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The Relationship Between Family Support and Self-Care in Hypertension Clients

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ABSTRACT

Many hypertensive clients get less support from family members. This results in a decrease in the spirit of hypertensive clients in carrying out self-care well, so hypertensive clients are unable to manage signs and symptoms of hypertension and minimize disruption in body function, and complications of hypertension. The purpose of this research is to know the correlation between family support and self-care in hypertension clients in Sumberjo Village Kademangan. The research design used was correlational, with independent variables of family support and dependent variable self-care on hypertensive clients. The data collection techniques used family support questionnaires and self-care questionnaires. The location of the research was conducted in Sumberjo Village Kademangan from 30 June until 03 July 2017. The population was 30 people by using total sampling. The results of family support showed 60% good, 20% enough, and 20% less and self-care showed 73% total self care, 27% partial self care. Using the Spearman test shows the value of $\rho = 0,000$ where $< 0,05$ meaning there was a correlation between family support with self self-care hypertension clients in Sumberjo Village Kademangan. The correlation coefficient $rs = 0.834$, which means the correlation of family support with self-care on hypertension clients in Sumberjo Village Kademangan has a direct correlation. From the results of this study is expected, that health workers to increase cooperation with village officials in providing health services such as counseling. To increase public knowledge about the importance of self-care for hypertension

Keywords: Family Support; Self-Care; Hypertension Clients

INTRODUCTION

High blood pressure, better known as hypertension, is a disease that gets attention from all walks of life, considering the short and long-term impacts it causes, so it requires comprehensive and integrated long-term management. Hypertension causes high morbidity (illness) and mortality (death). Hypertension is often referred to as the silent killer, because it is a deadly disease, without any symptoms as a warning to its victims. Hypertension is a serious public health problem because if it is not well controlled, the sufferer will have a greater risk of death. High blood pressure can overload the heart and

blood vessels, thus accelerating the blockage of the arteries. Hypertension that occurs continuously causes an increased risk of stroke, heart attack, heart failure, and chronic kidney failure (1)

Hypertension is often not accompanied by symptoms (asymptomatic) and is a contributing factor to death from stroke and myocardial infarction/heart attack (2). Hypertension often causes changes in blood vessels, which results in higher blood pressure. Therefore, early treatment of hypertension is very important, because it can prevent complications from occurring in several organs of the body such as the heart, kidneys, and brain. Epidemiological investigations prove that high blood pressure is closely related to cardiovascular disease morbidity and mortality (3)

Based on the 2013 Riskesdas, the prevalence of hypertension in Indonesia obtained through measurements at the age of ≥18 years was 25.8 percent, the highest was in Bangka Belitung (30.9%), followed by South Kalimantan (30.8%), East Kalimantan (29.6%)) and West Java (29.4%), while East Java ranks 12th with 26.2%. The prevalence of hypertension in Indonesia obtained through a questionnaire diagnosed by health workers was 9.4 percent, those diagnosed by health workers or were taking medication were 9.5 percent. So, there are 0.1 percent who take their own medicine freely. Respondents who have normal blood pressure but are currently taking hypertension medication are 0.7 percent. So the prevalence of hypertension in Indonesia is 26.5 percent(4).

The prevalence of hypertension tends to increase in groups with lower education and non-working groups, this is due to ignorance about good eating patterns. In the analysis of hypertension limited to the age of 15-17 years according to JNC VII 2003, the national prevalence was 5.3 percent (male 6.0% and female 4.7%), rural (5.6%) higher than urban (5.1%), (4)

According to Orem, self-care is an implementation of activities that are initiated and carried out by the individual himself to meet the needs to maintain life, and people's welfare according to conditions both healthy and sick (5) Self-care is defined as a manifestation of a person's behavior in maintaining life, health, development and life around them, emphasizing that a person must be able to be responsible for carrying out for himself and be involved in making decisions for his health (6) Self-care for hypertension includes controlling blood pressure, adherence to medication, lifestyle changes, and implementing healthy lifestyle behaviors (7).

Family support is very necessary in client care, increasing the patient's enthusiasm for life and commitment to continue to undergo self-care. According to Friedman, family support is the attitude, actions, and acceptance of the family towards its members (8). Family support is the most important source of assistance for adults who change their lifestyle to be more welfare-oriented. In addition, the family plays an important role related to how far family members are exposed to risk (8)

Families reduce or increase risky behavior such as smoking, alcohol use, good or bad nutrition, exercise, and others (8). The attention, affection, advice, and assistance provided by family members to hypertensive clients will provide a sense of calm and security that can help these clients in their self-care. Family support will be optimal by communicating with each other and respecting and appreciating

the client as a member of the family. With optimal family support, it is expected that the quality of life of hypertensive clients can increase.

Many hypertensive clients do not get support from family members. This results in a decrease in the enthusiasm of hypertensive clients in carrying out self-care properly, so hypertensive clients are unable to manage the signs and symptoms of hypertension, minimize disturbances that arise in bodily functions, as well as complications of hypertension, which lead to death. Therefore, researchers are interested in conducting research with the title "The relationship between family support and self-care for hypertensive clients in Sumberjo Kademangan Village".

METHODS

The design used in this study is correlational with a cross-sectional approach. The population in this study were hypertension sufferers at the Elderly Posyandu, Sumberjo Kademangan Village, with as many as 30 people. Researchers took the entire population with inclusion criteria, namely the entire population that was present during the study. The number of samples in this study was 30 people, the sampling technique used was total sampling. The independent variable in this study is family support. The dependent variable in this study is self-care for hypertensive clients.

The researcher used the family support questionnaire and the Hypertension Self Management Behavior Questionnaire (HSMBQ), quoted from Nargis Akhter's thesis, 2010 concerning Self-management Among Patients with Hypertension in Bangladesh which has been translated and modified by researchers. After the data is collected, and then grouped, data is tabulated and analyzed using the Spearman test. Copy your articles into this template section by section or paragraph by paragraph so that the template is not damaged and the instructions are still recognizable

RESULT

Table 1. Distribution of family support

Family support	Frequency	Percentage
Not enough	6	20 %
Enough	6	20 %
Well	18	60 %
Amount	30	100 %

Based on table 1. Most provide good family support, namely 16% (30 respondents)

Table 2. Distribution of self-care to respondents in Sumberjo Kademangan Village in July 2017

Self-care	Frequency	Percentage
Partial	8	27 %
Total	22	73 %
Amount	30	100 %

Based on Table 2, the majority of respondents carry out total self-care, namely 73% (22 respondents)

Table 3. Relationship between family support and self-care for hypertensive clients in Sumberjo Kademangan Village in July 2017.

Family support	Self-care				Amount	
	Partial		Total			
	F	%	F	%	F	%
Not enough	6	20 %	0	0 %	6	20 %
Enough	2	7 %	4	13 %	6	20 %
Well	0	0 %	18	60 %	18	60 %
Total	8	27 %	22	73 %	30	100 %
SPSS test results value rs = 0.834 p value = 0.000						

Based on Table 3, Spearman's test on the relationship between family support and self-care for hypertensive clients yields p = 0.000 where < 0.05, which means there is a relationship between family support and self-care for hypertensive clients. The correlation coefficient is rs = 0.834, which means that the relationship between family support and self-care for hypertensive clients has a unidirectional correlation and a strong relationship. So the better the family support, the more total self-care for hypertensive clients. Conversely, the less family support, the more minimal self-care for hypertensive clients.

DISCUSSION

Respondents with good family support are the most dominant, namely, 60%. This means that the family provides emotional support in the form of attention to the respondent's health condition, the family provides appreciation support in the form of accompanying the respondent in undergoing treatment, the family always provides instrumental support in the form of meeting the needs and paying for the respondent's treatment, and the family always provides information support in the form of any behavior can exacerbate high blood pressure. According to (8) family support is a form of positive behavior and attitude given by the family to a family member who is sick, family support consists of emotional support (emotional support), appreciation support (appraisal assistance), material support (tangible assistance), and information support (information support) is an integral part of the overall support that is centered on the patient's family approach to improving the health of family members. Family support makes the family able to function with a variety of intelligence and resourcefulness. As a result, this improves the family's adaptive health.

As for respondents with good family support category, namely, female sex as many as 12 respondents, possibly because the female sex has high emotional feelings, so it is necessary to have family support to increase self-confidence in respondents, according to (8) family as a place where safe recovery and help mastery over emotions. Includes expressions of empathy, concern, and concern for family members who suffer from hypertension. Respondents in the category of good family support

aged 56-65 years were 13 respondents, possibly because the age of 56-65 years is an advanced age where a person will more easily experience disease, especially hypertension, so special support from the family is needed, in PERKI (2015) on aged over 60 years, 50–60% have blood pressure greater than 139/89 mmHg. This incident was caused by the influence of decreased body function that occurs in an elderly person. There were 12 respondents with a good family support category, last high school education, possibly because someone with a high school education wanted to get additional information, so respondents always asked family members about things that could exacerbate their illness, according to (8). as a disseminator of information, including giving advice, instructions, and suggestions.

Respondents with the most dominant total self-care, namely, 73%. This means that respondents have the will to always control their blood pressure, respondents can control themselves to keep taking drugs, and respondents can adopt a healthy lifestyle. self-care aims to optimize health, control and manage signs and symptoms that arise, prevent complications, and minimize disturbances that arise in bodily functions, emotions, and interpersonal relationships with other people that can interfere with the client's life. Patients with hypertension must be able to: 1) manage portions and selection of food when eating; 2) consider the effect on blood pressure when making food choices; 3) avoid drinking alcohol; 4) consume low-salt foods or use less salt when seasoning food; 5) exercise/exercise to control blood pressure and body weight by walking, jogging, or cycling for 30–60 minutes; 6) quit smoking; and 7) controlling stress by listening to music, resting, and talking with family members (7). Self-care cross tabulation on respondents in Sumberjo Kademangan Village. It is known that most respondents were in the total self-care category, namely, the female sex as many as 14 respondents, possibly because the female sex has characteristics that are more diligent in caring for themselves and is different from the male sex who mostly do not maintain a sedentary lifestyle. healthy, according to Orem (2001) gender has a contribution to self-care ability. Men have more health deviations such as lack of weight management and smoking habits than women. Respondents in the self-care category totaled 56-65 years of age as many as 14 respondents, possibly due to the age of 56-65 years being mature in thinking, so that respondents were able to support health in caring for themselves, according to Orem (2001) fulfilling self-care needs will more effective with increasing age and ability. There were 14 respondents in the self-care category who graduated from high school, possibly because high school education is sufficient education to obtain information so that respondents can behave properly to get healing. In general, the higher a person's education, the easier it will be to receive information (9).

Judging from the results of the analysis using computer facilities (SPSS 20) with the Spearman test, it shows a significant value between family support and self-care for hypertensive clients in Sumberjo Kademangan Village. While the correlation coefficient has a unidirectional correlation and has a strong relationship. So the better the family support for hypertensive clients, the more total self-care the hypertensive client will perform. Conversely, the less family support for hypertensive clients, the more minimal self-care the hypertensive client will perform. According to Smeltzer and Bare (2001), hypertension is persistent blood pressure where the systolic pressure is 140 mmHg and the diastolic is

90 mmHg (Ahmad, 2009). A person is said to have hypertension if the systolic pressure is ≥ 140 mmHg and the diastolic blood pressure is ≥ 90 mmHg and borderline blood pressure is if the systolic blood pressure is between 130mmHg–139mmHg and the diastolic blood pressure is between 84mmHg–89mmHg (7). Hypertension is also defined as a condition where the systolic blood pressure is more than 120 mmHg and the diastolic blood pressure is more than 80 mmHg (3)

The existence of a relationship between family support and self-care for hypertensive clients may be due to the fulfillment of family support for hypertensive clients in Sumberjo Kademangan Village. This is evident from 30 respondents, 18 respondents received good family support and 22 respondents were able to carry out self-care. The correlation coefficient shows a unidirectional relationship, it is likely that the better family support for hypertensive clients, the more total self-care performed by hypertensive clients. Conversely, the less family support for hypertensive clients, the more minimal self-care will be carried out by hypertensive clients.

The correlation coefficient of family support with self-care for hypertensive clients has a unidirectional relationship which is possible because the driving factors for hypertensive clients to carry out self-care are not only caused by family support but can be caused by other factors such as individual characteristics. For example age background, education, employment, information, living together, or caused by other factors not examined in this study.

CONCLUSION

Based on the results of this study, there is a relationship between family support and self-care for hypertensive clients in Sumberjo Kademangan Village. So, It is hoped that there will be further research on the same topic, but with a different method and a larger number of samples. To see the development of the quality of health services and increase public awareness in implementing hypertension self-care. Given the importance of the quality of health services, the authors hope that health workers will further enhance cooperation with village officials in providing health services, such as counseling, etc. So that it can increase public knowledge about the importance of cell f care for hypertension. Given the importance of health, the authors expect families to play a more active role in supporting family members who experience hypertension so that hypertensive clients are more motivated to carry out self-care to support their health. The author also hopes that clients will be more active in asking questions to increase knowledge about hypertension so that clients and their families can prevent complications caused by hypertension.

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