

THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND ELDERLY BEHAVIOR IN HYPERTENSION CONTROL

Khairiah Putri*, Bety Agustina Rahayu

STIKES Surya Global Yogyakarta, Jln Ringroad Selatan, Baldo, Potorono, Banguntapan, Bantul, Yogyakarta
55194, Indonesia

*Khairiahputri8@gmail.com

ABSTRACT

The elderly are the age group most vulnerable to suffering from hypertension. Hypertension is a disease that cannot be cured but must always be controlled or controlled so as not to experience complications. Hypertension control behavior is the main thing to prevent complications from occurring. Efforts to control hypertension that can be done are by regulating a good diet, avoiding caffeinated drinks, cigarettes, and alcoholic drinks, doing light exercise, meeting the needs of rest by sleeping for 6-8 hours per day, controlling stress and family support can play a role in making the elderly behave healthily and help make decisions for the elderly with hypertension. The purpose of this study was to determine the relationship between family support and elderly behavior in controlling hypertension at Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul. This type of research is quantitative with correlation descriptive research design. The population in this study amounted to 41 elderly people. Sampling in this study used total sampling techniques and used Kendall's tau statistical tests. Based on the results of Kendall's tau test showed that $p \text{ value} = 0.022 < \alpha = 0.05$. This shows the relationship between family support and elderly behavior in controlling hypertension at Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul. Most received sufficient family support, as many as 19 elderly (46.3%) and the behavior of the elderly with sufficient category that is as much as 16 elderly (39.0%). Conclusion is a relationship between family support and elderly behavior in controlling hypertension at Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul.

Keywords: elderly behaviour; family support; hypertension

INTRODUCTION

Elderly is someone who has entered the age of 60 and over who has entered the final phase of his life. The group that is categorized as elderly will experience a process called the aging process or the aging process. Old age as the final stage of the life cycle is a normal stage of development that will be experienced by every individual who reaches old age. This is a reality that cannot be avoided by every human being (Notoatmojo, 2018). Elderly is the most vulnerable age group to suffer from hypertension. The increasing incidence of hypertension in the elderly indicates the ineffective and efficient management of hypertension care so that appropriate control behavior is needed in the elderly to reduce the prevalence of hypertension and improve quality of life (Kemenkes, 2019).

Hypertension is a disease characterized by a persistent increase in blood pressure. A person is said to have hypertension if his blood pressure is above normal, namely 140/90 mmHg (Asmarani dkk, 2021). Hypertension is a disease that cannot be cured but must always be controlled or controlled so that it does not experience complications that can result in death (Soesanto, 2021). *World Health Organization* states that the global prevalence of hypertension reaches 22% of the total world population. WHO also projects six regions with the highest prevalence of hypertension, namely the North Africa Region at 27%, the Eastern Mediterranean at 26%, followed by Southeast Asia at 25%, Europe at 23% and America at 18% (Putera, F dkk, 2021).

Based on data from the Yogyakarta Bantul Health Office in 2022, the elderly population in the Bantul area is 144,681 elderly. Data from the Pleret Health Center, Bantul, DIY, found 895 elderly people with hypertension. Hypertension control behavior is the main thing to prevent complications. Without good control, hypertension can cause complications such as stroke, coronary heart disease, and kidney failure (Kemenkes RI, 2019). Efforts to control hypertension that can be done are by managing a good diet, avoiding caffeinated drinks, cigarettes and alcoholic drinks, doing light exercise, meeting the need for rest by sleeping for 6-8 hours per day, controlling stress and supporting the family because you are a healthy person. closest to health and health behavior and illness and play a role in decision making for the elderly with hypertension (Kurniawan, 2018).

Family support is the most important element in helping individuals solve problems in their lives. If the individual gets social or family support, the individual has high self-confidence and has the motivation to deal with a problem at hand (Tamher dan Noorkasiani dalam Arby Suharyanto, 2019). Family support is included in the supporting factors that can affect a person's life and lifestyle which can improve the health status and quality of life of the elderly. Where the family is a support system that provides direct input to family members who experience physical, psychological, social and environmental difficulties that will support the improvement of the quality of life of the elderly (Santoso, 2019). With family support, of course, it can have a positive impact on the elderly in controlling hypertension they experience. Patients who get family attention will find it much easier to change behavior towards a healthier one than sufferers who get less attention from their families. Family support helps the success of treatment and avoids complications of hypertension in the elderly (Santoso, 2019).

Based on the results of a preliminary study conducted using interview and observation methods on January 20 2023 in the work area of the Posyandu Dahlia Karanganom, Wonokromo, Pleret, Bantul the head of the Dahlia Posyandu said that the number of elderly in the Posyandu work area was around 100 elderly and 45 elderly who experienced hypertension . The results of interviews with 10 elderly found that 10 out of 10 respondents who were interviewed said they routinely checked at the Posyandu every 1 month to check blood pressure, the observation results found that 8 out of 10 respondents came to the Posyandu themselves or were not accompanied by their families because the family was busy work and 1 elderly person said that the elderly lived at home alone without any accompanying family. The results of interviews about whether or not the family often reminded them to take hypertension medication, 10 elderly said that the elderly took their own medication without being reminded by their families. The researcher also asked about hypertension control behavior carried out by 10 respondents, it was found that out of 10 elderly 7 of them said that the elderly experienced a lack of rest patterns, namely not sleeping soundly at night because they often wake up. Then the researcher asked about eating patterns from 10 respondents. 10 elderly said they already knew that they had to reduce salt consumption, but the implementation was still not fully implemented in the food consumed daily and 1 respondent said he often consumed coffee. For treatment, 10 elderly people regularly check their blood pressure at the Posyandu and 6 of them take amlodipine. This study aims to determine the relationship between family support and elderly behavior in controlling hypertension at Posyandu Dahlia Karanganom, Wonokromo, Pleret, Bantul.

METHOD

This research is a quantitative research with a correlational descriptive research type with a cross sectional design. The research location used was Posyandu Dahlia Karanganom, Wonokromo, Pleret, Bantul. This research was conducted on July 15, 2023. The population in this study were elderly people with hypertension at Posyandu Dahlia Karanganom,

Wonokromo, Pleret, Bantul, totaling 41 elderly. The sampling technique in this study is total sampling. In this study, the primary data is the data from the assessment using a questionnaire. Data analysis in this study was conducted to determine the relationship between family support and elderly behavior in controlling hypertension at Posyandu Dahlia Karanganom, Wonokromo, Pleret, Bantul. And the research data uses an ordinal scale, so the statistical test used is Kendall's Tau.

RESULTS

Table 1.
Distribution of Respondent Frequency Characteristics Based on Age, Gender, Education, and Occupation

Characteristics	f	%
Age		
45-59	10	24,4
60-74	28	68,3
75-90	3	7,3
>90	-	0
Gender		
Male	3	7,3
Female	38	92,7
Education		
No school	15	36,6
Elementary school	21	51,2
Junior high school	3	7,3
Senior high school	1	2,4
College	1	2,4
Occupation		
Farmer	3	7,3
Self-employed	2	4,9
Laborer	5	12,2
IRT	13	31,7
Odd	6	14,6
Doesn't work	11	26,8
Retired	1	2,4

Table 1 the above describes the distribution of respondents in Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul, obtained characteristics based on the age of the majority of elderly aged 60-74 years, namely 28 elderly (68.3%). Based on gender, the majority of respondents were women, 38 elderly (92.7%), with the last education being the majority at the elementary level, namely 21 elderly (51.2%). Furthermore, based on job characteristics, the majority of respondents worked as housewives, namely 13 elderly people (31.7%).

Table 2.
Frequency Distribution of Family Support for the Elderly

	f	%
Rendah	14	34,1
Cukup	19	46,3
Tinggi	8	19,5

Table 2 it was found that the majority of respondents received family support in the sufficient category, as many as 19 elderly (46.3%). While the minority of respondents received good support, namely as many as 8 elderly (19.5%).

Table 3.
Frequency Distribution of Elderly Behavior in Hypertension Control

	f	%
Rendah	12	29,3
Cukup	16	39,0
Baik	13	14.131,7

Table 3 it was found that the majority of respondents had adequate hypertension control behavior, namely 16 elderly (39.0%). While the minority is in the low category behavior of respondents, namely as many as 12 elderly (29.3%).

Table 4.
Crosstabulation of Family Support with Elderly Behavior

Dukungan Keluarga		Perilaku Lansia dalam Pengendalian Hipertensi						Total	%
		Rendah		Cukup		Baik			
f	%	f	%	f	%				
Rendah	7	50	5	35,7	2	14,3	14	100	
Cukup	4	21,1	8	42,1	7	36,8	19	100	
Baik	1	12,5	3	37,5	4	50	8	100	

Table 4, it was found that there were a total of 41 respondents with the majority of respondents having adequate hypertension control behavior with sufficient support, namely 8 respondents (42.1%). While the minority of data is in respondents who have good category hypertension control behavior with low family support, namely 1 respondent (12.5%).

Table 5.
Kendall Test Knows the Relationship between Family Support and Elderly Behavior

Dukungan Keluarga	Perilaku Lansia dalam Pengendalian Hipertensi		
	n	R	P
	41	0.324	0.022

Table 5, the results of Kendall's tau test on the relationship between family support and elderly behavior in controlling hypertension at Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul show a correlation coefficient of 0.324, meaning that the level of relationship between variables is quite strong and the results are significant with a p value = 0.022 < α = 0.05 then H_0 is rejected and H_a is accepted, meaning that there is a relationship between family support and elderly behavior in controlling hypertension at Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul.

DISCUSSION

Family Support for Elderly Hypertension The results showed that respondents with low family support were 14 elderly (34.1%), respondents with sufficient family support were 19 elderly (46.3%), and the number of respondents with good family support was 8 elderly (19.5%). Family is the most important element that can influence the behavior of family members in a household environment. Including giving effect to lifestyle changes related to improving health status. Family support is a process of relationship between the family and a form of serving behavior carried out by the family. Family support is important both in the prevention process to reduce the risk of recurrence and in the healing process of a disease. Therefore the family plays a role in the prevention and treatment of a disease. If family support is adequate, self-confidence will increase and motivation to deal with health problems will increase (Hanum, 2017). This research is in line with research Ina & Setyoningrum (2023) that there is a significant positive relationship between family support and elderly behavior in controlling hypertension. Study of Suryadi & Haizurrachman (2017) also stated that there was

a positive and direct influence on family functioning on the lifestyle of elderly people with hypertension. Improved family function will also be able to improve the lifestyle of people with hypertension better. With family support, of course, it can have a positive impact on the elderly in controlling hypertension they experience. Patients who get family attention will find it much easier to change behavior towards a healthier one than sufferers who get less attention from their families. Family support helps the success of treatment and avoids complications of hypertension in the elderly (Santoso, 2019).

Elderly Behavior in Controlling Hypertension

Based on the results of research conducted on 41 respondents, it showed that most of the elderly with hypertension at Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul obtained good elderly behavior as many as 13 elderly (31.7%), respondents with sufficient behavior as many as 16 elderly (39, 0%), and respondents with low elderly behavior were 12 elderly (29.3%). Behavior is a set of processes or individual actions in responding to something that can be used as a habit because of the values that are believed (Notoatmodjo, 2014). The behavior of hypertension control in the elderly is implemented with non-pharmacological management including weight loss, low salt and low fat diet, regular blood pressure control and smoking cessation (PERKI, 2019). Hypertension control behavior is the main thing to prevent complications. Without good control, hypertension can cause complications such as stroke, coronary heart disease, and kidney failure (Kemenkes RI, 2019). In the analysis of the researchers in this study, a minority of respondents had good category of prevention behavior, namely 13 respondents (31.7%). This is because the respondents paid little attention to diet such as reducing salt consumption, rarely exercising such as walking, gymnastics or cycling, and some respondents said they had a short night's sleep due to frequent awakenings and difficulty falling back to sleep.

Relationship between family support and elderly behavior in controlling hypertension

The results of the research that has been done show that of the 41 respondents, the majority of respondents have adequate hypertension control behavior with sufficient support, namely 8 respondents (42.1%). While the minority of data is on respondents who have good category hypertension control behavior with low family support, namely 1 respondent (12.5%). Based on the results of the Kendall's tau test on the relationship between family support and elderly behavior in controlling hypertension at Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul, it shows that the correlation coefficient is 0.324, meaning that the correlation between variables is quite strong and $p = 0.022 < \alpha = 0.05$. This shows that there is a relationship between family support and elderly behavior in controlling hypertension at Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul. This research is in line with research Putera,F (2021) that family support is closely related to hypertension control behavior. The better the support given by the family for controlling hypertension in the elderly with implementations such as reminding the elderly to reduce salt consumption, exercising diligently, providing hypertension diet food, reminding the elderly to comply with taking medication, and accompanying them when going to health services makes the elderly tend to behave better in hypertension control because someone pays attention so that the elderly feel valued, loved, and accepted by their families.

In research conducted by Siahaan, dkk (2022) the results of statistical tests showed that there was a significant relationship between family support and the motivation of elderly hypertensives to control blood pressure with a p-value of $0.001 < \alpha = 0.05$. This study explains that apart from caring for the elderly, family members also play a role in providing information about health behaviors that must be carried out by the elderly, starting from reminding the

elderly to have their blood pressure checked regularly, reminding the elderly to reduce bad habits such as not eating foods high in salt, and reminding the elderly to take hypertension medication. Because the family support that the elderly get will be a motivation for the elderly to behave healthily. This research is not in line with research Lolo & Nurlaela (2018), The results of the chi-square analysis test obtained a p value of $0.443 > 0.05$ which means that H_0 is rejected, H_a is accepted or there is no relationship between family support and the incidence of hypertension in the elderly in the working area of the Sabbangparu Health Center, Wajo Regency. This happens because apart from family support, there are several factors that cause hypertension in the elderly, namely age, lifestyle, and gender.

In the analysis of the researchers in this study, the results showed that there was a relationship between family support and the behavior of the elderly in controlling hypertension because the family is the closest person to the elderly. So that if the elderly who suffer from hypertension get support from the family, the elderly will make health changes for the better. And the family also plays an important role in efforts to prevent complications in the elderly with hypertension by routinely bringing the elderly to a health facility to check blood pressure and reminding the elderly to routinely take hypertension medication and reminding the elderly to exercise regularly.

CONCLUSION

Based on the results of research and discussion on the relationship between family support and elderly behavior in controlling hypertension at Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul, it can be concluded that family support for the elderly at Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul has the majority getting adequate family support. namely as many as 19 elderly (46.3%). the behavior of the elderly in controlling hypertension at Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul, the majority had moderate hypertension control behavior, namely 16 elderly (39.0%). There is a relationship between family support and elderly behavior in controlling hypertension at Posyandu Dahlia, Karanganom, Wonokromo, Pleret, Bantul with a correlation coefficient of 0.324, which means that the level of relationship between variables is quite strong and a significant p-value is $0.022 < 0.05$.

REFERENCES

- Arby Suharyanto. (2019). Teori Dukungan Keluarga. *Jurnal Kesehatan Masyarakat*, 10– 31.
- Asmarani, A. Z., Pamungkas, D. M. T., Zuwita, E.D., & Mustika, E.A (2021). Peningkatan pengetahuan tentang hipertensi untuk menyetabilkan tekanan darah pada keluarga. *Kolaborasi Jurnal Pengabdian Masyarakat*, 1 (1), 67-76
- Hanum, P., & Lubis, R. (2017). Hubungan dan Dukungan Keluarga Lansia dengan Kejadian Stroke Pada Lansia Hipertensi Di Rumah Sakit Umum Pusat Haji Adam Malik Medan, 3 (1), 72-88
- Ina, N. L. T & Setyoningrum, U. (2023). Hubungan Dukungan Keluarga dengan Perilaku Lansia dalam Pengendalian Hipertensi. *Jurnal Keperawatan Berbudaya Sehat*, 1 (1), Januari 2023. <http://jurnal.unw.ac.id/index.php/JKBS>
- Indriani, I. (2021). Hubungan Dukungan Keluarga dengan Kepatuhan Diet Hipertensi Pada Lansia Hipertensi Di Dusun Jomegetan Kasihan Bantul. (*Skripsi*). Yogyakarta: STIKes Surya Global Yogyakarta

- Indriani. (2020). Hubungan Perilaku Lansia dengan Dukungan Keluarga dalam Pengendalian Hipertensi di Kota Gorontalo. *Jurnal Kesehatan Masyarakat*, 6 (2). 103-109
- Kementerian Kesehatan. (2019). Pusat Data Informasi Hipertensi. Jakarta : Kementerian Kesehatan
- Kementrian Kesehatan RI. (2018). Profil Kesehatan Indonesia 2018. Jakarta: Kemenkes RI. <https://www.kemkes.go.id/downloads/resources/download/pusdatin/profil-kesehatan-indonesia/profil-kesehatan-indonesia-2018.pdf>
- Lolo, L,L & Nurlaela. (2018). Hubungan antara Dukungan Keluarga dengan Kejadian Hipertensi pada Lansia di wilayah kerja Puskesmas Sabbangparu Kabupaten Wajo. *Jurnal Fenomena Kesehatan*. Vol.1.141-147
- Notoatmodjo, S. (2014). Pendidikan dan Perilaku Kesehatan. Jakarta: EGC
- _____ (2017). *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta
- _____ (2018). *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta
- PERKI. (2019). Pedoman Tatalaksana Hipertensi Pada Penyakit Kardiovaskuler, Perhimpunan Dokter Spesialis Indonesia Edisi Kedua. Jakarta: EGC
- Profil Kesehatan DIY. (2020). Diakses di <https://dinkes.jogjaprov.go.id/>
- Putera, f., Andala, S., & Anggraini, N., (2021). Hubungan Dukungan Keluarga dengan Perilaku Lansia dalam Pengendalian Hipertensi.
- Santoso, M. (2019) Review Article Dukungan Keluarga Meningkatkan Kualitas Hidup Lansia. *Jurnal Litbang Sukowati: Media Penelitian Dan Pengembangan*, 2 (2), 10
- Siahaan, R., Utomo, W., & Herlina. (2022). Hubungan Dukungan Keluarga dan Efikasi diri dengan Motivasi Lansia Hipertensi dalam Mengontrol Tekanan Darah. *Journal of Holistic Nursing and Health Science*. 5 (1), 43-53
- Soesanto, E. (2021). Hubungan Dukungan Keluarga dengan Upaya Perawatan Kesehatan Lanjut Usia Hipertensi Di Masa Pandemi Covid 19. *Jurnal Stikes Cendekia Utama Kudus*, 10 (2)
- Suryadi & Haizurrachman. (2017). Petugas Kesehatan, Keluarga, Lingkungan Kerja, Motivasi Terhadap Gaya Hidup Penderita Hipertensi. *Jurnal Ilmiah Kesehatan*, Vol. 16 No.2.

