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# THE EFFECT OF PROVIDING DASH (DIETARY APPROACHES TO STOP HYPERTENSION) DIET EDUCATION ON DIET COMPLIANCE IN HYPERTENSION PATIENTS

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**ABSTRACT**
Currently, hypertension is one of the most common diseases suffered by peoples. Hypertension is characterized by an increase in blood pressure above normal limits. The large number of hypertension sufferers is caused by unhealthy eating patterns, therefore, to prevent hypertension, it is necessary to carry out a hypertension diet by providing DASH diet education. The study aims to determine the effect of DASH diet education on diet compliance in hypertension sufferers. This study is a quantitative study with a quasi-experimental design of two groups pre and post test with group control. The sampling technique used purposive sampling with a total of 48 samples divided into intervention groups and control groups. The variables in this study were the provision of DASH diet education and diet compliance. The instruments used were the DASH diet education SAP, animated videos and Diet Compliance Questionnaires. The DASH instrument is a valid and reliable measuring tool. Then analyzed using the Mann Withney. The results of the Mann Withney analysis in the intervention group showed an Asymp. Sig. value of 0.000 (<0.05) which means that there is an effect of DASH diet education on hypertension diet compliance. In the control group, there was no change in the pre-post test data, so the Asymp. Sig. value did not appear in the analysis results, thus it can be concluded that there is no effect of providing DASH diet education on dietary compliance of hypertension sufferers. Based on the research results, DASH diet education can increase compliance with hypertension diet in respondents. It is expected that respondents can understand the substance of DASH diet education and continue to implement it in everyday life in order to undergo a hypertension diet program so that blood pressure remains under control.

**Keywords:** DASH diet education; Hypertension; Hypertension diet



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## INTRODUCTION

Hypertension often referred to as high blood pressure disease is a serious medical condition that can affect millions of people worldwide. Hypertension is defined as a condition of consistently high pressure in the arteries, hypertension is identified as a major risk factor for cardiovascular disease, stroke and even premature death. One of the factors that play a role is non-compliance with a high blood pressure diet. Hypertension diet is one of the non-

pharmacological therapies that can be done to control drastic increases or decreases in blood pressure, and maintain normal blood pressure values (Pangestu et al., 2024).

Diet for high blood pressure is very important for sufferers, because it can reduce the risk of complications compared to sufferers who do not follow the diet. But in reality, there are still many hypertensive patients who do not follow the high blood pressure diet. This problem shows that the health behavior of hypertensive patients is still inadequate if they want to control their blood pressure (Maula et al., 2023). Hypertension diet compliance of someone who suffers from hypertension greatly influences the success of their recovery. Controlling hypertension patients is very difficult because of the non-compliance of hypertension sufferers in regulating their diet. Non-compliance of patients in modifying their diet and regulating their lifestyle will have a negative impact on health problems, especially hypertension experienced (Febriana & Heryyanoor, 2023).

The prevalence of hypertension has increased every year. According to the World Health Organization (WHO), one billion people in the world suffer from hypertension, two-thirds of whom are in developing countries with low and medium incomes. The prevalence of hypertension will continue to increase sharply, it is predicted that by 2025 around 29% of adults worldwide will suffer from hypertension (Nopriani et al., 2023). Based on the results of the 2023 Indonesian Health Survey (SKI) which was previously called the Basic Health Survey (*RISKESDAS*), the prevalence of hypertension in the population aged 18 years and over has been proven to decrease in 2023. The results of the 2018 RISKESDAS which were previously submitted showed a prevalence of 34.1% in Indonesia. Although it has decreased, this figure is still relatively high at 30.8% (Munira et al., 2023). In East Java Province, in 2022 it reached 11,600,444 (Apriliani et al., 2021). There has been a significant increase in cases of hypertension sufferers in Banyuwangi Regency every year starting from 2020, there were 457,059, in 2021 there was an increase in the number of hypertension sufferers reaching 477,570. In 2023 there were 490,758 cases, one of which is the highest hypertension case currently in Klatak District which has 15,147 cases of hypertension sufferers (Dinas Kesehatan Kabupaten Banyuwangi 2023).

The results of previous research by Uliatiningsih (2019) It is known that the pre-test value of respondents' compliance was less than 43 people (57.3%), quite compliant were 32 people (42.7%) and in the compliant category there were none. After being given educational intervention, the post-test value increased, respondents who were less compliant became 32 people (42.7%), respondents who were quite compliant were 39 people (52%) and respondents who were compliant became 4 people (5.3%). This is in line with previous research by Prastika and Afifah (2024) related to dietary compliance in hypertensive patients from 22 respondents showed that the knowledge of respondents who were compliant in the good category was 5 respondents (22.7%), respondents who were sufficient were 6 respondents (27.3%), and less than 4 respondents (18.2%). The category of non-compliance with the good category was 1 respondent (4.5), sufficient was 2 respondents (9.1%), and less than 4 (18.2%). Based on a preliminary study of hypertension at the Klatak Health Center, the number of elderly people with hypertension in 2024 from January to August was 393 hypertensive patients. If from PTM (non-communicable diseases) in hypertensive patients, in January to August 2024 there were 836 hypertensive patients. From the results of the initial survey, researchers found that out of 10 hypertensive patients in the Klatak Health Center work area, they showed non-compliance with the hypertension diet through a questionnaire.

Compliance with diet in hypertension sufferers is very important to adhere to because the food consumed, either directly or indirectly, has been proven to have a significant influence on blood pressure stability (Muharani, 2023). Diet compliance aims to regulate blood pressure so that it remains stable and any complications that arise can be quickly resolved (Sapitri et al., 2023). An example of a diet that has been recognized as an effective dietary

intervention to lower blood pressure is the DASH Diet (Dietary Approaches To Stop Hypertension). The DASH diet is a diet that emphasizes the consumption of fruits, vegetables, and low-fat dairy products, including whole grains, legumes, nuts, fish, and poultry and contains little fat, and drinks that contain low sugar. The DASH diet is also called a naturally low-sodium diet. Sodium and potassium play an important role in regulating fluid balance, osmotic pressure, and blood pressure in the body. Potassium deficiency can cause excess sodium in the body which can increase blood pressure (Rohmah et al., 2023). Foods rich in potassium, calcium, magnesium, and fiber, along with reduced sodium, fat, and cholesterol-rich foods, are considered to be particularly beneficial components of the DASH Diet (Fillippou et al., 2022). The DASH diet has benefits for controlling blood pressure, helping obese patients to lose weight and reduce waist circumference, as well as reducing LDL and cholesterol levels in the body (Suprayitna, 2023).

One of the efforts to improve the attitude and behavior of the DASH diet is by providing education or education related to information about hypertension so as to increase knowledge and change health behavior in individuals or groups or communities in improving behavior, as well as by providing education and information related to hypertension in order to achieve optimal health levels. Counseling and education are needed to introduce the DASH diet to people with hypertension. Health education in the community can increase the understanding, desire, and ability of the community in preventing the occurrence of hypertension and its complications (Fatmawati et al., 2023). References from previous research, with the context of research on community groups, provide material that only focuses on hypertension and does not emphasize the application of the DASH diet in hypertensive patients. Research conducted by Agustina et al (2023), using health education methods in researching the problem of hypertension diet compliance. Other studies conducted by Oktaviana & Rispawati (2023), also uses health education that focuses on hypertension. This supports this research using the innovation of implementing the DASH diet in handling hypertension problems (Supriatun et al., 2024).

Based on the description above, the author is interested in conducting a study on "The Effect of Providing DASH (Dietary Approaches To Stop Hypertension) Diet Education on Diet Compliance in Hypertension Patients". The results of the study are expected to improve knowledge and compliance for hypertension patients

## METHODS

### *Study Design*

The research method used is Quasi Experimental Pre Post Test with a control group, by providing DASH diet health education to the intervention group. The purpose of the study choosing the Quasy Experimental method is to analyze the data obtained from the study. The main purpose of using this method is to obtain accurate data that is in accordance with the research objectives. The design used in this study is the Two-group pretest and posttest design, which allows the study to compare the results before and after the intervention in two different groups.

The DASH diet is a regulatory system that aims to regulate intake and eating patterns in people with hypertension. Several previous studies have shown that the DASH diet has been proven to be able to control blood pressure in people with hypertension. Someone who follows the DASH diet will have a regular diet and the food they eat contains nutritional value that is safe for people with hypertension. Research conducted by Moonti et al. shows that DASH diet education has been proven to be able to control blood pressure in people with hypertension (Moonti et al., 2024).

A literature study shows that the DASH diet is indeed proven to be able to control blood pressure in people with hypertension. Several journals show their support for the DASH diet in lowering blood pressure in people with hypertension. They concluded that someone needs to apply DASH if they want to have optimal blood pressure (Pebriani, 2023).

***Research Subject***

Population refers to all objects or subjects that are the focus of research (Adnyana, 2021). The target of this research is hypertension sufferers in the Klatak Health Center work area from October to November 2024. The number of hypertension sufferers in the last 3 months by providing Questionnaires and Education was 44 hypertension sufferers.

A sample is a portion or representative of a population that has characteristics that represent the entire population. To select the correct sample, researchers must have a good understanding of sampling techniques, including determining the appropriate sample size and selecting a representative sample (Adnyana, 2021). The sampling technique used is purposive sampling. From the population obtained 44 respondents, to avoid Drop Out, the researchers used the sample used in this study plus 10% (4 samples) for 48 respondents of hypertension patients in the Klatak health center work area. It was divided into 2 control groups of 24, intervention group 24.

The inclusion criteria in this study were patients who had been diagnosed with hypertension by medical personnel, patients who were willing to follow the DASH diet education program and provide written consent (informed consent), patients who routinely carry out health checks at the health center at least once a month, patients who have a cellphone and can apply WhatsApp, and operate YouTube.

Meanwhile, the inclusion criteria in this study were patients who had severe communication disorders, such as severe aphasia or hearing loss without aids, patients who had severe psychiatric disorders that could affect compliance and participation in educational programs such as uncontrolled schizophrenia or bipolar, patients who were in unstable medical conditions, such as severe acute infections or cardiac decompensation.

***Instruments***

The variable measurement tool uses a questionnaire sheet for the level of dietary compliance in hypertension sufferers. The questionnaire is a data collection method that uses a series of questions that have been designed in a structured manner (Ardiansyah et al., 2023). Questionnaires related to respondent characteristics include: age, education, occupation, economic income, family history of hypertension, comorbidities, duration of hypertension, types of drugs consumed. The questionnaire to determine Compliance consists of 20 questions. In this study, the intervention group was given education about the DASH diet in the form of animated videos and a hypertension diet compliance questionnaire. Meanwhile, the control group did not receive DASH diet education, but rather education about hypertension in general and was still given a hypertension diet compliance questionnaire, to compare the results of diet compliance in the two groups.

***Intervention***

This study involved two groups, namely the intervention group and the control group. The intervention group received special treatment in the form of creating a WhatsApp group that functions as a means of communication and education about the DASH diet. In the group,

respondents were given access to a YouTube video link containing information about the DASH diet, which aims to increase their understanding of healthy eating patterns for people with hypertension. Over time, the number of viewers of this video increased to 333, indicating significant participation from the intervention group. In addition, to monitor their compliance with the DASH diet, respondents in the intervention group were asked to send photos of their food documentation every week for one month.

To further explore, educational videos were screened in the Klatak Health Center hall, followed by screenings at each respondent's home. For one month, researchers routinely reminded respondents through the intervention WhatsApp group, with monitoring conducted once a week to ensure their compliance with the recommended diet.

In the control group, on the other hand, only general education about hypertension was given through a video screening once, without an in-depth explanation of the DASH diet. Monitoring in the control group was carried out by measuring vital signs at every *prolanis* meeting, but without any specific follow-up regarding changes in diet.

### *Data Analysis*

#### *Univariate*

Univariate analysis is by analyzing variables descriptively by calculating the frequency distribution and its proportion to determine the distribution of each variable. Univariate analysis in this study is the frequency and its proportion. Data is presented in the form of frequency tabulation and narrative, then using the percentage scoring analysis technique.

#### *Bivariate*

After the data was collected and processed, the data was converted into a nominal scale using tabulation. Comparative analysis was conducted on two variables related to the ordinal data scale. In this study, bivariate analysis was conducted to evaluate the impact of DASH (Dietary Approaches to Stop Hypertension) diet education on the level of dietary compliance in hypertensive patients.

Before determining the statistical test used, it is necessary to conduct a data normality test, the normality test used is Shapiro Wilk because the number of samples obtained is less than 50 respondents. If the results of the normality test show that the data is normally distributed (p value > 0,05), then the statistical test used is the T-Test, and if the data is not normally distributed (p value < 0,05), then the statistical test used is the Mann Withney.

**Table 1.** Shapiro Wilk Data Normality Test Result

| | | Statistics | Df | Sig. |
|---|---|---|---|---|
| **Intervention Group** | **Pre Test** | .835 | 24 | .001 |
| | **Post Test** | .927 | 24 | .001 |
| **Control Group** | **Pre Test** | .949 | 24 | .002 |
| | **Post Test** | .949 | 24 | .002 |

The results of the data normality test show that the data is not normally distributed, so the statistical test used is the Mann Whitney test. The criteria for making decisions in this study is to accept the alternative hypothesis. If the Asymp. Sig. (2-tailed) value < 0.05 then there is an effect after the intervention is given, and if the Asymp. Sig. (2-tailed) value > 0.05 then there is no effect.

***Ethical Consideration***

This research has been declared to have passed the ethical test by the STIKES Banyuwangi Research Ethics Commission on October 8, 2024 with the certificate number 008/01/KEPK-STIKESBWI/X/2024-2025. Passing the ethical test means that this research contains research ethics that have been applied. Ethics in research is a very important issue, because the research carried out is directly related to humans, so ethical aspects must be considered.

## RESULTS

### Respondent Characteristics

**Table 2.** Respondent Characteristics (n=48)

| Variable | Intervention Group | | Control Group | |
|---|---|---|---|---|
| | n | % | n | % |
| **Age Range** | | | | |
| 25-44 Years | 3 | 12,5% | 1 | 4,2% |
| 45-54 Years | 12 | 50,0% | 4 | 16,7% |
| 55-65 Years | 9 | 37,5% | 13 | 54,2% |
| 66-74 Years | 0 | 0 | 6 | 25,0% |
| **Gender** | | | | |
| Male | 8 | 33,3% | 7 | 29,2% |
| Female | 16 | 66,7% | 17 | 70,8% |
| **Education** | | | | |
| SD | 3 | 12,5% | 4 | 16,7% |
| SMP | 3 | 12,5% | 4 | 16,7% |
| SMA | 13 | 54,2% | 10 | 41,7% |
| Sarjana/Diploma | 4 | 16,7% | 1 | 4,2% |
| Not School | 1 | 4,2% | 5 | 20,8% |
| **Dietary Compliance Before Intervention** | | | | |
| Disobedient | 24 | 100% | 9 | 37,5% |
| Obedient | 0 | 0 | 12 | 50,0% |
| Very Obedient | 0 | 0 | 3 | 12,5% |
| **Dietary Compliance After Intervention** | | | | |
| Disobedient | 2 | 8,3% | 9 | 37,5% |
| Obedient | 15 | 62,5% | 12 | 50,0% |
| Very Obedient | 7 | 29,2% | 3 | 12,5% |

It is known in table 1, in terms of age, in the intervention group half of the respondents came from the age range of 45-54 years or in the middle age group with a total of 12 respondents (50.0%), and in the control group most of the respondents came from the age range of 55-65 years or in the early elderly age group with a total of 13 respondents (54.2%).

In terms of gender, in the intervention group, the majority of respondents were female with a total of 16 respondents (66.7%), and in the control group, the majority of respondents were female with a total of 17 respondents (70.8%).

In terms of education level, in the intervention group, the majority of respondents' last education was high school or equivalent with a total of 13 respondents (54.2%), and in the control group, almost half of the respondents' last education was high school or equivalent with a total of 10 respondents (41.7%).

Before being given DASH diet education, in the intervention group, all respondents were not compliant with the hypertension diet with a total of 24 respondents (100%), and in the control group, half of the respondents had a level of dietary compliance in the compliant category with a total of 12 respondents (50.0%).

**Table 3.** Average Blood Pressure of Respondents Before and After Intervention

| Blood Pressure | Group | Mean | Median | Standard Deviation | Min | Max |
|---|---|---|---|---|---|---|
| Before Intervention | | | | | | |
| Systolic | Intervention Group | 145 | 141 | 13,14 | 120 | 170 |
| | Control Group | 147,42 | 142 | 16,12 | 120 | 170 |
| Diastolic | Intervention Group | 90,10 | 88 | 7,88 | 80 | 100 |
| | Control Group | 90,51 | 86 | 2,5 | 80 | 90 |
| After Intervention | | | | | | |
| Systolic | Intervention Group | 132 | 130 | 12,15 | 120 | 160 |
| | Control Group | 145,42 | 140 | 14,14 | 120 | 170 |
| Diastolic | Intervention Group | 84,17 | 90 | 7,75 | 70 | 90 |
| | Control Group | 89,58 | 90 | 2,04 | 80 | 90 |

Based on table 2, it is known that before being given treatment, in the intervention group the average blood pressure of respondents was 145/90 mmHg, and in the control group the average blood pressure of respondents was 147/90 mmHg. After being given treatment, in the intervention group the average blood pressure of respondents was 132/84 mmHg, and in the control group the average blood pressure of respondents was 145/89 mmHg.

### *Mann Withey Analysis*

**Table 4.** Mann Withney Analysis of the Effect of DASH Diet Education on Hypertension Diet Compliance in Hypertension Patients

| | Intervention Group (Pre-Post Test) | Control Group (Pre-Post Test) |
|---|---|---|
| **Mann Withney** | 26,500 | 288,000 |
| **Z** | -5,467 | 0.000 |
| **Asymp. Sig. (2-tailed)** | 0,000 | 1,000 |

Based on the results of the Mann Withney in the intervention group, the Sig. (2-tailed) value is 0,000 (<0.05), which means that there is an effect of DASH diet education on hypertension diet compliance. Meanwhile, in the control group, the data could not be processed because there was no difference in scores between the pre-test and post-test, thus it can be concluded that there was no effect in the control group.

## DISCUSSION

Based on the research results obtained in table 2 which shows that the results of the Mann Withney test in the intervention group, it is known that Asymp. Sig. is 0.000 (<0.05) which means that there is an effect of DASH diet education on hypertension diet compliance. While

in the control group, there was no value in Asymp. Sig and there was no difference in scores between the pre-test and post-test, thus it can be concluded that there is no effect in the control group. Based on this analysis, it can be concluded that there is an effect of providing DASH diet education on hypertension diet compliance.

The influence of DASH diet education on hypertension diet compliance is in line with research conducted by Evi Supriatun et al (2024), which showed that DASH diet education can increase hypertension diet compliance in hypertension sufferers. Research conducted by Utami (2021) also showed that there was an influence of DASH diet education on hypertension diet compliance. Another study with similar results was also conducted by Fitriany (2023) which showed that there was an influence of DASH diet education on increasing respondent compliance in following a hypertension diet.

Increased compliance with hypertension diet in the intervention group is related to increased knowledge. Increased knowledge is also accompanied by the process of synchronizing the experiences experienced by respondents with hypertension, especially in the application of diet and the obstacles and conveniences obtained. Providing DASH diet education will be a refresher of material and increase understanding as well as a point of exchange of experiences in applying the DASH diet according to the respondent's abilities (Hikmawati et al., 2022).

DASH diet education displays several food intakes that can be consumed. DASH diet education is delivered through videos. Providing DASH education using videos is considered capable of increasing compliance with hypertension diets. The use of videos is considered easy to understand the educational content by respondents. One of the factors that supports increasing compliance with hypertension diets is blood pressure (Fitriany, 2023).

In terms of blood pressure, before the DASH diet, the average blood pressure of respondents in the intervention group was 145/90 mmHg, and in the control group the average blood pressure of respondents was 147/90 mmHg. The average blood pressure value is very high, so if respondents follow and implement DASH diet education, they will indirectly reduce their consumption of foods that can increase hypertension complication (Anggreini, 2023). Likewise, if respondents do not follow a hypertension diet, their blood pressure will not decrease significantly. This is evidenced by the average blood pressure of respondents in the intervention group which showed a figure of 132/84 mmHg, while in the control group there was no significant decrease, the average blood pressure in the post-intervention control group was 145/89 mmHg.

The decrease in average blood pressure is also supported by the routine consumption of hypertension medication. In this study, both the control group and the intervention group, almost all respondents consumed Amlodipine hypertension medication with a total of 21 respondents (87.5%). Amlodipine is one of the CCB (Calcium Channel Blocker) hypertension drugs that are widely found on the market, besides its cheaper price, Amlodipine is suitable for use by all people with hypertension. Amlodipine also has better blood pressure lowering effectiveness than other hypertension drugs (Aryani et al., 2021). Consumption of hypertension medication in hypertension sufferers is a mandatory recommendation, but this routine is different from the concept of routine medication in patients with TB, where it is mandatory to take medication for 6 months without stopping. In hypertension sufferers, the concept of routine medication consumption is not like that, if in the middle of treatment the

respondent does not routinely take medication, then they do not have to repeat the treatment process from the beginning, the respondent simply continues the previously prescribed drug therapy.

DASH diet education using videos can improve respondents' hypertension diet compliance because the use of videos allows information to be delivered with visuals, animations, and interesting narratives. This can make it easier for respondents to understand the concept of the DASH diet. Videos with a duration that is not too long containing key messages such as the benefits of the DASH diet to prevent and control hypertension can be distributed through social media.

Respondents can easily access DASH educational videos through a YouTube channel that already has 333 viewers. During the research process, respondents were included in an intervention group consisting of 24 respondents, so that researchers could monitor the progress of respondents in implementing the DASH diet. Within one month, respondents were encouraged to send documentation of the food menu they consumed every day. Continuous messages received and direct interaction in this group can increase respondents' awareness and compliance. Ultimately, respondents can increase their level of compliance with their hypertension diet from initially being non-compliant to being compliant in implementing the DASH diet.

## CONCLUSION

Before being given DASH diet education, in the intervention group it was known that all respondents experienced non-compliance with the hypertension diet with a total of 24 respondents (100%), while in the control group it was known that half of the respondents had compliance with the hypertension diet in the compliant category with a total of 12 respondents (50%). After being given DASH diet education, in the intervention group it was known that most respondents had compliance with the hypertension diet in the compliant category with a total of 15 respondents (62.5%), while in the control group it was known that there was no change in value.

Based on the results of Mann Withney analysis in the IBM SPSS Statistic v.26 program, the Asymp. Sig. value in the intervention group was 0.000 (<0.05), this value means that there is an effect of providing DASH diet education on hypertension diet compliance. While in the control group, there was no value in Asymp. Sig, and there was no change in the value from the pre-post test, so it can be concluded that there is no effect in the control group.

## SUGGESTIONS

The results of this study can be used as input for related parties such as respondents, research sites, educational institutions, and the general public. For respondents, respondents can understand the educational values of the DASH diet so that they are able to implement it in everyday life to maintain optimal blood pressure. For the research site, the Klatak Health Center can conduct DASH diet education periodically to remind the community whose level of compliance with the hypertension diet has decreased, in addition, the Klatak Health Center can include DASH diet education in the work program. For educational institutions, educational institutions can provide community service by providing DASH diet education to reach a wider community and improve public health. Then for the general public, the public can access educational videos on the DASH diet via the YouTube channel and distribute them to family, neighbors, and the wider community.

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**DECLARATION OF INTEREST**

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**AUTHOR CONTRIBUTION**

Author 1: Authors, compilers and principal actors who conducted the research

Author 2: Supervisor 1 in directing the research process

Author 3: Supervisor 2 in directing the research process and as a manuscript reviewer

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