



EVALUATION OF "COUNTING ON HYPERTENSION PREVENTION & MANAGEMENT" AND MOOD DEVELOPMENT OF ANTIHYPERTENSION BEVERAGES & MORINGE TEA FOR IMMUNITY

Yusma Indah Jayadi^{1*}, Hasbi Ibrahim², Yudi Adnan³, Asmaul Husnah⁴, Nursyifah Syukur⁵

^{1,2,3,4,5} Faculty of Medicine and Health Sciences, Alauddin State Islamic University Makassar, Indonesia

ARTICLE INFORMATION

Received : May 22nd, 2023
Revised : June 25th, 2023
Available online : June 28th, 2023

CORRESPONDENCE

Phone : -
Email : abcdefg_uinam123@gmail.com

KEYWORDS

Hypertension Prevention; Mood Development;
Antihypertension; Moringe Tea

DOI: 10.24252/hmsj.v4i2.37741

ABSTRACT

Background: Takalar Regency in 2017 the number of hypertension sufferers was 2969 (80%) with 927 men (28%) and 1769 women (61%). Hypertension can be defined as persistently high blood pressure where systolic blood pressure is above 140 mmHg and diastolic blood pressure is above 90 mmHg.

Aims: The purpose of this study was to evaluate education related to the prevention and management of hypertension as well as to foster the atmosphere of antihypertensive drinks from Moringa leaves using a questionnaire instrument to measure knowledge, attitudes, and actions after the intervention.

Method: This research is a quantitative study using purposive sampling technique related to counseling on the prevention and control of hypertension and building an atmosphere for antihypertensive drinks carried out by observation and in-depth interviews related to knowledge, attitudes and actions.

Result: The results of the study proved the effect of the boiled water of Moringa leaves on blood pressure in hypertensive patients. The Wilcoxon Statistical Test was carried out at a significance level of α (0.05) with a (p) value of 0.000, so it can be said that there was a significant change between the Moringa leaf decoction and changes in blood pressure in hypertensive patients. Based on the analysis of the Friedman test, it showed a significant value of 0.000 ($p < 0.05$) so that it can be concluded that there was an increase before and after three months of counseling on prevention and control of hypertension.

INTRODUCTION

According to WHO data, around the world around 972 million people or 26.4% of people worldwide suffer from hypertension,

this figure is likely to increase to 29.2% in 2025. Of the 972 million people with hypertension, 333 million are in developed and developing countries. The remaining 639 are

in developing countries, including Indonesia. (Alamsyah, 2021)

Based on data from the World Health Organization (WHO) in the Global Status Report on NonCommunicable Diseases, the average prevalence of high blood pressure in adults aged 18 years and over is around 22%. Hypertension is responsible for 40% of deaths from heart disease and 51% of deaths from stroke. Data from the World Health Organization (WHO) in 2015 showed that around 1.13 billion people in the world have hypertension, meaning that 1 in 3 people in the world are diagnosed with hypertension. The number of people with hypertension continues to increase every year, it is estimated that by 2025 there will be 1.5 billion people affected by hypertension, and it is estimated that every year 10.44 million people die from hypertension and its complications. (WHO, 2014).

Based on the 2018 Basic Health Research (Riskesmas) the prevalence of hypertension in people aged 18 years and over in Indonesia is 34.1%. This figure has increased when compared to the 2013 Riskesdas report, namely the highest prevalence of hypertension in the province of South Kalimantan (44.1%), and the lowest in the province of Papua (22.2%). South Sulawesi Province is one of the provinces with a high prevalence of 31.68% (Riskesdas 2018).

According to data from the Takalar District Health Office in 2017 the number of hypertension sufferers was 2969 (80%), with

927 men (28%) and 1769 women (61%) (Profile of the Takalar District Health Office, 2017).

Hypertension is a non-communicable disease which is a very serious health problem. Hypertension or high blood pressure is an abnormal increase in blood pressure in the arteries continuously for more than a period. According to WHO, the blood pressure limit that is still considered normal is 140/90 mmHg, while blood pressure $\geq 160/95$ mmHg is declared as hypertension. The blood pressure between normotension and hypertension is called borderline hypertension.(Alamsyah et al., 2021). Hypertension is a global health problem resulting in increased morbidity and mortality as well as a burden on health costs, including in Indonesia. Hypertension is a risk factor for damage to important organs such as the brain, heart, kidneys, retina, large blood vessels (aorta) and peripheral blood vessels.(Katanna et al., 2022).

Meanwhile, according to Setiati (2015), hypertension is a clinical sign of hemodynamic imbalance in a cardiovascular system, where the cause of its occurrence is caused by several factors/multifactors so that it cannot be diagnosed with only one single factor (Setiati, 2015)

Risk factors for hypertension include genetic factors, age, gender, education, occupation, stress, obesity, salt intake and smoking habits. The risk factors responsible for this condition are high cholesterol levels,

tobacco, low consumption of vegetables and fruit, and less active movement (Julianti, 2011)

Hypertension management begins with lifestyle changes. A low-salt diet, including avoiding preserved foods and weight loss in obesity, has been shown to control blood pressure (Junaidi, I., 2010).

Non-pharmacological management to lower blood pressure can be done with a healthy lifestyle such as increasing consumption of vegetables and fruits, increasing consumption of potassium/potassium, stopping smoking, losing weight, reducing salt consumption, increasing physical activity, exercising, managing stress, and herbal therapy. using plants. Moringa leaves are one part of the Moringa plant which has been widely studied for its nutritional content and uses. Moringa leaves are very rich in nutrients, including calcium, iron, protein, vitamin A, B vitamins and vitamin C. Moringa leaves are also rich in potassium so that sodium levels in the blood can be controlled, which has implications for reducing high blood pressure. By consuming Moringa leaves, (Aulia, Safitri, Adi, et al., 2020).

According to research conducted (Aulia, Safitri, & Adi, 2020) explained that the results of systolic blood pressure were p value = 0.000 (p value < 0.05), and diastolic blood pressure was p value = 0.001 (p value < 0.05). this indicates that there is a strong relationship between giving moringa leaf tea to changes in blood pressure in people with hypertension.

Fostering an atmosphere/social support is an effort to create an atmosphere that supports individuals, families and communities to prevent disease and improve their health as well as create a healthy environment and play an active role in the implementation of every health effort; (3) Advocacy: planned effort/process to gain commitment and support from related parties so that clients/communities are empowered to prevent and also improve their health and create a healthy environment. The benefits of Moringa leaves are that they contain all the nutrients needed to balance blood pressure. Calcium is needed for smooth muscle reactions and contractions. Increased consumption of calcium can have a direct effect on blood vessels. The potassium content found in Moringa leaves works by increasing sodium excretion in the urine. (Nurjaya et al., 2021)

Moringa leaves also have a vitamin C content of 220 mg/100 g of leaves. The vitamin C content of Moringa leaves is almost 4 times more than other leaves such as kenikir leaves which contain 64.6 mg/100g vitamin C leaves and papaya leaves which contain 61.8 mg/100 mg vitamin C leaves. All of these substances can prevent LDL-ox. (Alverina, et al, 2017). Moringa leaves contain potassium which can control blood pressure and the content of phytosterol which prevents the increase of bad cholesterol in the blood (Yanti and Novia, 2018).

Based on secondary data obtained from the first study we got in the Dusun Maccini

Baji area, the highest disease was hypertension, because from the health checks we conducted, the blood pressure of the people there was very high, starting from the ages of 17-60 and above. The results of the data analysis we obtained were 123 respondents (30.7%) had blood pressure 120/80 - 140/90, 33 respondents (8.2%) had blood pressure 140/90 - 159/99, and 16 respondents (4.0%) have blood pressure <160/100. This is because the people in Maccini Baji Hamlet often experience headaches, stress, staying up late until morning, and eating irregularly. So we hereby raise hypertension as a health status problem in the Maccini Baji sub-village.

The word evaluation comes from English which contains the basic word value "value". Evaluation can be interpreted as the process of examining a problem or symptom using certain qualitative criteria such as good-bad, strong-weak, moderate-low, high-low, and so on. According to Suchman quoted by (Hajaroh, 2019), evaluation is seen as a process of determining the results that have been achieved in several planned activities to support the achievement of goals.

METHOD

This research is a quantitative study using purposive sampling technique related to counseling on the prevention and control of hypertension and building an atmosphere for antihypertensive drinks carried out by observation and in-depth interviews related to knowledge, attitudes and actions. With an alternative posttest 2 questionnaire before and

after the intervention (in previous studies there were pre and posttest 1 results). The sample used was 30 respondents who were residents of Maccini Baji Hamlet, Ujung Baji Village, Kec, Sanrobone, Kab. Takalar.

The purpose of this study was to increase local community awareness regarding the use of Moringa leaves as a tea for immunity and as an antihypertensive drink. As well as to determine changes in knowledge and attitudes related to intervention targetshypertension, introduction, impact and recommendations for daily salt consumption specifically for hypertension. The implementation time will be March 13-17 2023.

Primary data collection was obtained from the results of interviews on the evaluation of the input of the antihypertensive drink mood building program as well as on the education program for prevention and management of hypertension. In the physical intervention evaluation input, the components are man, money, material & machine, method and market, while the non-physical intervention evaluation assesses the quality of the health promotion media provided during the intervention evaluation. The process evaluation includes the stages from preparation to implementation. As for the input evaluation output collect primary data using a questionnaire based on the distribution of respondents that measure knowledge, attitudes, and actions. Furthermore, analyzing the primary data used the Friedman and

Wilcoxon tests to determine the significant value.

The data processing in this study includes editing, coding, entry and tabulating stages. Data analysis begins with conducting descriptive analysis, namely describing objects through the data in the samples studied based on their variability. Some of the statistics used

in this analysis are the frequency distribution, minimum, maximum, mean and deviation. In the prerequisite analysis test, the data on the independent and dependent variables must be normally distributed and homogeneous. Testing the normality of the data used the Shapiro Wilks test.(Noperi et al., 2021)

RESULTS

Evaluation of hypertension prevention and management counseling programs

1. *Input Evaluation*

Table 1. Input Evaluation of Counseling on Prevention and Management of Hypertension in Maccini Baji Hamlet, Ujung Baji Village, Sanrobone District, Takalar Regency in 2023

No	Indicator	Evaluation
Poster Media Quality		
1.	Attractive design	The design is quite interesting because there are many interesting illustrative pictures and the results of average blood pressure measurements in Maccini Baji Hamlet are also described, which were obtained from previous research data sources.
2.	Writing and pictures are clear	Self-explanatory, but some of the writing is too small and too dense to make it difficult to read. The solution we provide is that members of each posko assist residents who have difficulty reading.
3.	Use of color (contrast, light and dark)	Quite interesting because the colors used are bright colors. For example, the colors used in the writing and images to make it clear to read and look more attractive.
Language Used		
1.	Use of standard language	Posters use standard language
2.	The use of language that is easy to understand or communicative	The language used in the poster is a language that is easy to understand when the respondent reads and has tried to use communicative language and even uses Makassarese when educating a number of respondents
Presentation of Material in Posters		
1.	Systematic presentation of material	Arranged systematically by describing the contents of the poster, for example the definition of hypertension, its causes, and the organs that are damaged when exposed to hypertension.
2.	Material relevance	Relevant according to the priority of the problem, regarding the results of checking the average blood pressure of the people in Maccini Baji Hamlet obtained from previous research data, along with ways to prevent hypertension and recommendations for consuming salt a day for people with hypertension (Ministry of Health, 2022).

3. Material equipment
- The complete material discusses the definition of hypertension, what organs are damaged, foods that are recommended and not recommended for people with hypertension, risk factors, how to prevent hypertension and recommended salt for people with hypertension.

Source: Primary Data 2023 (Analysis of Interview Results)

2. *Process Evaluation*

The counseling activities were carried out at the Nurul Shalat Mosque in Maccini Baji Hamlet, the counseling process went quite smoothly starting with the distribution of pre-tests, then the delivery of counseling materials using poster media which was distributed to each respondent. The participants who took

part in the counseling were quite cumulative and enthusiastic enough to take part in the counseling, but because the number of respondents did not meet the target, we took the Door To Door (DTD) alternative to reach the intervention target.

3. *Output Evaluation*

Table 2. Distribution of Respondents Based on Community Characteristics of Maccini Baji Hamlet, Ujung Baji Village, Takalar Regency in 2023

Characteristics	Amount (n)	%
Gender:		
Man	1	3.3
Woman	29	96.7
Total	30	100.0
Education:		
Did not finish SD / MI	2	6.7
Graduated from SD/MI	11	36.7
Completed SLTP / MTS	11	36.7
Graduated from high school/MA	6	20.0
Total	30	100.0
Work:		
School	12	40.0
Fisherman	1	3.3
IRT	17	56.7
Total	30	100.0

Source: Primary Data 2023

Table 3. Distribution of Respondents Based on Level of Knowledge, Attitudes, and Actions Regarding Counseling on Prevention and Control of Hypertension in Maccini Baji Hamlet, Ujung Baji Village, Sanrobone District Takalar Regency in 2023

Variable	Pre-Test		Post-Test 1		Post-Test 2	
	n	%	n	%	n	%
Knowledge						
Enough	20	66.7	28	93.3	30	100
Not enough	11	33.3	2	6.7	0	0
Total	30	100.0	30	100.0	30	100.0

Attitude						
Positive	15	50.0	20	66.7	29	96.7
Negative	15	50.0	10	33.3	1	3.3
Total	30	100.0	30	100.0	30	100.0
Action						
Positive	22	73.3	19	63.3	30	100
Negative	8	26.7	11	36.7	0	0
Total	30	100.0	30	100.0	30	100.0

Source: Primary Data 2022

Table 4. Friedman Test Results Data on Knowledge Level, Attitudes, and Counseling Actions on Prevention and Management of Hypertension in Maccini Baji Hamlet, Ujung Baji Village, Sanrobone District, Takalar Regency Year 2023

Variable	Min	Max	Means	Sig.
Knowledge				
Pre-Test	4	11	1.92	0.000
Post-Test 1	5	12	2.65	
Post-Test 2	6	9	1.43	
Attitude				
Pre-Test	3	6	2.15	0.533
Post-Test 1	3	6	1.93	
Post-Test 2	2	5	1.92	
Action				
Pre-Test	1	5	1.32	0.000
Post-Test 1	3	6	2.68	
Post-Test 2	3	5	2.00	

Source: Primary Data 2023

Table 5. Wilcoxon Test Results Data on Level of Knowledge, Attitudes, and Counseling Actions on Prevention and Control of Hypertension in Maccini Baji Hamlet, Takalar Regency in 2023

Variable	Min	Max	Means	Sig.
Knowledge				
Pre-Test	4	11	8.2	0.073
Post-Test 2	6	9	7.5	
Post-Test 1	5	12	9.10	0.000
Post-Test 2	6	9	7.5	
Attitude				
Pre-Test	3	6	4.6	0.230
Post-Test 2	2	5	4.3	
Post-Test 1	3	6	4.3	0.000
Post-Test 2	2	5	4.3	
Action				
Pre-Test	1	5	3.0	0.000
Post-Test 2	3	5	4	
Post-Test 1	3	6	4.9	0.000
Post-Test 2	3	5	4	

Source: Primary Data 2023

Based on the results of in-depth interviews with a number of respondents, it is known that there are some respondents who have not adopted a healthy diet and there are still many people who consume salted fish and there are still many people who do not understand the recommended amount of salt.

"Here, we still often have high blood pressure, because of that, the food cannot be avoided, it's salty food, especially now that it's shrimp season too."(Bu T, 45 years).

As for the general public, they do not understand how the recommended salt dosage is good for the general public and for people with hypertension. This is in accordance with the statement of one of the people:

"I still don't understand the recommended doses of salt because if you cook vegetables and fish as much as you like, the important thing is that it tastes good."(Mrs. K, 46 years).

Evaluation of the Program for Making Antihypertensive Drinks and Moringa Leaf Tea for Immunity

1. Input Evaluation

The following describes several indicators of the quality of the poster media, the language used, and the presentation of the material on the poster on the evaluation of the extension media used after the intervention was given for 3 months .

Table 6. Input Evaluation of the Program for Making Antihypertensive Drinks and Moringa Leaf Tea for Immunity in Maccini Baji Hamlet, Ujung Baji Village, Sanrobone District, Takalar Regency in 2023

Input Domains		Information
Man	Number of HR	Nine PBL participants divided up the activities and explained how to make it by showing videos and practicing how to make it in front of the residents
	Special criteria	Knowing how to make an antihypertensive drink from Moringa leaves and tea for immunity.
	Activity participants	Maccini Baji Hamlet Community
Money	Participation of participants	Most of the community enthusiastically and actively participated in the training because it was the first time they saw directly the practice of using moringa tea and antihypertensive drinks.
	Amount of funds	Rp. 100,000
	Source of funds	Command post cash 5
Materials and Machines	Use of funds	Bought consumption and duct tape
	Origin of facilities and infrastructure	Derived from local community assets
method	Kinds of facilities and infrastructure	Moringa leaves, plastic cups and filters
	<i>Door To Door</i>	Visiting every resident's house due to the unfavorable weather so that very few participants attended the training at the Nurul Shalat Mosque.
Market	Promotion of activities	Through the assistance of the Village Youth Association (IPEMDES) and members from Posko 5 who announced door to doot or verbally that there would be a practice of making antihypertensive drinks and Moringa leaf tea.
	Target delivery of information	The Community in Maccini Baji Hamlet.

Source: Primary Data 2023

2. *Process Evaluation*

The preparation stage in this study was carried out as well as possible because we wanted to ensure that none of the tools and materials were incomplete or in bad condition. We did the division of tasks in the preparation of tools and materials, namely two people were in charge of directly practicing how to brew antihypertensive drinks and moringa tea and two people were in charge of showing videos and preparing the tools and materials to be used. The steps for making an antihypertensive drink from Moringa leaves are based on research sources from Marten Umbu Nganji in 2021 entitled "Utilization of Moringa Leaves as Herbal Drinks in the Context of Preventing the Spread of Covid-19", namely: first prepare 3 grams of Moringa leaves, cut into small pieces small, then boiled with 200 ml of water until the remaining 100 ml or 1 cup.

In the early stages of the implementation, we collected respondents using the door to door method to the place where the Bina Ambiance was being carried out which took place at the Nurul Shalat Mosque, however due to the unfavorable weather and only twenty five participants were present so we decided to conduct the training using the door to door. In the training process, a number of people looked enthusiastic, especially during the practice of making or brewing moringa tea.

We used plastic bottles as containers for herbal drinks because the containers or places that were available at that time and were easy

to carry were plastic bottles that we had cleaned beforehand. hygieni Our obstacle during the training process was the unfavorable weather, so the solution we implemented was door to door by bringing the media posters that we had made, then showing them to family members while we explained how to make them and the benefits of the Moringa leaves themselves, and we also show a decoction of Moringa leaves that has been made before.

3. *Output Evaluation*

From the results of interviews conducted this work program did not go well because the assets owned by the community in the form of Moringa leaves which were used as the main ingredient were no longer available since the high tide and some people only consumed Moringa leaves for making vegetables.

"Most of the Moringa leaves are consumed here as ingredients for making vegetables"(Mother S, 34 Years)

"Rarely do you have Moringa leaves, even if there are leaves, they are dry and small because since the tide rose, the Moringa trees here have all died"(Mrs H, 45 Years)

Based on this statement, it can be concluded that the consumption of Moringa leaf tea is no longer sustainable because many Moringa trees have died due to high tides in the settlements of Dusun Maccini Baji.

"Sometimes if the moringa is fertile, I usually boil it and then I drink the boiled water" (Mother S, 42 years)

"I usually eat moringa leaves, but I cook it for jidex vegetables, and if it's salty, it's because I don't know what the amount of salt should be, so it's just according to taste" (Mrs. T, 50 years)

DISCUSSION

Fostering the Environment for Making Antihypertensive Drinks and Moringa Leaf Tea for Immunity

Based on the in-depth interviews we conducted with 30 residents, it was found that the atmosphere-building activities that had been carried out before had decreased attitudes regarding understanding of processing Moringa leaves into antihypertensive drinks. Some people still consume Moringa leaves as a vegetable because they do not understand the benefits of Moringa leaves for hypertension. So it can be concluded that the consumption of Moringa leaf tea is no longer sustainable because many Moringa trees have died due to high tides to the residents of Maccini Baji Hamlet. However, previously there were still some people who made these antihypertensive drinks and the desire to eat moringa was still increasing even though people processed it and made vegetables, but the salt dosage still needed to be considered. In line with research (Irianti, 2020) which states that Moringa leaves can be consumed directly as a vegetable, especially for pregnant women or processed into snacks or supplements, because it can increase the Hb of pregnant women with anemia due to iron deficiency.

As for the steps for making an antihypertensive drink from Moringa leaves, namely first prepare 3 grams of Moringa leaves, cut into small pieces, then boil with 200 ml of water until 100 ml or 1 cup remains, then

wait until it cools then separate the water and leaves, after cold drink can be consumed, given every morning after food for 7 days (Nganji et al., 2021).

Counseling on Prevention and Management of Hypertension

Inputs

In evaluating the language indicator input used, it was found that the language used in the posters used standard language. Apart from that, Makassar language was also used when counseling a number of respondents so that it was easier for respondents to understand the contents of the poster when reading it.

Good and correct use of Indonesian in daily practice. Because language is a habit, the role of parents, teachers and the media becomes very important (Harmoko, 2015).

On the indicators of presentation of the material on the poster, an assessment was obtained that the presentation of the material was systematically arranged, relevant according to the priority of the problem, there was data on the results of the average blood pressure examination of the people in Dusun Maccini Baji obtained from PBL 1, as well as how to prevent hypertension and recommended consumption salt a day for people with hypertension. The material presented discusses the definition of hypertension, what organs are damaged, foods that are recommended and not recommended for people with hypertension, risk factors, how to prevent hypertension and recommended salt for people with hypertension. We need to

present some of the material above because we remember that the increase in people's attitudes was not significant, which was influenced by people's understanding of healthy eating patterns and recommendations for salt consumption.

Process

The counseling activities were carried out at the Nurul Shalat Mosque in Maccini Baji Hamlet, the counseling process went quite smoothly starting with the distribution of pre-tests, then the delivery of counseling materials using poster media which was distributed to each respondent. The participants who took part in the counseling were quite cumulative and enthusiastic enough to take part in the counseling, but because the number of respondents did not meet the target, we took the Door To Door (DTD) alternative to reach the intervention target. The problem with the facilities during the initial intervention was that the residents were not at home when they visited, there was resistance and there was a lack of public awareness for regular treatment (Swari & Listyowati, 2021).

The obstacle in this counseling activity is that there is a lack of confidence in delivering counseling material because they feel inexperienced and have not mastered counseling material. But we still dare to say things that need to be said and make the atmosphere not tense. However, after delivering the material, many respondents asked us to check their blood pressure, whereas we only brought counseling materials and did

not carry a tensimeter. So we provide an understanding that we do not come to measure blood pressure but we only provide counseling to the community.

Output

The short-term evaluation shows that there is a significant increase in knowledge and action before and after the intervention for prevention and management of hypertension. However, the long-term evaluation conducted on PBL III showed no significant differences in attitudes before and after the hypertension prevention and management intervention was carried out.

The results of the research attitude score Pre-Test and Post-Test 2, so that it can be concluded that statistically there is no significant difference in attitude between before and after three months of counseling on prevention and control of hypertension. On the other hand, attitude scores in Post-Test 1 and Post-Test 2 with a significant value of 0.000 ($p < 0.05$), means that there is a difference significant attitude between before and after three months of counseling on prevention and management of hypertension

From the results of the Friedman test, a significance value of 0.533 ($p > 0.05$) was obtained. so that it can be concluded that statistically there is no significant difference in attitude between before and after three months of extension.

The results of the Wilcoxon test analysis showed a significance value of 0.073 ($p > 0.05$), meaning that there was no difference in

the Pre-Test and Post-Test 2 knowledge scores. In contrast to the Post-Test 1 and Post-Test 2 knowledge scores with a significant value of 0.000 ($p < 0.05$) which means there is a difference. So it can be concluded that statistically there is a significant difference in the level of knowledge between before and after three months of counseling on prevention and control of hypertension. In line with research (Pujianti et al., 2021) the results of the Wilcoxon test on the results of the pre-post test on knowledge of hypertension, the test value shows the number 0.230, which is more than 0.05, meaning that H_0 is accepted, meaning that there is no significant change between the results of the pre-post test.

CONCLUSION

Evaluation of Hypertension Counseling and Management

Inputs

On the indicator of presentation of the material on the poster, it was found that the presentation of the material was systematically arranged, relevant according to the priority of the problem, there was data on the results of the average blood pressure examination of the people in Dusun Maccini Baji obtained from PBL 1.

Process

The counseling activities were carried out at the Nurul Shalat Mosque in Maccini Baji Hamlet, the counseling process went quite smoothly starting with the distribution of pre-tests, then the delivery of counseling materials

using poster media which was distributed to each respondent.

Output

Based on the results of in-depth interviews with a number of respondents, it is known that there are several respondents who have not adopted a healthy diet and there are still many people who consume salted fish and there are still many people who do not understand the recommended amount of salt.

Evaluation of the Development of the Environment for Making Antihypertensive Drinks and Moringa Leaf Tea for Immunity

Inputs

The input components in the man section were sufficient because we were able to master the concept of how to make antihypertensive drinks in a short time and were able to practice and teach training participants regarding how to make them.

Process

The weather was unfavorable and only twenty five participants attended so we decided to conduct the training using the door to door method.

Output

From the results of interviews conducted this work program did not go well because the assets owned by the community in the form of Moringa leaves which were used as the main ingredient were no longer available since the high tide and some people only consumed Moringa leaves for making vegetables.

SUGGESTION

The need for cooperation in various matters between the community and the local government, so that the government can find out firsthand the problems that occur in the community.

It is hoped that with an evaluation, these interventions can run continuously and be developed directly by the community independently and with full responsibility so as to improve the degree of public health.

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