



Factors Associated with Perceived Family Support among Elderly with Hypertension

ICCA Presilia^{1*}, Joni Haryanto², Puji Astuti

¹Master Student in Nursing, Faculty of Nursing, Universitas Airlangga Surabaya, Indonesia

²Department of Nursing, Faculty of Nursing, Universitas Airlangga Surabaya, Indonesia

³Department of Nursing, Faculty of Nursing, Universitas Airlangga Surabaya, Indonesia

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Correspondence author:

ICCA Presilia

E-mail:

icca.presilia.anggreyanti-2017@fkip.unair.ac.id

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Abstract. Hypertension is a global disease and a high incidence rate. Hypertension patients were required to monitor blood pressure regularly. The study aimed at examining factors associated with perceived family support among elderly who were living with hypertension. The cross-sectional study design was applied in this study. Total of 225 samples recruited by using simple random sampling. The results showed that there was a positive relationship between age, gender, education, occupation, knowledge, length of care for elderly, relations of elderly-families with family support in the elderly with hypertension (p -value<0,05). The adequate information regarding the management of hypertension for family caretaker need to establish to support patients to manage blood pressure level.

Keywords: hypertension, family support, elderly



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INTRODUCTION

Hypertension in the elderly is one of the main risk factors for cardiovascular disease that causes heart attacks and strokes. The researchers estimate that hypertension affects around 40% of the population and is responsible for about 9 million deaths each year worldwide (1). The prevalence of hypertension increased from 25.8% in 2007 to be 34.1% in 2018 (2). In 2017 there were 1,828,669 people with hypertension. Malang district has 59.867 people with hypertension (3), while, in the Gondanglegi sub-district showed 587 of the elderly with hypertension (4).

Blood pressure in the elderly will continue to change and cannot be predicted well. Sometimes, an older adult can have low blood pressure and then become hypertensive for only a few moments. Hypertension is very dangerous for the elderly. This condition makes them often experience dizziness, body faltering, and the sensation of wanting to faint, which

can cause them to fall easily. Old bones tend to be porous and thinning so that falls can cause other serious injuries.

The results of the interview were five older adults who had hypertension if blood pressure increased; they experienced signs and symptoms, namely headache, fatigue, breathing sometimes panting, and blurred vision. These signs and symptoms can interfere with the activities of the elderly. Elderly relates that families rarely remind them to control, take medication, give birth if they are examined, and do not pay attention to the health of the elderly. Interviewing five elderly families in Gondanglegi Subdistrict, Malang Regency, the elderly had difficulty taking the medication regularly and regularly controlled blood pressure.

OBJECTIVE

The study aimed at examining factors associated with perceived family support among elderly who were living with hypertension.

METHOD

This study used cross sectional design. A sample of 225 respondents in the work area of Gondanglegi Public Health Center. The sampling technique used simple random sampling. Inclusion criteria: family member who have elderly with hypertension, families and elderly living together, compositional and cooperative awareness. Exclusion Criteria: family member living together with elderly chronic diseases (based on medical history), elderly who are in hospitals, nursing homes, and others.

This study used a questionnaire that contains age, gender, education, job, knowledge ,length of care for parents, relations of family-elderly. Family support used FSS (Family Support System) questionnaire, knowledge and relations of family-elderly used a questionnaire made by researchers.

This study was approved by the research ethics committee of the Faculty of Nursing, Airlangga University number 1462-KEPK. All respondents were informed about the purpose of the study and agreed to participate in this study

RESULTS

Characteristic of respondents

The majority of respondents were 142 people (63.1%) families aged 20-35 years. A total of 154 people (68.4%) were female families. The calculation results show that out of 225 respondents, 126 people (56.0%) had the last education in elementary school. Calculations show that out of 225 respondents, 144 people (64.0%) elderly families did not work. While from 225 respondents, 157 (69.8%) families, the length of treatment for elderly people with hypertension for ≤ 1 year. 225 respondents, as many as 170 (75.6%) knowledge about hypertension in the less category. Calculations show that out of 225 respondents, most of the 140 (62.2%) elderly-family relationships built in the good category. Of the 225 respondents, 164 people (72.9%) authority and the basis for deciding the care and control of elderly hypertension in the good category, family support there were 124 (55.1%) good categories

Table 1 Characteristics of respondents (N=225)

Factors	N	%
Age		
20-35 years old	142	63.1
36-40 years old	67	29.8
46-65 years old	16	7.1
Factors		
Gender		
Male	71	31.6
Female	154	68.4
Education		
Elementary school	126	56.0
Junior high school	59	26.2
Senior high school	8	3.6
No school	32	14.2
Work		
Work	81	36
Not work	144	64
Length of care for the elderly		
>1 year	68	30.2
≤ 1 year	157	69.8
Knowledge		
Enough	55	24.4
Less	170	75.6
Relations family-elderly		
Well	140	62.2
Bad	85	37.8
Family support		
Very good	46	20.4
Good	124	55.1
Less	55	24.4

Relationship between age with family support

The relationship between age and family support from table 2 shows that respondents who provided very good family support aged 36-45 years old (34.3%) for elderly with hypertension, 20-35 years old (34.5%) were giving less family support. The results of chi square statistical test with a confidence level of 95% were obtained as a result of p-value 0.000 (< 0.05), the meaning have relation between ages of respondents with family support for elderly people with hypertension

Table 2. Relationship between age with family support

Age	Family Support			Total	P
	Very good	Good	Less		
20-35	13 (9.2%)	80 (56.3%)	49 (34.5%)	142 (100%)	0.000
36-45	23 (34.3%)	38 (56.7%)	6 (9%)	67 (100%)	
46-65	10 (62.5%)	6 (37.5%)	0 (0%)	16 (100%)	
Total	46 (20.4%)	124 (55.1%)	55 (24.4%)	225 (100%)	

Relationship between gender with family support

The relation between gender and family support from table 3 shows that respondents who provided very good family support of female (27.3%) for elderly with hypertension,

male (40.8%) were giving less family support. The results of chi square statistical test with a confidence level of 95% were obtained as a result of p-value 0.000 (< 0.05), the meaning have relation between gender of respondents with family support for elderly people with hypertension.

Table 3. Relationship between gender with family support

Gender	Family Support				P
	Very good	Good	Less	Total	
Male	4(5.6%)	38 (54.5%)	29 (40.8%)	71 (100%)	0.000
Female	42(27.3%)	86 (55.8%)	26 (16.9%)	154 (100%)	
Total	46(20.4%)	124 (55.1%)	55 (24.4%)	225 (100%)	

Relationship between education with family support

The relation between education and family support from table 4 shows that respondents who provided very good family support of education junior high school (47.5%) for elderly with hypertension, no school (46.9%) were giving less family support. The results of chi square statistical test with a confidence level of 95% were obtained as a result of p-value 0.000 (< 0.05), the meaning have relation between education of respondents with family support for elderly people with hypertension.

Table 4. Relationship between education with family support

Education	Family Support				P
	Very good	Good	Less	Total	
No school	3(9.4%)	14 (43.8%)	15(46.9%)	3 (100%)	0.000
Elementary school	13(10.3%)	77 (61.1%)	36(28.6%)	126 (100%)	
Junior high school	28(47.5%)	28 (47.5%)	3(5.1%)	59 (100%)	
Senior high school	2 (25%)	5 (62.5%)	1 (12.5%)	8 (100%)	
Total	46(20.4%)	124 (55.1%)	55(24.4%)	225 (100%)	

Relationship between occupation with family support

The relation between job and family support from table 5 shows that respondents who provided very good family support of job (40.7%) for elderly with hypertension, no job (33.3%) were giving less family support. The results of chi square statistical test with a confidence level of 95% were obtained as a result of p-value 0.000 (< 0.05), the meaning have relation between job of respondents with family support for elderly people with hypertension

Table 5. Relationship between job with family support

Job	Family Support				P
	Very good	Good	Less	Total	
No job	13 (9.0%)	83 (57.6%)	48 (33.3%)	144 (100%)	0.000
Job	33 (40.7%)	41 (50.6%)	7(8.6%)	81 (100%)	
Total	46 (20.4%)	124 (55.1%)	55(24.4%)	225 (100%)	

Relationship between knowledge with family support

The relationship between knowledge and family support from table 6 shows that respondents who provided very good family support of enough knowledge (34.5%) for elderly with hypertension, less knowledge (30.0%) were giving less family support. The results of chi square statistical test with a confidence level of 95% were obtained as a result

of p-value 0.000 (< 0.05), the meaning have relation between knowledge of respondents with family support for elderly people with hypertension.

Table 6. Relationship between knowledge with family support

Knowledge	Family Support				P
	Very good	Good	Less	Total	
Enough	19 (34.5%)	32 (58.2%)	4(7.3%)	55 (100%)	0.000
Less	27 (15.9%)	92 (54.1%)	51(30.0%)	170 (100%)	
Total	46 (20.4%)	124 (55.1%)	55(24.4%)	225 (100%)	

Relationship between length of stay with family support

The relation between length of care for elderly and family support from table 7 shows that respondents who provided very good family support of >1 year (27.9%) for elderly with hypertension, ≤ 1 year 28.7%) were giving less family support. The results of chi square statistical test with a confidence level of 95% were obtained as a result of p-value 0.000 (< 0.05), the meaning have relation between length of care for elderly with family support for elderly people with hypertension

Table 7. Relationship between knowledge with family support

Length of care for elderly	Family Support				P
	Very good	Good	Less	Total	
≤ 1 year	27 (17.2%)	85 (54.4%)	45 (28.7%)	157 (100%)	0.038
> 1 year	19 (27.9%)	39 (57.4%)	10 (14.7%)	68 (100%)	
Total	46 (20.4%)	124 (55.1%)	55 (24.4%)	225 (100%)	

Relationship between interaction family-elderly with family support

The relation between interaction and family support from table 8 shows that respondents who provided very good family support of good interaction (25.7%) for elderly with hypertension, bad interaction (22.9%) were giving less family support. The results of chi square statistical test with a confidence level of 95% were obtained as a result of p-value 0.000 ($< 0,042$), the meaning have relation between interaction family-elderly of respondents with family support for elderly people with hypertension

Table 8. Relationship between interaction family-elderly with family support

Interaction	Family Support				P
	Very good	Good	Less	Total	
Good	36 (25.7%)	72 (51.4%)	32 (22.9%)	140 (100%)	0.042
Bad	10 (27.3%)	52 (55.8%)	23 (16.9%)	85 (100%)	
Total	46 (20.4%)	124 (55.1%)	55 (24.4%)	225 (100%)	

DISCUSSION

The results showed have relation between ages and family support in the elderly with hypertension. Age is classified as productive age. The productive age is getting older, the more they can teach new things to parents because they experience setbacks both physically and mentally. This is related to the provision of effective support for the elderly (5). The age of family member is related to providing support to the elderly with hypertension. This is supported by other studies that age has a significant effect on the support received (6). The

results of the study found a difference in the level of psychological well-being in people of various age groups. The more an ages family, the more knows the conditions that are best for elderly, therefore the individual can better provide support to sick family members (7).

The results showed have relation between gender and family support in the elderly with hypertension. Gender in the study results from family respondents and the majority of elderly female. The dimension that shows a significant difference between male and female is a positive relationship with others (7). Male are portrayed as active and independent figures, while female are described as passive and dependent, and sensitive to the feelings of others (8). This is the reason why women are better able to provide good support from their families compared to men. This is the reason why women are better able to provide good support from their families compared to men.

The results showed have relation between education and family support in the elderly with hypertension. On the results of research families with low education, giving less support to elderly with hypertension. Education is an aspect of the social class that is closely related to health status because education is important for shaping knowledge and patterns of family behavior (9). Education in general is all efforts planned to influence other people, whether individuals, groups or communities, so that they do what is expected by educational behavior. In education there is a process of growth, development, change towards a better, more mature, more mature individual, family, group and society (10). Education can influence intellectual ability in determining a decision between the choices, including determining the treatment of the elderly to be lived. The higher the level of one's intellectual, it is not easy for the person affected by the circumstances around him because he is able to recognize the risks of that choice. The higher the education of someone the easier the person is to shape one's mindset. The higher the level of family education, the stronger the support given by the family to elderly.

The results of the study were mostly housewives. Work is something that must be done especially to support family life. Working in general is a time-consuming activity and can provide experience and knowledge both directly and indirectly. The work environment can shape social relations and information exchange between friends, with trained social relations, relationships with families and support given to other family members is getting stronger. The results of the study were mostly housewives, although as housewives from interviews mothers often held PKK associations and tahlilan, the program could be used to establish relationships with other people and exchange information, making it easy to establish good relationships with parents and provide support when needed (11).

Job is a factor that determines income. Employment and income are associated with low levels of health, both physically and emotionally, this can lead to acceptance of underdeveloped family support and poor health control (12). Someone who works influences the social factors of friends, the more socializing it can have a positive effect on one's mind so that it is easy to receive support from others.

The results showed that the level of family knowledge about hypertension tended to be less. Analysis shows the information factor which consists of knowledge influencing family support given to the elderly with hypertension. A person's knowledge of objects has different intensity or levels. The importance of having knowledge about hypertension experienced by family members will affect family attitudes in treating elderly people with hypertension and the success of greetings to control elderly blood pressure. With high knowledge, someone will be motivated to protect their family members who are sick (13). Family support, understood as help and protection is given to someone, has been conceptualized in both cognitive and behavioral terms. Cognitive aspects refer to perceived support, while behavioral aspects refer to the support received (14)

Experience is one of the factors that can affect knowledge. This shows that the longer caring for and living with the elderly with hypertension, the more knowledge gained from

experience during daily care. Human behavior is formed based on the results of his experience which was first modified to increase the effectiveness and the longer the human behavior will become habitual and run automatically and individuals increasingly try to modify behavior that is suitable for various situations (15). Family members more easily receive information, if the information is supported by other family members, and the family is a support system for individuals (16). The results showed that the longer the stay and care for the elderly with hypertension, the higher the support provided. Based on their experiences and feelings, the family assesses the effectiveness of many methods of care and help the elderly in making the most effective decision controlling elderly blood pressure (17).

The results showed have relation between interaction family-elderly and family support in the elderly with hypertension. The better the interaction of elderly people, the more likely it is to improve family decision making in determining the control and treatment of elderly people with hypertension. The elderly-family interaction approach focuses on two-party relationships and views the relationship between the elderly and the family as a whole. Elderly and family alike are considered to have contributed in the care process. The form of behavior contained in the interaction of elderly families can be in the form of control, support, communication and closeness. In this case the control can be interpreted as controlling, having authority, by supporting the initiative of the elderly, respecting the viewpoint of the elderly (18). A strong family support relationship can increase emotional and enthusiasm which leads to some positive health outcomes (19).

The findings from other study suggest that patients need several means of support, particularly in terms of improving their understanding about how to manage blood pressure. Possible explanations are attributed to the positive relationship between family support and blood pressure control are several. First, the reduced level of family support can lead to the adoption of fewer habits related to a healthy lifestyle (20). Second, a good social network can attenuate the cardiovascular response in a situation of stress, thus avoiding the accompanying increase in blood pressure (21). It has also been reported that those who have support from friends or family members have better compliance with treatment than those people without support (22)

CONCLUSION

Based on the results of these studies the researchers argue that family support in the elderly with hypertension is influenced by age, sex, education, employment, knowledge, relations of elderly families, so it is recommended for families to increase family support so that blood pressure in the elderly is stable.

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