PARTICIPATION IN POSBINDU PTM AND ITS RELATIONSHIP TO THE QUALITY OF LIFE OF HYPERTENSION PATIENTS

Nova Nurwinda Sari, Febria Listina*, Dwi Yulia Maritasari, Lisa Fitri

Department of Nursing, Universitas Mitra Indonesia, Jl. ZA. Pagar Alam No.7, Gedong Meneng, Rajabasa, Bandar Lampung, Lampung 40115, Indonesia
*febria@umitra.ac.id

ABSTRACT

One of the health problems that has become a serious problem recently is hypertension, which is often referred to as the silent killer because it often occurs without symptoms. Hypertension generally occurs in old age. However, several studies show that hypertension can appear in adolescence and its prevalence has increased in recent years. Many people do not realize this, that hypertension that occurs during adolescence will continue into adulthood and increase the risk of morbidity and mortality. The purpose of this research is to determine the relationship between participation in Posbindu PTM and the quality of life of hypertension sufferers at the Krui Health Center, Pesisir Barat Regency in 2024. A type of quantitative research with an analytical survey research design with a cross sectional approach. Sampling was conducted using purposive sampling with a sample of 95 respondents. The research instrument used was in the form of a questionnaire. This research has been carried out in July 2024 in West Coast Regency. The data analysis used was the spearman's rho test. The results of the study found that there was a relationship between the participation of the PTM posbindu and the quality of life of hypertension patients in the work area of the Krui Health Center with a p-value of 0.000 (p-value < 0.05). Elderly people with hypertension should regularly participate in PTM posbindu activities as an effort to control hypertension and help improve the quality of life of the elderly.

Keywords: hypertension; PTM participation; quality of life

INTRODUCTION

Health is a state of well-being—physically, mentally, spiritually, and socially—that allows every individual to live productively both socially and economically. Health development aims to increase awareness, willingness, and the ability to live a healthy life for everyone, achieving the highest possible degree of public health as an investment in developing productive human resources. (Barlian et al., 2021). One of the major health issues recently gaining attention is hypertension, often referred to as the "silent killer" because it often occurs without symptoms. Hypertension generally occurs in older adults. However, several studies show that hypertension can appear as early as adolescence, and its prevalence has risen in recent years. Many people are unaware that hypertension in adolescence can persist into adulthood, increasing the risk of morbidity and mortality (Shaumi & Achmad, 2019). According to the latest data from the World Health Organization (WHO) in 2023, an estimated 1.28 billion adults aged 30–79 worldwide suffer from hypertension. This figure represents an increase from 1 billion adults in 2019. Hypertension is a leading risk factor for cardiovascular diseases, stroke, kidney failure, and premature death. Globally, hypertension causes approximately 10.8 million deaths annually, equivalent to 19% of total global mortality (WHO, 2023).

Based on the main results of the 2023 Basic Health Research (Riskesdas), the Indonesian Ministry of Health reported an increase in key indicators for non-communicable diseases. The prevalence of high blood pressure among people aged 18 and above rose from 25.8% to 34.3%. Among the total hypertension patients, only 42.6% are aware of their condition, and 27.5% have controlled

blood pressure. Other non-communicable diseases, such as diabetes mellitus, asthma, cancer, stroke, and kidney failure, as well as poor physical activity and inadequate fruit and vegetable consumption, have also significantly increased. This trend adds a burden to society and the government due to the high costs and advanced technology required for treatment (Riskesdas, 2023). In 2020, the prevalence of hypertension in Lampung Province was recorded at 28.7% among the adult population. This figure increased to 30.2% in 2021 and further to 32.4% in 2022 (Lampung Health Office, 2022). The latest data in 2023 indicates that the prevalence of hypertension in Lampung Province reached 34.8%, exceeding the national average of 34.1% recorded in 2018 based on Basic Health Research data (Kementerian Kesehatan RI, 2022). In 2021, there were 12,347 recorded cases of hypertension in Pesisir Barat Regency. This number increased to 13,892 cases in 2022 and reached 15,618 cases in 2023 (Pesisir Barat Health Office, 2023). According to data from the Lampung Provincial Health Office, Pesisir Barat Regency ranked fifth out of 15 districts/cities in Lampung Province for hypertension prevalence in 2023 (Dinkes Lampung, 2023).

The prevalence of hypertension in Pesisir Barat Regency is 37.2% among the adult population, higher than the provincial average of 34.8% in 2023. Data from 2023 show that the Krui Health Center ranks third in the district, with an estimated 2,534 hypertension patients aged 15 and above, among whom 2,590 received health services (Lampung Health Office, 2023). The total population served by the Krui Health Center in 2023 was 19,225, with 13,913 individuals aged 15 and above. The productive age group (15-59 years) comprises 8,569 individuals, and 4,892 were reached in 2023. The Krui Health Center operates eight Posbindu PTM centers, consisting of six in villages and two in urban neighborhoods. Data from the fourth quarter of 2023 show hypertension cases as follows: Pasar Krui Village (18 cases), Seiray Village (26 cases), Rawas Village (3 cases), Way Reidak Village (20 cases), Pahmungan Village (21 cases), Pasar Kota Village (6 cases), Kampung Jawa Village (15 cases), and Sukaneigara Village (15 cases). Based on the aforementioned data, the researchers are interested in studying "The Relationship Between Participation in Posbindu PTM and the Quality of Life of Hypertension Patients at the Krui Health Center."

METHOD

This study employed a quantitative approach with an analytical research design using a cross-sectional method. The purpose of this research was to determine the relationship between participation in Posbindu PTM and the quality of life of hypertension patients at the Krui Health Center. The subjects of this study were hypertension patients residing in the work area of the Krui Health Center, Pesisir Barat Regency, Lampung Province. A total of 95 respondents participated in the study. The research was conducted in April 2024 at the Krui Health Center. Data collection included demographic characteristics, participation in Posbindu PTM activities, and the quality of life of hypertension patients. The data analysis was performed using univariate and bivariate analyses with a 95% confidence level

RESULT AND DISCUSSION

Univariate analysis was conducted to examine the frequency distribution based on respondent characteristics, quality of life, and participation in Posbindu PTM at the Krui Health Center.

Tabel 1.

Distribution of Respondents' Characteristics

Characteristics	f	%		
Age				
41-53 years	54	56,8		
54-65 years	41	43,2		
Education				
Elementary School	7	7,4		
Junior high school	43	45,3		
Senior high school	40	42,1		
Higher education	5	5,3		
Job				
Unemployed	7	7,4		
Housewife	38	40		
Farmer	40	42,1		
Self-employed	8	8,4		
Civil servant	2	2,1		

From Table 1, it is evident that the majority of respondents were aged 41-53 years (56.8%), had a junior high school education (45.3%), and worked as farmers (42.1%).

Tabel 2. Distribution of Quality of Life of Hypertension Patients

Distribution of Quarty of Life of Hypertension rations						
Quality of Life	f	%				
Bad	45	47,4				
Good	50	52,6				

From Table 2, it can be observed that the majority of respondents had a good quality of life (52.6%)

Tabel 3. Distribution of Participation in Posbindu PTM

Participation in Posbindu PTM	f	%
Inactive	46	48,4
Active	49	51,6

From Table 3, it is evident that the majority of respondents actively participated in Posbindu PTM (51.6%).

Tabel 4.
Relationship Between Participation in Posbindu PTM and Quality of Life of Hypertension

				ationts				
Participation in	Quality of Life			Total		P	OR	
Posbindu PTM							Value	95%
								CI
	В	Bad		Good		%		
	f	%	f	%	_			
Inactive	32	69,6	14	30,4	46	100	0.000	6,330
Active	13	26,5	36	73,5	49	100		

From Table 4, among the 46 respondents who did not actively participate in Posbindu PTM, 32 (69.6%) had poor quality of life. Conversely, among the 49 respondents who actively participated in Posbindu PTM, 36 (73.5%) had good quality of life. Statistical analysis using Spearman's rho test showed a p-value of 0.000 (< 0.05), indicating a significant relationship between participation

in Posbindu PTM and quality of life among hypertension patients in the work area of the Krui Health Center.

Age

The study revealed that the majority of respondents were aged 41-53 years (56.8%). A similar study by Karina et al. (2022) found that most respondents were aged 36-45 years (48.9%). Another study by Tanjung (2018) reported varying age distributions, with respondents aged 15-24 years (34.3%), 25-34 years (36.4%), and 35-44 years (29.3%). Age is associated with an increased risk of hypertension due to natural changes in blood vessels that become stiffer over time, especially in older individuals. Although more common in older adults, hypertension can also occur in children.

Education

Most respondents had a junior high school education (45.3%). Higher levels of education improve an individual's ability to understand health information and positively influence health behavior changes. According to a study by Kurnia et al. (2017), the majority of respondents had a senior high school education (55%), followed by junior high school (42%), and elementary school (3%). Education plays a critical role in influencing attendance at Posbindu PTM, as individuals with higher education levels are better equipped to absorb and apply health-related information.

Occupation

The majority of respondents were farmers (42.1%). Occupation influences health service utilization. Studies, such as one by Karina et al. (2022), found that most respondents were entrepreneurs (30.8%). Employment type and workload can affect an individual's ability to access Posbindu PTM services.

Quality of Life

Based on the research results, it was found that the majority of respondents had a good quality of life, totaling 50 individuals (52.6%). The World Health Organization (WHO) (Kwan, 2020) defines quality of life as an individual's perception of their position in life, viewed within the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. According to the definitions provided by Calman and WHO, quality of life is determined by an individual's perception of their current living conditions. WHO identifies four domains of quality of life as parameters to assess it (Nursalam,2017). Another study conducted by Ririn Irawati dkk (2022) concluded statistically that there is a relationship between participation in Posbindu PTM and the quality of life of hypertension patients, with 77% having a poor quality of life in the working area of Ciputat Sub-district Health Center, South Tangerang City. A similar study by Ratna Dwi Wulandari dkk (2020) concluded that participation in Posbindu PTM is related to the quality of life of hypertension patients, with 66.8% reporting poor quality of life in the working area of Mulyorejo Health Center, Surabaya City. Efforts to increase community participation in Posbindu PTM are necessary to improve the quality of life for hypertension patients.

According to the researchers' assumptions, quality of life can be seen as an individual's sense of well-being derived from satisfaction or dissatisfaction with aspects of life that are important to them. It reflects the characteristics of an individual's life and illustrates their ability to function and find satisfaction in their activities.

Participation in Posbindu PTM

Based on the results, it was found that the majority of respondents actively participated in Posbindu PTM, totaling 49 people (55.8%). The implementation of Posbindu PTM cannot be carried out by a single party; it requires collaboration with various sectors. Thus, partnerships with community forums, local governments, industries, and private clinics are needed to support the implementation and sustainability of activities, as well as to serve as a medium for communication and coordination to gain support from regional governments (Posbindu PTM Technical Guidelines, 2012). Comprehensive Posbindu PTM is conducted when adequate resources such as equipment, health workers, and examination facilities are available. If community groups/organizations/institutions lack sufficient resources, basic Posbindu PTM can be initiated. As resources improve, basic Posbindu PTM can be upgraded to a comprehensive level (Ministry of Health RI, 2019). Research by Kiranti (2021) showed differences in the proportion of respondents based on Posbindu PTM visits, revealing that out of 133 respondents, the majority (64.7%) were inactive in attending Posbindu PTM, totaling 86 respondents. Another study by Ratna Dwi Wulandari et al. (2020) using a chi-square test revealed a p-value of 0.045 (<0.05), concluding that 65% of respondents were inactive in Posbindu PTM within the working area of Mulyorejo Health Center, Surabava City. According to the researchers, Posbindu PTM must continue to be organized to improve the quality of life, especially for those with hypertension. Local governments are responsible for ensuring that Posbindu PTM grows and develops sustainably through policy and financial support. Funds collected from various sources can be used to support Posbindu PTM activities.

Relationship Between Posbindu PTM Participation and Quality of Life of Hypertension Patients

Based on the table above, the majority of respondents actively participating in Posbindu PTM had a good quality of life, totaling 36 people (73.5%). Statistical analysis using Spearman's rho test, suitable for ordinal data, yielded a p-value of 0.000 (<0.05). This indicates that Ha is accepted and Ho is rejected, meaning there is a relationship between Posbindu PTM participation and the quality of life of hypertension patients in the working area of Krui Health Center. According to the Ministry of Health of the Republic of Indonesia (2014), Posbindu is an activity involving community participation in early detection, monitoring, and follow-up of non-communicable disease risk factors, carried out independently and continuously. Posbindu can be described as a community-based activity unit (UKBM). Primary non-communicable diseases targeted by Posbindu include diabetes mellitus (DM), cardiovascular diseases (CVD), chronic obstructive pulmonary disease (COPD), and conditions caused by accidents and violence.

Posbindu PTM can be integrated with existing community health efforts at workplaces, private clinics, educational institutions, or other locations where the community routinely gathers, such as mosques, churches, sports clubs, political organizations, or community meetings. Integration involves aligning Posbindu PTM with existing activities, including synchronizing schedules and venues while utilizing existing facilities and personnel (Ministry of Health RI, 2019). Posbindu activities are conducted by health cadres trained and supported to monitor PTM risk factors within their respective groups or organizations. Posbindu cadre criteria include a minimum education level of senior high school and the willingness and ability to carry out activities related to Posbindu (Ministry of Health RI, 2019). Quality of life relates to achieving an ideal life aligned with one's desires. Goodinson and Singleton (O'Connor, 1993) define quality of life as the degree of

satisfaction with one's current life circumstances. Calman provides a general definition of quality of life as an individual's subjective sense of well-being, based on their current life experiences as a whole (Calman O'Connor, 1993 in Irwan, 2017). Research by Dr. Raden Ayu Dewi Sartika et al. (2023) using a chi-square test yielded a p-value of 0.022 (<0.05), concluding a statistical relationship between Posbindu PTM participation and the quality of life of hypertension patients in the working area of Gading Rejo Health Center, Pringsewu Regency, Lampung. Similar research by Ririn Irawati et al. (2022) also found a significant relationship with a p-value of 0.022 (<0.05) in Ciputat Sub-district Health Center, South Tangerang City. Another study by Ratna Dwi Wulandari et al. (2020) found a p-value of 0.045 (<0.05), indicating that Posbindu PTM participation was associated with the quality of life of hypertension patients in Mulyorejo Health Center, Surabaya City.

CONCLUSION

The majority of respondents were aged 41-53 years (56.8%), had a junior high school education (45.3%), and worked as farmers (42.1%). A significant proportion of respondents had a good quality of life (52.6%), and most actively participated in Posbindu PTM (55.8%). Bivariate analysis showed a relationship between Posbindu PTM participation and the quality of life of hypertension patients in the working area of Krui Health Center, with a p-value of 0.000 (<0.05).

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Proceedings of the International Conference on Nursing and Health Sciences, Volume 5 No 2, July - December 2024 e-ISSN 2774 - 5104, Global Health Science Group http://jurnal.globalhealthsciencegroup.com/index.php/PICNHS