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WOMEN FARMERS GROUP AS PEER EDUCATOR IN PREVENT HYPERTENSION

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ABSTRACT

The results of the 2018 Basic Health Research, farmers have a higher proportion of hypertension than other occupations, namely 36.14%. One of the characteristics of the farming population is the low level of education. These factors contribute to the low implementation of healthy living behavior, especially in the prevention of hypertension. Women farmer groups play an important role as peer educators who can implement hypertension prevention behavior in their families and their environment. This study aims to increase knowledge about preventing hypertension in women's farmer groups in Karanganyar District, South Lampung Regency. The benefit of this study is the implementation of healthy living behavior to prevent hypertension. The activity was carried out with a target of 194 people who are members of 10 women farmer groups. The intervention is health education about hypertension prevention. The results obtained, before the education was carried out, the knowledge of farmers was not good as many as 106 people (54.6%) and after education the knowledge of farmers was not good as many as 14 people (7.2%). From the results of McNemar's analysis, it was found that there was a significant difference between knowledge before and after health education ($p = 0.001$). Health education carried out continuously as an effort to maintain health in the farming community in Karanganyar District, Lampung Regency, Lampung.

Keywords: Women farmer group, peer educator, hypertension

1. INTRODUCTION

The prevalence of hypertension in Indonesia diagnosed by health workers is 9.4%.¹ The prevalence of hypertension in Indonesia based on the Basic Health Survey (BHS) in 2018 showed the population aged over 18 years based on national measurements of 34.11%, higher than the prevalence in 2013 namely by 25.8%. In Lampung province, around 7.95% of the population suffers from hypertension.² Based on BHS, people who work as farmers have a higher proportion of hypertension than other occupations, namely 36.14% of the total 128,377 farmers who are weighted.

Farmers or workers who work on these farms often get diseases or health problems without them knowing it. The main risk of farmers experiencing health problems is the large number of farmers who are not in school or have low levels of education. These factors are the cause of low knowledge of farmers to carry out healthy lifestyle behaviors. One of the health problems experienced by farmers is high blood pressure or hypertension.³

Various efforts can be made to prevent hypertension, starting from the promotive and preventive levels to the curative and rehabilitative levels. At the promotive level, one of the efforts to increase public

knowledge requires health education efforts.⁴ Health education is a change in behavior that is not only influenced by a process of transferring theory from one person to another, but can arise because of the awareness of individuals, groups and communities so that people can obtain information that is used in making optimal and quality health decisions.⁵

In South Lampung there are 6.93% of people with hypertension and in Karang Anyar Village, more precisely, there are 1,384 residents who suffer from hypertension. The population of farmers in South Lampung reached 34,299 and based on the results of the presurvey, in Karang Anyar Village there were 628 residents who worked as farmers, both men and women. One of the government programs for the welfare of farmers is the Women Farmers Group (WFG) program. The purpose of the establishment of WFG is to further improve and develop the ability of farmers and their families as subjects of agricultural development through a group approach so that they play a greater role in development. In various studies, WFG as a Community-based Empowerment Effort can also play a role in improving the health status of their families.⁶ The role of WFG is expected to be able to apply a good lifestyle both diet and physical activity to prevent hypertension.⁷

Based on the explanation above, a solution is needed for the problem of hypertension in farmers in Karanganyar District, South Lampung Regency. This study aims to increase knowledge about the prevention of hypertension in a group of women farmers in Karanganyar District, South Lampung Regency.

2. METHODS

In carrying out this research, this study used a quantitative research design, a quasi-experimental design with a One Group

Pretest-Posttest approach. This research was conducted in Karang Anyar District, South Lampung Regency, Lampung Province in February - March 2022. The population was all groups of women farmers as many as 376 women farmers. The research sample based on the Slovin formula ($e=5\%$) was obtained as many as 194 farmers divided into 10 WFG. The independent variable is counseling and the dependent variable is knowledge about hypertension prevention. The method of data collection used primary data in the form of questionnaires and secondary data from Karanganyar Health Center. Data were analyzed by univariate and bivariate with McNemar test. The research has obtained ethical approval from the Medical Research Ethics Committee of the Faculty of Medicine, Unila No. 789/UN26.18/PP.05.05.00/2022.

3. RESULTS

Respondents who met the inclusion criteria were 216 respondents, but 22 people were excluded. Furthermore, respondents who are willing to sign the informed consent form. The characteristics of research respondents are as follows.

Table 1. Characteristics of female farmer respondents in Karanganyar District, South Lampung Regency

Characteristics	Frequency (n)	Percent (%)
Age		
Early Adult	38	19,6
Middle Adult	124	63,9
Elderly	32	16,5
Education		
Low	155	79,9
High	39	20,1
Total	194	100,0

The most female farmers are middle adult age, around 41-60 years as many as 124 respondents (63.9%). Characteristics of the education level of the most respondents are a low level of education, namely 155 people (79.9%).

Table 2. Frequency Distribution of Farmers' Knowledge Before being given counseling on Prevention of Hypertension

Variable	Bad	Good
Knowledge before being given counseling	106 (54,6)	88 (45,4)

Table 3. Questionnaire Analysis Before being given counseling about Hypertension Prevention

No.	Questions	Right %	Wrong %
1.	Normal Blood Pressure 120/80	60.8	39.2
2.	The older age, the risk abnormal blood pressure rises	63.5	36.5
3.	Hypertension / high blood pressure is a disease that can be cured	45.8	54.2
4.	Blood pressure can change according to the activity you are doing	60.8	39.2
5.	Hypertension/high blood pressure can be herited from parents to children	67.7	32.3
6.	Exercise can increase the body's metabolism and facilitate bleeding so it is not good for the heart	53.9	41.0
7.	Strenuous physical exercise cannot increase blood pressure	59.0	41.0

8.	Regular exercise, a low-salt diet is a way to prevent complications of hypertension	67.7	32.3
9.	Smoking only damages the lungs, not the heart	60.8	39.2

The results of the analysis show that the questions answered correctly are questions number 5 and 8 with a percentage of 67.7%. While the most questions answered incorrectly, namely question number 3 with a percentage of 54.2%.

Table 4. Frequency Distribution of Farmers' Knowledge After being given Hypertension Prevention Counseling

Variable	Bad	Good
Knowledge after being given counseling	14 (7.2)	180 (92.8)

The results of the analysis showed that the knowledge of farmers after being given hypertension prevention counseling was 14 people (7.2%) not good and 180 people (92.8%).

Table 5. Analysis of the Questionnaire After being given the Media Booklet on Prevention of Hypertension

No.	Questions	Right %	wrong %
1.	Normal Blood Pressure 120/80	91.6	8.4
2.	The older age, the risk abnormal blood pressure rises	81.7	18.3
3.	Hypertension / high blood pressure is a disease that can be cured	62.0	38.0
4.	Blood pressure can change according to the activity you are doing	75.7	24.3

No.	Questions	Right %	wrong %
5.	Hypertension/high blood pressure can be inherited from parents to children	76.3	23.7
6.	Exercise can increase the body's metabolism and facilitate bleeding so it is not good for the heart	58.1	41.9
7.	Strenuous physical exercise cannot increase blood pressure	76.3	23.7
8.	Regular exercise, a low-salt diet is a way to prevent complications of hypertension	85.0	15.0
9.	Smoking only damages the lungs, not the heart	75.4	24.6

The results of the analysis show that the question answered correctly is question number 1 with a percentage of 91.6%. While the most questions answered incorrectly, namely question number 6 with a percentage of 41.9%

Table 7. Results of Statistical Tests of Differences in Farmer Knowledge Before and After being given counseling on Prevention of Hypertension

	Sig.
After being given a Counselling - Before being given a Counselling	0.001

4. DISCUSSION

Based on the results of the analysis in Table 2, it shows that the knowledge of the respondents is still in the poor category as many as 106 people (54.6%). The results of this study are in line with research conducted in the hamlets of Bantar Kulon and Bantar Wetan Yogyakarta which showed that the patient's understanding before giving counseling was mostly low.⁸ Knowledge is the result of knowing, which occurs after people sense certain objects. Knowledge is a guide in shaping one's actions.⁹

Efforts to increase one's knowledge about health include through health education.¹⁰ The results of the questionnaire analysis before being given counseling show that the questions answered correctly are questions number 5 and 8, namely question number 5 discusses hypertension/high blood pressure can be passed down from parents to children and number 8 discusses regular exercise, low salt diet is a way to prevent complications of hypertension with a percentage of 67.7%. While the most questions answered incorrectly, namely question number 3, namely hypertension / high blood pressure is a disease that can be cured and has a correct percentage of 48.2%.

Based on the results of the analysis, it was found that the knowledge of farmers after being given hypertension prevention counseling was 14 people (7.2%) not good and 180 people (92.8%). This is in line with research which states that providing counseling is effective in increasing knowledge of hypertension patients in Bantar Kulon and Bantar Wetan villages, Yogyakarta.⁸ The results of the questionnaire analysis after being given counseling showed that the questions answered correctly were question number 1 with a percentage of 91.6%. While the most questions answered incorrectly, namely question number 6 with a percentage of

41.9%. The results of this analysis show an increase in question 1 from 60.8% to 91.6%. It can be concluded that overall farmers can answer question number 1 correctly, while question number 6 has increased from 41% to 41.9%. This can be attributed to the limited time during the study, which made respondents less concentrated.

The results showed that counseling was effective in increasing the knowledge of mothers in Banturen Village, Banyumas Regency.¹¹ Effective counseling to increase the knowledge of families with hypertension. Mothers play an important role in the family to prevent hypertension and are peer educators for their community.¹²

Knowledge provides information to someone who learns it so that when applied in everyday life it can make changes in behavior and behavior. Knowledge can form certain beliefs that eventually a person will behave according to his beliefs. Knowledge or cognitive is an important domain in the formation of one's actions. Behavior is the second largest factor after environmental factors that affect individual or community health.¹³ A person behaves in a certain way because of thoughts and feelings in the form of knowledge, attitudes, perceptions, beliefs, and one's assessment of objects. By providing health education, knowledge will increase and practice will also be better. In fostering public health, intervention on behavioral factors is very strategic. Knowledge of a particular object is important for behavior change which is a complex process because behavior based on knowledge will be better than behavior that is not based on knowledge.¹⁴

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