The Effect of Counseling Using Video and Booklet Media on The Level of Knowledge on Stroke Prevention in Hypertension Patients

Suratun[1]*, Paula Krisanty[1], Dewi Lusiani[1], Camalia S, Sahat[2]
[1]Poltekkes Kemenkes Jakarta III, Indonesia
[2]Poltekkes Kemenkes Bandung, Indonesia
*email: suratunharyono@yahoo.com

ABSTRACT

Stroke is a cerebrovascular disease and is a problem throughout the world. Stroke is the third cause that can result in death and is a cause of invalidity/disability. Strokes in hypertension sufferers can be prevented by providing education using various media, including video media and booklets. The aim of this research is to determine the effect of counseling using video and booklet media on the level of knowledge of stroke prevention in hypertension patients. The research method uses a quasi-experimental pre-posttest with control design. The sample used was 30 respondents suffering from hypertension. Method analysis uses univariate and bivariate with dependent t-test statistics, while multivariate analysis using logistic regression test. The results of data analysis of respondent characteristics found that the majority of respondents were aged 60-74 years, female, had elementary-middle school education, and did not work in counseling groups with videos or booklets. The results of bivariate data analysis showed that there were differences in age and education level between the counseling groups using videos and booklets, but there were no differences in gender and employment status. There was a significant difference in the level of knowledge of stroke prevention in the counseling group with videos before and after the intervention (p value = 0.000) with a difference in knowledge score = 2.49, while in the counseling group with booklets before and after the intervention (p value = 0.000) with a difference in knowledge score = 1.44. When compared, the increase in knowledge scores in the video counseling group was higher than in the booklet counseling group. Multivariate test results showed that age, gender and education of hypertension sufferers had an effect on knowledge of stroke prevention with a value of p = 0.028. The conclusion is that there is an influence of counseling using video media and booklets on increasing knowledge of stroke prevention in hypertension sufferers and there is an influence of age, gender and education on knowledge of stroke prevention in hypertension patients.
Keywords: Booklet; Counseling; Hypertension; Stroke; Video.

ABSTRAK

Stroke merupakan penyakit cerebrovaskuler dan merupakan masalah diseluruh dunia. Penyakit stroke merupakan penyebab urutan ketiga yang dapat mengakibatkan kematian dan merupakan penyebab invaliditas/ kecacatan. Stroke pada penderita hipertensi dapat dicegah dengan diberikan penyuluhan menggunakan berbagai media antara lain media video dan booklet. Tujuan penelitian ini untuk mengetahui pengaruh penyuluhan dengan media video dan booklet terhadap tingkat pengetahuan pencegahan stroke pada penderita hipertensi. Metode penelitian menggunakan desain quasi experiment pre-post test with control. Sampel yang digunakan sebanyak 30 responden penderita hipertensi. Metode analisis menggunakan univariate, dan bivariate dengan uji statistic t-test dependent, sedangkan analisis multivariate menggunakan uji regresi logistic. Hasil analisis data karakteristik responden didapatkan bahwa sebagian besar responden berumur 60-74 tahun, berjenis kelamin perempuan, memiliki pendidikan SD-SMP, dan tidak bekerja pada kelompok penyuluhan dengan video maupun dengan booklet. Hasil analisis data bivariate menunjukkan adanya perbedaan umur dan tingkat pendidikan antara kelompok penyuluhan menggunakan video dan booklet, namun tidak terdapat perbedaan pada jenis kelamin dan status perkerjaan. Terdapat perbedaan yang bermakna tingkat pengetahuan pencegahan stroke pada kelompok penyuluhan dengan video sebelum dan sesudah intervensi (nilai p=0.000) dengan selisih skor pengetahuan=2.49, sedangkan kelompok penyuluhan dengan booklet sebelum dan sesudah intervensi (nilai p=0.000) dengan selisih skor pengetahuan=1.44. Apabila dibandingkan, peningkatan skor pengetahuan pada kelompok penyuluhan dengan video lebih tinggi dari kelompok penyuluhan dengan booklet. Hasil uji multivariate didapatkan bahwa umur, jenis kelamin, dan pendidikan penderita hipertensi berpengaruh terhadap pengetahuan pencegahan stroke dengan nilai p= 0.028. Kesimpulan terdapat pengaruh penyuluhan dengan media video maupun booklet terhadap peningkatan pengetahuan pencegahan stroke pada penderita hipertensi dan terdapat pengaruh umur, jenis kelamin, dan pendidikan terhadap pengetahuan pencegahan stroke pada penderita hipertensi.

Kata Kunci: Penyuluhan; Stroke; Pengetahuan; Hipertensi

INTRODUCTION

Stroke is the number one cause of death in the world every year. Data shows that 1 in 4 people experience a stroke, strokes can actually be prevented. Data Riskesdas in 2013 stated that the national prevalence of stroke was 12.1 per mile, while in Riskesdas in 2018 stated that the prevalence of stroke was 10.9 per mile, the highest in the province East Kalimantan (14.7 per mile), lowest in Papua Province (4.1 per mile). Stroke prevalence in urban areas 12.6% and DKI Jakarta Province 12.2%, this figure is higher compared with national stroke prevalence. Cardiocerebrovascular diseases such as stroke, disease Coronary heart disease can be prevented by changing risky behavior such as use tobacco, unhealthy diet and obesity, lack of physical activity and alcohol use.

According to the World Health Organization (WHO), stroke is a condition in which Rapidly developing clinical signs were found in the form of focal neurological deficits and global, which can be severe and last for 24 hours or more and/or can causes death, without any

apparent cause other than vascular. Stroke occurs if a blood vessel in the brain becomes blocked or ruptures. As a result, part of the brain does not get the blood supply that carries the necessary oxygen so it experiences cell/tissue death.

If stroke patients are not treated immediately, they will experience changes in status mental, speech is not fluent due to facial paralysis, impaired visual perception, paralysis, infection, impaired physical mobility and can also be life threatening. Strokes is a primary neurological problem in the world. Meanwhile, Indonesia is a country with the largest number of stroke sufferers in Asia. Stroke is the cause of the sequence third cause of heart disease and cancer. Apart from that, stroke is a cause of invalidity/ disability.

The high prevalence of stroke is due to factors that the Indonesian population does not have aware of the risk factors that occur due to frequent consumption of salty foods 72.7%, fatty foods 86.7%, consuming foods containing preservatives 27.9%, lack of activity 33.5%, and lack of fruit/vegetable consumption 95.4%, insensitivity Maintaining one's lifestyle causes the incidence of strokes to increase every year in Indonesia the year.

Efforts have been made by the Ministry of Health in prevention and Controlling

Cardiocerebrovascular Disease includes promotive efforts: health checks regularly, get rid of cigarette smoke, be diligent in physical activity, have a healthy diet with balanced calories, get enough rest, and manage stress. Preventive efforts by encouraging people to increase self-awareness through measuring blood pressure and checking cholesterol regularly or at least once a year at Posbindu PTM or Service Facilities Health for those who do not yet have risk factors for NCDs, but who already have factors PTM risks are expected to carry out regular health checks every month very. Curative efforts by strengthening health services and rehabilitative efforts for prevent disability.

Based on the high prevalence of hypertension sufferers and the incidence of stroke in the working area of Lubang Buaya Health Center, East Jakarta, preventive education needs to be carried out stroke in hypertension sufferers using video media and/or booklets.

Health education is a health education activity carried out with spread messages, instill confidence, so that people are not only aware, know and understand, but also want and be able to carry out a recommendation that is related to health.

Sync with previous paragraph. Health promotion media is all a means or effort to

convey health information and facilitate acceptance health messages for the public or clients. Based on its function as a distribution health messages, media is divided into three, namely print media including: booklets, and media electronics including video.

Video media can increase students' interest in learning because students can listen and look at the pictures. Video is a tool that can present information, describes processes, explains complex concepts, teaches skills, shortens or slows down time and influences attitudes. Learning video media is a set of components or media that is capable of displaying images as well as sound at the same time. The advantage of video media is that it can attract the target's attention. Target can obtain information from various sources, saves time and can be repeated at any time course, the audio volume can be adjusted when the presenter wants to explain something. Lack video media, less able to control participants' attention, communication is one way, can depend on electrical energy and the details of the object conveyed are less capable displayed perfectly.

A booklet is a small, thin book, no more than 30 pages back and forth which contains writing and pictures. The term booklet comes from book and leaflet meaning that booklet media is a combination of leaflets and books with a format (size) small ones like leaflets. The structure of the booklet's contents resembles a book, only in the way it is presented the content is much shorter than the book. The advantages of booklet media can be used as independent learning media, the contents can be studied easily, easy to create, reproduced and adapted.

Add a hook sentence with a paragraph above it. Knowledge is the result of knowing and This occurs after people sense a certain object, knowledge occurs through the five human senses, namely: the senses of sight, hearing, smell, taste, and touch. Most knowledge is acquired through the eyes and ears. Knowledge or The cognitive domain is a very important domain in shaping a person's actions.

Factors that influence knowledge include age, education, exposure mass media, social economy, as follows:

a. Age

Age is a variable that is always considered in research is one of the things that influences knowledge. Age is the length of life a person in years calculated from birth. The older a person is, the more the knowledge or knowledge that one has increases because of one's knowledge obtained from one's own experience or experience obtained from others.

b. Education

Education is a process of developing all abilities and behavior humans through knowledge, so in education it is necessary to consider age (client development process) and the relationship with the learning process. Education level too is one of the factors that influences a person's perception or is easier accept ideas and technology. Education includes an important role in determining human qualities. The higher the education, the better quality human life will be because Higher education will produce good knowledge that makes life better quality.

c. Exposure to mass media

Through various mass media, both print and electronic, various information can be obtained accepted by society so that someone who is more frequently exposed to mass media will obtain more information and can influence the level of knowledge owned.

Stroke Risk Factors

A risk factor is a situation, habit, social or environmental condition, condition physiological or psychological, intellectual, spiritual and other things that can improve individual susceptibility to disease. Stroke risk factors consist of risk factors that can be modified and cannot be modified, as follows:

a. Risk factors that can be modified

Risk factors that can be modified include hypertension, smoking, diabetes mellitus, atrial fibrillation fibrillation, dyslipidemia, obesity, hormone therapy, lack of exercise or physical activity, consumption excessive alcohol, and a history of ischemic stroke.

b. Risk factors cannot be modified

Genetic factors, family factors, race, gender and age are factors that are not modified.

Stroke Prevention

Stroke is a disease that occurs due to blockage of blood vessels towards the brain or bleeding that occurs in the brain. Stroke is considered moderate serious because it can endanger lives, especially if not treated immediately. Because of So, as far as possible, prevent strokes. Lifestyle is a factor important as a determinant of overall health conditions. People who have Habits of adopting an unhealthy lifestyle tend to be attacked by various diseases compared to people who live a healthy lifestyle. The main steps for Preventing stroke is adopting a healthy lifestyle. Apart from that, avoid risk factors.15 Several ways can be done to prevent stroke, including: maintaining diet, Exercise regularly, Quit smoking. 13,17 In addition it should lower cholesterol levels, lower blood sugar levels, lower blood pressure, and manage stress.

So the researchers conducted research entitled "The influence of counseling with the media videos and booklets on the level of knowledge of stroke prevention in hypertension sufferers". The problem formulated in this research is whether there are differences in the influence of counseling with video media and booklets on the level of knowledge of stroke prevention in hypertension sufferers. The aim of the research is to find out the differences in the influence of counseling with video media and booklets on the level of knowledge of stroke prevention in hypertension patients.

METHODS

The research design used was a quasi experiment with pre and post tests carried out in the intervention group (counseling with video) and the control group (counseling with Booklet). The sample used was 30 respondents suffering from hypertension. The sampling technique used was purposive sampling. Providing intervention Counseling on stroke prevention for hypertension sufferers was carried out 3 times a day month. The research location was at the Posyandu for the elderly in RW 11 and 12, Lubang Buaya sub-district East Jakarta. Data collection uses a questionnaire that has been tested previously. The questionnaire consists of respondent characteristics (age, gender, education and employment) and level of knowledge of stroke prevention. Data analysis using univariate and bivariate analysis with dependent statistical t.test, while multivariate analysis using logistic regression test.

RESULTS

Characteristics of Respondents

In the univariate analysis of this research, the characteristics of the respondents will be explained descriptively. Following is the analysis the univariate:

1.   Respondent Characteristics

Table 1.

Distribution of Characteristics of Research Respondents in the Intervention Group (counseling with Video) and Control Group (counseling with Booklets) (n=60)

Variable	Intervention (Video Media)		Control (Booklet Media)		Total
	N	%	N	%	
Age					
45 – 59 Years	9	30	1	3.3	10
60 – 74 Years	19	63.3	25	83.3	35
75 – 90 Years	2	6.7	4	13.3	6

Variable	Intervention (Video Media)		Control (Booklet Media)		Total
	N	%	N	%	
Gender					
Male	5	16.7	11	36.7	16
Female	25	83.3	19	63.3	44
Education					
Elementary-Junior High School	15	50	25	83.3	40
High School-College	15	50	5	16.7	20
Occupation					
Working	2	6.7	0	-	2
Unemployed	28	93.3	30	100	58

Based on table 1, it can be seen that the majority of respondents are aged in range 60 - 74 years (63.3%) in the intervention group and control group (83.3%), type The largest gender was female in the intervention group (83.3%) and in the control group (63.3%). The highest level of education was elementary-middle school in the intervention group (50%) and at control group (83.3%) and most respondents did not work (93.3%) in the group intervention and 100% in the control group.

2. Equality of Respondents

Table.2.

Analysis of Equality in Age, Gender, Education and Occupation of respondents between Intervention (with Video) and Control (with Booklet) groups

NO	Variable	Intervention (Video)		Control (Booklet)		P-Value
		n	%	n	%	
1	Age					**0.012**
	45 – 59 Years	9	90	1	10	
	60 – 74 Years	19	43.2	25	56.8	
	75 – 90 Years	2	33.3	4	66.7	
2	Gender					**0.077**
	Male	5	31.2	11	68.8	
	Female	25	56.8	19	43.2	
3	Education					**0.005**
	Elementary-Junior High School	15	37.5	25	62.5	
	High School-College	15	75	5	25	
4	Employment					**0.472**
	Working	2	100	0	-	

NO	Variable	Intervention (Video)		Control (Booklet)		P-Value
		n	%	n	%	
	Unemployed	28	48.3	30	51.7	

Based on table.2. The results of the analysis show that there are differences in age and level education between counseling groups with videos and booklets, but there is none differences in gender and employment status of respondents.

3. Differences in Stroke Prevention Knowledge Scores in Hypertension Sufferers Before and After Providing Counseling Interventions in the Intervention and Control Groups

Table 3.

Analysis of Stroke Prevention Knowledge Scores in Hypertension Sufferers Before and After Providing Counseling Interventions with Videos and Booklets

Variable	Group	Assessment	Mean	SD	95% CI	T	P value
Knowledge	Intervention (Video)	Before After Difference	24.033 48.966 - 2.49	3.00	-26.05- -23.81	-45.446	**0.000**
	Control (Booklet)	Before After Difference	24.066 38.533 -1.44	3.59	-15.81 – -13.12	-22.021	**0.000**

Based on table 3, the results of the analysis show that there are significant differences in scores Respondents' knowledge before and after intervention (counseling using video media) with a p value = 0.000, and the difference in increasing knowledge scores = 2.49, as well as at In the control group (counseling with booklet) there was a

significant difference in scores respondent's knowledge before and after intervention with p value = 0.000 and difference score increase =1.44. When compared, the increase in knowledge scores in the groups counseling with Video was higher than

knowledge in the group with counseling with booklets.

4. Differences in knowledge scores between groups.

Table 4.

Analysis of Knowledge Scores between Extension Groups using Video and Booklet media

Variable	Group	N	Mean	SD	95% CI	F	P value
Score Knowledge	Intervention (Video Media)	30	-24.933	3.004	-10.466 – 0.855	2.501	**0.000**
	Control (Media Booklet)	30	-14.466	3.598			

Based on table 4. The results of the analysis show that there is a significant difference in scores knowledge between the intervention group (counseling with video) and the control group (counseling with booklets) after counseling interventions regarding prevention Stroke with different media with p value 0.000.

5. Mulvariate Analysis

Multivariate analysis aims to determine the relationship between independent variables, namely characteristics of hypertensive sufferers on the dependent variable, namely level of knowledge stroke prevention. The characteristics of the respondents in this study are age, type gender and education.

Table.5

The Influence of Respondent Characteristics on the Level of Knowledge of Hypertension Sufferers in Preventing Stroke

Variable Independent	B	t	P value
Age	2.921	2.160	**0.035**
Gender	4.947	3.145	**0.003**
Education	4.753	3.206	**0.002**
Constanta	10.453	2.251	**0.028**

Based on table 5, the results of the multivariate test found that age, gender and education Hypertension sufferers have an effect on knowledge of stroke prevention at p-value=0.028.

DISCUSSION

1. Age

Based on the research results, it was found that the largest age range was 60-74 years as many as 63.3% in the intervention group with video media) while in the control group (with Booklet media) as much as 83.3%. The results of the analysis show that there are differences in age between the groups that used the video and booklet with a p value = 0.012.

The results of this research are in line with the results of Saputri's research. YI, et al (2014) stated that the majority of respondents were aged 60-74 years in both the intervention and intervention groups control group. However, the results of this research are different from the results of research by Riduan, DA, (2018), it was found that the majority of people were in the 45-59 year age range at 55.9%. Likewise, the results of research by Iryanti HA (2021). and Uya.Z (2017) were partially obtained most of the respondents were aged 45-60 years. Likewise, the research results

Hypertension is closely related to age, the older a person is, the greater the risk stricken with hypertension (Sugiharto, 2007) aged over 40 years are at risk of developing it hypertension. Blood pressure increases due to natural changes in the heart

and reduced elasticity of the arteries, so the incidence of hypertension is higher in old age. Uncontrolled hypertension can trigger strokes in elderly people with hypertension.

Wahyuningsih (2013) in his research revealed that one of them affecting a person's knowledge is age. Age influences society in obtaining more information directly or indirectly so that you can increase your knowledge, experience and maturity. The more As a person ages, his thinking maturity increases, so that the ability to absorb information, knowledge and attitudes including giving health education and education also increased. Expansion of communication networks, desire to participate in education and dissemination of health information increase in fulfilling his desire for a change in the level of more health

2. Gender

Based on the research results, it was found that the largest gender was female 83.3% in the intervention group (with video media), while in the control group (with Booklet media) 63.3%. The analysis results showed there was no difference in age between the groups that used videos and booklets with p value=0.077.

The results of this research are in line with the research results of Riduan, DA, Dharma.KK, Sukarni, (2018), stated that

the majority of respondents (70.6%) were female. Likewise, the results of research by Haryani, S., et al (2016) state that gender most respondents (74.4%) were women.

Likewise, the results of Andini's research (2021) showed that the gender of the largest number of respondents women were 73.3% and research results from Uya.Z (2017) showed that the majority of respondents female. The results of this research are different from Wahyuningsih's research (2013) found that the majority of respondents were male.

According to Chen, et al (2014), more women suffer from hypertension after Menopause, this occurs due to a decrease in hormones that cause decreased body homeostasis. After the age of 45 years, women are more at risk of developing it hypertension due to the production of the hormone estrogen which affects high density levels lipoproteins (HDL). These hormonal changes can cause hypertension and thickening of blood vessels or atherosclerosis. The 2018 Riskesdas results stated that the prevalence of hypertension in Indonesia in women tends to be higher than men. This is because most men are busy working outside the home, while women have duties at home to take care of the household.

3.   Education

Based on the research results, it was found that the respondents education was the same as that of the respondents Elementary-Junior High School and High School-College, namely 50% each in the intervention group with Video, while in the control group with Booklet media the majority had elementary-middle school education as much as 83.3%. The results of the analysis show that there are differences in education levels between group that used videos and booklets with p.Value=0.005.

The results of this research are in line with the research results of Haryani, S., et al (2016) stated that the majority of respondents (53.3%) had low education (primary-middle school). Likewise, the research results of Saputri, Y., et al (2014) stated that some Most of the respondents had junior high school education in both the intervention and group groups control. Likewise, the results of Hana's research (2021) showed that most respondents elementary school educated. Riskesdas (2018) states that the prevalence of hypertension tends to be higher in lower education groups due to ignorance about good eating patterns.

However, this is different from the research results of Andini, et al (2021), which states that The majority of respondents' education was higher education at 60%. As well Martiningsih's (2016) research results show

that the education level of the majority of respondents is high. Someone who is highly educated can understand more information good for the explanation given. A fairly high education makes someone is more receptive to information. Information can be obtained either through formal and non-formal education that can have a short-term impact

which can produce changes in increasing knowledge. There is new information about something provides a new cognitive basis for the formation of knowledge regarding this matter. The respondent's high level of education is not always followed with good knowledge, because there are respondents who are more educated low levels have a better ability to search for health information in another place. Thus, it can be said that even though a person's education is elementary school Middle school does not rule out the possibility that they have good knowledge.

4. Employment

Based on the research results, it was found that the majority of respondents jobs were unemployed as many as 93.3% in the intervention group (with video media), while in group control (with Booklet media) was 100%. The analysis results show there is none Age differences between

the groups that used the video and booklet with p.Value=0.472.

The results of this research are in line with the research results of Mardhiah, A., et al. (2014) stated that most of the respondents did not work 90.6%. Likewise the research results Hana Afifah Iryanti (2021). States that the majority of respondents are mothers household. Women who do not work or are housewives are at higher risk suffer from hypertension compared to working women, this is a possibility caused by the lack of activities carried out by most housewives just staying at home with a boring routine, different from mother Those who work actually do more activities and take the time to do them sport. Apart from that, working mothers are usually more active than mothers who don't work or just some housewives. Individuals with low activity are at risk of being affected hypertension is 30-50% of active individuals (Waren, 2008).

5. The influence of respondent characteristics on the level of prevention knowledge stroke in hypertensive sufferers.

The results of the multivariate test research included in the modeling are variables with p value = 0.25, namely the variable age value p = 0.012, gender 0.077 and education value p=0.005. The results of the study showed that age, gender and

Education of hypertension sufferers influences knowledge of stroke prevention at p-value = 0.028.

6. Differences in the influence of counseling with video media on levels Knowledge of stroke prevention in hypertension sufferers.

Based on the research results, it shows that there are significant differences in scores respondent's knowledge before and after the outreach intervention using media video (p value = 0.000), and the difference in increasing knowledge score = 2.49 in the group intervention, average score of knowledge of counseling group with pretest video amounted to 24,033 and post-test amounted to 48,966.

The results of this research are in line with the research results of Luthfiani.R, Ldkk, (2021) shows the average pre-test score is 6.02 and the average post-test score is 12.77. The results of statistical tests show that there is a significant influence of counseling on respondents' knowledge about hypertension with a value of p=0.000, as well as the results research by Riduan, DA, et al, (2018), stated that the results of the bivariate level test pretest-posttest knowledge, namely p value = 0.000.

However, the results of this research are different from the results of research by Isnaini.YS, Basrah (2019) stated that the

level of knowledge obtained p-value = 0.434, meaning no there is an influence of differences in the level of knowledge of respondents before and after being given video educational media about handling malaria. Likewise the research results Priyanto.A, 1, et al, (2021), stated that there was no influence on knowledge of hypertension after being given counseling using video media with p=0.180.

The results of this study indicate that stroke prevention education with Using video is very effective in increasing respondents' knowledge about stroke prevention in hypertension sufferers, compared with providing education without using video. Video is a tool that can present information, describes processes, explains complex concepts, teaches skills, shortens or slows down time and influences attitudes (Kustandi, C (2013). Learning video media is a set of components or media that can displays images and sound at the same time (Sakiman, 2012).

Likewise, the research results show that there is an increase in knowledge between intervention group and control group (p.value=0.016). Uya.Z, Iskandar.A, Asih.FT (2017).

The research results stated that animated video media had a value of p=0.000 significant influence on the level of

knowledge of adolescents regarding hypertension. Media The video is effective in increasing youth's knowledge regarding it. Rahayu FS, Kurniasari.R (2021).

Knowledge is the result of human sensing, or the result of someone's knowledge of something objects through the senses they have. From the time of sensing to production This knowledge is greatly influenced by the intensity of attention and perception of object. A person's knowledge is obtained through the senses of hearing and sight. A person's knowledge of an object has different intensities or levels. different. (Notoatmodjo, S 2010). Stroke prevention in hypertensive patients is necessary knowledge of stroke disease, so that if a stroke occurs you can immediately seek it out help at the nearest health facility.

Respondents gained increased knowledge through providing counseling health regarding stroke prevention in hypertension sufferers, with methods Providing stroke education with videos. Health education or education Health is a process undertaken to change and improve individual and societal capabilities on how to maintain and improve his health for the better.

7. Differences in the influence of counseling and booklet media on levels Knowledge of stroke prevention in hypertension sufferers.

Based on the research results, it shows that there are significant differences in scores Respondents' knowledge before and after counseling using booklet media that is, there is a significant difference in the respondents' knowledge scores before and after extension intervention using booklet media. (p value = 0.000) and difference score increase =1.44. The average knowledge score of the extension group with booklet, the average pretest knowledge score was 24.066 and the posttest was 38.53.

The results of this research are in line with the results of Iryanti's research (2021), shows that the p value = 0.000, with a score difference of 28.50. Pretest score 55.16 and posttest score 83.66 after counseling with a booklet about prevention stroke.

On paired t-test there was a significant difference in increasing knowledge between intervention group (p.value=0.000) compared to the control group (p.value=0.194). Likewise, the research results show that there is an increase in knowledge between intervention group and control group (p.value=0.016).

However, the results of this research are different from the results of research by Isnaini.YS, Basrah (2019) stated that the level of knowledge obtained p-value =

0.434, meaning no there is an influence of differences in the level of knowledge of respondents before and after being given video educational media about handling malaria.

The results of this study indicate that stroke prevention education with Using booklets is very effective in increasing respondents' knowledge about stroke prevention in hypertensive sufferers. Learning video media is a set of components or media capable of displaying images at once sound at the same time (Sakiman, 2012).

Respondents gained increased knowledge through providing counseling health regarding stroke prevention in hypertension sufferers, with methods Providing stroke education with videos. Health education or education health is a process undertaken to change and improve individual and societal capabilities on how to maintain and improve his health for the better.

The results of Saragih and Handayani's research (2022), found that students have an average average knowledge before (13.20) and after (17.33) given video media intervention with p value = 0.001. Meanwhile, the average knowledge of students before (12.93) and after (15.33) given the booklet media intervention with a value of p=0.002. Can It was concluded that there were differences in students'

knowledge regarding sedentary behavior after being given health promotion using video media and booklet media. As part of health promotion media, both video media and booklet media influential in increasing students' knowledge regarding sedentary behavior. Will However, after being given intervention with video media, students had average scores knowledge is higher than booklet media. Saragih and Handayani (2022). Huda (2015) stated that factors can influence health education what is lacking is due to a lack of curiosity either through asking questions living environment, even if a person has low education, but if one gets better information from various media, then this will improve health education towards stroke prevention. After conducting education regarding stroke prevention starting from the definition of stroke, factors causes, signs and symptoms, classification, impact and prevention of stroke, respondents too come to understand and those who originally did not know become known. This research is in accordance with Susi's (2015) research results show that there is an increase in the implementation of health promotion through the lecture method for hypertension sufferers. The information obtained is good from Formal and non-formal education can have an influence and produce results change or increase in knowledge.10 The

learning process according to Notoatmodjo (2018).

The results of this research show that education can influence improvement knowledge, the higher the education, the better you will understand information about stroke prevention, so that we as health promotion workers need to actively provide health education to increase knowledge

stroke prevention in hypertension sufferers (Hana Afifah, 2021). Based on the results This research, using paired T-test analysis shows the results of statistical tests the obtained p value = 0.000 < ÿ = 0.05, which means there is an influence of education through booklets on the knowledge of hypertension sufferers about stroke prevention.

CONCLUSION

Based on research results and discussion regarding the influence of detection education early stroke using video media and booklets on the level of prevention knowledge strokes. in the working area of Lubang Buaya Community Health Center, East Jakarta. So, you can concluded as follows:

The largest age range of respondents in this study was the range aged 60-74 years, mostly female, highest level of education elementary-middle school and the majority of respondents do not work.

The results of the test for equality of respondent characteristics show that the variables age and Education has a significant relationship with the level of prevention knowledge stroke, while gender and occupation were not related.

Multivariate test results of respondent characteristics that have the most influence on level stroke prevention knowledge, namely age, gender and education.

Respondents in this study had a level of knowledge in the extension intervention group using the pretest video was 24,033 and posttest 48,966, while the level knowledge in the extension control group with the pretest booklet was 24,066 and posttest 38.530.

There is an influence of counseling using video and booklet media on prevention of stroke in hypertension sufferers in the Lubang Buya Health Center working area East Jakarta with a p value = 0.000 in both the intervention group and the group control. However, if we look at the increase in the extension knowledge score with Using video media has a higher value compared to counseling using booklets.

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