FAMILY SUPPORT AND LIFESTYLE OF PEOPLE WITH HYPERTENSION

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ABSTRACT

Hypertension is a degenerative disease that is commonly found in adults. The role of family support is very important to keep blood pressure from increasing and return it to normal. The purpose of the study was to identify the relationship between family support and the lifestyle of people with hypertension. This cross-sectional study used the purposive sampling technique. The instruments used were the Family Support Scale (FSS) and the lifestyle of people with hypertension developed from the recommended healthy lifestyle to prevent and control hypertension from the Indonesian Ministry of Health. The correlation between variables was analyzed using chi-square and logistic regression. The study obtained the results of respondents who received good emotional support (51.2%), poor instrumental support (53.4%), good informational support (51.5%), and good reward support (53.4%). The correlation test found significant results between family support and the lifestyle of hypertensive patients (p value = 0.000). The most influential form of family support is emotional support. Families who have family members with hypertension are expected to increase their ability to meet emotional needs such as listening, paying attention to the problems of people with hypertension, providing a safe and peaceful place to rest.

Keywords: family support; hypertension; lifestyle

INTRODUCTION

An unhealthy lifestyle can lead to health problems. Hypertension is one of the most common disorders afflicting individuals worldwide. WHO predicts that 1.28 billion persons aged 30-79 years suffer from hypertension worldwide, with the majority (two-thirds) living in low- and middle-income countries (WHO, 2023). Hypertension is the leading cause of premature death worldwide. One of the worldwide noncommunicable disease targets is to lower hypertension prevalence by 33% between 2010 and 2030.

Data on people with hypertension in Indonesia based on the results of Riskesdas 2018 is 34.11%; this figure has increased from 2013 data, which was 25.8% (Kemenkes RI, 2019). The prevalence of hypertension increases with age. The increase in the prevalence of hypertension based on the measurement method based on the 2018 Riskesdas results occurred in almost all provinces in Indonesia. The highest increase in prevalence was in DKI Jakarta Province, at 13.4%.

Uncontrolled hypertension problems can cause major heart damage, resulting in chest pain, heart attack, heart failure, and an irregular pulse, which can lead to sudden death (*WHO*, 2021). Hypertension can potentially cause a stroke by rupturing or blocking the arteries that provide blood and oxygen to the brain. Furthermore, hypertension can harm the kidneys, eventually leading to renal failure.

Unhealthy lifestyle choices can raise the likelihood of hypertension. Excessive alcohol intake, noncompliance with dietary requirements, and being overweight are all associated with uncontrolled hypertension at the individual and combined levels, especially in men(Cherfan et al., 2020). Improvements in modifiable lifestyle factors can have a significant impact on hypertension management.

Most people with hypertension need family support in managing their hypertension. The role of family support is very important in helping people with hypertension control their blood pressure so that it does not increase and returns to normalcontrol their blood pressure so that it does not increase and returns to normal. Family support provided to people with hypertension helps sufferers increase their knowledge about hypertension and their motivation (Flynn et al., 2013). Good family support affects blood pressure 0.4 times better than those who have poor family support (Kusumawardana et al., 2017).

Another study that looked at family support and hypertension management discovered that the majority of people with hypertension had low family support, and low family support is known to be one of the factors for low hypertension management in patients, resulting in low success rates of hypertension treatment or uncontrolled hypertension (Wahyuni, 2021). This phenomenon raises the research question, which is if there is a link between family support and a healthy lifestyle for hypertension patients.

METHOD

The cross-sectional method was used in this quantitative study with an analytical descriptive design. The research sample consisted of adult-aged hypertensive patients who live in DKI Jakarta. This location was chosen because of the high incidence of hypertension in the city. The purposive sampling strategy was used in this study. There were 103 samples. Data collected through the use of a G-Form questionnaire.

The independent variable is family support, as assessed by the Family Support Scale (FSS) questionnaire with a Cronbach alpha value of 0.94. and the dependent variable Lifestyle of Hypertension Patients was developed from the recommended healthy lifestyle to prevent and

control hypertension from the Indonesian Ministry of Health, with the results of the Cronbach alpha value reliability test of 0.84.

DKI Jakarta is where the research took place. This location was chosen because of the high incidence of hypertension in the city. The study has passed the ethical test from the FIK UI Research Ethics Committee with number 046/UN2.F12.D/HKP.02.04/2019 and a code of ethics has been implemented during the research process.

RESULTS AND DISCUSSION

Table 1. Mean age of particip	ants and duration of hy	pertension
Variable	Mean	Standar deviation
Age	46	15.554
Duration of hypertension	6	4. 146
(years)		

Table 2. Percentage blood pressure results and distribution of gender

$\mathbf{E}_{\mathbf{m}}$	D omocrite $\sigma_{0}(0/1)$	
Frequency (II)	Percentage (%)	
38	36,9 %	
65	63,1%	
16	15,6%	
57	55,3%	
30	29,1%	
	65 16 57	38 36,9 % 65 63,1% 16 15,6% 57 55,3%

The mean age of the respondents was 46 years and the mean respondent had hypertension for 6 years (table 1). Table 2 shows that the majority of respondents were women (63.1%) and the blood pressure test results of the majority of respondents were in the stage 1 hypertension category (55.3%).

Table 3. Percentage distribution of emotional support, instrumental support, information support, reward support and Lifestyle of people with hypertension (n=103)

Variable	Frequency (n)	Percentage (%)	
Emotional support			
Poor	40	38.8	
Good	63	61.2	
Instrumental support			
Poor	55	53.4	
Good	48	46.6	

Information support		
Poor	50	48.5
Good	53	51.5
Reward support		
Poor	49	47.6
Good	54	52.4
Lifestyle of people with		
hypertension		
Poor	55	53.4
Good	48	46.6

The majority of respondents had emotional support from families in the good category (61.2%), instrumental support from families in the poor category (53.4%), information support in the good category (51.5%), reward support in the good category (52.4%), and the lifestyle of hypertension sufferers in the poor category (53.4%).

Table 4 Association between family support (emotional support, instrumental support, information
support, reward support) and Lifestyle of people with hypertension (n= 103)

Independent	Dependent Variable			
variable	Lifestyle of people with hypertension			
	Poor, No. (%)	Good, No. (%)	OR (95%CI)	p-value
Emotional			8.786 (3.343-	0.000
support			23.088)	
Poor	33, (82.5)	7, (17.5)		
Good	22, (34.9)	41, (65.1)		
instrumental			40.163 (13.006-	0.000
support			124.023)	
Poor	48, (87.3)	7, (12,7)		
Good	7, (14.6)	41, (85.4)		
Information			20.988 (7.526-	0.000
support			58.533)	
Poor	43, (86)	7, (14)		
Good	12, (22,6)	41, (77,4)		
Reward support			135.125 (27.229-	0.000
**			670.566)	
Poor	47, (95.5)	2, (4.1)		
Good	8, (14.8)	46, (85.2)		

The correlation between family support (emotional support, instrumental support, information support, reward support) and hypertension lifestyle is illustrated in table 4. Each support has a relationship with hypertension lifestyle with a p-value of 0.000. Multivariate analysis at the end of modeling that most influences the lifestyle of hypertensive patients is emotional support with a value of 0.027 and a p value of 0,000. These results can be seen in table 5.

rubic 5 Wald variate logistic regression excluding reward and mornation support					
Variable	В	Wald	p-value	Exp (B)	95%CI
Emotional	19.779	0.027	0.000	0.388	0.000- 0.048
support					
Instrumental	0.187	0.000	0.016	0.120	0.000-0.707
support					
Constanta	119.281	0.000	0.000	0.000	

Table 5 Multivariate logistic regression excluding reward and information support

People with high blood pressure need family support to manage their high blood pressure. Family support is the commitment given to families in the form of motivational counseling information moral and material practical assistance. Families can seek family support from close friends and relatives (Karunia., 2016). The study found that most people with hypertension received good support from their families. This is in line with previous research related to family support in people with hypertension, which found that good support can improve blood pressure control (Kusumawardana et al., 2017). The existence of good family support for self-care of people with hypertension can increase adherence to self-care activities so that it is significant in achieving the level of blood pressure control (Jeemon & Chacko, 2020).

Family support is related to the lifestyle of hypertensive patients in this study. A healthy lifestyle is one that addresses all aspects of a health condition including healthy nutrition food intake and daily behavior in people with high blood pressure. A healthy lifestyle that is recommended for people with hypertension to prevent and control hypertension includes consuming balanced nutrition and limiting sugar, salt and fat (Dietary Approaches To Stop Hypertension), maintaining ideal body weight and waist circumference for men < 90 cm while women < 80 cm, an active lifestyle or carrying out regular exercise, quitting smoking and avoiding consuming alcohol (Kementrian Kesehatan RI, 2019).

The majority of lifestyles in hypertensive patients in this study were in the poor category. Hypertensive patients often consume coffee or caffeine, do poor physical activity or exercise and experience moderate levels of stress (Aminuddin et al., 2019). Another study related to lifestyle found that 26 respondents (58%) had an unhealthy lifestyle, while only 19 respondents (42%) had a healthy lifestyle (Ngurah & Yahya, 2015).

Families play an important role in encouraging and reinforcing health-preserving behaviors in patients (Dewi & Purnomosidi, 2019). Family support according to House and Kahn (1985) in (Kaakinen & Robinson, 2018) have four types of family support namely emotional assessment tools and informational support. Patients with hypertension need family as a safe and

peaceful place to deal with their illness. Patients with hypertension also need families as mediators for problem solving related to conditions experienced as a result of hypertension. Patients with hypertension also need help in terms of supervision in hypertension needs. The family also functions as a disseminator and provider of information needed by people with hypertension in their care.

The most influential family support in this study is emotional support. Emotional support from family members is crucial in caring for a person with hypertension (Ristiani et al., 2023). Emotional support that can be given to the family is to provide a safe and peaceful place to rest and also calm the mind. Everyone must need help from family. Hypertension sufferers who face problems or problems will feel helped if there is a family who wants to listen and pay attention to the problems being faced.

Family instrumental support also has a role along with self-management in controlling hypertension. Instrumental support provided by the family to patients with hypertension, such as: the family accompanies the patient to treatment, the family pays attention to the patient's diet and the family provides motivation for patients to do physical activity (Pamungkas et al., 2019) Other support needed by people with hypertension in managing a healthy life for people with hypertension is reward and informational support. Support from the family acts as an arbiter in problem solving and also as a facilitator in solving the problems being faced. Support and attention from the family is a form of positive reward given to people with hypertension. The family is also a source of informational support where the family functions as a disseminator and provider of information related to health problems and hypertension health care.

CONCLUSION

It can be seen that family support (emotional support instrumental support informational support reward support) is related to the lifestyle of hypertensive patients. The most influential support is emotional support. Families who have family members with hypertension are expected to increase their ability to meet emotional needs such as listening, paying attention to the problems of people with hypertension, providing a safe and peaceful place to rest. The results of the study can be used in determining appropriate family nursing care for families with patients with hypertension.

ACKNOWLEDGEMENT

We would like to thank the DKI Jakarta Provincial Government for granting research permits in

the DKI Jakarta Region and various parties who assisted with this research

REFERENCES

- Aminuddin, M., Inkasari, T., & Nopriyanto, D. (2019). Jurnal Kesehatan Pasak Bumi Kalimantan. Jurnal Pasak Bumi Kalimantan, 2(1), 48–59.
- Cherfan, M., Vallée, A., Kab, S., Salameh, P., Goldberg, M., Zins, M., & Blacher, J. (2020). Unhealthy behaviors and risk of uncontrolled hypertension among treated individuals-The CONSTANCES population-based study. *Scientific Reports*, 10(1), 1–12. https://doi.org/10.1038/s41598-020-58685-1
- Dewi, N., & Purnomosidi, F. (2019). the Role of Depression, Anxiety and Stress Against Hypertension in the Elderly. *Psycho Idea*, 17(2), 139. https://doi.org/10.30595/psychoidea.v17i2.4429
- Flynn, S. J., Ameling, J. M., Hill-Briggs, F., Wolff, J. L., Bone, L. R., Levine, D. M., Roter, D. L., Lewis-Boyer, L., Fisher, A. R., Purnell, L., Ephraim, P. L., Barbers, J., Fitzpatrick, S. L., Albert, M. C., Cooper, L. A., Fagan, P. J., Martin, D., Ramamurthi, H. C., & Boulware, L. E. (2013). Facilitators and barriers to hypertension self-management in urban African Americans: Perspectives of patients and family members. *Patient Preference and Adherence*, 7, 741–749. https://doi.org/10.2147/PPA.S46517
- Jeemon, P., & Chacko, S. (2020). Role of family support and self-care practices in blood pressure control in individuals with hypertension: Results from a cross-sectional study in Kollam District, Kerala. Wellcome Open Research, 5, 1–15. https://doi.org/10.12688/wellcomeopenres.16146.1
- Kaakinen, J. R., & Robinson, M. (2018). Family Health Care Nursing Sixth Edition. In F.A. Davis Company.
- Karunia., E. (2016). *Hubungan antara dukungan keluarga dengan kemandirian Activity of Daily Living Pascastroke. July*, 213–224. https://doi.org/10.20473/jbe.v4i2.2016.213
- Kemenkes RI. (2019). Hipertensi/Tekanan darah tinggi. *Direktorat P2PTM*, 1–10. http://p2ptm.kemkes.go.id/uploads/VHcrbkVobjRzUDN3UCs4eUJ0dVBndz09/2019/01/ Leaflet_PDF_15_x_15_cm_Hipertensi_Tekanan_Darah_Tinggi.pdf
- Kementrian Kesehatan RI. (2019). Hipertensi Penyakit Paling Banyak Diidap Masyarakat. In *Kementerian Kesehatan RI.* https://www.kemkes.go.id/article/view/19093000001/penyakit-jantung-penyebabkematian-terbanyak-ke-2-di-indonesia.html
- Kusumawardana, I., Tamtomo, D., & Sugiarto. (2017). Relationship between Knowledge and Family Support regarding Hypertension with Blood Pressure Control in Elders. *Indonesian Journal of Medicine*, 02(01), 1–9. https://doi.org/10.26911/theijmed.2017.02.01.01

- Ngurah, I. G. K. G., & Yahya, N. K. V. (2015). Gaya Hidup Penderita Hipertensi. Jurnal Keperawatan Politeknik Kesehatan Denpasar, 16(2), 326–330. https://doi.org/10.36911/pannmed.v16i2.1123
- Pamungkas, R. A., Rohimah, S., & Zen, D. N. (2019). Hubungan dukungan keluarga dengan kepatuhan berobat pada penderita hipertensi di wilayah kerja Puskesmas Ciamis tahun 2019. Jurnal Keperawatan Galuh, 1(2). https://doi.org/10.25157/jkg.v1i2.2645
- Ristiani, K., Zega, N., Sunusi, F., & Pakpahan, M. (2023). Factors affecting hypertension treatment compliance in Cirebon. *Enfermeria Clinica*, 33(March), S7–S11. https://doi.org/10.1016/j.enfcli.2023.01.002
- Wahyuni, S. (2021). Dukungan Keluarga dan Manajemen Hipertensi. *The Indonesian Journal* of Health Science, 12(2), 199–208. https://doi.org/10.32528/ijhs.v12i2.4876
- WHO (2021).News: Hypertension ____ (2021). https://www.who.int/news-room/fact-sheets/detail/hypertension#:~:text=When symptoms do occur%2C they,chest pain%2C and muscle tremors.
- WHO. (2023). Hypertension. https://www.who.int/news-room/fact-sheets/detail/hypertension