LAMPIRAN

Lampiran 1 Biodata Peneliti

BIODATA PENELITI

A. Data Pribadi

Nama	:	Yunitha Nur Hija Saputri
Tempat, Tanggal Lahir	:	Samarinda, 24 Januari 2002
Alamat	:	Jl. Kemakmuran Gang KNPI

B. Riwayat Pendidikan Formal

Pendidikan Formal

- Tamat SD Tahun : 2013 di SD Negeri 003 Samarinda
- Tamat SMP : 2016 di MTs Negeri Model Samarinda
- Tamat SLTA : 2019 di MAN 2 Samarinda

Tanggal Ujian : 12 Juli 2023

Judul Penelitian :

ANALISIS FAKTOR RESIKO HIPERTENSI PADA LANSIA DI PUSKESMAS PASUNDAN SAMARINDA.

Pembimbing : Lisa Wahidatul Oktaviani, Ph.D

Demikian permohonan pengajuan pengajuan penguji ini saya sampaikan atas perhatiannya saya ucapkan terima kasi.

Wassalamu'alaikum Wr.Wb

Samarinda, 07 Juli 2023

Hormat saya.
Mahasiswa

Yunitha Nur Hija Saputri
NIM. 1911102413033

Lampiran 2 Surat Izin Penelitian

UMKT
Program Studi
Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat
Universitas Muhammadiyah Kalimantan Timur
Telp. 0541-748511 Fax.0541-766832
Website http://kesmas.umkt.ac.id
email: kesmas@umkt.ac.id

بِسْمِ اللَّهِ الرَّحْمَٰنِ الرَّحِيمِ

Nomor : 491/FIK.3/C.3/B/2023
Lampiran : -
Perihal : **Permohonan Izin Penelitian**

Yth.
Kepala Dinas Kesehatan Kota Samarinda
di Tempat

Assalamu'alaikum Warahmatullahi Wabarakatuh

Dengan hormat teriring salam dan do'a kami haturkan semoga Bapak/Ibu selalu dalam keadaan sehat walafiat.

Sehubungan penyusunan tugas akhir Skripsi Mahasiswa Program Studi S1 Kesehatan Masyarakat, Fakultas Kesehatan Masyarakat, Universitas Muhammadiyah Kalimantan Timur, bersama ini disampaikan permohonan izin penelitian di Puskesmas Pasundan dengan nama mahasiswa berikut :

Nama : Yunitha Nur Hija Saputri
NIM : 1911102413033
Judul Penelitian : Analisis Faktor Resiko Hipertensi Pada Lansia di Puskesmas Pasundan Samarinda

Pelaksanaan waktu kegiatan disesuaikan dengan tempat Bapak/Ibu pimpin. Demikian yang dapat disampaikan, atas perhatian dan kerjasamanya kami mengucapkan terima kasih.

Wassalamu'alaikum Warahmatullahi Wabarakatuh

Samarinda, 03 Dzulqa'idah 1444 H
23 Mei 2023 M

Ketua Prodi S1 Kesehatan Masyarakat

Nida Amalia, M.PH
NIDN. 1101119301

Tembusan disampaikan kepada:
1. Mahasiswa yang bersangkutan
2. Arsip

Lampiran 3 Surat Balasan Penelitian

PEMERINTAH KOTA SAMARINDA
DINAS KESEHATAN
UPTD PUSKESMAS PASUNDAN
Jalan Pasundan Kel. Jawa, Kec. Samarinda Ulu, Kota Samarinda,
Provinsi Kalimantan Timur Kode Pos 75122 Telp (0541) 738937
https://pkm-pasundan.samarindakota.go.id E-mail puskesmaspasundan@gmail.com

No : 400.7 /649/ 100.02.011
Lamp : -
Hal : Surat Keterangan Selesai Penelitian

Kepada
Muhammadiyah Kalimantan Timur
di -
Samarinda

Yang bertanda tangan di bawah ini :

N a m a	:	Hj. Yuliana,A.Md.Kep,S.Psi
N I P	:	197710181998032002
Pangkat/Golongan	:	Penata Tk. I - III/d
Jabatan	:	Kepala Sub Bag Tata Usaha Puskesmas Pasundan

Menerangkan bahwa:

N a m a	:	Yunitha Nur Hija Saputri
NIP	:	1911102413033
Program Studi	:	S1 Kesehatan Masyarakat

Benar telah mengadakan penelitian di UPTD Puskesmas Pasundan mulai tanggal 03 Juni 2023 s/d 24 Juni 2023 dengan judul penelitian **"Analisis Faktor Resiko Hipertensi Pada Lansia Di Puskesmas Pasundan Samarinda"**.

Demikian surat keterangan ini dibuat untuk dapat dipergunakan sebagaimana mestinya.

Samarinda, 07 Juli 2023
Kepala UPTD Puskesmas Pasundan

drg. Aprilia Lailati, M.M.
Pembina Tk. I/ IVb
NIP. 19660412 199903 2 004

Lampiran 4 Kuesioner Penelitian

KUESIONER PENELITIAN
SURAT PERSETUJUAN
(*INFORMED CONSENT)*

Kepada Yth. Responden

Di Tempat.

Dengan Hormat,

Saya Mahasiswi Program Studi S1 Kesehatan Masyarakat Universitas Muhammadiyah Kalimantan Timur.

Nama : Yunitha Nur Hija Saputri

NIM : 1911102413033

Bermaksud akan melakukan penelitian mengenai “Analisis Faktor Resiko Hipertensi Pada Lansia di Puskesmas Pasundan Samarinda”. Segala informasi yang anda berikan akan dijamin kerahasiaannya dan saya bertanggung jawab apabila informasi yang diberikan akan merugikan saudara/i. Sehubungan dengan hal tersebut, apabila saudara/i setuju untuk ikut serta dalam penelitian ini mohon untuk menandatangani kolom yang disediakan.

Atas kesediaannya saya ucapkan terima kasih.

Samarinda,.....

Responden,

(.....)

A. Identitas Responden

1. Nama Responden :.....

2. Usia :.....

3. Jenis Kelamin : Perempuan/Laki-laki (Lingkari jawaban yang benar)

4. Pendidikan :

5. Pekerjaan :

6. Status Asuransi Kesehatan : Memiliki/ Tidak (Lingkari jawaban yang benar)

B. Perilaku Merokok

Untuk bagian ini diisi oleh responden. Berikan tanda (×) untuk jawaban yang sesuai dengan keadaan anda

1. Bagaimana perilaku merokok Bapak/Ibu saat ini?

   a. Perokok harian (Merokok 1 batang sehari)

   b. Sesekali merokok (Merokok kurang dari 1 batang sehari)

   c. Mantan perokok

   d. Bukan perokok

2. Apakah Bapak/Ibu pernah merokok sebanyak 100 batang selama hidup?

   a. Ya

   b. Tidak

3. Pada usia berapa Bapak/Ibu pertama kali merokok ?

   ..... Tahun

4. Jika Bapak/Ibu mantan perokok, berapa lama berhenti merokok?

..... Hari ..... Bulan ..... Tahun

D. Sedentary Behavior

Klasifikasi Aktivitas

Jenis Aktivitas	**Contoh Aktivitas**
Aktivitas/kerja ringan	Duduk, berdiri, mencuci piring, memasak, menyetrika, bermain musik, menonton tv, mengemudikan kendaraan, berjalan perlahan.
Aktivitas/kerja sedang	Mengepel lantai, mencuci kendaraan, menanam tanaman, bersepeda, berjalan cepat dan sedang.
Aktivitas/kerja berat	Membawa barang berat, berkebun, berlari

	Pertanyaan	**Responden**	**Kode**
Aktivitas saat bekerja			
1	Apakah dalam pekerjaan sehari – hari Bapak/Ibu, melakukan **aktivitas/kerja berat** minimal 10 menit per hari?	Ya (Lanjut ke no 2) Tidak (Lanjut ke no 4)	P1
2	Berapa hari dalam seminggu Bapak/Ibu melakukan **aktivitas/kerja berat?**	..... Hari	P2
3	Berapa lama dalam 1 hari, Bapak/Ibu melakukan	.....Jam, ...Menit	P3

Pertanyaan		Responden	Kode
	aktivitas/kerja berat, minimal 10 menit per hari?		
4	Apakah dalam pekerjaan Bapak/Ibu melakukan **aktivitas/kerja sedang**?	Ya Tidak (Lanjut ke no 7)	P4
5	Berapa hari dalam seminggu Bapak/Ibu melakukan **aktivitas/kerja sedang**?	..... Hari	P5
6	Berapa lama dalam 1 hari biasanya Bapak/Ibu melakukan **aktivitas/kerja sedang** ?	.....jam, ...Menit	P6
Perjalanan dari tempat ke tempat lainnya dengan sepeda atau berjalan kaki			
7	Apakah Bapak/Ibu berjalan kaki atau bersepeda, minimal 10 menit setiap harinya untuk pergi ke suatu tempat?	Ya Tidak (Lanjut ke no 10)	P7
8	Berapa hari dalam seminggu Bapak/Ibu berjalan kaki atau bersepeda (minimal 10 menit) untuk pergi ke suatu tempat ?	.....Hari	P8
9	Berapa lama dalam 1 hari biasanya Bapak/Ibu berjalan kaki atau bersepeda untuk pergi ke suatu tempat ?	.....Jam, ...Menit	P9

Pertanyaan		Responden	Kode
Aktivitas Rekreasi			
10	Apakah Bapak.Ibu melakukan olahraga atau rekreasi yang merupakan **aktivitas/kerja berat** minimal 10 menit per hari?	Ya Tidak (Lanjut ke no 13	P10
11	Berapa hari dalam seminggu biasanya Bapak/Ibu melakukan olahraga atau rekreasi yang merupakan **aktivitas/kerja berat** ?	.....Hari	P11
12	Berapa lama Bapak/Ibu melakukan olahraga atau rekreasi yang merupakan **aktivitas/kerja berat** dalam 1 hari ?	.....Jam, ...Menit	P12
13	Apakah Bapak/Ibu melakukan olahraga atau rekreasi yang tergolong seperti : **berjalan cepat, bersepeda, mengepel lantai** yang merupakan **aktivitas/kerja sedang** minimal 10 menit per hari ?	Ya Tidak (Lanjut no 16)	P13
14	Berapa hari dalam seminggu Bapak/Ibu melakukan olahraga atau rekreasi yang tergolong seperti : **berjalan cepat, bersepeda, mengepel lantai ?**	.....Hari	P14
15	Berapa lama Bapak/ibu Bapak/Ibu melakukan olahraga atau rekreasi yang tergolong seperti : **berjalan**	.....Jam, ...Menit	P15

Pertanyaan		Responden	Kode
	cepat, bersepeda, mengepel lantai dalam 1 hari ?		
Aktivitas yang tidak memerlukan banyak gerak seperti duduk dan berbaring *(sedentary behavior)*			
16	Berapa lama Bapak/Ibu duduk/berbaring seperti : **duduk saat membaca Al Quran, duduk/berbaring di kamar, duduk di teras, duduk saat menonton TV, dan duduk saat mengobrol bersama tetangga** dalam 1 hari ?	.....Jam, ...Menit	P16

Lampiran 5 Output SPSS

Analisis Univariat

JK

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-laki	13	13.0	13.0	13.0
	Perempuan	87	87.0	87.0	100.0
	Total	100	100.0	100.0	

Kategori Usia Responden

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	60-75	98	98.0	98.0	98.0
	>75	2	2.0	2.0	100.0
	Total	100	100.0	100.0	

SA_ Kesehatan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Memiliki	3	3.0	3.0	3.0
	Memiliki	97	97.0	97.0	100.0
	Total	100	100.0	100.0	

HIPERTENSI

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak	54	54.0	54.0	54.0
	Ya	46	46.0	46.0	100.0
	Total	100	100.0	100.0	

Kategori Pekerjaan Responden

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bekerja	16	16.0	16.0	16.0
	Tidak	84	84.0	84.0	100.0
	Total	100	100.0	100.0	

Kategori Pendidikan Responden

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sekolah	88	88.0	88.0	88.0
	Tidak	12	12.0	12.0	100.0
	Total	100	100.0	100.0	

Status Merokok Responden

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak	89	89.0	89.0	89.0
	Ya	11	11.0	11.0	100.0
	Total	100	100.0	100.0	

kategori sedentary responden

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak	57	57.0	57.0	57.0
	Ya	43	43.0	43.0	100.0
	Total	100	100.0	100.0	

Kategori IMT

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Normal	44	44.0	44.0	44.0
	Kurus	7	7.0	7.0	51.0
	Gemuk	32	32.0	32.0	83.0
	Obesitas	17	17.0	17.0	100.0
	Total	100	100.0	100.0	

Analisis Multivariat

Seleksi Bivariat

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	.013	1	.909
	Block	.013	1	.909
	Model	.013	1	.909

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	1.436	1	.231
	Block	1.436	1	.231
	Model	1.436	1	.231

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	14.254	1	.000
	Block	14.254	1	.000
	Model	14.254	1	.000

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	.561	1	.454
	Block	.561	1	.454
	Model	.561	1	.454

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	1.436	1	.771
	Block	1.436	1	.771
	Model	1.436	1	771

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	.561	1	.464
	Block	.561	1	.464
	Model	.561	1	.464

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	.088	1	.767
	Block	.088	1	.767
	Model	.088	1	.767

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	36.813	6	.000
	Block	36.813	6	.000
	Model	36.813	6	.000

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B) Lower	Upper
Step 1[a]	Jenis kelamin(1)	-.796	1.507	.279	1	.598	.451	.024	8.656
	Status Merokok Responden(1)	-1.051	1.739	.365	1	.546	.350	.012	10.561
	Kategori IMT			10.972	3	.012			
	Kategori IMT(1)	-20.102	14967.904	.000	1	.999	.000	.000	.
	Kategori IMT(2)	1.223	.522	5.486	1	.019	3.399	1.221	9.463
	Kategori IMT(3)	2.572	.867	8.799	1	.003	13.087	2.393	71.576
	kategori sedentary responden(1)	1.016	.503	4.075	1	.044	2.763	1.030	7.411
	Constant	-.508	1.482	.118	1	.732	.602		
Step 2[a]	Status Merokok Responden(1)	-.268	.910	.087	1	.768	.765	.129	4.550
	Kategori IMT			10.747	3	.013			
	Kategori IMT(1)	-20.139	14960.655	.000	1	.999	.000	.000	.
	Kategori IMT(2)	1.178	.514	5.258	1	.022	3.249	1.187	8.894
	Kategori IMT(3)	2.522	.861	8.577	1	.003	12.455	2.303	67.359
	kategori sedentary responden(1)	1.035	.502	4.261	1	.039	2.816	1.054	7.527
	Constant	-1.266	.388	10.632	1	.001	.282		
Step 3[a]	Kategori IMT			10.694	3	.013			
	Kategori IMT(1)	-20.301	14884.357	.000	1	.999	.000	.000	.
	Kategori IMT(2)	1.167	.512	5.194	1	.023	3.213	1.178	8.768
	Kategori IMT(3)	2.504	.858	8.529	1	.003	12.235	2.279	65.697
	kategori sedentary responden(1)	1.046	.501	4.358	1	.037	2.846	1.066	7.600
	Constant	-1.285	.383	11.228	1	.001	.277		

a. Variable(s) entered on step 1: Jenis kelamin, Status Merokok Responden, Kategori IMT, kategori sedentary responden.

Lampiran 6 Sumber Jurnal

Li et al. BMC Cardiovascular Disorders (2023) 23:201
https://doi.org/10.1186/s12872-023-03232-9

BMC Cardiovascular Disorders

RESEARCH Open Access

Predicting hypertension by obesity- and lipid-related indices in mid-aged and elderly Chinese: a nationwide cohort study from the China Health and Retirement Longitudinal Study

Yuqing Li[1], Jiaofeng Gui[1], Xiaoyun Zhang[1], Ying Wang[1], Yujin Mei[1], Xue Yang[1], Haiyang Liu[2], Lei-lei Guo[3], Jinlong Li[4], Yunxiao Lei[5], Xiaoping Li[6], Lu Sun[6], Liu Yang[7], Ting Yuan[5], Congzhi Wang[7], Dongmei Zhang[8], Huanhuan Wei[5], Jing Li[9], Mingming Liu[9], Ying Hua[10] and Lin Zhang[7*]

Abstract

Background Currently, the study outcomes of anthropometric markers to predict the risk of hypertension are still inconsistent due to the effect of racial disparities. This study aims to investigate the most effective predictors for screening and prediction of hypertension (HTN) in the Chinese middle-aged and more elderly adult population and to predict hypertension using obesity and lipid-related markers in Chinese middle-aged and older people.

Methods The data for the cohort study came from the China Health and Retirement Longitudinal Study (CHARLS), including 4423 middle-aged and elderly people aged 45 years or above. We examined 13 obesity- and lipid-related indices, including waist circumference (WC), body mass index (BMI), waist-height ratio (WHtR), visceral adiposity index (VAI), a body shape index (ABSI), body roundness index (BRI), lipid accumulation product index (LAP), conicity index (CI), Chinese visceral adiposity index (CVAI), triglyceride-glucose index (TyG-index) and their combined indices (TyG-BMI, TyG-WC, TyG-WHtR). To compare the capacity of each measure to forecast the probability of developing HTN, the receiver operating characteristic curve (ROC) was used to determine the usefulness of anthropometric indices for screening for HTN in the elderly and determining their cut-off value, sensitivity, specificity, and area under the curve (AUC). Association analysis of 13 obesity-related anthropometric indicators with HTN was performed using binary logistic regression analysis.

Results During the four years, the incident rates of HTN in middle-aged and elderly men and women in China were 22.08% and 17.82%, respectively. All the above 13 indicators show a modest predictive power (AUC > 0.5), which is significant for predicting HTN in adults (middle-aged and elderly people) in China ($P < 0.05$). In addition, when WHtR = 0.501 (with an AUC of 0.593, and sensitivity and specificity of 63.60% and 52.60% respectively) or TYg-WHtR = 4.335 (with an AUC of 0.601, and sensitivity and specificity of 58.20% and 59.30% respectively), the effect of predicting the incidence risk of men is the best. And when WHtR = 0.548 (with an AUC of 0.609, and sensitivity and

*Correspondence:
Lin Zhang
yaoran2008@163.com
Full list of author information is available at the end of the article

scientific reports

Check for updates

OPEN

Prevalence and risk factors of hypertension among college freshmen in China

Qingqing Jiang[1], Qiumei Zhang[2], Tiantian Wang[1], Qiqi You[1], Chun Liu[3]✉ & Shiyi Cao[1]✉

Hypertension is the leading single contributor to all-cause death and disability worldwide. However, there is scarce evidence on the prevalence and risk factors of hypertension for Chinese youth. This study aimed to investigate the prevalence of hypertension among Chinese college freshmen and to identify the influencing factors. We conducted a cross-sectional study of all freshmen from 2015 to 2017 at a university in Wuhan, China by physical examination and standard-structured questionnaire. The Pearson chi-square test was used to compare categorical variables. Forward stepwise logistic regression method was used in the multivariate analysis to identify independent predictors of hypertension in youth. A total of 12,849 participants were included, and the prevalence of hypertension of Chinese college freshmen was 4.3% (7.9% in men and 1.6% in women). Men had a higher risk of hypertension than women (odds ratio [OR]: 5.358, 95% confidence interval [CI]: 4.345–6.607, $P < 0.001$). Obese people were more likely to develop hypertension than those with normal body mass index (OR: 10.465, 95% CI: 8.448–12.964, $P < 0.001$). People with elevated resting heart rate (RHR) had a higher prevalence of hypertension (OR: 4.987, 95% CI: 3.641–6.832, $P < 0.001$). Staying up late (OR: 2.957, 95% CI: 2.482–3.523, $P < 0.001$), physical inactivity (OR: 4.973, 95% CI: 4.141–5.972, $P < 0.001$), living in urban district (OR: 1.864, 95% CI: 1.493–2.329, $P < 0.001$) and family history of cardiovascular diseases (CVDs) (OR: 2.685, 95% CI: 2.108–3.421, $P < 0.001$) were related to higher prevalence of hypertension in youth. Male, obesity, elevated RHR, physical inactivity and family history of CVDs were identified as important risk factors of hypertension in youth. These risk factors should be given more attention when designing and implementing the interventional programs.

Cardiovascular diseases (CVDs, including coronary heart disease, heart failure, stroke, myocardial infarction and atrial fibrillation etc.) are the most common non-communicable diseases globally and responsible for estimated 17.9 million deaths each year[1,2], which caused an increasing burden to the society and families. Although CVDs are usually detected in the elderly, the disease development process that cannot be observed obviously may occur at a younger age, and there is an increasing tendency of mortality among the young[3,4]. Hypertension, as the most common preventable risk factor for CVDs, is the leading single contributor to all-cause death and disability worldwide[5]. Increasing studies have provided ample evidence that some adult hypertension develops in childhood, meaning that children and adolescents with elevated blood pressure tend to end up as adults with recognizable hypertension[6,7]. From a public health point of view, the prevention and control of hypertension are essential to maintain and promote human health, particularly in childhood.

In China, the prevalence of hypertension among youth rose from 1.6%[8] in 2004 to 4.0%[9] in 2015, but there is scarce evidence on the prevalence and risk factors of hypertension for Chinese youth. The aim of the cross-sectional study was to investigate the prevalence of hypertension of college freshmen as well as its influencing factors, which would provide scientific bases for the primary prevention of CVDs. We hope to awaken the students' attention to take active measures to keep their blood pressure within the normal range.

[1]School of Public Health, Tongji Medical College, Huazhong University of Science and Technology, No. 13 Hangkong Road, Wuhan 430030, Hubei, China. [2]Hospital of Jianghan University, Wuhan 430056, Hubei, China. [3]Division of Cardiothoracic and Vascular Surgery Department, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, No. 1095 Jiefang Avenue, Wuhan 430030, Hubei, China. ✉email: liuchuntongji@163.com; caoshiyi@hust.edu.cn

Social Science & Medicine
Volume 265, November 2020, 113439

Role of health insurance and neighborhood-level social deprivation on hypertension control following the affordable care act health insurance opportunities

Angier H [a], Green BB [b], Fankhauser K [a], Marino M [c], Huguet N [a], Larson A [d], DeVoe JE [a]

https://doi.org/10.1016/j.socscimed.2020.113439

Abstract

Objectives

To understand if neighborhood-level social deprivation moderates the association between gaining health insurance and improved hypertension control.

Turkish Journal of Physiotherapy and Rehabilitation; 32(3)
ISSN 2651-4451 | e-ISSN 2651-446X

RISK FACTORS FOR ELDERLY'S HYPERTENSION IN SOUTH TANGERANG, INDONESIA: A CASE CONTROL STUDY

Andriyani[1], Atik Kridawati[2], Cicilia Windi Yaningsih[3], Tri Budi Rahardjo[4],Nurmalia Lusida[5], Dina Rahma Fadlilah[6], Tria Astika Endah Permatasari[7], Ernyasih[8], Munaya Fauziah[9], Triana Srisantyorini[10]

[1]Faculty of Public Health, University of Muhammadiyah Jakarta, Indonesia. E-mail: andriyani@umj.ac.id
[2]Faculty of Public Health Science, University of Respati Indonesia, Indonesia.
[3]Faculty of Public Health Science, University of Respati Indonesia, Indonesia.
[4]Faculty of Public Health Science, University of Respati Indonesia, Indonesia.
[5]Faculty of Public Health, University of Indonesia, Indonesia.
[6]Faculty of Educational Science, Syarif Hidayatullah Islamic State University, Indonesia.
[7]Faculty of Medicine and Health, University of Muhammadiyah Jakarta, Indonesia.
[8]Faculty of Public Health, University of Muhammadiyah Jakarta, Indonesia.
[9]Faculty of Public Health, University of Muhammadiyah Jakarta, Indonesia.
[10]Faculty of Public Health, University of Muhammadiyah Jakarta, Indonesia.

ABSTRACT

Hypertension is a serious problem around the world. This is due to the high prevalence of hypertension and tend to increase in the future.This study aimed to determine factors associated with hypertension in elderly lived in South Tangerang. Indonesia.This study is a case control (age matched at the 1:1 ratio) and based on an elderly population that was conducted in South Tangerang, Indonesia in 2019. Along with the descriptive statistics, chi square analysis and logistic regression model was done using SPSS to calculate the odds ratio.Multivariate analysis obtained the highest Odd Ratio (OR) value were the variable use of contraception before menopause (OR = 3,149). The multivariate summary analysis model with the value of R square = 0,577, it means that the variable use of contraception can explain 57,7% variable hypertension. And there 42,3% variables or other factors that were not studied to explain the hypertension variable in the elderly at the South Tangerang, Banten, Indonesia.Variable of contraceptive use is the determinant risk factor in the incidence of hypertension in elderlyafter controlling by family history variables, habit of consuming salty food, habit of consuming saturated fat, habit of physical activity, stress, and age. By that results, women of childbearing age in Indonesia especially South Tangerang should use contraceptives that do not affect hormones, including IUD (Intra Uterine Device) contraception and condoms.

Keywords: Risk Factor, Elderly, Hypertension.

I. INTRODUCTION

Indonesia is currently undergoing an epidemiological transition in line with demographic and technological transition. This also contributes to the emergence of causes as the main factors of morbidity and mortality, from infectious diseases which are generally caused by disease-carrying agents to non-communicable diseases (NCD) that caused by human behaviour and degenerative factors.[1]NCD is the main cause of death in developed countries.[2] The death rate caused by NCD in Indonesia according to World Health Organization (WHO) in 2008 was 647 per 100,000 population.[3] Hypertension is one of the NCD in Indonesia which is most at risk of causing death. The Ministry of Health Republic of Indonesia stated that hypertension is the third highest cause of death in Indonesia with a Case Fatality Rate (CFR) of 4.81%.[4]

The prevalence of hypertension in the world tend to increase as a result of the increasing population of the elderly over 80 years, which has exponentially increased over the last 40 years, especially in developing countries.[5]Studies conducted at Framingham showed that increasing age indicates the development of hypertension in about 91% to 93%.[6]Approximately one in four adults in America has hypertension.

International Journal of Gerontology 16 (2022) 46–51
https://doi.org/10.6890/IJGE.202201_16(1).0009

International Journal of Gerontology

journal homepage: http://www.sgecm.org.tw/ijge/

Original Article

Gender Differences in Health-Related Behavior Patterns among Older Adults in Indonesia: A Latent Class Analysis

Lisa Wahidatul Oktaviani [a,b], Hui-Chuan Hsu [a,c,*], Yi-Chun Chen [c,d]

[a] School of Public Health, Taipei Medical University, Taipei, Taiwan, [b] Department of Public Health, Universitas Muhammadiyah Kalimantan Timur, Samarinda, Indonesia, [c] Research Center of Health Equity, College of Public Health, Taipei Medical University, Taipei, Taiwan, [d] School of Nutrition and Health Science, Taipei Medical University, Taipei, Taiwan

ARTICLE INFO

Accepted 23 July 2021

Keywords:
health behavior,
smoking,
dietary habit,
physical activity,
gender difference

SUMMARY

Background: Health-related behavior patterns may affect health outcomes. However, there is little research for about health-related behavior patterns in Southeast Asia. The purpose of this study was to identify health-related behavior patterns among older adults in Indonesia and to examine the factors.
Methods: The data were obtained from the fifth wave of the Indonesia Family Life Survey collected in 2015. Adults who were age 60 or older were included (n = 2930). Health-related behaviors included smoking, physical activity, and dietary patterns. The data was analyzed using latent class analysis and logistic regression.
Results: Four classes each for older men were identified: smoking and high-calorie diet (20.8%), smoking and active (47.5%), nonsmoking (2.5%), and smoking and healthy diet (29.1%). Four classes for older women were also identified: high risk (8.8%), inactive (31.0%), moderate physical activity (37.7%), and healthy diet (22.5%). The related factors were different by gender.
Conclusion: Four lifestyles for older men and women respectively were identified. No completely healthy behavior group was identified. Gender differences imply that health inequality may exist. A gender-sensitive policy is suggested.

1. Introduction

Health-related behaviors (HRB) are related to health outcomes, such as mortality, chronic disease morbidity and mental health, especially for the older people.[1–3] A healthy lifestyle is defined as "collective patterns of health-related behavior based on choices from options available to people according to their life chances".[4] The most common HRBs are smoking, drinking alcohol, physical activity, and dietary patterns.[5] The person-centered methods are often used to identify different HRB patterns and to group individuals,[6–12] and the common groups reported in the existing research include healthy groups and multiple risk behavior groups.[13] However, the HRB patterns are little explored in Southeast Asia. Furthermore, the gender differences in the HRB patterns based on the role expectation in the culture may cause different risks to health outcomes for older people.

The factors that influence HRBs include age, gender, ethnicity, education, socioeconomic status, physical health and mental health.[5–15] Gender differences in HRBs can be explained by the knowledge gap or health literacy differences, differences in health beliefs, social role differences, and social disparities due to gender. Men are more likely to smoke and drink alcohol, whereas women had more risks in physical inactivity and unhealthy diet.[7,8,13] Higher socioeconomic status and education are often related to HRBs.[7–15] Social participation or social engagement are also factors related to HRBs.[16]

The percentage of people who were age 60 years old or more has reached almost 9.0% of the population in Indonesia.[17] The high rate of smoking, low physical activity, and consuming fried food are noticed in the lifestyle for older adults.[18] Despite HRBs and related factors being explored in previous research, HRBs as a lifestyle pattern for older people in Southeast have not been identified yet. The purpose of this study was to identify different HRB lifestyle patterns by gender for older adults in Indonesia and to examine related factors.

2. Materials and methods

2.1. Data and sample

The data were obtained from the Indonesia Family Life Survey (IFLS)[19] from the RAND corporation, a nationally representative survey. The sampling for the IFLS was based on sampling households from the Indonesian population since 1993. Data collection was conducted by face-to-face interviews. In this study, we used the fifth wave of IFLS and selected older participants who were at least 60 years old. In total 2930 participants were included for analysis. The study was approved by the Institutional Review Board before the study was conducted (TMU-JIRB No. N202004087).

2.2. Measures

The HRB consisted of 3 kinds of behaviors: smoking, physical

* Corresponding author. School of Public Health, Taipei Medical University, No. 250, Wuxing Street, Taipei 11031, Taiwan, R.O.C.
E-mail address: gingerhsu@tmu.edu.tw (H.-C. Hsu)

Lampiran 7 Lembar Konsultasi

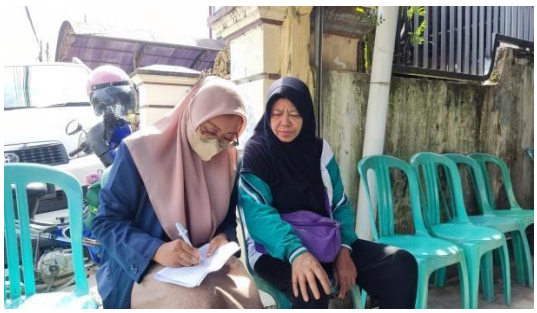
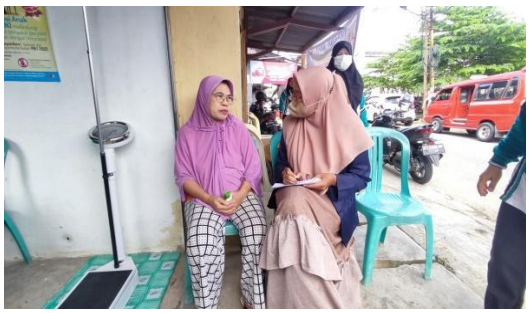
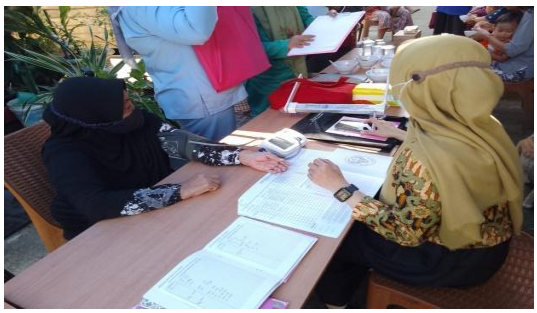
LEMBAR KONSULTASI

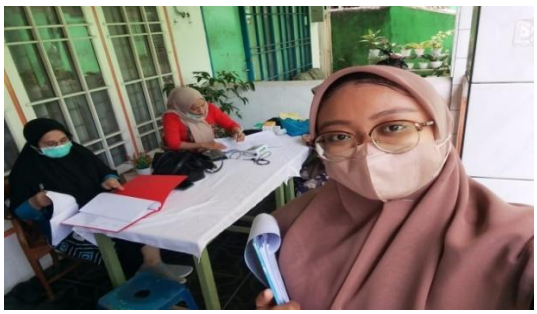
Nama : Yunitha Nur Hija Saputri
NIM : 1911102413033
Judul Penelitian : Analisis Faktor Resiko Hipertensi Pada Lansia di Puskesmas Pasundan Samarinda

No	Tanggal	Konsultasi	Hasil Konsultasi	Paraf
1.	Senin, 14 November 2022	- Penjelasan KOM - Sistematika Penulisan	- Pembagian kelompok - Pengajuan Judul	
2.	Senin, 12 Desember 2022	Konsultasi Pengajuan Judul	- Perubahan Judul	
3.	Senin, 16 Januari 2023	Konsultasi Penulisan Bab II	- Penentuan desain penelitian - Penetapan tempat penelitian	
4.	Rabu, 08 Maret 2023	Konsultasi full Proposal	- Revisi Latar belakang - Menajamkan gap penelitian	
5.	Senin, 20 Februari 2023	Konsultasi tempat penelitian dan perubahan variabel	- Tempat penelitian di Puskesmas Pasundan - Menjabarkan variabel	
6.	Selasa, 14 Maret 2023	Konsultasi revisi proposal	Proposal ACC	
7.	Sumat 31 Maret 2023	Konsultasi hipotesis dan uji statistik	- Revisi hipotesis - Penambahan variabel sedentary	
8.	Senin, 26 Juni 2023	Konsultasi data penelitian	- Revisi coding.	
9.	Senin, 01 Juli 2023	Konsultasi full Skripsi	- Revisi Tujuan khusus & kesimpulan	
10.	Senin, 10 Juli 2023	Konsultasi full Skripsi	ACC	

Lampiran 8 Dokumentasi






Lampiran 9 Hasil Uji Turnitin

ANALISIS FAKTOR RESIKO HIPERTENSI PADA LANSIA DI PUSKESMAS PASUNDAN SAMARINDA

by Yunitha Nur Hija Saputri

Submission date: 15-Aug-2023 06:38PM (UTC+0800)
Submission ID: 2146157097
File name: Yunitha_Nur_Hija_Saputri_1911102413033.docx (595.76K)
Word count: 6734
Character count: 42036

ANALISIS FAKTOR RESIKO HIPERTENSI PADA LANSIA DI PUSKESMAS PASUNDAN SAMARINDA

ORIGINALITY REPORT

14%	15%	13%	13%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	repository.umj.ac.id Internet Source	3%
2	pdfs.semanticscholar.org Internet Source	2%
3	jurnal.stikesbhaktihusada.ac.id Internet Source	1%
4	Submitted to Universitas Respati Indonesia Student Paper	1%
5	repository.stikes-bhm.ac.id Internet Source	1%
6	jurnal.unigal.ac.id Internet Source	1%
7	jurnal.unismuhpalu.ac.id Internet Source	1%
8	jurnal.umj.ac.id Internet Source	1%
9	sjm-fk.ejournal.unsri.ac.id Internet Source	1%