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FOREWORD

Thanks to God Almighty for his abundance of grace so that the Proceedings Of Update Comprehensive Nursing Care For Diabetes Mellitus Patients With A Multidisciplinary Approach can be solved well. This Proceeding is a collection of research results that are expected to contribute in improving health status in the community. Research results can be a point of reference for developing other research for the welfare of Indonesian society. This Proceeding contains research papers and is created with the aim of providing knowledge to the general public regarding the latest research and scientific developments so that it is expected to increase knowledge, communication and further motivation for the filing of Intellectual Property Rights.

We would like to thank **Mrs. Selvia David Richard, S.Kep., Ns., M.Kep as Chief of STIKES RS. Baptis Kediri, Libest Asia Consultans, Social Welfare Corporation Prefectual Welfare Society, Asia Kyoei Jigyou Kyodokumiai, Kumiai/AO Japan, Seiyukai Foundation, Rakurakuen Foundation and Southeast Asia Ministers of Education Organization Regional Open Learning Center (SEAMEO SEAMOLEC)** in publishing the proceedings that we have held. We realize that this Proceeding certainly does not escape the deficiencies, for that all suggestions and criticism we expect for the improvement of proceedings in the next issue. Finally we would like to thank all those who have assisted in this activity, and we hope that this proceeding can be useful for researchers, academics and the development of science.

Kediri, 29th November 2019
Committee

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EFFECTIVENESS OF HOME VISIT ON CHANGE BEHAVIOR OF HYPERTENSION PATIENTS IN HELVETIA COMMUNITY HEALTH CENTER, MEDAN

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ABSTRACT

Home visit is one of efforts or management of chronic diseases through home visiting service activities, one of which is to provide health education. One of chronic diseases is hypertension. Hypertension can be caused by unhealthy lifestyle behaviors such as poor eating patterns, smoking habits, rarely exercising, as well as poor stress management. The purpose of this study was to determine the effectiveness of home visits to changes in the behavior of patients with hypertension in Helvetia COMMUNITY HEALTH CENTERS, Medan. Type of research is a Quasi Experiment research with one group pretest and posttest design. The population in this study was outpatients diagnosed by doctor suffering from hypertension. The sampling technique used non probability sampling with accidental sampling technique to obtain a sample of 18 respondents. The data collection method uses a questionnaire. Data analysis used univariate and bivariate analysis (Mc Nemar test). The results showed that the behavior of hypertensive patients before home visits were majority the negative category and the behavior after home visits were majority in the positive category. Statistical test showed a p-value of 0.001 ($p < 0.05$), meaning that the Home Visit was effective against changes in the behavior of hypertensive patients at the Helvetia Community Health Centers, Medan. Recommending health workers be able to home visit program by conducting health education and conducting regular health monitoring for hypertension sufferers.

Keywords: Home Visit, Hypertension, Change Behavior

I NTRODUCTION

Hypertension is a public health problem in developed and developing countries. Hypertension is known as a "silent killer" because some occur of this disease not show any symptoms. According to World Health Organization (WHO, 2014) hypertension is currently increasing globally and it is estimate in 2025 around 29% of adults in the world will experience hypertension and one of the main risk factors of death is 9.4 million people and 7% of the burden of disease, measured in Disability Adjusted Life Year (DALY) in 2010. According to

the American Heart Association (AHA, 2015), Americans over the age of 20 have hypertension around 74.5 million people, but 90-95% of the cases are unknown. Statistics show that were 24.7% of the population of Southeast Asia and 23.3% of the population of Indonesia aged 18 years and over had hypertension in 2014 (WHO, 2015). Based on Riskesdas data (2013), hypertension in Indonesia is a health problem with the highest prevalence reaching 26.5%. According to the National Health Indicators Survey (Sirkesnas) in 2016 increased to 32.4% and the province of Bangka Belitung became the highest prevalence of patients hypertension around

30, 9% (Ministry of Health Republic of Indonesia, 2014) and in North Sumatra according to the North Sumatra Health Office (2016) patients hypertensive noted 50,162 people suffer from hypertension.

Various literatures said that there are many factors cause high prevalence of patients hypertension that are difficult to change, like a bad lifestyle such as smoking, bad eating patterns, lack of physical activity, and poor stress management (Pupitorini, 2009). Pusparani research (2016) showed respondents have a bad lifestyle by 100%, for example stress 57%, smoking by 42.5%, consuming salted fish by 40%, caffeine by 35.0%, physical activity by 10.0% in Ciangsana Health Center in Gunung Putri Sub-District, Bogor Regency. Based on these problems, the government is taking a good step in dealing this problems, by home visits which is one of activities of managing chronic diseases (prolanis), with consists of education, health status monitoring, club activities, reminders, and home visit (BPJS Health, 2014).

Importance of home visits is to provide health information. According to Basavanthappa (2011) home visit is the process of providing nursing care to patients at the patient's own home. Home visit activities are carried out to improve and maintain community health status and minimize risks such as hypertension. In conducting home visits the activity of educating or health counseling is given to patients with hypertension, because it makes easier for nurses to provide nursing care such as directly monitoring the client's health to know change behavior or attitudes of the hypertensive patients. In several research results mention that counseling will increase patient compliance as assessed from knowledge, attitudes and practices (Mellen, Palla, Goff & Bonds, 2004).

Based on research Dyanneza (2017) showed that there is an influence of home visit on systolic blood pressure in hypertensive patients and statistically significant. Hypertension patients who get a home visit, systolic blood pressure 22 mmHg lower than hypertension patients

who do not get a home visit (p-value = 0.030). Mursal (2016) suggested that hypertension patients with majority intervention were disobedient to treatment before being given counseling (60%) and after being given counseling the majority of hypertensive patients became obedient (73.3%), whereas hypertension patients as the majority control group were disobedient before being tested (pretest) (56.7%) and the majority of hypertension sufferers were disobedient after being tested (posttest) (53.3%). The results of the initial survey in Helvetia Health Center Medan the prevalence of hypertension sufferers in Helvetia Health Center in 2018 in January until February was 130 people. After conducting interviews with 10 people with hypertension, 6 people of them said that sufferers still smoke, eat salted fish, never exercise, and rarely share stories with others related to personal problems.

Survey of home visits to patients with hypertension, they said that so far there was indeed at home visit activity but it was not related to providing health education to changing the behavior of people with hypertension, the activity just to observing household sanitation and how the condition of the home environment. The purpose of this study was to determine the effectiveness of home visits to changes in the behavior of patients with hypertension in Helvetia Health Center, Medan.

Research Methodology

This research is a Quasi Experiment with one group pretest - posttest design. The population in this study was all outpatients diagnosed by doctors suffering from hypertension. The sampling technique used non probability sampling with accidental sampling technique to obtain a sample of 18 respondents The inclusion criteria are patients diagnosed with hypertension since > 1 year, aged 30-60 years, can communicate well, do not have severe complications, never got a home visit health education program, while

the exclusion criteria are mental disorders, physical limitations, disturbance of consciousness and unwillingness in the research process. This research was conducted in the working area of Medan Helvetia Health Center, from February - July 2018.

The instrument uses a modified questionnaire adopted from Panjaitan (2015) measuring the behavior of hypertensive patients related to alcohol, smoking, hypertension diet and physical activity with Cronbach alpha (0.988) and

Safitri questionnaire (2016) measuring the behavior of hypertensive patients related to stress management with Cronbach alpha (0.749).

Statistical tests using univariate analysis that explains or describes the characteristics of respondents by frequency and percentage distribution. Bivariate analysis using the Mc Nemar test which analyzes changes in behavior of patients with hypertension before and after home visit.

Research Result

Univariate Analysis

Table 1. Frequency and Percentage Distribution of Characteristics of Patients with Hypertension in Helvetia Health Center, Medan (n = 18).

Characteristics Patients		f	%
Age	30 - 40 years	1	5.6
	41 - 50 years	10	55.5
	51 - 60 years	7	38.9
Gender	Men	3	16.7
	Female	15	83.3
Last Education	Elementary School	7	38.9
	Middle School	5	27.8
	High School	3	16.7
	Diploma/Bachelor	3	16.7
Job	Does nor work	10	55.6
	Entrepreneur	5	27.8
	Private Employees	2	11.1
	Government Employees	1	5.6
	Total	18	100

Table 2. Frequency and Percentage Distribution of Duration of Patients with Hypertension in Helvetia Health Center, Medan (n = 18).

Duration Patients Hypertension	f	%
1 - 2 years	2	11.2
3 - 4 years	8	44.4
5 - 6 years	8	44.4

Table 3. Frequency and Percentage Distribution of Behavior of Patients with Hypertension Before and After Home Visit at Helvetia Health Center Medan (n = 18)

Behavior Patients Hypertension		f	%
<i>Pre Test</i>	Positive	4	22
	Negative	14	78
<i>Post test</i>	Positive	15	83
	Negative	3	17

Bivariate Analysis

Table 4. Mc Nemar Test Results Effectiveness of Home Visit Against Changes in Behavior of Patients with Hypertension in Helvetia Health Center Medan (n = 18).

Behavior of Patients with Hypertension	Pre Test		Post Test		P-Value
	f	%	f	%	
Positive	4	22	15	83	0.001
Negative	14	78	3	17	
Jumlah	18	100	18	100	

Discussion

Univariate Analysis

Behavior of Patients with Hypertension Before Home Visit

Based on table 3, it can be seen that before home visit the behavior of patients hypertensive is majority in the negative category (78%). This shows that patients hypertension have health behavior is not good before health education. Respondents have a negative behavior influenced by the lack of information and the level of experience and knowledge that is still minimal associated with blood pressure control through lifestyle management. This is evidenced by the fact that the average respondent said that he likes foods high in cholesterol that cause hypertension such as egg yolks, meat and fried foods. This statement according with Sangadji & Nurhayati's research (2014) that the proportion of hypertension is higher with respondents who often consume more fat than they rarely consume fat. This is supported by the opinion of Ramayulis (2010) who said the wrong diets can caused increase blood pressure such as the habit of consuming fatty foods, especially on the intake of saturated fat and cholesterol. Based on research by Mardhiah, Abdullah & Hermansyah (2016) showed that there is a significant difference in knowledge before health education and health education. Research by Kurniawati & Widiatie, W (2016) found significant differences between

before and after health education on diet adherence in patients with hypertension. According to Notoatmodjo (2003), health education is addition of one's knowledge and abilities through learning practice techniques or individual instruction to increase awareness of the value of health so that they consciously want to change their behavior into healthy behavior.

Behavior of Patients with Hypertension After Home Visit

Based on table 3 it can be seen that after home visit the majority of patients hypertension are in the positive category (83%) because patients hypertension have been given health education. According to Pratiwi (2011) that patients who receive counseling will increase their knowledge because they are given information about the disease with clearly understanding, signs and symptoms, treatment and side effects of non-compliance with treatment. Educational theory said that counseling aim is educate patients to increase knowledge (Rantucci, 2007).

Research by Yeni, Rahmalia & Oswati-Hasanah (2014) states that occur changes of knowledge in patients with hypertension before and after health education are using individual methods in the experimental group. The education provide is individual education through home visits. This is supported by the opinion of Purwanto (2010) said that personal education is more effective to knowing the patient's problem and they can telling a personal problem or illness.

Bivariate Analysis

Effectiveness of Home Visit on Changes in patients Hypertension in Helvetia Community Health Center, Medan

The results of bivariate analysis from effectiveness of the home visit on changes in the behavior patients hypertensive obtained p-value of 0.001 ($p < 0.05$). This can be interpreted that home visits are effective against changes in the behavior patient hypertensive in Helvetia Community Health Center, Medan. The changes of behaviour patient hypertension are influenced health education that is given individually through a home visit program. This is according with the results of research by Yeni, Rahmalia & Oswati-Hasanah (2014) with results that there is a significant difference between knowledge before and after health education with individual education methods about the Diet of Hypertension in Patients in Harapan Raya Health Center (p -value 0,000).

Changes in the behavior of patients hypertension are also supported by research Utami, Sahar & Widyatuti (2013), which is controlling the risk factors for hypertension in the elderly after getting home visits in general better than those in the elderly who have not received home visits. Promotive and preventive efforts is carry out from home visits can control the risk factors for hypertension in the aggregate of the elderly. This is due to the postbindu activities and home visits that have been given health education and monitoring such as regulation of smoking behavior, stress management, monitoring systolic blood pressure and diastolic blood pressure for the elderly. Based on Fitriani (2011), health education is a process to improve the ability of the community to maintain and improve health and also as an effort or activity to influence people so that they behave according health values. To be able change behavior, factors that influence health behavior must be considered from knowledge, experience, beliefs, culture, attitudes, etc.

The relationship between knowledge, attitudes and practices is KAP model (knowledge, attitude, practice) which is show that true information / knowledge will influence attitudes and will be later change behavior / practice (Kiger, 2004). The research by Utami, Sahar & Widyatuti (2013) show that the elderly who have received home visits more routinely control blood pressure compared to elderly who have not received a home visit. There are differences in blood pressure both systolic and diastolic in the elderly who have received home visits with the elderly who have not received a home visit. Basavanthappa (2011) states that a home visit is an effective program to teach independence of basic life skills to clients who experience a knowledge deficit. The purpose of health education is to change people's behavior towards healthy behaviors, so that the optimal degree of public health is achieved, make it happen, behavior change after receiving counseling cannot occur at the once (Muninjaya, 2010).

Therefore, the achievement of health education targets is divided into short-term goals that are achievement change of knowledge, the medium-term goal of the expected outcome is an increase in understanding, attitudes, and skills that will change behavior towards healthy behaviors, and the long-term goal is to have healthy behaviors in daily life.

Conclusion

Based on the research that has been done, it can be concluded that the behavior of patients hypertensive in Helvetia community Health Center before home visits is majority in the negatif category. The behavior of patients hypertensive in Helvetia community Health Center after home visit is majority in the positive category. Effective home visits change in the behavior of patients Hypertension in Helvetia Puskesmas Medan with (p value = $0.001 \leq 0.05$).

Suggestion

For people with hypertension, so that people are more active in attending health education related to a good lifestyle for people with hypertension and exchange ideas and experiences to increase knowledge that can change behavior from negative to positive. For Community Health Center Services, home visit program can be implemented, not only providing health education through home visits but making regular health monitoring programs, making club activities, and reminders as part of the home visit activity itself and for subsequent researchers can developing this study used the control study design (control group and intervention group) and adds the dependent variable of the study so that the results of the study are more accurate.

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