

Descriptive Study of Diet of Elderly with Hypertensive Disease At Kepadangan Health Center

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ABSTRACT

Hypertension is a non-communicable disease that is often found in the community and causes high morbidity. Hypertension is a continuous increase in blood pressure so that it exceeds normal limits. Hypertension has become a global problem because of its prevalence that continues to increase from year to year. Hypertension can occur in anyone, both men and women. The risk of developing hypertension will increase at the age of 60 years and over because blood naturally tends to increase with age. This study aims to determine the descriptive study of the diet of the elderly with hypertension at the Kepadangan Health Center. This study used a descriptive method approach using questionnaires developed by researchers to determine diet. In this study using simple random sampling, each member of the population has the same opportunity to be selected as a sample according to sample criteria. The results showed that of the 40 elderly with hypertension at the Kepadangan Health Center, most were in the age category of 60-74 years, namely as many as 35 people (87.5%) out of 40 people. Diet is not the main factor causing hypertension because increasing age, especially the elderly, will experience a decrease in organ function. The number of elderly has a balanced result between the elderly with a bad diet and a good diet. Diet also determines health for the body. High blood pressure in the elderly can be caused by dietary factors.

Keywords: Diet, Elderly (elderly), Hypertension

INTRODUCTION

According to WHO (World Health Organization) Hypertension is a non-communicable disease that is often found in the community and results in high morbidity. This disease can trigger various other chronic diseases so that treatment must be done immediately before complications and other adverse consequences occur. Hypertension can occur in anyone, both men and women. The risk of developing hypertension will increase at the age of 60 years and over because blood naturally tends to increase with age. Hypertension can attack almost all groups of people around the world and will continue to grow from year to year. Hypertension is still a health problem in the elderly group (Roza Agustin, 2019).

According to the World Health Organization (WHO), 2019 shows almost half of heart attack cases are driven by high blood pressure. Based on WHO data in Non-Communicable Disease Country Profiles, the prevalence of hypertension in the world as a whole reaches 55% in the elderly. Meanwhile, in Asia it is estimated that 40% of people suffer from hypertension. Indonesia is a

country with a greater prevalence of hypertension when compared to other Asian countries such as Bangladesh, Korea, Nepal, and Thailand. Indonesia has a fairly high number, which is 15% of Indonesia's 230 million population, prevalence of hypertension in Indonesia as large as 36,3%.

Based on existing theories, the causes of hypertension can be divided into 2, namely essential hypertension (primary) and secondary hypertension (Joint National Committee on Prevention Detection, Evaluation, and Treatment of High Pressure, 2019). The elderly is someone who has entered the age of 60 and over (Wiliyanarti, Pipit Festi Kurniawati, Lusinta Dwi Marini, 2019). One of the most often experienced by the elderly is hypertension. In the elderly, the condition of the body will decrease and many complaints occur. The elderly are more susceptible to disease, because with increasing age it will experience a decrease in organ function. The dietary needs of the elderly are not balanced so that the elderly can experience a decrease in physical condition (Adam, 2019).

Diet is an important factor that determines blood pressure in the elderly. Diet in hypertensive elderly must be maintained properly, good food consumed by the elderly who suffer from hypertension is eating foods that do not contain much high sodium, one of which is (table salt). Efforts to reduce the rise in blood pressure can be done by pharmacological or drug and non-pharmacological means or regulating the diet schedule of the elderly. A good diet for people with hypertension is to avoid foods that are high in saturated fat, foods processed using sodium salt, preserved foods, ready meals and multiply high-fiber foods such as fruits and vegetables that contain potassium and calcium. Based on the background above and the description of the problem, the author is interested in researching more about "Descriptive Study of Diet of the Elderly with Hypertensive Disease at the Kepadangan Health Center".

No	Gender	F	(%)
1.	Male	14	35%
2.	Female	26	65%
Amount		40	100%

METHOD

This research is a descriptive research with quantitative design. The population is elderly with hypertension at the Kepadangan Health Center which amounts to 40 people on February 23 – March 1, 2023. While the number of respondents as many as 100 respondents by random sampling each member of the population has the same

No	Family history	F	(%)
1.	Had	20	50%
2.	None	20	50%
Amount		40	100%

opportunity to be selected as a sample according to sample criteria. The instrument used is the FFQ (*Food Frequency Method*) questionnaire to determine the diet of the elderly in a certain period. The data collection method uses questionnaires through paper in which there are informed consent sheets and FFQ (*Food Frequency Method*) questionnaire sheets and then distributed to respondents. Then the data are analyzed univariately and presented in a frequency distribution.

RESULT

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Tabel 1
Distribution of elderly with hypertension based on age

No	Age Range	F	(%)
1.	60-74	35	87,5 %
2.	75-90	5	12,5 %
Amount		40	100 %

Source: Primari data 2023

In table 1, it can be seen that of the 40 elderly with hypertension at the Kepadangan Health Center, most of them are in the age category of 60-74 years, namely as many as 35 people (87.5%) out of 40 people.

Tabel 2
Distribution of elderly with hypertension based on gender

Source: Primary data 2023

In table 2, it can be seen that of the 40 elderly with hypertension at the Kepadangan Health Center, most of them are female, which is 26 people (65%) out of 40 people

Tabel 3
Distribution of elderly with hypertension based on family history

Source: Primary data 2023

In table 3, it can be seen that of the 40 elderly with hypertension at the Kepadangan Health Center, half have a family history of hypertension, which is 20 people (50%) and half have no family history of hypertension, which is as many as 20 people (50%) out of 40 people.

Data on respondents who have a good and bad diet can be seen in table 4 below:

Tabel 4
Distribution of elderly with hypertension based on diet

No	Diet	F	(%)
1.	Good	20	50%
2.	Bad	20	50%
Amount		40	100%

Source: Primary data 2023

In table 4, it can be seen that of the 40 elderly with hypertension at the Kepadangan Health Center, half of them have a bad diet, which is as many as 20 people (50%) and the next half have a good diet, which is as many as 20 people (50%) from 40 people.

DISCUSSION

Characteristics Of Theelderly With Hypertension

In the results of a study conducted as many as 40 elderly with hypertension at the Kepadangan Health Center, most of the elderly with hypertension who had a bad diet and a good diet with the age category of 60 to 74 years, namely as many as 35 elderly. From the results of a study conducted as many as 40 elderly people with hypertension at the Kepadangan Health Center, most of them with female gender. From the results of a study conducted as many as 40 elderly people with hypertension, had a balanced number of family history data with hypertension.

Elderly Diet with Hypertension

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A good diet is a good diet that is by eating foods that can prevent hypertension in the elderly. Food ingredients that can prevent hypertension in the elderly are food yang mengandung zat gizi dari makanan yang beraneka ragam, terdiri dari zat tenaga, zat pembangun dan zat pengatur. A bad diet is a bad diet that is eating foods that trigger hypertension in the elderly are foods high in cholesterol, foods high in sodium, preserved foods and milk and processed.

The results of the study showed that the diet that is often consumed by the elderly for the staple type of food is the most rice and corn. The most common side dishes are tofu, tempeh, eggs, chicken, sea fish, anchovies / salted and fresh fish. The most abundant vegetables are spinach, kale, cassava leaves and string beans. The most abundant fruits are bananas and papayas. The most milk is milk powder. The most snacks are crackers, fried foods, boiled sweet potatoes and biscuits then

the last for other types the most is salt, sugar and syrup (B et al., 2021)

Based on the results of the study, researchers assume that the elderly with hypertension who have a bad diet. From the diet category of elderly patients with hypertension, elderly respondents with hypertension at the Kepadangan Health Center had balanced results between bad diet and good diet. This can be influenced by characteristic data in the elderly with hypertension, including:

Elderly with hypertension who have a family history of hypertension better understand how to maintain daily diet while elderly with hypertension who do not have a family history of hypertension still do not understand how a good diet is consumed for people with hypertension, especially the elderly. Researchers assume that the solution to a bad diet is to make a diet rich in fruits, vegetables, reduce sodium intake, low fat and cholesterol can lower blood pressure. While the solution for the elderly with a good diet is to keep paying attention to the portion of food, which is not too full should be porsi makan lebih sering dengan porsi kecil kemudian mengolah makanan dengan cara dikukus, direbus, atau dipanggang. Banyak minum dan kurangi garam, dengan banyak minum dapat memperlancar pengeluaran sisa makanan, dan menghindari makanan Being too salty will lighten the work of the kidneys and prevent the possibility of high blood pressure.

CONCLUSION

Based on the results of the discussion that has been presented in the research obtained at the Kepadangan Health Center, which is as follows:

1. Diet is not the main factor causing hypertension because increasing age, especially the elderly, will experience a decrease in organ function. The risk of developing hypertension will increase at the age of 60 years and over because blood naturally tends to increase with age.
2. The number of elderly has a balanced result between the elderly with a bad diet and a good diet. Diet also determines health for the body. High blood pressure in the elderly can be caused by dietary factors.

SUGGESTION

Based on the results of the conclusions above, several suggestions can be proposed, including:

1. For the community
Advice to the community, especially the elderly, to diligently control blood pressure in health services and maintain a diet by not consuming high-sodium and fatty foods.
2. Share research sites

It is expected to be used as a reference in education on the diet of the elderly with hypertension at the Kepadangan Health Center so as to improve the quality of life of patients.

3. For nurses
It is hoped that the results of this research can be used as an addition to nursing science and provide health education about a good diet in people with hypertension, especially the elderly at home.
4. For nursing education institutions
It is hoped that the results of this study will become a study and library source for nursing science so that nursing students have a good understanding of the diet of the elderly with hypertension.
5. For researchers
As a study material researchers in increasing knowledge about the diet of the elderly with proper hypertension at home, as well as being an evaluation during the research conducted

REFERENCES

- Abdillah, S. W. (2021). Asuhan Keperawatan Gerontik Pada Tn. J Dengan Diagnosis Medis Low Back Pain Di Dsn. Bendungan Kecamatan Lakarsantri Surabaya. *Pesquisa Veterinaria Brasileira*, 26(2), 173–180. <http://www.ufrgs.br/actavet/31-1/artigo552.pdf>
- Adam, L. (2019). Determinan Hipertensi Pada Lanjut Usia. *Jambura Health and Sport Journal*, 1(2), 82–89. <https://doi.org/10.37311/jhsj.v1i2.2558>
- Adiputra, I. M. S., Trisnadewi, N. W., Oktaviani, N. P. W., & Munthe, S. A. (2021). *Metodologi Penelitian Kesehatan*.
- Astarini, M. I. A., Tengko, A. L., & Lilyana, M. T. A. (2021). Pengalaman Perawat Menerapkan Prosedur Keselamatan Pada Klien Lanjut Usia. *Adi Husada Nursing Journal*, 7(1), 5. <https://doi.org/10.37036/ahnj.v7i1.195>
- Atikah Proverawati, S. M. (2011). *Ilmu Gizi untuk Keperawatan & Gizi Kesehatan*. Yogyakarta: Nuha Medika.
- B, H., Akbar, H., Langingi, A. R. C., & Hamzah, S. R. (2021). Analisis Hubungan Pola Makan Dengan Kejadian Hipertensi Pada Lansia. *Journal Health & Science: Gorontalo Journal Health and Science Community*, 5(1), 194–201. <https://doi.org/10.35971/gojhes.v5i1.10039>
- Berkawan, Lembunai Tat Alberta, Kastubi, M. B. (2012). Hubungan Pola Konsumsi Natrium Dengan Kejadian Hipertensi. *Jurnal Keperawatan*, V(3), 126–130.
- Dinas Kesehatan Provinsi Jawa Timur. (2021). Profil Kesehatan Dinas Kesehatan Provinsi Jawa Timur 2021. *Dinas Kesehatan Provinsi Jawa Timur*, tabel 53.
- Dwisetyo, B., & Baco, N. H. (2022). Pengantar Keperawatan Gerontik dengan Pendekatan Asuhan Keperawatan. In *Drestanta Pelita Indonesia Press*. <http://badanpenerbit.org/index.php/dpipress/article/download/9/7>
- Dr. Ahmad Jauhari, N. N. (2015). *Nutrisi dan Keperawatan*. Yogyakarta: Jaya Ilmu.
- Emi Inayah Sari Siregar. (2022). Systematic Review Hubungan Pola Makan Dengan Kejadian Hipertensi Pada Lansia. *Jurnal Ilmiah PANNMED (Pharmacist, Analyst, Nurse, Nutrition, Midwifery, Environment, Dentist)*, 17(1), 202–209. <https://doi.org/10.36911/pannmed.v17i1.1296>
- Fadila, E., & Solihah, E. S. (2022). Literature Review Pengaruh Senam Lansia Terhadap Penurunan Tekanan Darah Pada Penderita Hipertensi. *Malahayati Nursing Journal*, 5(2), 462–474. <https://doi.org/10.33024/mnj.v5i2.6032>
- Huda, M. (2019). *Gambaran Pola Makan pada Pasien Hipertensi di Wilayah Kerja Puskesmas Air Putih Samarinda*.
- Janu Purwono1, Rita Sari2, Ati Ratnasari3, A. B. (2020). Pola Konsumsi Garam Dengan Kejadian Hipertensi Pada Lansia. *Jurnal Wacana Kesehatan*, 5(1), 531. <https://doi.org/10.52822/jwk.v5i1.120>
- Kemendes RI. (2018). Hasil Riset Kesehatan Dasar Tahun 2018. *Kemendagri Kesehatan RI*, 53(9), 1689–1699.
- Moch Bahrudin, Tanty Wulan Dari, Siti Maimuna, Titik Sumiatin, Wahyu Tri Ningsih, S. (2022). Pemberdayaan Kader Kesehatan Dalam Deteksi Dini Penyakit Jantung Koroner Pada Masa Pandemi Di Desa Kedungringin Kec. Beji Kabupaten Paasuruan. *Jurnal Pengabdian Masyarakat Kesehatan Stikes Pemkab Jombang, VIII(Mi)*, 5–24.
- Najah, H. (2020). Faktor Risiko Hipertensi. *Politeknik Kesehatan Kementerian Kesehatan Jurusan Keperawatan Samarinda*, 4(1), 1–9.
- RI, K. (2021). Profil Kesehatan Indonesia 2020. In *Kemendagri Kesehatan RI (Vol. 48, Issue 1)*. <https://doi.org/10.1524/itit.2006.48.1.6>
- Roza Agustin. (2019). Hubungan Pola Makan Dengan Kejadian Hipertensi Pada Lansia Di Puskesmas Lubuk Buaya Tahun 2019. *Carbohydrate Polymers*, 6(1), 5–10.
- Rusiani, H. (2017). Gambaran Pola Konsumsi Pada

- Lansia Penderita Hipertensi. *Skripsi, April*, 1–63.
- Sukiman, C. A. (2021). Peningkatan Pengetahuan Lanjut Usia dalam Upaya Pencegahan covid-19 di Desa Sidorejo. *Indonesian Journal of Community ...*, 3, 1–6. <http://www.libnh.stikesnh.ac.id/index.php/community/article/view/431%0Ahttp://180.178.93.169/index.php/community/article/view/431>
- Sunita Almatsier, S. S. (2011). *Gizi Seimbang dalam Daur Kehidupan*. Jakarta: PT Gramedia Pustaka Utama.
- Trisanto, A. (2020). Dukungan Kesehatan Jiwa Dan Psikososial (Dkjps) Dalam Pelayanan Sosial Lanjut Usia Pada Masa Pandemi Covid-19. *Sosio Informa*, 6(2), 205–222. <https://doi.org/10.33007/inf.v6i2.2348>
- Wiliyanarti, Pipit Festi Kurniawati, Lusinta Dwi Marini, G. (2019). Hubungan Karakteristik Keluarga, Pengetahuan Dan Selfcare Pada Pola Makan Lansia Hipertensi. *Jurnal Keperawatan Muhammadiyah*, 4(2), 0–6. <https://doi.org/10.30651/jkm.v4i2.3744>
- Yuliarti, N. (2009). *A To Z Food Supplement*. Yogyakarta: C.V Andi Omset.