

ORIGINAL ARTICLE

Food Pattern and Adherence to a Low-Salt Diet Among Hypertension Farmers: A Cross-Sectional Study in Public Health Center of Indonesia

Mas'ulyatul Hukmiyah¹, Fahrudin Kurdi², Tantut Susanto², Wahyuni Fauziah³, Rizkiyani Istifada²

¹ Undergraduate Nursing Program, Faculty of Nursing, Universitas Jember, Indonesia.

² Department of Community, Family and Geriatric Nursing, Faculty of Nursing, Universitas Jember, Indonesia.

³ Nurse Practitioner, Neurology Department, Dr. H Koesnadi Regional Hospital of Bondowoso, East Java, Indonesia

ABSTRACT

Introduction: Among hypertensive farmers, it is challenging to implement a low-salt diet because the environment does not support the farmer's food pattern. This study aims to analyze the relationship between food patterns and adherence to a low-salt diet in hypertensive farmers in the Working Area of the Panti Public Health Center, Jember Regency, Indonesia. **Methods:** This study used a cross-sectional design with a total sample of 91 hypertension farmers using cluster sampling. The questionnaire was used to determine the characteristics of the respondents, eating patterns, and adherence to a low-salt diet in hypertensive farmers—inferential analysis using the Chi-square test. **Results:** This study's results indicated that most farmers had stage 2 systolic hypertension (51.6%) and stage 2 diastolic hypertension (50.5%). There were significant differences in food patterns (p -value<0.05). Food patterns in the less category are 0%, the sufficient category is 59.3%, and the good category is 40.7%. There was no significant difference in adherence to the Jember low-salt diet (p -value>0.05). Compliance with a low-salt diet in the low category was 38.5%, the medium category was 48.4%, and the high category was 13.2%. A relationship exists between food patterns and a low-salt diet in hypertensive farmers (p <0.001; OR = 5.993). **Conclusion:** Hypertension farmers must maintain their food patterns so that the low-salt diet increases and blood pressure checks are carried out monthly at the integrated healthcare center for non-communicable diseases.

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Corresponding Author:

Tantut Susanto, RN, MN, PHN, Ph.D

Email: tantut_s.psik@unej.ac.id

Tel :+62 331323450

INTRODUCTION

The incidence of hypertension in Indonesia has been steadily increasing. In 2023, the prevalence of hypertension in Indonesia reached 31.1% (1). According to data from the Indonesian Health Survey, agricultural workers have the highest prevalence compared to individuals in other sectors, with 36.2% affected by hypertension (1). Based on data from the Jember District Health Office in 2020, the number of sufferers is 741.735 people with hypertension in Jember Regency (2). The

results of a previous study showed that in the working area of the Panti Health Center, Jember Regency, the majority had diastolic hypertension, 74.8%, and 75.6% had systolic hypertension out of 131 farmers with hypertension (3). Thus, cases of hypertension are still high and have become a health problem, especially in the farmer group.

Hypertension is an occupational disease among farmers in Indonesia. Hypertension in farmers can be caused by several factors, including the work environment, farmer characteristics, work stress, workload, and lifestyle (4,5). Lifestyle factors can affect the occurrence of hypertension in farmers, one of which is food patterns (6,7). Farmers usually carry out planting activities until harvesting, smoking, eating foods with high sodium content, and drinking coffee (8).

The application of the correct food patterns is carried out to prevent hypertension and lower blood pressure. Changes in diet that can be made in hypertensive farmers include a low-salt diet (9,10). A low-salt diet is a part of lifestyle modification that is considered to have great potential as a hypertension prevention strategy due to its lower cost than pharmacological treatment (11). The fact is that farmers still do not adhere to a low-salt diet. The research results indicate that the attitude of hypertensive farmers in the Panti Health Center working area in Jember Regency towards limiting sodium intake is still low (3). Hypertensive farmers who restrict their sodium intake because of the officer's recommendation are 23.7%, and because of their desires, 19.8%.

Hypertensive farmers who do not adhere to a low-salt diet can be influenced by several factors, including knowledge, family support, motivation, work, income, and health workers (12,13,14). Farmers with low incomes will have the same daily consumption pattern because they cannot buy food adapted to their low-salt diet (14,15). Farmers will usually consume food provided in the fields where the types of food are the same between hypertensive and non-hypertensive farmers, so they tend to find it challenging to apply the low-salt diet as recommended (9,10).

The application of a low-salt diet is related to Nola J. Pender's theory, namely the Health Promotion Model, where the behavior of a low-salt diet is an expected behavior for people with hypertension. Hypertensive farmers have poor eating patterns related to individual personal factors consisting of biological, psychological, and socio-cultural factors. In the Health Promotion Model theory, if the perceived benefits are more significant and the perceived barriers are lower, then the low-salt diet influences hypertensive farmers to adopt a low-salt diet. In addition, interpersonal and situational influences influence farmers to adopt a low-salt diet. Hypertension farmers can behave in health promotion by having a low salt diet (16). Based on the description above, the daily diet of farmers affects farmer compliance in implementing a low-salt diet. Therefore, there is a need for further analysis of whether there is a relationship between food patterns and adherence to a low-salt diet.

MATERIALS AND METHODS

Data Collection

The research design used in this study is correlational quantitative analytic using a cross-sectional approach. The population in this study were hypertension sufferers in the working area of the Panti Health Center in Jember Regency who had hypertension with a total of 240 people. The sample in this study were hypertension sufferers in the work area of the Panti Health Center, Jember Regency, who met the inclusion and exclusion

criteria set by the researchers, namely 91 people. The inclusion criteria in this study were farmers aged 15-64 years, farmers with a systolic blood pressure of ≥ 140 mmHg or a diastolic blood pressure of ≥ 90 mmHg, and farmers who lived in Panti District. The exclusion criteria in this study were farmers unwilling to be respondents. Sampling technique using cluster sampling. The research sites were located in seven villages in the Working Area of the Panti Health Center in Jember Regency, namely Glagahwero, Suci, Pakis, Kemuningsari Lor, Serut, Kemiri, and Panti. This research was conducted by direct visits to respondents' homes from 5 June to 26 June 2023.

Research ethics

In this study, researchers conducted ethical due diligence at the Faculty of Nursing, the University of Jember, with number 221/UN25.1.14/KEPK/2023.

Variable

This study used a questionnaire on the characteristics of the respondents to find out the respondents' demographic data, such as name, gender, age, recent educational history, family history of hypertension, smoking, and income. In addition, this questionnaire also contains the results of weight, height, and blood pressure measurements in respondents. In the dietary pattern variable, the researchers used the Food Frequency Questionnaire, a method used to determine the frequency of individual subjects in food consumption. This questionnaire lists foods that can trigger hypertension, eating frequency, and household size (17). In the low-salt diet adherence variable, the researchers used a modified questionnaire derived from the Dietary Approaches to Stop Hypertension (DASH) and the Dietary Guidelines for America, which consisted of 9 questions (18).

Statistic analysis

This study uses SPSS 16.0 for descriptive analysis and inferential analysis. The significance test for each variable was examined using the One-Sample Kolmogorov-Smirnov test. Meanwhile, the Chi-square test was used to analyze the two variables in the dietary pattern and low-salt diet adherence categories.

RESULTS

The results showed that the characteristics of respondents mainly were farmers in the age range of 56–65 years (51.6%), with more female farmers (81.3%). Most farmers' last education was at the elementary/equivalent level (64.8%). There are more farmers with families who do not have a history of hypertension (58.2%) than farmers with families with a history of hypertension. In terms of smoking, more farmers do not smoke (84.6%)

than farmers who do. When viewed from the perspective of BMI, the number of farmers in the normal weight category is higher than the other categories (59.3%). In terms of income, the majority of farmers earn IDR 0-500,000 (90.1%).

Table I: Demographic characteristics of hypertension farmers in the Working Area of the Panti Health Center, Jember Regency (n=91)

Characteristics of Hypertension Farmers	n (%)
Age (Years)	
26-35	2(2.2)
36-45	11 (12.1)
46-55	31 (34.1)
56-65	47 (51.6)
Gender	
Man	17 (18.7)
Woman	74 (81.3)
Educational background	
No school	15 (16.5)
SD/equivalent	59 (64.8)
Middle school/equivalent	9 (9.9)
SMA/equivalent	5 (5.5)
Diploma/equivalent	3 (3.3)
Family history of hypertension	
Yes	53 (58.2)
No	38 (41.8)
Smoke	
Yes	14 (15.4)
No	77 (84.6)
BMI	
Thin	6 (6.6)
Normal	54 (59.3)
Fat	16 (17.6)
Obesity	15 (16.5)
Income	
IDR 0- IDR 500,000.00	82 (90.1)
>IDR 500,000.00 – IDR 1.000.000.00	3 (3.3)
>IDR 1,000,000.00 – IDR 1,500,000.00	4 (4.4)
>IDR 1,500,000.00 – IDR 2,000,000.00	0 (0)
> IDR 2,000,000.00	2(2.2)

The study's results indicated significant systolic and diastolic blood pressure differences in hypertensive farmers (p -value<0.05). The blood pressure measurements found that more farmers experienced stage 2 systolic hypertension, with 47 respondents (51.6%), and more experienced stage 2 diastolic hypertension, with 46 respondents (50.5%).

There was a significant difference in the total food pattern score (p -value<0.05). Total score data was obtained from all items on the Food Frequency Questionnaire instrument and then categorized into good, sufficient, and not-good eating patterns. Farmers' diets that fall into the less category are 0%, 40.7% sufficient, and 59.3% good.

Category of Food Patterns Among Hypertensive Farmers in the Panti Public Health Center, Jember Regency (n=91)

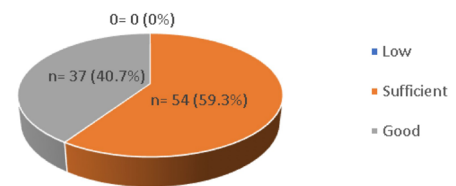


Figure 1: Distribution of food patterns among hypertensive farmers in the Working Area of the Panti Health Center, Jember Regency (n = 91)

There was no significant difference in the total score of low-salt diet adherence (p -value>0.05). However, there was a significant difference in each item of the low-salt diet adherence questionnaire for hypertensive farmers in the Panti Health Center Work Area, Jember Regency (p -value<0.05).

Table II: Compliance with a low-salt diet in hypertensive farmers in the Working Area of the Panti Health Center, Jember Regency (n=91)

Low Salt Diet Compliance	Md (P_{25} - P_{75})	Z	p value
1. Mr/Mrs limit the use of salt <6gr (1 teaspoon)	2 (0-3)	2.893	<0.001
2. You try to eat foods without salt	0 (0-1)	4.012	<0.001
3. You do not add spices such as flavoring, shrimp paste, soy sauce, tomato sauce, etc. during cooking	0 (0-1)	3.599	<0.001
4. If you use the ingredients above, I reduce the amount of salt you use	1 (0-3)	1.927	0.001
5. Father/mother no longer add salt if it is not salty enough	1 (0-3)	2.711	<0.001
6. Father/mother reduce the sauce/ soy sauce/ shredded/ beef jerky/ butter in food	1 (0-3)	2.278	<0.001
7. Father/mother no longer buy instant/processed food (corned beef, noodles, canned fish, packaged drinks, salted fish, snacks)	1 (1-2)	2.686	<0.001
8. You ask your family for help to pay attention to the nutritional content of packaged food	3 (2-3)	4.169	<0.001
9. Father/ mother no longer interspersed with snacks such as salty chips, biscuits	1(0-2)	2.014	0.001
Total	11 (7-15)	0.829	0.497

Note: Md=median; P_{25} - P_{75} = 25 ±75; Z= Kolmogrov-Smirnov calculated value ; p-value =significance with Kolmogrov-Smirnov

The total results of the low-salt diet compliance questionnaire on hypertensive farmers were categorized into high, medium, and low. Farmers' low salt diet compliance was in the low category of 38.4%, medium 48.4%, and high 13.2%.

Inferential analysis to determine the relationship between diet and adherence to a low-salt diet in hypertensive farmers in the Working Area of the Panti

Category of Low-Salt Diet Compliance Among Hypertensive Farmers in the Working Area of the Panti Public Health Center, Jember Regency (n=91)

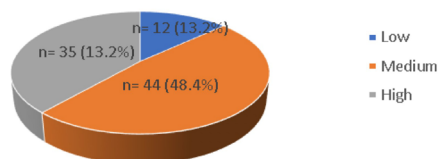


Figure 2: Distribution of low-salt diet compliance categories among hypertensive farmers in the Working Area of the Panti Public Health Center, Jember Regency (n=91)

Public Health Center, Jember Regency, was analyzed using the Chi-square test, which showed that H_a was accepted with a p -value < 0.001 which indicated that there was a significant relationship between diet and dietary compliance. Low salt in hypertensive farmers in the Working Area of the Panti Health Center, Jember Regency, with an Odd Ratio value of 5.993, which means that hypertensive farmers who have a good diet have a 5.993 chance of having a high low-salt diet adherence.

Table III: The relationship between diet and a low-salt diet in hypertensive farmers in the Working Area of the Panti Public Health Center, Jember Regency (n=91)

Dietary Habit	Low Salt Diet Compliance		χ^2	OR (95% CI)	p values
	Low f (%)	Medium + High f (%)			
Less + Sufficient	29 (53.7)	25 (46.3)	21.382	5.993 (2.151-16.701)	<0.001
Good	6 (16.2)	31 (83.8)			
Total	35 (100)	56 (100)			

*Note: f=number of respondents, %=percentage of respondents, χ^2 =Chi-Square test value

DISCUSSION

The diet of hypertensive farmers in Panti District may be influenced by income, leading to limited food variety. The food often consumed is usually from plants, such as rice and vegetables, but it needs balanced nutrition because it lacks variety (19). High-income farmers will consume a more varied diet (15). The results obtained in this study showed that most of the hypertensive farmers' diets were in the moderate category (59.3%). This can be caused by farmers still often consuming foods that should be avoided by people with hypertension, such as foods high in cholesterol, foods high in sodium, foods with preservatives, and foods with added seasonings. This eating pattern can be influenced by socio-economic status (income), an unsupportive living environment, and low knowledge (20).

This study consists primarily of female farmers who adhere to a low-salt diet. For female farmers, adherence to a low-salt diet may be influenced by several factors, such as their role in managing family meals and heightened awareness of hypertension risks. Studies

show that hypertensive women in rural areas tend to be more compliant with low-salt diets due to a better understanding of health risks (21). Additionally, women often play a crucial role in determining family eating patterns, which can enhance their awareness of the importance of a low-salt diet.

The results obtained in this study showed no significant difference in total low adherence to the diet. This is because farmers in Panti District prefer salty food to bland food. People do not adhere to a low-salt diet because diet foods do not taste good when people are used to eating salty foods (22). One of the factors that can cause people to like salty food is cultural factors, such as the culture of the Madurese people, who have a habit of eating salty food (23). The results obtained in this study were that most of the adherence to a low-salt diet in hypertensive farmers in Panti District was included in the moderate category (48.4%). This is because hypertensive farmers cannot abandon salty food habits. A low-salt diet requires time and opportunity to adjust (24). People must know and care about their health to be motivated to improve or maintain health with healthy living behaviors (25).

This study's results indicate a relationship between food patterns and adherence to a low-salt diet in the Panti Community Health Center, Jember Regency (p -value < 0.001). This is because the food patterns of hypertensive farmers in Panti District still consume foods that are not allowed for hypertension sufferers, which is supported by the eating pattern of hypertensive farmers in the sufficient category of 59.3%. In the environment where farmers live, usually after planting activities until harvesting, farmers smoke, eat foods with sodium content, and drink coffee (8,26).

Studies have shown that hypertensive farmers who do not smoke tend to demonstrate better adherence to a low-salt diet. The absence of smoking habits is often associated with a healthier lifestyle and higher health awareness, making people more likely to follow dietary recommendations. Research indicates that non-smoking individuals with hypertension achieve better blood pressure control and show higher adherence to a healthy diet, including a low-salt diet (27).

In addition, the surrounding community environment also influences the farmers' eating patterns, such as at parties where fatty foods will be served (28). Eating patterns can also change according to local conditions or factors such as socioeconomic status, culture, health, and religion or beliefs. Studies also indicate that socioeconomic status and education level influence farmers' adherence to a low-salt diet. Higher education levels increase the likelihood of adhering to a low-salt diet, as individuals have better access to information and a deeper understanding of hypertension risks (29). Weak situational influences can reduce commitment to

obedient behavior (30). Therefore, a farmer's diet that is not supported by the living environment and the habits of the surrounding community makes it difficult for hypertensive farmers to adhere to a low-salt diet.

Someone with a good attitude will easily be disaffected by consuming foods high in salt (31). In addition, people who are aware of and care about their health will have the motivation to improve or maintain their health through healthy living behaviors. Therefore, if hypertension farmers are accustomed to a good diet, it will be easy to follow a low-salt diet (32).

CONCLUSION

There is a relationship between eating patterns and adherence to a low-salt diet in hypertensive farmers in the Working Area of the Panti Health Center, Jember Regency (p -value<0.001; OR = 5.993). Therefore, hypertension farmers must maintain their food patterns so that the low-salt diet increases and blood pressure checks are carried out monthly at the integrated healthcare center for non-communicable diseases.

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CONFLICT OF INTEREST

The authors declare there is no conflict of interest when writing the manuscript.

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