

The Influence Of Life Style Towards Hypertension In Adults (30-40 Years) At Polylinic Diseases In Rsud Dr. Saiful Anwar Malang

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Abstract: Lifestyle is a habit of one's life that can affect his health status in the future. Hypertension is a relatively disguised problem but it contains great potential for big problems as well. Hypertension can cause disability or even death. the authors are interested to examine the influence of lifestyle on the incidence of hypertension in adult age (30-40 years) in the Polyclinic of Internal Medicine RSUD dr. Saiful Anwar Malang. This study will produce a picture of the lifestyle of patients who control in the Polyclinic of Internal Medicine dr. Saiful Anwar Malang, aged between 30-40 years, will further investigated the lifestyle and if there any influence on the incidence of hypertension in adulthood (30-40 years). The research design used is descriptive method. Descriptive method is a method of research conducted with the main purpose to create a picture or description of a situation objectively. Population in this research is patient who control in Polyclinic of Internal Medicine RSUD dr. Saiful Anwar Malang with the age range between 30-40 years with the number of 295 people for the average of 2 weeks. Based on data obtained in the study (such as attachments 8 and 9) on the results of data processing lifestyle of patients , it can be stated that there is no lifestyle influence on the incidence of hypertension at adult age (30-40 years) in Internal Disease Polyclinic in RSUD dr Saiful Anwar Malang. The number of questions per subvariabel is not the same, so the result of lifestyle picture obtained is not proportional. When working on the problem is when the patient is waiting for a doctor to come or wait to be called for review, so the possibility of the patient is not concentrated in answering questions.

Index Terms: life-style, hypertension, blood-pressure, patients

1 INTRODUCTION

Lifestyle is a habit of one's life that can affect his health status in the future. Good habits and health care in the early years have an effect on health status at a later stage. Lifestyle arrangement is one way of preventing the onset of disease in later ages (Hulbert, 1986: 232). Recent research has shown that lifestyle changes can prevent various diseases (Siau, 1994: 131). Hypertension is a relatively disguised problem but it contains great potential for big problems as well. Hypertension can cause disability or even death. Hypertension is a fairly dominant health problem in developed countries. In Indonesia the number of hypertensive patients is estimated at 15 million Indonesians with only 4% of controlled hypertension. As a degenerative process, hypertension is found only in adult groups with an increased trend of prevalence by age (Bustan, 1997: 31). The highest incidence of hypertension is in the age between 30-40 years (Bustan, 1997: 34). Hypertension is a condition of elevated blood pressure are on the symptoms will continue to a target organ such as stroke (brain), coronary heart disease (heart blood vessels) and hypertrophy left ventricle (heart muscle). With target organs in the brain in the form of stroke, hypertension is the main cause of stroke that carries high mortality (Bustan, 1997: 31). In the Kompas newspaper Monday, November 12, 2001 mentioned that the current stroke became the main cause of death in Indonesia. In developing countries, Stroke cases tend to occur at younger ages between 30-40 years, including in Indonesia. Based on the results of preliminary studies conducted in the Polyclinics of Internal Medicine dr. Saiful Anwar Malang, the data of the control patient with the age range between 30-40 years amounted to 2360 with monthly average is 590. Medium patients who control with hypertension during January-April 2002 amounted to 2608 with average per month is 652. For patients who control hypertension with age range between 30-40 years amounted to 141 people with average monthly is 35. From the above data it can be concluded that from all patients who control in Polyclinic of internal medicine of RSUD dr. Saiful Anwar Malang, aged between 30-40 years, 6% are hypertensive. In

addition, the results of interviews with seven people who suffer from hypertension, aged between 30-40 years at the Polyclinic of internal medicine of dr. Saiful Anwar Malang got 5 people said his lifestyle supports for the occurrence of hypertension. They rarely exercise, consume cigarettes, often eat foods that are fatty, salty. Based on the above, the authors are interested to examine the influence of lifestyle on the incidence of hypertension in adult age (30-40 years) in the Polyclinic of Internal Medicine RSUD dr. Saiful Anwar Malang.

METHODS

The research design used is descriptive method. Descriptive method is a method of research conducted with the main purpose to create a picture or description of a situation objectively (Notoatmodjo, 1993: 135). Correlation studies (Correlation Study) is essentially a research or study of the relationship between two variables in an s state all or a group of subjects (Notoatmodjo, 1993: 139). This study will produce a picture of the lifestyle of patients who control in the Polyclinic of Internal Medicine dr. Saiful Anwar Malang, aged between 30-40 years, will further investigated the lifestyle and if there any influence on the incidence of hypertension in adulthood (30-40 years).

Population and Sample

Population in this research is patient who control in Polyclinic of Internal Medicine RSUD dr. Saiful Anwar Malang with the age range between 30-40 years with the number of 295 people for the average of 2 weeks. Technics of sampling using Quota Sampling, where researchers can control the amount and the sample with the expected characteristics (Brink, 2001: The criteria for the samples in this study are:

- Patients who are currently in the control at Polyclinic of Internal Medicine dr. Saiful Anwar Malang
- Aged between 30-40 years
- Do not suffer from a mental disorder.

The data collection techniques in use right in this research are questionnaires, which are a number of written questions that

are used to obtain information from respondents them. The nature of this early research questionnaire used was a questionnaire enclosed, where the questionnaire is presented in such a way that the respondent is putting a cross in the choices that has been provided (Arikunto, 1998: 140). For respondents who can not read and write, for the filling of the questionnaire will be read by numerator. The use of closed questionnaires is done with purpose Research and a relatively short time. Data processing for this variable using grading method and graded assessment where for answer A given score 1, B got score 2, C got score 3, and D got score 4. Hypertension at adult age (30-40 years) Variable data processing is needed to determine the number of respondents who suffered from hypertension and who is not. Analyzing data were using a statistical test Chi-square, with a view to testing the significance of differences between the observed frequency, fo the expected frequencies, fh. For it has the processing of data are included in 2x4 contingency tables as follows:

RESULT

Table 1. The frequency distribution characteristics of patients by gender

No	Gender	Hypertension		No Hypertension	
		F	%	F	%
1.	Man	3	25.00	9	50.00
2.	Woman	9	75.00	9	50.00
	amount	12	100	18	100

From Table 1 it can be noted that 75.00% of patients with hypertension were the female sex. Moderate in patients who are not hypertension, balanced (50.00%) between men and women.

Table 2 The frequency distribution of patients based on blood pressure

No.	Blood pressure	F	%
1.	Hypertension	12	40.00
2.	No Hypertension	18	60.00
	Amount	30	100.00

From Table 2 it can be seen that 60.00% is patients who visit for control at Polyclinic of RSUD dr. Saiful Anwar Malang with an age range between 30-40 years who did not suffer from hypertension. Life styles of patients who are visits in Internal Medicine Polyclinic dr. Saiful Anwar Malang with age range 30-40 years. Lifestyle is one of the factors at the risk of hypertension, Weight includes control, nutrient diet (low in salt, fat and saturated potassium), exercise, and stress and smoking. The following is described in detail in the results below:

Table 3 The frequency distribution of patients based subvariable lifestyles Weight control

No.	Family Hypertension	Hypertension		No Hypertension	
		F	%	F	%
1.	Good	8	66.67	15	83.33
2.	Enough	4	33.33	2	11.11
3.	Not good	0	0	0	0
4.	Not good	0	0	0	0
	Amount	12	100	18	100

From Table 3 it can be seen that 66.67% of patients with hypertension, have a good lifestyle. While 83.33% of patients who are not hypertensive, have a good lifestyle also in terms of weight control.

Table 4 Distribution of the patient's lifestyle frequency based on subvariables of nutritional diet.

No.	Family Hypertension	Hypertension		No Hypertension	
		F	%	F	%
1.	Good	11	91.67	6	33.33
2.	Enough	1	8.33	12	66.67
3.	Not good	0	0	0	0
4.	Not good	0	0	0	0
	Amount	12	100	18	100

From Table 4 it can be seen that 91.67% of patients with hypertension, have a good lifestyle. While 83.33% of patients who are not hypertensive, have a fairly good lifestyle in terms of diet nutrition settings.

Table 5 The frequency distribution of patients based subvariable lifestyle sports

No.	Qualitative Criteria	Hypertension		No Hypertension	
		F	%	F	%
1.	Good	3	25.00	7	38.88
2.	Enough	5	41.67	9	50.00
3.	Not good	0	0	1	5.56
4.	Not good	4	33.33	1	5.56
	amount	12	100	18	100

From Table 5 it can be seen that 41.67% of patients with hypertension, have a fairly good lifestyle. Medium 50.00% of patients who are not hypertensive, have a fairly good lifestyle also in terms of sports. Smoke

Table 6 Distribution of the frequency of patient life style based subvariable smoke

No.	Qualitative Criteria	Hypertension		No Hypertension	
		F	%	F	%
1.	Good	5	41.67	10	55.55
2.	Enough	7	58.33	6	33.33
3.	Not good	0	0	1	5.56
4.	Not good	4	0	1	5.56
	Amount	12	100	18	100

From table 6 it can be seen that 58.33% of patients with hypertension, have a pretty good lifestyle. Being 55.55% of the patients who are not hypertensive, have a good lifestyle in terms of smoking.

Table 7 Distribution of the frequency of patient life style based around the subvariable

No.	Qualitative Criteria	Hypertension		No Hypertension	
		F	%	F	%
1	Good	2	16.67	7	38.89
2	Enough	10	83.33	11	61.11
3	Not good	0	0	0	0
4	Not good	0	0	0	0
	amount	12	100	18	100

From Table 7 it can be seen that 83.33% of patients with hypertension, have a pretty good lifestyle. Medium 61.11% of patients who are not hypertensive, have a fairly good lifestyle as well. Based on data obtained in the study (such as attachments 8 and 9) on the results of data processing lifestyle of patients who are being controlled in the Polyclinic of Internal Medicine dr. Saiful Anwar Malang with age ranges between 30-40 years, then can be made Chi-Square table with contingency table 2x2 as follows: The results of Chi-square (Is 1.68 and after being reviewed into the critical price table With a significance level of 5% (0.05) and $df = 1$, obtained Price criticism Is 3.84. From the above calculation, it can be concluded that the price Less than the price of criticism Or $1.68 < 3.84$. This means that the formulation of H_0 is accepted, so it can be stated that there is no lifestyle influence on the incidence of hypertension at adult age (30-40 years) in Internal Disease Polyclinic in RSUD dr Saiful Anwar Malang .

DISCUSSION.

While in patients who are not hypertension, 83.33% lifestyle is good, 11.11% lifestyle is good enough, 5.56% lifestyle is not good. And not get a lifestyle that is not good on the patient of hypertension In Hulbert (1986: 232) it is mentioned that a good lifestyle and health care in the early years affect the health status in the next stage. Lifestyle arrangement is one prevention of the onset of disease at the next age. Lack of lifestyle can cause high frequency of disease one of them hypertension. However, statistical analysis didn't show significant difference. This can be explain as follow The number of questions per subvariabel is not the same, so the result of lifestyle picture obtained is not proportional. When working on the problem is when the patient is waiting for a doctor to come or wait to be called for review, so the possibility of the patient is not concentrated in answering questions. Though this question should be answered with full concentration considering that the question of lifestyle before being exposed to hypertension, so the patient must recollect the habits of life in the past. The instrument used in this study is a closed questionnaire, so it requires honesty from each patient to answer it, but did not rule out the dishonest patient in answering questions from the questionnaire with shame or fear. The number of hypertensive patients was less when compared with no hypertension

CONCLUSION

From the calculation results obtained Chi-Square X^2 price $< X^2$ critic price on the table ($1.68 < 3.84$). So it can be concluded that there is no lifestyle influence on the incidence of hypertension in adulthood (30-40 years) in the Polyclinic of Internal Medicine RSUD dr. Saiful Anwar Malang Year 2002. This is probably caused by various other risk factors that can cause hypertension. In addition, it may be due to technical aspects (limited research).

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