ORIGINAL RESEARCH PAPER
Volume - 12 | Issue - 10 | October - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND ADHERENCE TO TAKING MEDICATION IN HYPERTENSIVE ELDERLY MEMBERS AT THE CIBED HEALTH CENTER

Nursing

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ABSTRACT

Hypertension that occurs in the long term and continuously can trigger stroke, heart attack, heart failure. One of the treatments for hypertension is to routinely take antihypertensive drugs. The purpose of the study was to describe the relationship between family support and medication adherence in members of hypertension prolanists at the CiBed Health Center, Cianjur Regency. This research method uses a type of quantitative research with a correlational descriptive design through a cross sectional approach, with a population of 88 respondents and a sample of 88 respondents with total sampling techniques. The instruments used were questionnaires that had been tested for validity with 10 family support questions with results of 0.864 and 8 questions on medication adherence with an average result of 0.719 and family support reliability tests with results of 0.909 and medication adherence with results of 0.635 were declared valid. The univariate data analysis used is the frequency distribution and the bivariate analysis used is chi-square. The results showed that most respondents (56.2%) had unsupportive families and (63.6%) respondents were disobedient. The results of the chi-square analysis showed that the sig value or p value obtained was 0.011 < 0.05, so there was a significant relationship between family support and medication adherence to hypertension prolanists at the Ciranjang health center. So the better the family support provided, the higher the adherence to taking medication. It is necessary to collaborate with health workers with families to provide positive support for people with hypertension to reduce non-compliance with taking antihypertensive drugs.

KEYWORDS

Family Support, Hypertension, Medication Adherence

INTRODUCTION

Non-communicable diseases or known as New Commnicable Diseases are the main cause of death worldwide. Infectious diseases kill more people each year than all other deaths combined. One of the diseases included in non-communicable diseases is hypertension (Hasnawati, 2018).

According to the World Health Organization (WHO), elderly people aged 60-64 years have an increased risk of hypertension by 51%, and for those aged over 65 years by 65%, based on basic health research (2018), the prevalence of hypertension in Indonesia has increased in people aged 55 -64 years as much as 55.2% (Ministry of Health RI, 2019).

According to the 2018 Riskesdas, it shows that the prevalence rate of hypertension in people aged > 18 years in Indonesia is 34.1%. The prevalence is obtained by measuring blood pressure, namely when the pressure is > 140/90 mmHg. The hypertension prevalence rate is higher than in 2013, which was 25.8 (2018 Riskesdas).

The West Java Province Health Profile for 2021 recorded a prevalence of hypertension of 24.19% while the results of the 2018 Basic Health Research were 29.4%. Based on the Cianjur Regency Health Office, 52.50% of people with hypertension suffer from hypertension in 2020.

Hypertension that occurs over a long period of time and continuously can trigger strokes, heart attacks, heart failure, and is the main cause of chronic kidney failure. Controlling blood pressure in health services is an activity carried out by people with hypertension. The aim of controlling blood pressure regularly is to prevent clients from going to hospital, preventing complications and monitoring blood pressure. Treatment of hypertension can reduce the chances of recurrence and complications of hypertension (Candrayani, 2020).

Family support for hypertension sufferers aims to ensure that their condition does not get worse and avoid complications due to hypertension. Families can help organize healthy eating patterns, invite them to exercise together, accompany them and remind them to check their blood pressure regularly (Bisnu 2017). Families improve the good behavior of hypertension sufferers, namely by changing healthy behavior such as practicing maintaining a diet, stopping consuming alcohol and smoking, and reducing salt consumption. Families can be encouraged to actively think about their illness and follow the treatment recommended by health workers. (Adrian, 2018).

The results of research related to family support on medication adherence in hypertension sufferers, namely research conducted by (Fadhilah et al., 2020) with the research title The Relationship between Family Support and Medication Compliance in Hypertension Sufferers with research results showing that there is a significant relationship between family support and medication adherence. Research data shows that the majority of hypertension is getting good support experienced compliance with taking medication (50.5%) while hypertensives who received less support experienced non-adherence in taking medication (19.7%).

There is also another similar study regarding Family Support with Medication Compliance in Hypertension Clients conducted by (Pricilya Molintao & Orfna Ambitan, 2019) which proves that 58.06% have insufficient family support so that 78.50% do not comply with taking medication . The research results showed that family support influences medication adherence.

The results of the April 2023 preliminary study numbered 88 prolanis members, it was found that 29 respondents did not comply with taking medication because they only took medication when symptoms recurred, 11 respondents adhered to taking medication but blood pressure was still high because they did not control the food they were eating eating and still smoking. 48 respondents were not active because the distance from their house to the health center was too far and no one accompanied them to take part in prolanis activities.

The effort given by the puskesmas was only to inform the WhatsApp group that there was prolanis activity. 12 families said they only knew that a family member had hypertension, 8 families said the efforts given by the family to hypertensive clients reminded them to control food and stop smoking and reminded and prepared medicine. The efforts provided by the Community Health Center for prolanis activities are exercise and education regarding hypertension and DM and blood pressure checks, blood sugar checks which are carried out once a month on the 2nd week of Friday.

The role of the nurse as a health worker is as an educator or as an educator, the nurse's role is to help the elderly learn about their health. Having correct information can increase the knowledge of hypertension sufferers to implement a healthy lifestyle (Sustrani in Kurniaputri & Supatmi 2018).

Based on the description that has been carried out in the background, the researcher is interested in carrying out research with the title "The Relationship of Supporting Medication Drink Adherence to Prolanis Hypertension Members in the Ciranjang Community Health Center

Area, Cianjur City".

METHOD

This research is a type of quantitative research with a correlational descriptive design through a cross sectional approach. The population in this study were 88 respondents. The sample in this study was 88 respondents. The sampling technique in this study was total sampling. The instrument used has been tested for validity with 10 family support questions with a result of 0.864 and 8 questions on medication adherence with a result of 0.719 and a reliability test of family support with a result of 0.909 and medication adherence with a result of 0.635 which is declared valid. The univariate data analysis used was frequency distribution and the bivariate analysis used was chi-square. After carrying out research ethics, the ethical test number was obtained with No. 122/KEPK/IKI/VII/2023

RESULT

Family support	Obedience						P-Value
	Obedience		Not Obey		Total		
	f	%	f	%	N	%	
Support	20	52,6	18	47,4	38	100	0.011
No Support	12	24	38	76	50	100	
Total	32	100.0	56	100.0	88	100.0	

Based on the results carried out in the Chi Square test, the sig or p value obtained is 0.011. $p < \alpha$ 0.05, then H0 is rejected or Ha is accepted, which means that there is a significant relationship between family support and adherence to taking medication among hypertensive prolanis members at the Ciranjang health center, Cianjur district.

DISCUSSION

Based on the research results, it shows that the sig or p value obtained is 0.011 with a p value $< \alpha$ 0.05, so H0 is rejected or Ha is accepted, which means that there is a significant relationship between family support and adherence to taking medication among hypertension prolanis members at the Ciranjang district health center. Cianjur.

Having family support is a factor that supports adherence to taking antihypertensive medication in hypertension sufferers. Family support does not only take the form of support from family but can also be provided by close relatives.

Family support can take the form of financial support and physical support, where the family can remind them to take antihypertensive medication, provide information regarding the reasons for taking medication, provide transportation services to access health services and funds to purchase medication (Najjuma et al., 2020). According to Saleh (2017), family support can be in the form of emotional, instrumental, informational and appreciative support, with this support clients will feel their burden is reduced and they will no longer feel alone. Based on Lawrence Green's theory, compliance is influenced by reinforcing factors where the support of family members, health service providers, support from friends, leaders and decision making strengthens the occurrence of this behavior (Pakpahan et al., 2021).

The results of the analysis showed that 20 respondents (52.6%) supported family support in taking medication obediently, but 18 respondents (47.4%) did not comply. This can be influenced because the respondents themselves do not understand about antihypertensive drugs, and then the respondents' knowledge Regarding antihypertensive medication, it also influences non-compliance, even though the family is supportive, there are still those who do not comply with taking medication. These results are reinforced by Niven (2013) in Ningrum (2018) who said that one of the factors that causes non-compliance in taking medication is that most clients do not understand the instructions given, due to the failure of health professionals to provide complete information, the use of medical terms and the number of instructions that the client must remember. This is reinforced by Susanto (2015) that the client's lack of understanding about hypertension and the goals of hypertension therapy can influence client compliance in treating hypertension. This is in line with theory (Rini, 2013) which states that family support is one of the factors that influences non-compliance. The family can help eliminate temptations to noncompliance and the family can often be a support group for achieving compliance. Moved

The results of the analysis also found that as many as 38 respondents (76.0%) with families did not support and did not comply with taking medication, but there were 12 respondents (24.0%) with families who did not support but adhered to taking medication. This is because the respondent feels that he is not cared for, is not given love and understanding due to a lack of economy so that the family is less able to meet the respondent's needs or because the family is busy at work so they ignore and care less about what happens to the respondent. This statement is reinforced by Utami (2016) who states that hypertension sufferers who do not receive family support such as attention, affection, positive appreciation and financial support will feel they are useless and tend not to follow advice or recommendations from medical personnel.

Family support is an important factor for clients because family support is one of the significant contributing factors and is a strengthening factor that influences client compliance (Zainuri, 2018).

According to the researcher's view, this family support is very influential on non-compliance in taking medication, where this family support is not only a reminder to take medication but also provides assistance, sympathy and empathy provided by the family to hypertension sufferers who are prolanis participants in the form of goods, services, information, advice, which makes the elderly feel loved, loved, appreciated and have the enthusiasm or motivation to always be healthy.

CONCLUSION

1. Family support, most of the families do not support taking medication (56.2%) for elderly members of prolanis hypertension at the Ciranjang Health Center, Cianjur district.
2. Client compliance, most of the respondents were non-compliant in taking medication (63.6%) in elderly members of prolanis hypertension at the Ciranjang Health Center, Cianjur district.
3. The relationship between family support and adherence shows the sig value or p value obtained is 0.011 with a p value $<\alpha$ 0.05 then H0 is rejected or Ha is accepted, which means that there is a significant relationship between family support and adherence to taking medication in Prolanis members Hypertension at the Ciranjang Community Health Center, Cianjur Regency.

SUGGESTION

1. For Community Health Centers

Based on the results of the study, it was suggested to the puskesmas to collaborate with prolanis officers to provide family support for hypertension sufferers at the Ciranjang Health Center, Cianjur Regency.

2. For the Immanuel Health Institute

Through the results of this research, the Immanuel Bandung Institute of Health campus, both educators and students, can play a role in providing counseling regarding the importance of family support in medication adherence in the form of information media.

3. For future researchers

It is recommended that future researchers examine knowledge variables about hypertension and treatment goals.

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