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The Description of Lifestyle on Elderly People with Hypertension

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ABSTRACT

Physiologically, blood vessels tend to harden or stiffen with age. This hardening of the arteries forces the heart to work harder, leading to high blood pressure in older adults. An unhealthy lifestyle in older adults increases the risk of hypertension. The purpose of the study was to determine the lifestyle of elderly people with hypertension at the elderly health post in Panasan Hamlet, Tekenglagahan Village, Loceret District, Nganjuk Regency. This study used a descriptive design which was carried out on February 11, 2025 at the elderly health post in Panasan Hamlet, Tekenglagahan Village, Loceret District, Nganjuk Regency. The population in this study were 40 elderly with hypertension. A sample of 40 respondents using the Total sampling technique. The research variable is lifestyle. The research instruments using a questionnaire. The statistical analysis using SPSS statistical tests

The results of this study indicate that of the 40 respondents, the majority (28 respondents (70%) had a good lifestyle, and almost half (12 respondents (30%) had an unhealthy lifestyle. A better lifestyle is more common in women because more household activities are carried out by women. Most have elementary school education, resulting in the elderly living a simple life with minimal stress, but a lack of understanding of healthy food consumed by the elderly, causing almost all of them to have poor eating habits. Working as farmers makes the elderly fulfill their physical activities and receive life support because they live at home with children.

Keywords: Lifestyle, Hypertension, Elderly

I. Introduction

Elderly age is the final stage of development in the human life cycle. It is a natural and unavoidable process for every individual. Law of the Republic of Indonesia Number 13 of 1998 concerning the Welfare of the Elderly defines elderly as those aged 60 years and over. While aging is not a disease, it is a gradual process of decreased bodily functions, causing physical, biological, and physiological changes that lead to increased blood pressure. An elderly person is considered to have high blood pressure or hypertension if their blood pressure is greater than 140/90 mmHg. This is because blood vessels tend to harden or stiffen with age (Kesehatan, 2014). This hardening of the blood vessels forces the heart to work harder, resulting in high blood pressure in the elderly. One cause of hypertension is an unhealthy lifestyle. A healthy lifestyle is a way of life that aims to improve a person's physical and mental health (Benetos, 2019).

Marlita's research results show that there is a relationship between lifestyle and the incidence of hypertension. A healthy lifestyle includes diet, physical activity, avoiding bad habits such as smoking or excessive alcohol consumption, and stress management. Eating habits high in fat, excessive sodium, and insufficient potassium can lead to hypertension. Recommended physical activities for people with hypertension include jogging, walking, and cycling, ideally performed regularly 3-5 times a week for at least half an hour per session. Cigarettes contain carbon monoxide, which can increase blood pressure because the heart works harder to deliver sufficient oxygen to organs and other body tissues. Problems that arise can make a person feel depressed, especially if needs and desires are not met as expected.

Stress is one of the causes of hypertension (Marlita, 2022). Meanwhile, based on interviews with six elderly people on Sunday, July 14, 2024, four of them reported frequently eating fried foods, enjoying salty foods, rarely engaging in physical activity, and smoking, but they were not responsible for supporting their children. Two of them reported not liking fried foods, occasionally eating salty foods, enjoying sweeping the yard, and not smoking, but were responsible for supporting their children.

Data from the World Health Organization (WHO) shows that around 1.13 billion people in the world suffer from hypertension, meaning one in three people in the world suffer from hypertension (Sihombing, et al., 2023). The prevalence of hypertension cases in Indonesia is 598,983 people, while the death rate due to hypertension is 427,218 deaths. Hypertension occurs in the age group 15-24 years (0.3%), age 25-34 years (1.8%), age 35-44 years (5.2%), age 45-54 years (11.8%), age 55-64 years (18.7%), age 65-74 years (23.8%), and age 75+ years (26.1%) (Riskesdas, 2023). Meanwhile, according to data from the Nganjuk Regency Health Office in 2023, there were 169,631.00 people with hypertension. Based on data from the Nganjuk District Health Office regarding early detection and referral of hypertension cases, there were 6,082 people in the Loceret Community Health Center's working area, ranking 11th out of 20 sub-districts. There were 40 elderly people with hypertension at the Posyandu for the elderly in Panasan Hamlet, Tekenglagahan Village, Loceret District, Nganjuk Regency, out of a total of 102 elderly people at the Posyandu for the elderly in Panasan Hamlet.

There are two factors that influence lifestyle: internal and external factors. Internal factors include attitudes, experiences and observations, personality, self-concept, motives, and perceptions, while external factors include reference groups, family, and social class. An unhealthy lifestyle can negatively impact the physical, mental, and social health of older adults. Unhealthy lifestyles, such as high salt intake, smoking, lack of physical activity, and having dependents that cause stress, can cause hypertension and worsen the condition of older adults with hypertension, as well as lead to various other chronic diseases such as obesity, diabetes, and heart problems. Long-term high blood pressure can cause damage to the kidneys, heart, and brain (stroke) if not detected early and adequately treated (Marlita, 2022).

The improving lifestyle requires changing from a negative lifestyle to a positive one. One way to achieve this is by raising awareness among seniors about hypertension through healthy lifestyle counseling. In addition to lifestyle changes, hypertension control involves community involvement in early detection/screening and monitoring of risk factors for non-communicable diseases (NCDs), public education, and information dissemination through media such as leaflets, banners, posters, and advertisements. Family support for lifestyle changes in seniors with hypertension, along with the creation of activity schedules, will facilitate adherence to a healthy lifestyle and adherence to medication regimens. Regular health check-ups and blood pressure monitoring are also crucial to prevent undetected spikes in blood pressure. A healthy lifestyle has been shown to help lower hypertension (Wolff, 2018).

This study describes the lifestyle of hypertension sufferers so as to minimize the occurrence of complications. The purpose of this research to Description Lifestyle of Elderly People with Hypertension at the Elderly Posyandu in Panasan Hamlet, Tekenglagahan Village, Loceret District, Nganjuk Regency

II. Methods

This study uses a descriptive research design which was carried out on February 11, 2025 at the elderly health post in Panasan Hamlet, Tekenglagahan Village, Loceret District, Nganjuk Regency. The population in this study were 40 elderly with hypertension. A sample of 40 respondents using the Total sampling technique. The research variable is lifestyle. Data collection using a questionnaire. The research instrument used a lifestyle questionnaire for hypertension sufferers from previous research, namely Hanafi's research (Hanafi,2020). The statistical analysis using SPSS statistical test

III. Results and Discussion

Table 1. Distribution of Characteristics Respondent

Variable	F	%
Age		
60-69 Years	29	72
70-79 Years	11	28
≥80 Years	0	0
Gender		
Man	7	18
Woman	33	82
Education		
No school	5	12
Elementary School	21	52
Middle School	9	23
High School	2	5
University	3	8
Profession		
Farmer	28	70
Private	0	0
Self-employed	9	22
Civil servants	0	0
Unemployed	3	8
Living Together		
Child	27	67
Alone	13	33

Based on the results of the study, almost all of them had woman, namely 33 respondents (82%), most of the aged 60-69 years, namely 29 respondents (72%), most of the elementary school education, namely 21 respondents (52%), most of the farmer namely 28 respondents (70%), and most of the living together with child, namely 27 respondents (67%).

Table 2 Frequency Distribution of Lifestyle of Elderly People with Hypertension at the Elderly Posyandu in Panasan Hamlet, Tekenglagahan Village, Loceret District, Nganjuk Regency on 11 February 2025

No	Lifestyle	f	%
1.	Good	28	70
2.	unhealthy	12	30

	Total	40	100

Based on table 2, it shows that of the 40 respondents, the majority, namely 28 (70%) respondents, have a good lifestyle and almost half, namely 12 respondents (30%) have an unhealthy lifestyle.

Based on the results of the study, it shows that out of 40 respondents, most of them, namely 28 respondents (70%) have a good lifestyle. Of the 28 respondents who have a good lifestyle, almost all of them are female, namely 24 respondents (86%), Most of the respondents, namely 20 respondents (71%) are aged 60 – 69 years, Most of the respondents, namely 15 respondents (53%) have a final education of elementary school, half of the respondents, namely 14 respondents (50%) have jobs as farmers, and Most of the respondents, namely 18 respondents (64%) live at home with their children.

From the research results, it was also found that 28 respondents (70%) had a good lifestyle, almost all of the respondents, namely 22 respondents (79%) had good activities, a small number of respondents, namely 4 respondents (14%) had a good diet, most of the respondents, namely 15 respondents (54%) had a non-smoking lifestyle, and almost all of the respondents, namely 26 respondents (93%) were not stressed.

This is in line with research conducted by Krismaryani (2022) in whose research the results were that of 114 respondents, 75 respondents had good activity, 68 respondents had poor eating patterns, and 64 respondents did not smoke (Krismaryani, 2022). This is also in line with research conducted by Tiarmawati (2023) in her research, the results showed that out of 270 respondents, 206 respondents were female, 126 respondents had elementary school education, and 126 respondents worked as farmers (Tiarmawati & Yandri, 2023).

The majority of respondents were female. However, 6 respondents with poor activities could also be due to factors such as the attitude of the elderly who are no longer able to do light activities and a quiet personality who likes to stay at home, which results in an unhealthy lifestyle. Another factor besides lifestyle is because after menopause, women's blood pressure will continue to increase due to the influence of the decrease in the hormone estrogen which has been protecting blood vessels from damage. However, it does not rule out the possibility that men are also very susceptible to hypertension due to a bad lifestyle such as smoking and drinking alcohol (Siti Nur, 2024).

With increasing age, structural changes in large blood vessels occur, causing the lumen to narrow and the walls of the blood vessels to become stiffer, resulting in an increase in systolic blood pressure. This is in line with research by Krismaryani (2022) which found that from 56 respondents, 23 were aged 60-69 years, also stated that this occurs because in old age, large arteries lose their flexibility and become stiff because blood with each heartbeat is forced through narrower blood vessels than usual, causing an increase in blood pressure (Krismaryani, 2022).

In a study (Tiarmawati, 2023), data obtained data on a good lifestyle, with the most common educational category being elementary school, with 126 respondents out of 270 respondents. This is because elderly people with low education in villages still maintain natural healthy habits such as extensive farming activities and a simple, low-stress lifestyle (Tiarmawati & Yandri, 2023). The risk of developing hypertension is higher with a poor lifestyle and lower education. This is because people with low education will have little knowledge about health and will naturally have difficulty and be slow to absorb information (Krismaryani, 2022).

The majority of healthy lifestyles in this study were those living with children. This is in line with research conducted by Purwanto (2014) which found that 66 out of 172 elderly respondents lived with their families. The Chi-Square test results showed a p-value (0.02), which

is less than 0.05, indicating that the quality of life of elderly people living with their families is greater than that of elderly people who do not live with their families (Purwanto & Sari, 2014).

Respondents with female gender have a good lifestyle because elderly women have an active attitude and personality that is doing a lot of household activities such as sweeping, mopping, and washing, most female respondents also still work in the fields every day which means that the lifestyle in physical activity is fulfilled. Respondents have a good lifestyle with the age of 60-69 years because in the research conducted by the author, most respondents are aged 60-69 years. Respondents with elementary school education have a good lifestyle due to low educational experience and social class (lower middle) resulting in the elderly choosing a simple life with minimal stress and eating vegetables from their own gardens and often also in social environments participating in mutual cooperation. Respondents with farmer jobs have a good lifestyle according to the author because the elderly are active in the fields and still feel useful (self-concept) because they can earn their own income. Respondents who live with children have a good lifestyle because family factors in lifestyle are fulfilled, people who live in the same house with children will definitely get more support and can remind them about taking medication regularly.

Respondents with unhealthy lifestyles are due to lack of physical activity, but in the study conducted by the author found a good lifestyle due to sufficient physical activity, because almost all elderly people work in the rice fields, which is a routine activity every morning. Respondents with poor eating habits also constitute a poor lifestyle, elderly with most elementary school education resulting in a lack of understanding of the prohibitions of elderly hypertension related to food. Respondents who have a smoking habit also constitute a bad lifestyle because in cigarettes there are dangerous chemicals, especially nicotine and carbon monoxide, these substances enter the bloodstream and cause narrowing of blood vessels. Stress levels affect a bad lifestyle because stress can trigger the release of cortisol and epinephrine hormones associated with increased blood pressure and heart rate. Stress can also make a person lazy to do activities, eating becomes lazy until some people divert stress by smoking which actually worsens the lifestyle.

Poor dietary habits in elderly people with hypertension are often caused by long-standing habits, poor nutritional knowledge, and a lack of family support. Unhealthy lifestyles, such as consuming high-salt, low-fiber foods, and fast food, are factors that exacerbate blood pressure. In this regard, nurses play a crucial role as educators and motivators to help elderly people change their diets. Education is provided repeatedly in simple language and involves the family as the primary support system. Nurses can also help families develop low-salt menus and provide examples of healthy, easy-to-prepare meals. This approach has proven to be more effective because elderly people feel more cared for and fully supported in making lifestyle changes. Through the active involvement of nurses and families, elderly people become more compliant with hypertension diets and achieve better blood pressure control.

IV. Conclusion

Description of lifestyle in Elderly Hypertensive Patients the majority, namely 28 (70%) respondents, have a good. It is hoped that seniors and their families will pay more attention to healthy eating habits by reducing foods high in salt, oil, and fat, and increasing their consumption of vegetables and fruit. Furthermore, they should maintain regular physical activity, such as morning walks or household chores, and manage stress through enjoyable activities.

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