

The role of family support in self-control of individuals with hypertension in Sindangasih village, Cianjur regency

Rola wsparcia rodziny w samokontroli osób z nadciśnieniem tętniczym we wsi Sindangasih, regencja Cianjur

SHINTA ARINI AYU¹, EKA SARI RAHAYU²,
FAJRIAH ESHADRIANTI IDRIS²

¹Lecturer of the Nursing Study Program STIKes Permata Nusantara

²Students of the Nursing Science Study Program STIKes Permata Nusantara

Abstract

Introduction. One of the social support systems is obtained from the family, family members play a very important role in influencing or changing their own lifestyle towards efforts to improve health including self-care for people with hypertension.

Aim. This study identified the role of family support on self-control individuals with hypertension in Sindangasih Village, Kab. Cianjur.

Research Methods. The design of this study is correlation analytic with the cross-sectional. Sampling using purposive sampling with a total sample of 106 people. Data Primary obtained from questionnaires and observation results. The research was conducted in the village Sindangasih with a timeframe of November 2022 - May 2023.

Results. The results of the statistical test using quantitative correlation research with a significance level (α) ≤ 0.05 , indicating that there is a correlation between the role of family emotional support and the self-care behavior of people with hypertension ($p=0.000$), there is a correlation between the role of family esteem support and the self-care behavior of people with hypertension ($p=0.001$), there is a correlation between the role of family information support and the self-care behavior of people with hypertension ($p=0.001$), there is a correlation between the role of family instrumental support and the self-

-care behavior of people with hypertension ($p=0.000$), there is a correlation between the role of family support and self-care behavior of hypertension sufferers ($p=0.000$) in Sindangasih Village, Kab. Cianjur.

Conclusion. Family support can be a strategy that can be used to manage hypertension and other diseases because it is included in both and positive impact on patient self-care habits.

Keywords: Family Support, Self-Control, Hypertension

Streszczenie

Wstęp. Jeden z systemów wsparcia społecznego uzyskuje się od rodziny, członkowie rodziny odgrywają bardzo ważną rolę we wpływaniu lub zmianie własnego stylu życia w kierunku dążenia do poprawy zdrowia, w tym samoopieki osób z nadciśnieniem tętniczym.

Cel. W badaniu tym zidentyfikowano rolę wsparcia rodziny dla samokontrolujących się osób z nadciśnieniem tętniczym w wiosce Sindangasih, Kab. Ciandżur.

Metody badawcze. Projekt tego badania opiera się na analizie korelacji z przekrojem. Dobór próby metodą celowego doboru próby na łącznej próbie 106 osób. Dane Pierwotne uzyskane z kwestionariuszy i wyników obserwacji. Badania przeprowadzono w wiosce Sindangasih w okresie listopad 2022 – maj 2023.

Wyniki. Wyniki testu statystycznego z wykorzystaniem ilościowych badań korelacyjnych o poziomie istotności (α) $0,05$, wskazujące na istnienie związku pomiędzy rolą wsparcia emocjonalnego rodziny a zachowaniami samoopiekuńczymi osób z nadciśnieniem tętniczym ($p=0,000$), istnieje korelacja między rolą wsparcia poczucia własnej wartości rodziny a zachowaniami samoopiekuńczymi osób z nadciśnieniem tętniczym ($p=0,001$), istnieje korelacja między rolą wsparcia informacyjnego rodziny a zachowaniami samoopiekuńczymi osób z nadciśnieniem tętniczym ($p =0,001$), istnieje korelacja między rolą wsparcia instrumentalnego rodziny a zachowaniami samoopiekuńczymi osób z nadciśnieniem tętniczym ($p=0,000$), istnieje korelacja między rolą wsparcia rodziny a zachowaniami samoopiekuńczymi osób z nadciśnieniem tętniczym ($p=0,000$) w wiosce Sindangasih, Kab. Ciandżur.

Wnioski. Wsparcie rodziny może być strategią, którą można zastosować w leczeniu nadciśnienia tętniczego i innych chorób, ponieważ jest ono uwzględnione w obu przypadkach i ma pozytywny wpływ na nawyki samoopieki pacjenta.

Słowa kluczowe: wsparcie rodziny, samokontrola, nadciśnienie

Introduction

Hypertension often appears without symptoms. This disease is often referred to as a “silent killer” and many people who suffer from it are unconscious in this state. The World Health Organization (WHO) has determined that hypertension is also a major global cause of disability and premature death (WHO, 2021) [1]. According to Kearney et al. (2005) [2], 972 million people suffered from hypertension in 2000. In low- and middle-income countries hypertension affects two-thirds of the population. Elevated blood pressure is the cause of more than 10 million deaths and 200 million healthy life losses due to death and disability each year (Disability Adjusted Life Years, or DALY) (Chacko&Jeemon, 2020) [3].

One of the main contributors to cardiovascular disease (CVD), which still affects most people in the world, is hypertension. In 2012, 839 million people, according to the World Health Organization (WHO) were diagnosed with high blood pressure. One, thirteen billion people worldwide have been diagnosed with hypertension, data from the Organization World Health Organization (WHO) from 2015. By 2025, this number is expected to reach 1.15 billion, or about 29% of the global population. In addition, it is anticipated that hypertension and its complications will result in the death of 9.4 million people each year (Indonesian Ministry of Health, 2021) [4].

This disease continues to be the most significant threat to the welfare of the Indonesian people. This is indicated by the number of cases of hypertension found in primary care settings. According to Riskesdas data for 2018 with a prevalence of 25.8% in 2013, hypertension, which is a health problem, rose 8.3% to 34.1% from cases in 2013 (Indonesian

Ministry of Health, 2020) [5]. Based on data from the Ministry of Health, information was obtained from those who were 18 years old, South Kalimantan Province, with 44.1% having the highest hypertension in Indonesia and the West Java region in second place with a figure of around 34.1% (Ministry of Health RI, 2020) [5]. The prevalence of hypertension is estimated at around 41.6 percent in the 2019 West Java Province Health Profile, while the previous year's Riskesdas estimate was around 39.6 percent. This figure increased from the previous year's Riskesdas estimate of around 29 percent (West Java Health Office, 2020) [6].

To maintain control of high blood pressure and avoid complications, hypertensive patients need self-care management or self-control that can improve their quality of life. Controlling and treating hypertension itself is very important. It can be started by quitting smoking, consuming good food sources, maintaining body weight (BB), practicing consistently, and learning how to deal with stress. In addition, people with hypertension must monitor themselves regularly and have their blood pressure checked to maintain blood pressure control to keep it stable. To ensure that the blood pressure of hypertensive patients remains constant and within normal limits, it is very important to monitor it. This is usually possible if the patient lives a remarkably healthy lifestyle that includes regular exercise, loses weight, controls his diet, abstains from alcohol, and quits smoking. However, most healthy living activities cannot lower blood pressure, so people with hypertension still must take medication to control their blood pressure. In the end, drugs and lifestyle changes can sometimes work together to more likely control hypertension (RifdaLatifa, 2019 in (Mariyani, 2021)) [7].

Implementation of self-care for people with hypertension is still relatively low. The blood pressure of hypertensive patients can increase because of inadequate self-care management. Smoking is still a form of poor self-care among hypertensive patients. People with high blood pressure tend to view smoking in a negative way, which means supporting cigarette consumption to encourage others to smoke (Lestari et al., 2018) [8]. In Darmatiti (2017), most people with hypertension still

do not follow the doctor's recommendations to take antihypertensive drugs and do not follow the rules and recommendations for managing self-care. This includes patients who occasionally visit health services to check and control their blood pressure (Mahfud et al., 2019) [9].

According to Healthy People 2010 for Hypertension, optimal blood pressure control requires a more comprehensive and intensive approach. Therefore, to achieve this expectation requires comprehensive support from nurses and doctors at each health check-up location. Hypertension sufferers also need moral and social support in the form of self-control or medication. People who are often in contact with sufferers, especially people who are respected by people with hypertension themselves are one of the social supports that can influence the behavior of people with hypertension. The results of the study (Bisnu et al., 2017) [10] showed that sufferers who had access to good social support were 2.87 times more likely to practice self-care behaviors than those who did not.

One of the social support systems obtained from the family. According to Friedman's book, family members play a very important role in influencing or changing their own lifestyle towards health-related businesses. It is not the individual alone who strives for the desired health, but rather the family, playing an important role in the overall health of its members. Due to health problems in the family is reciprocal, then the family is an effective and efficient intermediary to achieve health. (Suraní et al., 2022) [11].

Family is another factor that helps the success of hypertension sufferers, besides the sufferer himself. The family takes an important part in helping in treatment and influencing the way the victim behaves, the family is the closest individual who is directly connected to the patient's consideration section (Dewi et al., 2017) [12]. Maintenance of blood pressure is a major responsibility that requires a great deal of time, diligence, consideration by the patient himself, and the assistance of their families, who act as financial providers and supporters. According to Bisnu&Kepel (2017) [13], the degree of hypertension suffered by family members is influenced by the level of social support (Bisnu et al., 2017)

[10]. Likewise, Flynn et al., (2013) [14] stated that social support from family members is a determinant of successful self-care and efforts to reduce hypertension (Darmiati, 2017 in (Hastuti, 2019)) [15].

Hypertension Incidence Rate

Cardiovascular disease accounts for approximately 17 million deaths consistently worldwide, which accounts for almost a third of all deaths. Complications related to high blood pressure cause 9.4 million deaths each year. About 45% of deaths from coronary disease and 51% from stroke are caused by high blood pressure (World Health Organization, 2013) [16]. Internationally, hypertension is a significant reason for sudden death let alone disability. One in five adults worldwide has high blood pressure. More than 10 million deaths and 200 million years of disability-adjusted life are associated with high blood pressure. (Disability-Adjusted Life Years!DALYS) annually. The major risk factor for stroke, heart failure, coronary heart disease, and chronic kidney disease is undoubtedly hypertension. Hypertension-related complications account for more than half of cardiovascular disease (CVD) deaths. Hypertension is also a significant public medical problem in India and affects around one in every three adult individuals. In addition, high blood pressure in India is the cause of more than 1.5 million deaths and 38 million DALYs (Chacko&Jeemon, 2020) [3].

Hypertension control is influenced by motivation, with a p-value between 0.000 and 0.05. In addition, subjects with high motivation were found to have exercised controlling behavior hypertension as many as 9,484 times in this study. In addition, there is a p-value of 0.000 between family support and hypertension control behavior (Setiyaningsih&Ningsih, 2019) [17].

Health Behavior

According to Notoatmodjo (2012), welfare behavior is a person's reaction or form of life towards increases or things related to suffering (pain) and illness, medical care systems, food and drink, or the weather.

Ways of healthy behavior can be divided into three groups based on this definition.

1. Health maintenance behavior (health maintenance) The actions or efforts of a person to maintain or maintain health so that they do not get sick and try to heal when sick is known as maintenance behaviors health (health maintenance). There are three components to this health maintenance behavior:
 - a. Practices that prevent illness, treat illness when it occurs, and restore health after illness.
 - b. Promote the health condition of someone who is currently very fit. Important to understand that health is very complex and individual because the cause. This means that even a healthy person should work towards optimal health.
 - c. How people consume food and drink. Food and drink available accessible follow and work on one's well-being, but on the contrary food and drink can cause a decrease in the degree of individual strength, can lead to infection. It all depends on how people treat these foods and drinks (Sinaga et al., 2021) [18].
2. Behavior of Seeking and Using Health Service Facilities (Fasyankes) as well known as "search behavior" and "use of a system or service facility," or "treatment-seeking behavior" (health seeking behavior) refers to efforts or a person's actions when they are sick or injured. This action or behavior is initiated with self-medication (self-treatment) and ends with seeking treatment to overseas.
3. A person's response to the physical and socio-cultural environment where he lives is related to environmental health behavior, namely maintaining that the environment does not harm his health. In the end, how does a person deal with his current situation so as not to harm his well-being, his family or the local environment (Sinaga et al., 2021) [18].

Self-control

The capacity to plan, direct, and regulate the kinds of behavior that can lead to positive results is called self-control. Self-control is a skill that people can develop and use throughout life, including when faced with difficult circumstances (Thalib, 2017) [19]. Wolfe & Higgins (2008) explains that self-control is the tendency to think about the different consequences of one's actions. Self-control is what Averill calls personal control, specifically decision control (Decisional Control), cognitive control (Cognitive Control), and behavioral control. (Behavior Control).

Just like any other psychological factor. Internal factors (individual self) and external factors (individual climate) usually have an impact on self-control.

1. Internal Factors Age is an internal factor that helps self-control. The capacity for self-control increases with age.
2. External Factors One of the family contexts is an external factor; individual wisdom capacity is influenced by family climate (Baumeister, 2018) [20].

Self-Care Behavior

Self-care, as defined by Cornwell and White (2009), is the singular ability to do self-care exercises to balance and improve welfare and prosperity (health). (Baumeister 2018) [20]. Self-Care Methods for Hypertension Sufferers

1. Adherence to treatment
2. Behavior related to Blood Pressure monitoring
3. physical activity
4. Follow a low salt diet
5. Manajemen Streets (Mariyani, 2021) [21].

Family support

Family support according to Friedman (2010) [22] is the process of aiding in each cycle of life development. Socially seeing the assistance received by the family can be obtained or accommodated by them,

this is often referred to as “family social assistance”. As a result of the assistance provided by the family, a relative can exercise abilities with a variety of knowledge and reasons. Families can function with multiple senses and intelligence thanks to social support. As a result, it increases the adaptability and well-being of Friedman’s family, (2010) [22] (Bisnu&Kepel, 2017) [13]. Kosassy in (Anggoniawan, 2018) [23] says that the people who live with the patient are the most important and emotionally attached, and the nurse is the patient’s main caregiver. Families also take part in choosing how to provide care and help when relatives become ill. The course of action expected of them given their social position is a role.

In Friedman et al., (2010) [22] according to House and Kahn (1985), the family provides support in four different ways:

1. Emotional support
2. Award Support
3. Instrumental Support
4. Information Support (PurnoMo 2017)[24].

Material and methods

Types of research

The research design used is a quantitative research design that explores scientific connections with a cross-sectional approach.

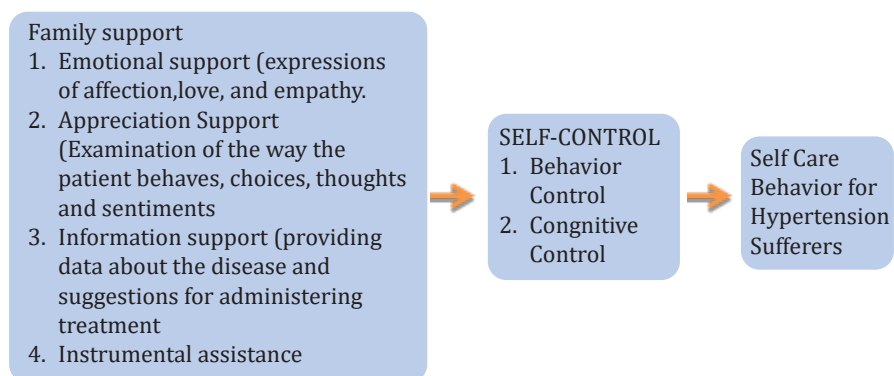


Fig 1. Conceptual Framework

Population, Sample and Sampling Techniques

The study population consisted of hypertensive patients in Sindangasih Village, Kab. Cianjur, the sampling technique used was purposive sampling with a total sample of 106 people. People with high blood pressure whose names are included in the Demographic Report of People with High Blood Pressure from January to November 2022, by inclusion criteria high blood pressure patients whose names are included in the Demographic Report of People with High Blood Pressure from January to November 2022, People with primary hypertension, starting with first degree hypertension and at least one month past, Hypertension sufferers who live with their families.

Measuring Tools/ Instruments

There are three research tools used in this study, namely the data instrument demographics, questionnaire sheets for Family Support, Self-Care Behavior questionnaire sheets.

Ethical Due Diligence

Ethical Approval No. 044/PE/FKK-KEPK/V/2023 obtained from Binawan University on Mei 15, 2023.

Data analysis

Research will be carried out in stages, starting with the introduction of researchers, conducting preliminary investigations, and determining. Sample based on inclusion and exclusion criteria. Then proceed to collect data from the results filled in by respondents, then process them through the stages of editing, coding, cleaning, tabulation and others. Statistical data with statistical correlation tests performed with computerized techniques, emphasizing the nursing ethics of informed consent, anonymity, and confidentiality.

Results

Instrument validity and reliability tests were not carried out because the instruments used were reliable. Data was taken through questionnaires and direct observation. The following is a way of presenting data in table and graphic formats, based on research findings.

General Data

a. Characteristics of Respondents

1) Gender

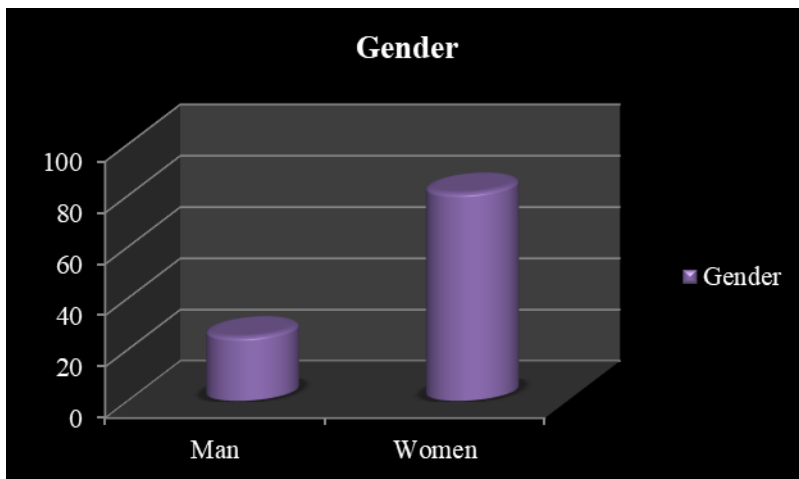


Fig. 2. Distribution of Respondents' Characteristics by Gender in SindangasihVillage, Cianjur Regency Source: Primary Data, 2023

2) Age

Table 1. Distribution Characteristics of Respondents by Age in SindangasihVillage, Cianjur Regency

No.	Age	Frequency (n)	Percentage (%)
1.	<45 years	4	3,8
2.	45-51 years	6	5,7

3.	52-58 years	25	23,6
4.	59-65 years	28	26,4
5.	66-72 years	26	24,5
6.	73-79 years	14	13,2
7.	> 79 years	3	2,8
Total		106	100.0

Source: Primary Data, 2023

3) Work

Table 2. Distribution of Respondent Characteristics by Occupation in Sindangasih Village, Cianjur Regency

No.	Work	Frequency (n)	Percentage (%)
1.	Farmer	15	14,2
2.	Entrepreneurial	4	3,8
3.	Civil Servants (PNS)	4	3,8
4.	Retired	6	5,7
5.	Merchant	7	6,6
6.	Laborer	1	0,9
7.	Motorcycle taxi	1	0,9
8.	Housewives	64	60,4
9.	Don't Work	4	3,8
Total		106	100.0

Source: Primary Data, 2023

4) Last Education

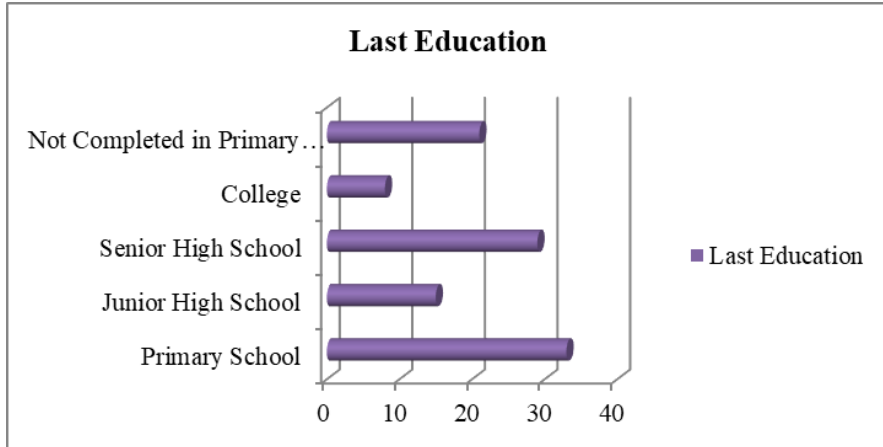


Fig. 3. Distribution of Respondent Characteristics Based on Latest Education in Sindangasih Village, Cianjur Regency
 Source: Primary Data, 2023

5) Older Hypertension Sufferers

Table 3. Distribution of Respondent Characteristics Based on Length of Time Suffering from Hypertension in Sindangasih Village, Cianjur Regency

No.	Long Suffered Hypertension	Frequency (n)	Percentage (%)
1.	<1 years	8	7,5
2.	1-3 years	59	55,7
3.	4-6 years	24	22,6
4.	7-9 years	5	4,7
5.	10-12 years	7	6,6
6.	13-15 years	1	0,9
7.	> 15 years	2	1,9
Total		106	100.0

Sources: Primary Data, 2023

b. Family support

Table 4. Distribution of Respondents' Family Support in the Village Sindangasih Cianjur Regency

No.	Family support	Frekuensi (n)	Frequency (%)
1.	Good	55	51,9
2.	Enough	51	48,1
Total		106	100.0

Source: Primary Data, 2023

1) Emotional Support

Table 5. Distribution of Respondents' Family Support Based on Emotional Support in Sindangasih Village, Cianjur Regency

No.	Emotional Support	Frequency (n)	Percentage (%)
1.	Good	63	59,4
2.	Enough	43	40,6
Total		106	100.0

Source: Primary Data, 2023

2) Award Support

Table 6. Distribution of Respondents' Family Support Based on Award Support in Sindangasih Village, Cianjur Regency

No.	Award Support	Frequency (n)	Percentage (%)
1.	Good	69	65,1
2.	Enough	37	34,9
Total		106	100.0

Source: Primary Data, 2023

3) Information Support

Table 7. Distribution of Respondents' Family Support Based on Information Support in Sindangasih Village, Cianjur Regency

No.	Information Support	Frequency (n)	Percentage (%)
1.	Good	47	44,3
2.	Enough	59	55,7
Total		106	100.0

Source: Primary Data, 2023

4) Instrumental Support

Table 8. Distribution of Respondents' Family Support Based on Instrumental Support in Sindangasih Village, Cianjur Regency

No.	Instrumental Support	Frequency (n)	Percentage (%)
1.	Good	47	44,3
2.	Enough	59	55,7
Total		106	100.0

Source: Primary Data, 2023

c. Self-Care Behavior (self-control)

Table 9. Distribution of Respondents' Self Care Behavior in Sindangasih Village, Cianjur Regency

No.	Self-Care Behavior	Frequency (n)	Percentage (%)
1.	Good	44	41,5
2.	Enough	62	58,5
Total		106	100.0

Source: Primary Data, 2023

Custom Data

1. Results of Bivariate Analysis

a. Relationship between Emotional Support and Self Care Behavior for Hypertension Patients

Table 11. Relationship between Family Emotional Support and Self Care Behavior for Hypertension Sufferers in Sindangasih Village, Cianjur Regency

Emotional Support	Self Care Behaviour				Total		p value	RP
	Good		Enough		n	%		
	n	%	n	%				
Good	35	55,6	28	44,4	63	100	0,000	2,65
Enough	9	20,9	34	79,1	43	100		
Total	44	41,5	62	58,5	106	100	0,000	2,65

Source: Primary Data, 2023

b. Relationship between Appreciation Support and Self Care Behavior of Hypertension Sufferers

Table 12. Relationship between Family Appreciation Support and Self Care Behavior for Hypertension Sufferers in Sindangasih Village, Cianjur Regency

Support Award	Self Care Behaviour				Total		p value	RP
	Good		Enough		n	%		
	n	%	n	%				
Good	37	55,6	32	46,4	69	100	0,001	2,83
Enough	7	20,9	30	81,1	37	100		
Total	44	41,5	62	58,5	106	100	0,001	2,83

Source: Primary Data, 2023

c. Relationship between Information Support and Self Care Behavior for Hypertension Patients

Table 13. Relationship between Family Information Support and Self Care Behavior for Hypertensive Sufferers in Sindangasih Village, Cianjur Regency

Information Support	Self Care Behaviour				Total		p value	RP
	Good		Enough		n	%		
	n	%	n	%				
Good	34	72,3	13	27,7	47	100	0,000	4,27
Enough	10	16,9	49	83,1	59	100		
Total	44	41,5	62	58,5	106	100	0,000	4,27

Source: Primary Data, 2023

d. Relationship between Instrumental Support and Self Care Behavior of Hypertension Sufferers

Table 14. Relationship between Family Instrumental Support and Self Care for Hypertension Sufferers in Sindangasih Village, Cianjur Regency

Instrumental Support	Self Care Behaviour				Total		p value	RP
	Good		Enough		n	%		
	n	%	n	%				
Good	42	63,6	24	36,4	66	100	0,000	12,7
Enough	2	5,0	38	95,0	40	100		
Total	44	41,5	62	58,5	106	100	0,000	12,7

Total Sources: Primary Data, 2023

e. Relationship between Family Support and Self Care Behavior for Hypertension Patients

Table 15. Relationship between Family Support and Sufferers' Self Care Behavior Hypertension in Sindangasih Village, Cianjur Regency

Family support	Self Care Behaviour				Total		p value	RP
	Good		Enough		n	%		
	n	%	n	%				
Good	35	63,6	20	36,4	55	100	0,000	2,19
Enough	9	17,6	42	82,4	51	100		
Total	44	41,5	62	58,5	106	100	0,000	2,19

Source: Primary Data, 2023

Discussion

1. Family Support for Hypertension sufferers

Family support can be in the form of appreciation, emotional, material, and assistance information provided by family members to sick relatives. From the results of the study, it was found that patients with hypertension usually receive good family support, with 51.9% of respondents reporting receiving good family support. The value of emotional support is 59.5%, appreciation is 65.1%, information support is 44.3%, and instrumental support is 62.33%. Based on these values, it can be concluded that most respondents get good family support. However, assistance and focus must be continued, especially for respondents whose families do not provide enough support.

This is in accordance with the ability of the family as shown by Friedman (2010) [22], namely the fundamental element of the family is the ability to provide medical care, for example, to provide medical services, housing, and physical needs (Husnaniyah et al., 2022) [25]. The respondent's family is the person closest to them, the researcher assumes that the respondent often gets support from their family. As

a result, when a family member is sick, the family will support and care for him. Hypertension sufferers, for example, often report their health problems to their families. Furthermore, the family is also a person who provides enlightenment and encouragement every day in the form of support both in terms of information, instrumental, appreciation and emotional.

Compassion, love, or empathy are all forms of emotional support that can inspire sufferers to take better care of themselves, 52.8 percent of respondents stated that they were often accompanied by family members during treatment, 49.1 percent of respondents received occasional praise for the care they received. 58.5 percent of respondents feel that they are always cared for and loved during illness, 56.6 percent of respondents get solutions for every problem they experience related to their illness, and 50.0% of respondents often believe that they can recover and get better from their condition. previously. The research findings show that most respondents believe they can recover.

Providing support in the form of ideas, approval and reactions to the choices made adds to the patient's confidence to feel that he is valued and takes priority over his illness. According to research findings, 53.8% of respondents often involve their families in making decisions about their condition, and the respondent's families give permission for them to care for and treat their illness. Even a little bit of information, such as how to control their diet and when to check them out, can be of great help to patients. To prevent recurrence of the respondent's disease, 62.3% of families often disclose types of food that may be consumed, according to information support. In addition, 65.1% of respondents often receive reminders for control, exercise, taking medication or eating. However, research findings show that hypertensive individuals have difficulty accessing this information, as evidenced by the fact that only 34.9% of families occasionally give warnings to respondents about behaviors that can make things worse. Researchers will assume that this is one of the reasons why 59 respondents (or 55.7%) received sufficient category-based information support.

Instrumental assistance in the form of direct assistance to the needs of sufferers. Based on instrumental assistance, it shows that 63.2% of families are trying to finance treatment and care for respondents during illness and 59.4% of families often provide time and services with the assumption that respondents need care and treatment. Family support is a process that lasts throughout a person's life, supporting every stage of life development. Family support can help family members improve their health by allowing them to function and use their intelligence and reason, Friedman (2010) in (DwiAgustanti et al., 2022) [26]. Family support as stated by Ambarwari (2010) in (Anugrah, 2018) [27] has the potential to be the main prevention strategy for the whole family in facing the challenges of daily life.

The research that Olalemi et al. presented (2020) mentions that in comparison patients with low support, patients with high family support will comply well (Olalemi et al., 2020) [28]. Research by Hu et al. agree with this (2020) [29] that family social support factors positively correlated with routine blood counts, adherence taking medication, and measuring blood pressure. A support enhancement strategy is required social family to control hypertension. It can strengthen everyone, create family strength, and increase sufferers' self-esteem.

2. Self-Care Behavior of Hypertension Sufferers (Self Control)

As many as 58.5% of hypertension sufferers still practice adequate (sufficient) self-care. In line with research (Huda, 2017) [30] which identified (66.2%) hypertensive patients managing self-care in the moderate category. This is the same as what was recorded in research (Hutahaean, 2016) [21] which showed that most respondents 60.8% said Self Care Behavior in the elderly was included in the sufficient category. Changing outward attitudes is an important part of hypertension management in hypertensive patients. Diet, exercise, smoking stress management, blood pressure control, and medication adherence are all important aspects of hypertension management, self-care behavior is just as important. Statements of respondents who often arrange their

food in such a way so that their blood pressure can be controlled and often consume foods that are low in salt, and fat indicate that the respondents' diet generally gives positive results. However, respondents rarely consumed fruits and vegetables between meals.

Respondents' physical activity showed positive results, as much as 50% regularly carried out physical activity by exercising at least 30 minutes every day to prevent an increase in blood pressure. In addition to daily activities such as housework and farming, physical activity is an activity that is cheap, simple, and healthy because it lowers systolic blood pressure by 4.9 mmHg (Paul A et al., 2015).

Psychological pressure (stress) of respondents is included in the classification good, based on the respondents' responses it shows that 63.2% of respondents often try to calm down when there is a problem, 52.8% of respondents often control their feelings by spreading a more relaxed life. Healthy stress management is one form self-care in one's life. One way to manage stress is with controlling anger and trying to stay calm when something goes wrong. Blood pressure checks showed good results, namely as many as 56.6 respondents often had their blood pressure checked at health care facilities as recommended by health workers. However, 33.0% of respondents stated that control was sometimes not carried out. The researchers considered that this was the fruit of the patient's thinking that nothing bad would happen if occasionally he did not check his blood pressure regularly to health services.

The results of the Self Care Behavior questionnaire revealed that 50.9% of respondents always took blood pressure-lowering drugs according to doctor's recommendations while undergoing hypertension treatment. There are a few things that need to be considered, namely the patient's exposure to smoking is very high, because 37.7% of respondents sometimes still avoid it, while 22.6% of patients with hypertension have never avoided it even though they know the environment is exposed to cigarette smoke.

3. Relationship between Family Support and Self Care Behavior of Hypertensive

Patients Self-care practices between hypertension patients and family support were found to be significantly correlated ($p = 0.000$), with $RP = 2.19$. This shows a correlation between family support and self-care behavior of hypertensive patients. This research is in line with research (Mariyani et al., 2021) [21] at the Rappang Health Center in Sidrap Regency, family support in the form of emotional, informational, instrumental, and family appreciation support has a significant impact on self-care practices for people with hypertension. Other research that is also in line, namely research (Yeni et al., 2016) [31] shows that hypertensive patient compliance is strongly correlated with family support, and this correlation is unidirectional, meaning that patient compliance is correlated with family support. Compliance with care and treatment of 61.8% of patients is assisted by family support. Another study was also conducted by (Afrina 2017) [32] which found a significant relationship between self-care management of hypertensive patients and social support from their families.

The findings in this study also showed that self-care behavior in hypertensive patients was related to emotional drive ($p=0.000$). The way of self-care for hypertensive patients is related to reward support ($p = 0.001$), informational support ($p 0.000$), and instrumental assistance ($p 0.000$). In view of Hutahaeen's research (2016), the relationship between well-being is consistent with the elderly taking care of themselves ($p=0.044$), material assistance with taking care of themselves ($p=0.001$), and informational support with self-care. ($p=0.045$), research remuneration shows no relationship between family assistance and compensation/reward for their own care (elderly) ($p=0.488$) (Mariyani, 2021) [21].

WHO states irregular treatment is the reason for inadequate treatment of hypertension. Blood pressure is uncontrolled in about 75% of patients who do not take medication as prescribed. The result is an increase in mortality, especially due to complications such as coronary

heart disease (Kemenkes RI, 2019a) [33]. The findings of this study are consistent and in line with (Olalemi et al., 2020) [28] which can be concluded that patients who receive low family support tend to be disobedient to treatment. (Osamor, 2015) [34] and other studies have shown that family support is related to the regularity of taking hypertension medication.

(Osamor, 2015) [34] states that treating chronic diseases such as high blood pressure takes a lifetime. Patients and their families face difficulties in maintaining motivation to adhere to treatment and care for a long time because of this. Family support can help increase motivation in this regard. As pointed out by Wilson and Ampey-Thornhill (2001) in (Flynn et al., 2023) [14], family support is help or assistance provided by relatives. When the family shares their concerns regarding the problems they are facing with an emotionally supportive social network, then advice and direction will be given to the patient by the next of kin. Providing financial assistance, directing, and finding sources of care, and creating a loving environment are all common forms of family support. (Osamor, 2015) [34] mentions that social support will make people more likely to use Health services, which are a big part of compliance.

Research conducted (Hoky et al., 2022) [35] Families with levels that show high support, the elderly is increasingly inspired to check their blood pressure consistently, while families with low levels of support make the elderly less eager to check their blood circulation (blood pressure) consistently. One of the interventions that can increase patient compliance with hypertension is family support (WHO, 2020) [36]. According to Wilson and Ampey-Thornhill (2001), solving family problems will be very unsatisfactory without social support (Flynn et al., 2023) [14].

Research (Hu et al., 2015) [29], shows that family support has a significant impact on blood pressure control by providing family-based surveillance packages for several months and family check-ups for six years. Research shows that family support makes a huge difference in

controlling blood pressure. Although the results were not significant towards the end of the meeting, this study shows that the family clearly influences patient adherence to treatment. The conclusion drawn from the findings of this study, 35 (63.6%) of the 55 respondents who received positive family support also demonstrated positive self-care behaviors. This can occur as a result of emotional support, appreciation support, information support, and instrumental support that sufferers receive from their families. This type of support can encourage sufferers to engage in self-care practices such as following a treatment plan set out by a medical professional. 42 (82.4 percent) of the 51 respondents have adequate self-care behaviors and receive adequate family support. Research shows that family support and caring behavior patients are interrelated.

The findings of this study are also in line with findings (Dewi et al., 2017) [12] regarding the implementation of family functions and self-care behavior in elderly people with hypertension, which shows that effective family function has the possibility of increasing self-care twice as much in the elderly. Regarding medication adherence, self-care behavior statements on the questionnaire showed that 50.9% of respondents always took medication according to a doctor's prescription. The frequency of respondents (57.5%) responding to statements on the questionnaire about family care reminding respondents to take medication gently indicates that one of the ways in which respondents' emotional support influences medication adherence.

In the self-care behavior questionnaire statement, 56.6% of respondents often control blood pressure and report it to health services. Based on the statement points of the family support questionnaire, 65% of the respondent's families often reminded the control schedule, and 50.9% of the respondent's families often accompanied them to health services for disease-related checks. One of the influencing factors is this.

Conclusion

1. Family support for hypertension sufferers in Sindangasih Village, Kab.Cianjur shows good results.
2. In Sindangasih Village, Kab. Cianjur, hypertensive patients show self-care behavior in the sufficient category.
3. In Sindangasih Village, Kab. Cianjur there is a strong relationship between self-care behavior of hypertension sufferers and family emotional support.
3. In Sindangasih Village, Kab. Cianjur self-care behavior of hypertension sufferers is affected significantly by family esteem support.
4. In Sindangasih Village, Kab. Cianjur, self-care behavior of hypertensive patients is correlated significantly with family information support.
5. In Sindangasih Village, Kab. Cianjur, self-care behavior correlated with hypertension sufferers significantly with family instrumental support.
6. In Sindangasih Village, Kab. Cianjur influenced self-care behavior in hypertension sufferers significantly by family support.

Recommendations for Nursing Practice

1. To control the patient's hypertension, avoid complications, improve one's quality of life, and achieve a more optimal and excellent health status, patients are expected to always improve self-care behavior. One of the best way to take care of yourself is to eat more fruit and vegetables and try to avoid smoking.
2. Families are expected to continue to care for patients with hypertension and add support for families who are suffering from hypertension basically so far provide data on matters relating to the delivery of information related to the care and treatment of disease.
3. Community Health Centers are expected to be able to make efforts to increase patient compliance with self-care practices and self-care behaviors. Fayaakes is also expected to include family support as an effort to improve patient welfare hypertension.

4. It is expected that the support of the respondent's family can be one of the strategies used to manage hypertension and other diseases because it is included in the good category and has a positive impact on the patient's self-care habits.
5. It is hoped that the same approach will be used by future researchers, including instrument development, in-depth interviews, and additional research on information support for self-care behavior among hypertensive patients.

Bibliografia/ Bibliography:

1. WHO, W. H. O. WHO Hypertension. World Health Organization. 2021.
2. Kearney, P. M., Whelton, M., Reynolds, K., Muntner, P., Whelton, P. K., & He, J. Global burden of hypertension: analysis of worldwide data. *Lancet* (London, England). 2005;365(9455):217-223. [https://doi.org/10.1016/S0140-6736\(05\)17741-1](https://doi.org/10.1016/S0140-6736(05)17741-1).
3. Chacko, S., & Jeemon, P. 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 version 1; peer review: 2 approved J. WellcomeOpen Research. 2020:1-15.
4. Indonesian Ministry of Health. Indonesia Health Profile in 2020. In Ministry of Health of the Republic of Indonesia. 2021;48(1). <https://doi.org/10.1524/itit.2006.48.1.6>
5. Indonesian Ministry of Health. National Riskesdas Report 2018. 2020.pdf.
6. West Java Health Office. West Java Health Profile 2020. Java Provincial Health Office West. 2020:103-111.
7. Mariyani. Relationship Between Family Support and Self Care Behavior of Hypertension Patients at the Rappang Health Center, Kab. Sidrap Year 2020. 2021;March:1-19.
8. Lestari, I. G., Isnaini, N., Nursing, D., Health, F. I., & Purwokerto, U. M. THE INFLUENCE OF SELF MANAGEMENT ON PRESSURE. *Indonesian Journal For Health Sciences*. 2018;02(01):7-18.

9. Mahfud, Barasila, B., Indrayana, S. Social Support Related to Self-Care Management in Elderly Hypertension at Sedayu II Health Center. *Health Dynamics Journal of Midwifery and Nursing*.2019;10(2).
10. Bisnu, M. I. K. H., Kepel, B. J., &Mulyadi. The Relationship between Family Support and the Degree of Hypertension in Hypertension Patients at the Ranomuut Health Center in Manado City. *Nursing E-Journal*. Februari 2017;5(1):5.
11. Surani, V, Pranata, L., &Sestyowati, T. E. Relationship between Family Support and Self-Care in Hypertension Patients Relationship between Family Support and Self-Care in Hypertension Patients. 2022;1(7):1447-1458.
12. Dewi, I.P, Salami, &Sajodin. Implementation of Family Functions and Self Care Behavior for Seniors with Hypertension. *Journal of Nursing 'AISYIYAH*.2017;4(6).
13. Bisnu, M. I. K. H., &Kepel, B. J. THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND THE DEGREE OF HYPERTENSION IN HYPERTENSION PATIENTS AT PUSKESMAS RANOMUUT, MANADO CITY.E *Journal of Nursing (e-Kp)*, 2017;5(1).
14. Flynn, J. T, Ingelfinger J. R., & Brady T. M. *Pediatric Hypertension*. Springer International Publishing. 2023. <https://books.google.co.id/books?id=kp-mEAAAQBAJ>
15. Hastuti, A. K. P. The Relationship Between Psychosocial Support with The Self-Management Ability of Heart Failure Sufferers. 2019.
16. World Health Organization. A global brief on Hypertension World Health Day 2013. In *A global brief on Hypertension World Health Day 2013*:pp. 1-39.
17. Setyaningsih, R., &Ningsih, S. Effect of Motivation, Family Support and the Role of Cadres on Hypertensive Control Behavior. *IJMS Indonesian Journal On Medical Science*. 2019;6(1):79-85.
18. Sinaga, L. R. V. Sianturi, E., Maisyarah, M., Amir, N., Simamora, J. P., Ashriady, A., Hardiyati, H., & Pendidikan Kesehatan dan Ilmu Perilaku (Janner Simarmata (ed.): 1st ed.) Yayasan Kita Menulis. 2021.

19. Thalib, P. D. 5. B. M. Educational Psychology Based on Applicative Empirical Analysis. 2017. Kencana <https://books.google.co.id/books?id=gHA-DWAAQBAJ>
20. Baumeister, R. Self-Regulation and Self-Control: Selected works of Roy F. Baumeister. Taylor & Francis. 2018. <https://books.google.co.ic Chart Area BhHDwAAQBAJ>
21. Mariyani, Azriful, & Bujawati, E. Family Support Through Self Care Behavior for Hypertension Family Support Patients. Diversity: Disease Preventive of Research Integrity. 2021;2(1):1-8. <https://doi.org/10.24252/diversity.v2i1.23180>
22. Friedman, M., Kaakinen, J. R., Duff, V. G., Coehlo, D. P., & Hanson, S. M. H. Family Health Care Nursing: Theory, Practice & Research. 5th Edition. 2010.
23. Anggoniawan, M. S. The Relationship between Family Support and Self Care in Non-Hemorrhagic Stroke Patients at Jombang Hospital. 2018.
24. Purnomo, L. 1. The relationship between family social support to prevention behavior of hypertension complications in type II diabetes patients. 2017.
25. Husnaniyah, D. S. K. N. M. K., Riyanto, S. K. N. M. K., & Kamsari, S. K. N. M. K. Textbooks Family Nursing. Deepublish. 2022. <https://books.google.co.id/books?id=FrF-EAAAQBAJ>
26. DwiAgustanti, M. K. S. K., Dian YuniarSyantiRahayu, M. K., Dr. Pipit Festi, S. K. N. M. K., Dr. Ns. WirdaHayati, M. K. S. K., PoniyahSimanullang, S. K. M. 5. K. N. M. K., KurniawanErmanWicaksono, S. K. N. M. K., Karim, A., Muhaimin, G., Caraka, L. D., Alfiansyah, M. R., & others. 2022. Textbook of Family Nursing. Mahakarya Citra Utama Group. <https://books.google.co.id/books?id=WeatEAAAQBAJ>
27. Ansari, Z. Complications of hypertension in relation to knowledge. Journal of Medical Nursing Research, [w:] Anugrah, A. K. RELATIONSHIP BETWEEN FAMILY SUPPORT AND STRESS LEVELS IN ELDERLY IN BUDHI LUHUR UNIT PSTW CENTER, KASONGAN, BANTUL, YOGYAKARTA. UnasJogja. 2020;2(2).

28. Olalemi, O. E., Muyibi, S. A., & Ladipo, M. M. Perceived Family Support and Medication. 2020.
29. Hu, H. H., Li, G., & Arao, T. The association of family social support, depression, anxiety and self-efficacy with specific hypertension self-care behaviors in Chinese local community. *Journal of Human Hypertension*, 2015;29(3):198-203. <https://doi.org/10.1038/jhh.2014.58>
30. Huda, S. The Relationship Between Self-Efficacy and Self-Care Management in Hypertension Patients in Jepara District. *Journal of Nursing and Public Health Cend Chart Utama*. 2017;2(5).
31. Yeni, F., Husna, M., & Dachriyanus. Family Support Affects Hypertension Compliance. 2016;19(3):137-144.
32. Afrina, R. SELF-CARE MANAGEMENT OF HYPERTENSION PATIENTS AT THE 2011 ANDALAS HEALTH CENTER / KISA AFRINA Medical Surgical Nursing Research. Andalas University. 2017.
33. Ministry of Health. Ministry of Health of the Republic of Indonesia "Hypertension Most Disease Didap Society." In the Ministry of Health of the Republic of Indonesia 2019a. (p. 1). <https://www.kemkes.go.id/article/view/19093000001/disease-Cause-death-Matter-ke-2-di-indonesia.html>
34. Osamor, P. E. Social support and management of hypertension in South-West Nigeria. *Cardiovascular Journal of Africa*. 2015;26(1):29-33. <https://doi.org/10.5830/CVJA-2014-066>
35. Hoky, R., Siahaan, B., & Utomo, W. Relationship of Family Support and Self-Efficacy with Motivation of Elderly Hypertension in Controlling Blood Pressure. *Journal of Holistic Nursing and Health Science*. 2022; 5(1).
36. WHO. Global health estimates: Leading causes of death. In World Health Organisation 2020. (pp. 1- 2). <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>

Corresponding Author:

SHINTA ARINI AYU

Nursing Study Program STIKes Permata Nusantara

Cianjur Regency. West Java. Indonesia

e-mail: shintaariniayu@gmail.com

Conflict of Interest: None

Funding: None

Author Contributions:

SHINTA ARINI AYU^{A-G}

EKA SARI RAHAYU^F

FAJRIAH ESHADRIANTI IDRIS^B

A – Concept and design of research, B – Collection and/or compilation of data, C – Analysis and interpretation of data, D – Statistical analysis, E – Writing an article, F – Search of the literature, G – Critical article analysis, H – Approval of the final version of the article, I – Acquisition of assets [eg financial]

Received: 4.04.2023

Accepted: 18.05.2023