



## CADRE EMPOWERMENT PROGRAM FOR HYPERTENSION PREVENTION IN VILLAGE JUBEL, BANTUR VILLAGE, BANTUR DISTRICT

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### ARTICLE HISTORY

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### ABSTRACT

**Introduction:** Hypertension is the highest degenerative disease in Malang Regency and the second rank in East Java Province. One effort that is sufficient is to apply the Health Belief Model to predict and explain variations in healthy living behavior. This study aims to determine the effectiveness of the cadre empowerment intervention program in preventing hypertension

**Method:** This research was conducted in January - February 2022 using a quasi-experimental research design using a two-group pretest-posttest design with a control group design with a sample of 12 cadres with a total sampling technique

**Results:** The results of this study indicate that the cadre empowerment program before the intervention (pre-test) was mostly adequate, after the intervention (post-test) most of the behavior was sufficient.

**Conclusion:** the cadre empowerment program showed effective test results because there was an increase from before and after the intervention.

**Keywords:** cadre empowerment intervention; hypertension; prevention

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## INTRODUCTION

Hypertension is a disease defined as a persistent increase in blood pressure (Ministry of Health RI Director General of P2P, 2021). Generally, a person is said to have hypertension if the blood pressure is above 140/90 mmHg. Hypertension is divided into two types, namely primary hypertension (essential) and secondary hypertension. Hypertension is triggered by several risk factors, such as genetic factors, obesity, excess sodium intake, dyslipidemia, lack of physical activity, and vitamin D deficiency (Dharmeizar, 2012).

Hypertension is still a fairly large health problem in the world, according to data from the World Health Organization (WHO) in 2020 there are 1.56 billion people in the world who have hypertension, according to the Ministry of Health, the estimated number of hypertension cases in Indonesia is 63.3 million people, while

The death rate in Indonesia is 427,218 deaths. The prevalence of hypertension in Indonesia is 34.1%. East Java Province is one of the provinces in Indonesia with a fairly high prevalence of 13.47% (Risksedas, 2018). Malang Regency is in the second highest rank with the incidence of hypertension among all regencies/cities in East Java Province, which is 2,883 people (27.22%) (Directorate of P2PTM, 2019).

The emergence of health problems is not only caused by individual negligence but can also be caused by public ignorance as a result of the lack of correct information about a disease (Rahmadiana, 2012). The low knowledge of health workers, patients, and the public about hypertension is the main cause of uncontrolled blood pressure, especially in hypertensive patients in Asia (Park, JB, Kario, K., and Wang, JG, 2015). Things that can be done as an effort to improve health are not just repairing physical

damage or abnormalities, but involve the complexity of individual needs, motivations, and priorities that can be done through intrapersonal communication involving the soul, will, awareness, and mind (Arianto, 2013). The lack of information about improving diet for people with hypertension also makes public knowledge about improving diet still low.

According to the theory of Blum (1998) in Helmy B (2018), it explains that there are four factors that influence the degree of public health. These four factors are determinant factors for the emergence of health problems and the four factors consist of behavioral or lifestyle factors, environmental factors, health service factors, and genetic factors. Among these factors, human behavior is the biggest determinant and the most difficult to overcome. Behavior in the form of action is a response to a stimulus or stimulus in a tangible form that can be observed directly through interviews and the respondent's activity is a form of one's actions, for example reducing the use of excess salt. In this case, it is necessary to change a person's behavior by using the *Health Belief Model* (HBM) method.

HBM was developed to describe individual behavior. The HBM was one of the first models used to predict and explain variations in healthy living behavior. HBM is used to help identify and predict the factors that influence healthy living behavior. HBM is believed to be able to change the behavior of people who must feel vulnerability, perceived severity, perceived benefits, and perceived barriers (Hanklang, Ratanasiripong, and Sivasan, 2018).

This HBM consists of four parts, namely perceived vulnerability, perceived severity, perceived benefits, perceived barriers, and cues to action (prevention measures). In this case, a hypertension prevention intervention program will be carried out for 4 weeks to change people's behavior including the first activity in week 1, namely health education given to age groups, and the second activity in week 2, namely the Hypertension campaign carried out by health cadres, RT/ RW, controlling hypertension through reactivation of posyandu for the elderly and pre-elderly (Hanklang, Ratanasiripong, and Sivasan, 2018).

Based on the results of interviews with village nurses, it was found that the efforts of village nurses were to look at the factors that resulted in the high incidence of hypertension and the administration of drugs used to control

hypertension. Based on the description above, researchers are interested in conducting research on the theme of community attitudes and behavior with the incidence of hypertension in Jubel Hamlet, Bantur District, Malang Regency.

**METHOD**

The research used was a quasi-experimental design using a two-group pretest-posttest with a control group design. The research time is 15-19 January 2022 in Jubel Hamlet, Bantur Village, with a population of 12 cadres and using a total sampling technique. The research variable in the form of an independent variable is intervention and the dependent variable is hypertension prevention behavior. Research instrument by giving intervention and questionnaire. The questionnaire was adapted from previous research. Data analysis in the form of Univariate and Bivariate. Data processing using SPSS 22.00. Observations were made twice, namely before the experiment was called the pre-test and after the experiment was called the post-test.

**RESULTS**

Table 1. The behavior of cadres before and after empowering cadres in preventing hypertension in the experimental group. (n=12)

Cadre Behavior	Pre-Experimental		Post-Experimental		
	Categor y	n	%	n	%
	Less	4	33,3	1	8,3
	Enough	6	50,0	8	66,7
	Good	2	16,7	3	25
<b>Total</b>		12	100	12	100

Based on table 1 the Measurement of cadre behavior before empowering cadres in preventing hypertension in the experimental group showed the results of 6 people (50%) that the majority of respondents had sufficient behavior. The results of measuring the behavior of cadres after empowering cadres in preventing hypertension in the experimental group showed the results of 8 people (66.7%) that the majority of respondents had sufficient behavior.

Table 2. The influence of cadre empowerment in preventing hypertension in Jubel Hamlet, Bantur Village, Bantur District (n=12)

<b>Eksperimen</b>	<b>Alpha</b>	<b>Nilai p</b>
<b>Pre Test - Post Test</b>	0,05	0,046

Based on table 2, the P-Value value after the experiment was 0.046, this indicates that there is a difference after empowering cadres in preventing hypertension in Jubel Hamlet, Bantur Village, Bantur District, with a significant value of  $<0.05$ , it can be concluded that there is an effect of empowering cadres in preventing hypertension in Jubel Hamlet, Bantur Village, Bantur District

## DISCUSSION

Results of research related to the program The empowerment of cadres got different results between the pre-test and post-test, although the results from both were the same, namely sufficient, the analysis showed an increase after the intervention was given. Increased knowledge will have an impact on achieving changes in individual, family, and community behavior, fostering and maintaining healthy behavior and a healthy environment, as well as an active role in efforts to achieve optimal health degrees. As well as the formation of healthy behavior in individuals, families, and communities in accordance with the concept of healthy living both physically, mentally, and spiritually (Wati and Ridlo, 2020).

According to a study conducted by Newell et al, regarding the prevention of hypertension using the HBM (Health Belief Model) concept, in general, the group did not feel vulnerable and there were no barriers to hypertension prevention behavior, but they had a perception of severity about the severe consequences if they had hypertension. Most respondents also have a perception of the benefits that will reduce the risk of developing hypertension and high self-efficacy to change behavior (Health Belief Model and Hypertension Prevention, 2021).

Self-efficacy greatly affects individuals in taking hypertension prevention measures. A person who is at risk of developing hypertension if he has confidence in his ability to take preventive measures so that he will avoid hypertension. According to research by Mansyur

et al, individuals have high self-efficacy, especially in reducing smoking behavior, and increasing physical activity, but not reducing sodium consumption. Barriers to changes in hypertension prevention behavior are influenced by local traditions that often consume salty foods (Lee et al., 2019).

This research can be concluded that the cadre empowerment program related to hypertension prevention behavior using the HBM concept (Health Belief Model) shows sufficient behavioral results. Sufficient knowledge will also affect the way you behave because when you get the information you will apply it. Therefore, the cadre empowerment program is needed for cadre independence and community empowerment.

## CONCLUSION

The results of this study are known from the cadre empowerment program for hypertension prevention behavior in Jubel Hamlet. The cadre empowerment program after the intervention (post-test) showed that the majority of behaviors were sufficient. The analysis between pre-test and post-test obtained effective results because there was an increase from before and after the intervention.

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