

The Influence Of Kintan Media On Knowledge And Self-Efficacy Of Hypertension Prevention In Pkk Groups In Simpang Tiga Village, Samarinda

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Abstract

Hypertension is still a public health issue in Samarinda City, with cases rising from 33,555 in 2020 to 69,156 in 2024. This situation highlights the importance of health education using KINTAN (Health Information Fan) as a way to boost people's knowledge and self-confidence in preventing hypertension. This study aimed to analyze the impact of health education using KINTAN media on knowledge and self-efficacy regarding hypertension prevention in PKK groups in the Simpang Tiga Subdistrict of Samarinda. This study used a quantitative method with a pre-experimental approach and a one-group pre-test post-test design. The sample size was determined using the Lemeshow formula, resulting in 39 respondents. Data were collected using knowledge and self-efficacy questionnaires and then analyzed univariately and bivariately using the Wilcoxon test. Before the intervention, most respondents had good knowledge, with 31 respondents (79.5%), adequate knowledge with 4 respondents (10.3%), and poor knowledge with 4 respondents (10.3%). After the intervention, the number of respondents with good knowledge increased to 34 (87.2%), those with adequate knowledge remained at 4 respondents (10.3%), while poor knowledge decreased to 1 respondent (2.6%). For the self-efficacy variable, the high category increased from 28 respondents (71.8%) to 35 respondents (89.7%), while the low category decreased from 11 respondents (28.2%) to 4 respondents (10.3%). The Wilcoxon test results showed that health education using KINTAN media had an effect on knowledge ($q = 0.007$) and self-efficacy ($q = 0.010$). Therefore, health education using KINTAN media has an effect on increasing knowledge and self-efficacy regarding hypertension prevention among the PKK Group in the Simpang Tiga Subdistrict of Samarinda.

Keywords

KINTAN Media, Knowledge, Self-Efficacy, Hypertension Prevention, PKK Groups, Simpang Tiga Village, Samarinda



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INTRODUCTION

Hypertension is defined as a systolic blood pressure above 120 mmHg and/or a diastolic blood pressure above 80 mmHg. It is one of the most common chronic diseases and is characterized by a sustained increase in arterial blood pressure. In most cases, the underlying cause of hypertension remains unknown, a condition commonly referred to as essential hypertension. However, increased salt intake is considered one of the contributing factors to hypertension. Approximately 50%–60% of patients with high salt intake experience hypertension, indicating that dietary patterns play an important role in the development of this condition (Nugroho et al., 2021).

According to the World Health Organization (WHO), the global prevalence of hypertension continued to increase in 2023, with more than 30% of the world's adult population affected. This situation demonstrates that hypertension is not merely an individual health problem but also a major public health challenge requiring serious attention from the global health sector. WHO emphasizes the importance of early detection, appropriate management, and primordial prevention to reduce the burden of disease associated with hypertension (Kario et al., 2024). Hypertension is also considered the most significant modifiable risk factor for morbidity and mortality from all causes worldwide. Approximately 33% of the global population of 8 billion people lives with hypertension. Lifestyle modification is therefore a cornerstone of hypertension prevention and control, while support from both government and industry is essential to facilitate and implement sustainable lifestyle changes. In addition to lowering blood pressure and improving hypertension control, lifestyle modification can improve overall cardiovascular health and general well-being (Kario et al., 2024).

At the regional level, Southeast Asia, including Indonesia, has also experienced a substantial increase in hypertension cases. Based on Riskesdas data, the prevalence of hypertension in Southeast Asia reached 39.9% in 2020, demonstrating that hypertension is not only an individual health concern but also a public health problem requiring immediate intervention. Indonesia itself recorded a relatively high prevalence of hypertension, reaching 34.11% in 2018 (Riskesdas, 2018). This high prevalence highlights the need for comprehensive prevention and health promotion strategies that can be implemented at the community level.

According to data from Satu Data Provinsi Kalimantan Timur for 2023–2024, the highest number of hypertension cases was recorded in Samarinda City, with 214,129 cases, while the lowest was reported in Paser Regency, with 28 cases. This substantial difference indicates that densely populated urban areas such as Samarinda may face a higher burden of hypertension, potentially due to urban lifestyles and unhealthy

dietary patterns. Meanwhile, areas with smaller populations, such as Paser Regency, tend to report lower numbers of hypertension cases, although differences in population size and health-service access should also be considered when interpreting these figures (Satu Data Provinsi Kalimantan Timur, 2025).

Data from the Central Statistics Agency (Badan Pusat Statistik/BPS) of Samarinda City indicate that the number of hypertension cases over the past five years has shown a fluctuating but generally significant upward trend. In 2020, the number of hypertension cases was recorded at 33,555, followed by a slight decrease to 33,085 cases in 2021. However, this decline did not continue, as the number of cases increased sharply to 43,838 in 2022. The upward trend continued in 2023, when the number of cases reached 45,235. The most concerning increase occurred in 2024, when hypertension cases rose dramatically to 69,156. This substantial increase indicates that hypertension remains one of the major health problems in Samarinda City and requires serious attention through preventive and promotive health interventions (Badan Pusat Statistik Kota Samarinda, 2025).

Hypertension prevention among PKK (Family Welfare Empowerment) groups is particularly important because PKK members have a strategic role in preventing and controlling health problems within the community. As a group actively involved in social activities, health promotion, and family empowerment, PKK can serve as an agent of change in promoting awareness of healthy lifestyles. Hypertension is frequently associated with high-salt dietary patterns, insufficient physical activity, stress, and inadequate routine health examinations. Through health education delivered to PKK groups, information regarding hypertension risk factors and prevention strategies can be communicated more effectively and subsequently applied in daily life.

The selection of appropriate methods and media is a key factor in the success of health education. Interactive, participatory, and group-based approaches are generally more effective than one-way lectures because they encourage active participant involvement. One innovative medium that can be used is KINTAN (Kipas Informasi Kesehatan or Health Information Fan), an educational medium designed in the form of a fan containing concise, attractive, and easy-to-understand health information. This medium can simplify health messages related to hypertension, including its definition, risk factors, signs and symptoms, and prevention strategies (Pasaribu, 2020).

Adequate knowledge can encourage the development of positive attitudes, which may subsequently be reflected in actual health behaviors, such as regularly checking blood pressure, maintaining a healthy diet, engaging in regular physical

activity, and adhering to treatment among individuals with hypertension. Self-efficacy also plays an important role in the process of health behavior change because it contributes to better understanding and supports the development of knowledge, behavior, and skills. Individuals with high self-efficacy tend to believe that they are capable of utilizing their abilities to achieve desired outcomes. Conversely, individuals with low self-efficacy may perceive that their existing abilities are insufficient to achieve the expected outcomes (Amila et al., as cited in Khusnia & Syaid, 2023). This is consistent with the findings of Qodir, as cited in Khusnia and Syaid (2023), which indicate that individuals with high self-efficacy tend to demonstrate better hypertension prevention behaviors than those with low self-efficacy (Khusnia & Syaid, 2023).

KINTAN (Kipas Informasi Kesehatan) is a modified educational medium based on the leaflet concept that has been attractively designed and contains relevant health information. According to Aulia (2024), various health education methods can be used to disseminate health information, including individual, group, and mass health education. The Ministry of Health has also introduced the use of fan-shaped media as a health promotion tool. Several researchers have subsequently utilized fan-based media as an educational medium in health promotion activities (Pasaribu, 2020). The practical and visual characteristics of KINTAN make it potentially useful for delivering health messages in community settings, particularly because the information can be accessed repeatedly by participants.

Previous studies have demonstrated the effectiveness of fan-based educational media in improving health knowledge and behaviors. Noorfajaraina et al. (2025), for example, found that printed nutrition education media in the form of a fan containing information about complementary feeding (MPASI) was effective in increasing mothers' knowledge. Similarly, Luthfiya et al. (2025) reported an effect of fan-based educational media on increasing adolescents' knowledge about the dangers of junk food. Nuryati and Nurfurqoni (2021) also found that health education using postpartum educational fan media significantly influenced the implementation of personal hygiene and postpartum self-care practices. Furthermore, Pasaribu (2020) demonstrated that the use of KINTAN media had an effect on knowledge and attitudes related to dengue fever prevention. These findings suggest that fan-based educational media have potential as an accessible and effective tool for delivering health information to community groups.

A preliminary study conducted in the working area of the Trauma Center Public Health Center (Puskesmas Trauma Center) in Samarinda on September 29, 2025,

involved an interview with one program officer to obtain an overview of hypertension cases in the area. The results showed a significant increasing trend in hypertension cases over recent years. In 2022, 920 hypertension cases were recorded, followed by an increase to 1,442 cases in 2023. A substantial increase occurred in 2024, when the number of cases reached 9,648. Furthermore, during the first six months of 2025, from January to June, 2,271 hypertension cases had already been recorded. These findings indicate that hypertension represents an increasingly important health concern in the working area of Puskesmas Trauma Center Samarinda and requires strengthened preventive and promotive interventions.

A further interview was conducted with the chairperson of the PKK group on September 30, 2025, to identify members with a history of hypertension and those experiencing hypertension-related symptoms. The results showed that, among 40 PKK members, 8 had a history of hypertension and 12 reported symptoms associated with hypertension. The remaining 20 members had normal blood pressure and did not report hypertension-related symptoms. These findings indicate that a considerable proportion of PKK members may be at risk of hypertension or require greater awareness regarding its prevention and early detection. Therefore, health education interventions targeting PKK groups are considered relevant for improving knowledge and strengthening self-efficacy in hypertension prevention.

This finding is consistent with research conducted by Fauziah et al. (2025), which found a significant improvement in PKK mothers' understanding of hypertension following health education. Before receiving education using leaflet media, many participants had limited knowledge about hypertension, particularly regarding its risk factors, signs and symptoms, and prevention methods. Some participants also held misconceptions, such as believing that hypertension only occurs among older adults or that it can be completely cured solely through lifestyle changes. These findings emphasize the importance of providing accurate, accessible, and engaging health education to community groups. Therefore, the use of KINTAN as an innovative health education medium may provide an alternative approach to improving knowledge and self-efficacy in hypertension prevention among PKK members in the Simpang Tiga Subdistrict of Samarinda.

METHODS

This study employed a quantitative research methodology. Quantitative research involves investigating a specific population or sample, collecting data using research instruments, and analyzing quantitative or statistical data with the aim of testing

hypotheses (Sugiyono, 2019). The type of research used in this study was pre-experimental research, employing a one-group pretest-posttest design. This design is a form of pre-experimental research that involves only one intervention group without a control group. In this approach, the researcher administered an initial test (pre-test) to the research respondents before providing the intervention and subsequently conducted a final test (post-test) after the intervention had been administered to the respondents.

FINDINGS AND DISCUSSION

The Effect of KINTAN Media on Knowledge

Based on the Wilcoxon test results, 7 respondents experienced a decrease in knowledge (Negative Ranks) after the intervention, 26 respondents experienced an increase in knowledge (Positive Ranks), and 6 respondents showed no change in knowledge (Ties). The q -value was 0.007 ($q < 0.05$), indicating that H_a was accepted and H_0 was rejected. These results demonstrate that health education using KINTAN media had a significant effect on improving respondents' knowledge regarding hypertension prevention based on the pre-test and post-test results.

The findings of this study are consistent with Widhowati et al. (2022), who reported that health education using audiovisual media had an effect on improving older adults' knowledge about hypertension. The study employed a one-group pretest-posttest design and analyzed the data using the Wilcoxon Signed Rank Test. The results showed a significant difference in knowledge scores before and after the health education intervention, with the median knowledge score increasing from 6 in the pre-test to 22 in the post-test. These findings indicate that the use of audiovisual media can be effective in improving older adults' knowledge about hypertension.

This study is also supported by research conducted by Upoyo et al. (2024), which demonstrated that group-based health education had a significant effect on increasing the knowledge of patients with hypertension. The study used a quasi-experimental design involving 96 respondents and found a significant increase in knowledge scores following the intervention, with a q -value of < 0.001 . These findings indicate that health education is an effective strategy for increasing community knowledge regarding hypertension management and control.

The findings are further consistent with Puspitadewi et al. (2025), who found that health education significantly improved families' knowledge regarding the care of patients with hypertension, with a q -value of 0.001 ($q < 0.05$). Nevertheless, the study still identified 2.8% of respondents with insufficient knowledge after the intervention. This finding is consistent with the present study, in which one respondent remained in the poor knowledge category after receiving health education, indicating that improvements in knowledge do not necessarily occur optimally among all respondents.

Research conducted by Sari et al. (2023) showed that health education concerning hypertension significantly increased community knowledge after the intervention ($q < 0.05$). This finding is consistent with the present study, in which the proportion of respondents with good knowledge increased from 79.5% to 87.2%, while the proportion with poor knowledge decreased from 10.3% to 2.6% after health education using KINTAN media.

Li et al. (2024) also demonstrated that a community-based health education program significantly improved participants' knowledge regarding hypertension prevention and control compared with their knowledge before the intervention ($q < 0.001$). These findings further strengthen the results of the present study, indicating that health education using KINTAN media can improve respondents' knowledge regarding hypertension prevention.

The findings of this study are consistent with Social Cognitive Theory (SCT) proposed by Bandura, which explains that knowledge can increase through learning processes and the receipt of information from the surrounding environment. The use of KINTAN as a health education medium helps respondents understand hypertension prevention materials more effectively. This is supported by Liu et al. (2024), who stated that health education interventions based on Social Cognitive Theory are effective in improving knowledge through active and interactive learning processes.

Based on the discussion above, the researchers assume that the increase in respondents' knowledge after receiving health education using KINTAN media occurred because the medium presents hypertension prevention information in an attractive, simple, and easy-to-understand format, thereby facilitating respondents' ability to receive and remember the information provided. However, 7 respondents experienced a decrease in knowledge and 6 respondents showed no change in knowledge. This condition may have been caused by differences in respondents' abilities to understand, remember, and interpret the information received, as well as differences in their level of attention and concentration during the health education process. Nevertheless, overall, health education using KINTAN media was shown to be effective in improving respondents' knowledge regarding hypertension prevention.

The Effect of KINTAN Media on Self-Efficacy

Based on the Wilcoxon test results, 10 respondents experienced a decrease in self-efficacy (Negative Ranks) after the intervention, 24 respondents experienced an increase in self-efficacy (Positive Ranks), and 5 respondents showed no change in self-efficacy (Ties). The q -value was 0.010 ($q < 0.05$), indicating that H_a was accepted and H_0 was rejected. These results demonstrate that health education using KINTAN media had a significant effect on improving respondents' self-efficacy regarding hypertension prevention based on the pre-test and post-test results.

The Wilcoxon test results of this study are consistent with research conducted by Upoyo et al. (2024), which demonstrated that group-based health education significantly influenced the self-efficacy of patients with hypertension. The study involved 96 respondents and showed a significant increase in self-efficacy following the intervention, with a q -value of < 0.001 . These

findings indicate that health education can strengthen individuals' confidence in implementing behaviors related to hypertension prevention and control.

This study is also supported by research conducted by Alpices et al. (2025), which demonstrated that education based on the Hypertension Management Program (HMP) had an effect on improving the self-efficacy of patients with hypertension. The analysis resulted in a p -value of 0.015 ($p < 0.05$), indicating a significant increase in self-efficacy after respondents received the health education intervention.

Research by Sriwahyuni et al. (2024) further supports the findings of this study by demonstrating that health education plays an important role in increasing the self-efficacy of patients with hypertension. The study explained that health education can strengthen patients' confidence in managing hypertension while encouraging adherence to treatment and healthy lifestyle changes. In addition, research conducted by Ardyanti et al. (2026) stated that prevention efforts should emphasize strengthening self-control in addition to providing health information.

Keşer and Atik (2026) found that nurse-guided modular training significantly improved self-efficacy among patients with hypertension following the intervention ($p = 0.001$). These findings are consistent with the present study, which showed an increase in the proportion of respondents with high self-efficacy from 71.8% to 89.7% after receiving health education using KINTAN media.

Research conducted by Heinert et al. (2026) demonstrated that digital educational interventions regarding hypertension were able to improve participants' self-efficacy and knowledge after completion of the program. These findings further strengthen the results of the present study, indicating that health education can increase respondents' self-efficacy in implementing hypertension prevention behaviors.

According to Social Cognitive Theory (SCT), the findings discussed above can be explained by the fact that the development of self-efficacy is influenced not only by the provision of information but also by mastery experiences, vicarious experiences, verbal persuasion, and individuals' physiological and emotional states. Therefore, although all respondents received the same intervention, their level of confidence in implementing hypertension prevention behaviors may differ according to their individual experiences, motivation, and readiness to change.

Based on the discussion above, the researchers assume that the increase in respondents' self-efficacy after receiving health education using KINTAN media occurred because the intervention was able to strengthen respondents' confidence in adopting hypertension prevention behaviors. However, 10 respondents experienced a decrease in self-efficacy and 5 respondents showed no change in self-efficacy. This condition indicates that self-efficacy is influenced by various factors, including personal experiences, motivation, established habits, and individual readiness to change behavior. Nevertheless, overall, health education using KINTAN media was shown to be effective in improving respondents' self-efficacy regarding hypertension prevention.

CONCLUSION

Based on the results of the descriptive statistical analysis, it can be concluded that there was an increase in the mean knowledge score of respondents after receiving the intervention using KINTAN media. The mean knowledge score increased from 84.49 before the intervention to 92.69 after the intervention. Although the minimum and maximum scores remained within the range of 45 to 100, the decrease in the standard deviation from 14.903 to 11.519 indicates that the variation in knowledge scores among respondents became smaller. This finding suggests that KINTAN media was able to improve respondents' knowledge more evenly.

Based on the results of the descriptive statistical analysis, it can also be concluded that there was an increase in the mean self-efficacy score of respondents after receiving the intervention using KINTAN media. The mean self-efficacy score increased from 24.21 before the intervention to 27.31 after the intervention. The minimum and maximum scores remained within the range of 10 to 30, while the standard deviation decreased from 5.805 to 3.442. The decrease in the standard deviation indicates that respondents' levels of self-efficacy became more consistent after the intervention. These results indicate that KINTAN media not only improved self-efficacy but also produced a relatively consistent effect among most respondents.

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