

ENHANCING ELDERLY KNOWLEDGE THROUGH HEALTH EDUCATION ON HYPERTENSION AT TAMAN VILLAGE HALL SIDOARJO

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ABSTRACT

Taman village in Sidoarjo is a developing village; however, many of its elderly residents still lack awareness regarding the importance of health knowledge, especially about hypertension. Many elderly individuals do not understand how to recognize symptoms, risk factors, or prevention efforts. This situation is worsened by misinformation obtained from unreliable sources. Families and community leaders often do not prioritize health education, causing essential hypertension-related information to be poorly delivered. This community service program was conducted at Taman Village Hall during a community meeting. The aim of this activity was to enhance elderly knowledge about hypertension and encourage preventive behavior such as maintaining a healthy diet, reducing salt intake, and regularly monitoring blood pressure. The activity was carried out through direct health education using leaflets and visual aids. The stages included: (1) Pre-test to assess baseline knowledge; (2) Material presentation on hypertension; (3) Discussion and Q&A session; (4) Post-test to evaluate knowledge improvement; and (5) Monitoring and evaluation. A total of 50 participants joined the program, although not all were elderly. Expected outcomes include the completion of a publishable article and the development of educational leaflets that can be proposed for intellectual property rights.

Keywords: Community Service, Elderly, Health Education, Hypertension, Knowledge

INTRODUCTION

Hypertension is one of the most common health issues among the elderly and contributes significantly to morbidity and mortality due to complications such as stroke, heart failure, and kidney disease. Although hypertension can be prevented and managed, knowledge levels among elderly populations remain low, leading to poor understanding of risk factors, symptoms, and necessary preventive measures (Haldi et al., 2020).

Taman Village in Sidoarjo is a developing area; however, observations indicate that many elderly residents lack awareness regarding the importance of health education, particularly about hypertension. Much of the information they receive is inaccurate or unverified. Families and local leaders also often do not prioritize health education, contributing to limited access to reliable information.

This lack of understanding results in inadequate prevention behaviors, including poor salt intake control, low physical activity, and irregular blood pressure monitoring. Therefore, structured and easy-to-understand health education is essential to empower the elderly to better manage their health (Harjo et al., 2019).

This community service activity was conducted as part of an institutional commitment to improving elderly knowledge and awareness. Through direct health education using leaflets and interactive discussions, the program aims to encourage better prevention and management of hypertension among the elderly (Maulidah et al., 2022; Oktaria et al., 2023).

OBJECTIVES

General Purpose

The general objective of this community service activity is to improve elderly knowledge and awareness regarding hypertension, including risk factors, symptoms, prevention, and management through interactive health education.

Special Purpose

1. To provide an understanding of the definition of hypertension.
2. To increase elderly knowledge regarding risk factors of hypertension.
3. To identify baseline knowledge through a pre-test.
4. To educate participants about symptoms and early warning signs.
5. To teach prevention strategies such as salt restriction and physical activity.
6. To provide opportunities for discussion and clarification.
7. To evaluate knowledge improvement through post-test results.
8. To increase motivation among the elderly in applying preventive behaviors.

PLAN OF ACTION

Strategy Plan

1. Providing direct health education to elderly participants.
2. Using engaging educational media such as leaflets and visual aids.
3. Involving village officials and health cadres in spreading information.
4. Conducting structured evaluation to measure knowledge improvement.
5. Encouraging healthy habits through guidance and advocacy.

Implementation

1. The activity was carried out in several stages:
 1. Preparation: Coordination, material development, leaflet production, and survey creation.

2. Pre-test: Assessing baseline knowledge.
3. Health Education: Delivering material on hypertension.
4. Discussion and Q&A session.
5. Post-test: Measuring knowledge improvement.
6. Documentation and reporting.

Setting

Arrangements included scheduling, selecting a strategic location (village hall), preparing educational materials, and assigning responsibilities to each team member.

Target

1. Participants: 40–60 elderly individuals.
2. Knowledge improvement: Minimum 30% increase from pre-test to post-test.
3. Deliverables: Scientific article, educational leaflet (HKI), documentation.
4. Impact: Increased awareness and preventive behavior among the elderly.

RESULTS AND DISCUSSION

The community service activity involved 50 participants. Pre-test results indicated low baseline knowledge regarding hypertension. Following the health education session, post-test results showed that 80% of participants achieved a 'good understanding' score ($\geq 75\%$ correct answers).

Participants demonstrated strong interest during discussions and blood pressure checks. However, several challenges were noted, such as some elderly leaving early and fewer elderly participants than expected due to concurrent village activities.

The program successfully improved knowledge and awareness, aligning with previous findings that health education

significantly enhances understanding among the elderly.



Figure 1 Opening Ceremony



Figure 2 Community Health Check

CONCLUSION

The community service activity effectively improved elderly knowledge regarding hypertension prevention and management. Health education through interactive sessions and leaflets proved to be an effective method. Although challenges existed, the overall

implementation was successful and achieved its objectives. Continued health education efforts and collaboration with community leaders are recommended.

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