

Conference Paper

Overview of Handling Hypertension in the Konawe Regency, Southeast Sulawesi, Indonesia

Rio Kristian¹, Ramadhan Tosepu^{2*}, Devi Savitri Effendy²¹Student of Postgraduate Program of Public Health, University of Halu Oleo, Indonesia²Faculty of Public Health University of Halu Oleo, Southeast Sulawesi province, Indonesia**Abstract.**

Hypertension is persistent blood pressure with systolic blood pressure above 140 mmHg and diastolic blood pressure above 90 mmHg. The disease is often called the silent killer because it does not indicate any typical symptoms, but can increase the possibility of stroke, heart attack, chronic kidney disease and even blindness if it is not controlled and counter-measured properly. Complications of hypertension cause about 9.4% of deaths worldwide each year. Data from the Konawe District Health Office demonstrated that hypertension was on the 4th rank of the top 10 diseases. The prevalence of hypertension in the Konawe Regency in 2018 reached 4,399 (100%). During the last five years, hypertension cases have increased. The statistics of the incidence of handling hypertension in the Konawe Regency in 2019 has increased, up to 100%, which has reached the target of Minimum Service Standards (SPM).

Keywords: Hypertension, Treatment, Konawe Regency

Corresponding Author:

Ramadhan Tosepu; email:

ramadhan.tosepu@uho.ac.id

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1. INTRODUCTION

According to data from the World Health Organization (WHO) in 2010, non-communicable diseases (NCDs) such as heart disease, stroke, cancer, diabetes mellitus, injuries and chronic obstructive diseases and other chronic diseases account for 63% of the causes of death worldwide by killing 36 million people per year [1].

Hypertension is persistent blood pressure with systolic blood pressure above 140 mmHg and diastolic blood pressure above 90 mmHg.[2] It is often called the silent killer because it does not indicate typical symptoms, but can increase the incidence of stroke, heart attack, chronic kidney disease and even blindness if it is not controlled and counter-measured properly. Complications of hypertension cause about 9.4% of deaths worldwide each year. Hypertension according to data from the World Health Organization (WHO), it causes 45% of deaths from heart attacks and 51% due to strokes worldwide. WHO noted that in 2013 there were at least 972 million cases

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of hypertension, it is estimated to be 1.15 billion cases in 2025 or about 29% of the total world population suffers from hypertension, of which 333 million are in developing countries including Indonesia [3].

In Indonesia, the prevalence of hypertension has increased. Overall, the prevalence of hypertension in 2015 was 26.5% ranging from 17-22%. The prevalence was determined based on the criteria for the threshold of hypertension (Bordeline Hypertension), where the blood pressure with a range of 141/91-159/94 mmHg, estimated at 4.8-18.8% [4].

Based on the annual report of the Southeast Sulawesi Provincial Health Office, the trend of the disease is relatively similar from year to year.[5] Degenerative diseases or non-communicable diseases that are always on this list are Hypertension and Diabetes Mellitus. While in 2016, the types of NCDs that are included in the top 10 list did not increase, but what is noteworthy is the increase in their ranking in the list. If in 2015 hypertension was in 4th place, in 2016 the order shifted to 2nd rank. This shows that the number of hypertension sufferers in Southeast Sulawesi is increasing every year. Hypertension is often the main trigger for other degenerative diseases [6].

Data from the Konawe District Health Office indicated that hypertension was on the 4th rank of the top 10 diseases. In 2018, the prevalence of hypertension in Konawe Regency reached 4,399 (100%). During the last five years, the cases of hypertension has increased, especially in the treatment of hypertension patients [7].

2. METHODOLOGY

Konawe Regency is one of the regencies in Southeast Sulawesi whose capital is in Unaaha which is about 73 km from Kendari City. Geographically, it is in the southern part of the Equator, extending from north to south between 3°00' – 4°25' South Latitude and stretches from west to east between 121°73' – 123°15' East Longitude. This study uses various data in Indonesia. The data used in this study is the secondary data originating from the Health Center and the Konawe District Health Office.

3. RESULT

4. DISCUSSION

Table 1 shows that in 2018 health services for people with hypertension reached 100%, meaning that it had reached the target. While in 2017, health services for the patients were 95.68%. It is known that the number of hypertension sufferers in 2018 in 29 health

TABLE 1: Number of Health Treatment for Hypertension Patients in the Konawe Regency Health Office Working Area for 2015 to 2018.

No.	Year	Result/Realization (A)	Target (B)	A/B (%)
1.	2015	4.152	4.338	95,71
2.	2016	5.224	5.459	95,69
3.	2017	4.702	4.914	95,68
4.	2018	4.339	4.339	100

TABLE 2: Characteristic of Hypertension Patients Aged 15 Years above by Gender in the Konawe Regency Health Office for 2018

Sex	Frequency	Percentage (%)
Male	3.124	20,21
Female	4.680	30,28

centers in the Konawe District Health Service working area was 4,339 cases were handled and fulfilled the Minimum Health Service Standard of 100% [8].

Table 2 shows that hypertension health treatments by gender aged 15 years above in 2018 were 30.2% for women and 20.21% for men. Each of hypertension patient will receive health services according to the standards. District/city governments are required to provide standardized health services to all hypertension patients aged over 15 years as a secondary prevention effort in their working areas within a period of one year [8].

Research conducted by Singalingging (2011) found that on average women will experience an increased risk of high blood pressure (hypertension) after menopause, around over 45 years of age. Meanwhile, women who have not menopause will be protected by the estrogen hormone which plays a role in increasing levels of High Density Lipoprotein (HDL) [9].

5. CONCLUSION

The description of the prevalence of handling hypertension in Konawe Regency in 2019 has increased, that was 100% which has reached the target of Minimum Service Standards (SPM). The services are expected to increase each year, which can be done by screening, counseling about healthy lifestyle in the Integrated Assistance Corner (Posbindu) and the Integrated Service Corner (Posyandu) for the elderly. Posbindu cadres should be more active in participating to socialize the Posbindu activities and provide assistances in its implementation. For the health workers, they should more often to conduct counseling related to the prevention of degenerative diseases such as

hypertension and what risk factors can be prevented by the community in the working area of their health center.

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