys the results of his interview and determines whether what the identified person does is healthy or unhealthy behavior and explains it according to the material that has been obtained on the first day. Almost all health cadres are able to correctly state what has become their duty. The data on the results of student identification, seen from the gender characteristics are 17 men and 33 women. Based on age, the lowest identified healthy behavior was 12 years old, the highest was 23 years old. The results of the identification of healthy behavior by school health cadres can be seen in the following table:

No	Statement	Choice	
		Yes (%)	No (%)
1	One of the family members has hypertension	36	64
2	Likes fast food	60	40
3	The daily food menu consists of rice/bread, vegetables, side dishes, fruit	76	24
4	Likes instant food without added vegetables, side dishes and fruit	54	46
5	Family smoking in the house	38	62
6	One of the family members is a smoker	60	40
7	Exercise a week 3-5 times	48	52
8	More time is spent playing gadgets	54	46
9	Night sleep from 21.00-22.00	70	30

No	Statement	Choice	
		Yes (%)	No (%)
10	Addressing problems faced by parents	68	32
11	It's better to confide in a friend if there is a problem	54	46
12	If there is a problem, solve it yourself	64	36

The results based on the table above show that more than 76% of people identified as having a habit of eating a balanced diet consisting of carbohydrates, vegetables, fruits and side dishes, getting enough rest as much as 70%, and if there are problems discussed with parents by 68%. However, the data also found that 60% liked fast food, 60% of their families smoked in the house, and 54% played a lot of gadgets. The results of the post-test were as follows: almost all health cadres (98%) had an increase in their scores, and 2% had fixed scores. The lowest score in the post-test was 53, the highest score was 100. The difference between the post-test and pre-test results ranged from 0-34. The category of knowledge assessment about healthy behavior in health cadres showed that almost all (82%) scored very well, but there were still some who scored less with a very small percentage (18%). The post test result chart is as follows:



This evaluation is a consolidation of the material from the first day and the results of the test post, namely by digging back the knowledge of health cadres, especially to students who have low grades and fixed grades. Through this evaluation, it is expected to improve the knowledge and skills of school health cadre

students well. The results of the verbal evaluation are very good.



Gambar 1: discussion session

IV. PEMBAHASAN

Based on the results of empowerment with the training method, it can be seen based on the results of the pre-test and post-test. Increased knowledge obtained by school health cadres shows that students have a high interest in receiving information on healthy behavior that can prevent hypertension in the future. The training carried out is one part of an educational effort in which there is a process of changing the attitudes and behavior of a person or group and also an attempt to mature a person. Middle school age is the age of growth and development and high curiosity for information. A person's knowledge affects his perspective on something, and makes it easier to accept / adopt positive behavior. Knowledge is influenced by several factors including education, media and information exposure³.

During the presentation of the material by the resource person, the participants listened diligently and enthusiastically. After the speakers finished delivering the material, a question and answer forum was opened about the material that had been delivered.

The form of skills expected in this community service activity is the ability of health cadres to identify healthy behavior to others. The general result is what often happens in families and communities about behaviors that have a risk of developing hypertension⁵, if these behaviors are not controlled. Skill is the ability to do something well, namely the practical ability to apply theoretical knowledge in certain situations. The process of changing one's skills involves the following, namely perception, readiness, guided response, mechanisms, responses that seem complex, adjustment and creation, so that the skills gained in this service are the ability to identify healthy and unhealthy behaviors.

Increased knowledge and skills of school health cadres cannot be separated from the motivation and monitoring of their accompanying teachers, besides that these cadres already have good principles and potential because they have become members of the School Health Business and the Youth Red Cross (PMR)

V. KESIMPULAN

Knowledge about healthy behavior as an effort to prevent hypertension in adolescents there is an increase

between before and after empowerment activities. Skills to identify healthy behavior can be carried out by health cadres and can determine that there is healthy behavior and unhealthy behavior. It is recommended to school institutions and school health cadres to continue disseminating information to peers or schools as well as in the neighborhood where the health cadres live

DAFTAR PUSTAKA

1. Survei Indikator Kesehatan Nasional. 2016 <https://www.litbang.kemkes.go.id/riset-nasional-badan-litbangkes/>
2. Nurrahman & Armiyati. 2017. Optimalisasi status kesehatan remaja melalui pelatihan kader remaja peduli kesehatan [https://jurnal.unimus.ac.id > index.php > psn12012010 > article > download](https://jurnal.unimus.ac.id/index.php/psn12012010/article/download), diakses 31 Maret 2020
3. Latipun, 2001. Psikologi Konseling, Malang: UMM Press
4. Notoatmodjo, 2010 *Promosi Kesehatan Teori & Aplikasi* Edisi Revisi Penerbit Rineka Cipta
5. Linda Siti Rohaeti, dkk. 2018. Buku KIE Kader Kesehatan Remaja. Indonesia. Direktorat Jenderal Kesehatan Masyarakat. Kementerian Kesehatan RI