


Family Health Care Function is Related to Self-Care Management in Elderly with Hypertension

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Article Info	ABSTRACT
<p>Keywords: Health care function, Self-care management, Hypertension, Elderly.</p>	<p>Hypertension is a global health problem in the elderly population. The family has a role in self-care for elderly people who are vulnerable to health problems. The aim of this research is to analyze the relationship between family health care functions and self-care management in elderly people with hypertension. This research is quantitative research. The sample size was 150 elderly people with hypertension using a sampling technique, namely simple random sampling. The variables studied were family health care function and hypertension self-care management. The chi square test was used as a bivariate analysis in this study. The research results found that the majority (57.3%) had good family health care functions, the majority (54%) had poor self-care management. Family health care function is related to self-care management in elderly people with hypertension with p value = 0.000 < 0.05%. Most elderly people with hypertension who have good family health care functions have good self-care management. Families should maximize their role regarding the implementation of family health care functions to be able to maximize good self-care management for family members who suffer from hypertension.</p>
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INTRODUCTION

The increase in life expectancy has triggered an increase in the prevalence of non-communicable diseases in the elderly aggregate (Acherjya *et al.*, 2024). One type of non-communicable disease that is a global health problem among the elderly is hypertension (Harale *et al.*, 2024). Hypertension is the main risk factor for the burden of disease that occurs globally, so detection and control of this disease is the key to solving health problems at both the individual and community levels. The level of blood pressure classification also increases according to age so that proper control of hypertension is very important and needed in the elderly population (Xu *et al.*, 2024).

One of the major risk factors for death globally is hypertension (Iriana *et al.*, 2022). The trend of hypertension in Indonesia has increased based on a comparison of the 2013 and 2018 Basic Health Research surveys (Kementerian Kesehatan Republik Indonesia, 2019). A decrease in the prevalence of hypertension occurred five years after the previous survey. The results of the 2023 Indonesian Health Survey reported a decrease in the incidence of

hypertension, but behind the decrease in the prevalence of hypertension, it was found that there was a data gap between patients diagnosed with hypertension and patients who routinely control their blood pressure at health service facilities and patients who are compliant with treatment. This description indicates that awareness of hypertension sufferers to pay more attention to their health condition is still quite low (Kementerian Kesehatan Republik Indonesia, 2024).

The family has a role in caring for elderly people who are vulnerable to health problems (Hailu *et al.*, 2024). Family is the primary support for the elderly in controlling the hypertension they suffer (Chrismilasari *et al.*, 2022). Family members are important figures who influence the health of the elderly. Optimal family function can improve the health conditions of the elderly (Wang and Chen, 2024). Family function has a positive correlation with the source of meaning in life in elderly people with chronic illnesses. Family function is also related to self-management in elderly people with chronic illnesses (Cong *et al.*, 2024). One of the functions of the family is the function of family health care. The function of family health care not only pays attention to family behavior related to health and illness but also discusses in depth beliefs about health problems, health care practices, diet management, sleep and rest, physical activity and recreation, drug use, self-care, environment and hygiene, actions prevention based on medication, complementary and alternative therapies, family health history, and health services used (Friedman, 2010). Previous studies have not discussed the relationship between family health care functions and hypertension control in the elderly. This study aims to analyze the relationship between family health care functions and self-care management in elderly people with hypertension.

METHODS

This research is a cross-sectional quantitative research. This research was conducted in June 2024 in the Jenggawah Community Health Center working area with a hypertensive elderly population of 240 people. The sample size included 150 people based on the Slovin formula and taken using a simple random sampling technique. Inclusion criteria were elderly people with a minimum age of 60 years, suffering from hypertension, regularly controlling blood pressure, and willing to be research respondents. The exclusion criteria were elderly people with dementia. Variables in this study include family health care functions and self-care management. Family health care function was measured using a questionnaire that referred to modified indicators of family health care function (Friedman, 2010). The family health care function questionnaire is valid and reliable with a value of $r = 0.347 - 0.556$ and a Cronbach's Alpha value of 0.894. The hypertension self-care management questionnaire uses the HSBMQ questionnaire which is valid with an r value of 0.181-0.526 and reliable with Cronbach's Alpha results ≥ 0.70 (Rizkia, 2022). Univariate analysis was carried out to see the frequency distribution of respondent characteristics, family health care function variables, and self-care management variables. Bivariate analysis was carried out to analyze whether there was a relationship between family health care function variables and self-care management variables. Bivariate analysis uses the Chi-square test. This research has also received ethical

feasibility from KEPK Universitas dr. Soebandi with Number: 385/KEPK/UDS/VI/2024 in June 2024.

RESULTS AND DISCUSSION

The research results include the frequency distribution of respondent characteristics, family health care function variables, self-care management variables, and the relationship between family health care function variables and self-care management variables.

Table 1. Frequency distribution of respondent characteristics

Respondent characteristics	Frequency (f)	Percentage(%)
Age (years)		
60-70	148	98.7%
>70	2	1.3%
Ethnic group		
Java	36	24%
Madurese	114	76%
Marital status		
Not married	2	1.3%
Married	124	82.7%
Divorced	24	16%
Education		
No school	38	25.3%
Elementary school	80	53.3%
Middle school	20	13.3%
High school	11	7.3%
College	1	0.8%
Total	150	100%

Table 1 shows that almost all elderly people with hypertension, 98.7%, are in the 60-70 year age range, almost all 76% are Madurese, almost all 82.7% are married, and the majority 53.3% have completed elementary school education.

Table 2. Frequency distribution of family health care functions

Variable	Frequency (f)	Percentage(%)
Functions of family health care		
Not good	64	42.7%
Good	86	57.3%
Self-care management		
Not enough	81	54%
Enough	12	8%
Good	57	38%
Total	150	100%

Table 2 shows that the majority 57.3% have good family health care function and 54% have poor self-care management.

Table 3. The relationship between health care function and self-care management in elderly people with hypertension

Family health care functions	Self-care management			p-value
	Not enough	Enough	Good	
Not good	54 (84.4%)	2 (3.1%)	8 (12.5%)	0,000
Good	27 (31.4%)	10 (11.6%)	49 (57%)	
Total	81 (54%)	12 (8%)	57 (38%)	

Table 3 shows that there is a relationship between the function of family health care and self-care management in elderly people with hypertension. Most elderly people with hypertension have good family health care functions. Family is the main key to individual health. Behavior related to individual health is formed in the family, which can later become a habit or lifestyle for all family members. If the family is able to form good health behavior, then this will have an impact on the family's good health condition as well (Owokole, 2015). Family health care has an important function in maintaining quality of life, preventing disease, and extending the healthy life of all family members. Health care functions that run optimally are related to holistically improving the quality of life of the elderly in both physical, psychological, social and spiritual dimensions (Susanto, 2014). The function of good family health care does not only indicate that the family's beliefs and behavior regarding health and illness are good, but more deeply, namely that it is implemented well in relation to diet practices, rest activities, medication use, self-care, environmental hygiene practices, disease prevention, complementary therapies. and alternatives and access to health services related to illnesses suffered by sick family members.

The function of good health care can also be due to the marital status of most married people. Elderly people with hypertension who are married will of course receive attention regarding their partner's illness. Having a partner not only helps with the client's physical well-being but is also related to the client's inner peace or psychological well-being. Motivation can also be provided by partners who are ultimately able to increase the enthusiasm of elderly people with hypertension to be able to adapt to their health conditions.

Most elderly people with hypertension have poor self-care management. Insufficient self-care management means that elderly people with hypertension are not yet able to optimally relate to how elderly people manage their diet and how compliant older people are in accessing health service facilities to control their disease. Insufficient self-care is related to a lack of health literacy, so appropriate education is needed to increase understanding and ability to carry out self-care in hypertension sufferers (Sriprachot, Seangpraw and Ong- Artborirak, 2024). Poor self-care management in elderly people with hypertension can also be due to low levels of education. There are still many elderly people with hypertension who have only graduated from elementary school and quite a number have never received an education.

There is a relationship between the function of family health care and self-care management in elderly people with hypertension. Most elderly people with hypertension who have good family health care functions have good self-care management. The family health care function regulates how the family also plays a role in the health condition of sick family members. The role of the family in managing hypertension diet, activity and rest, treatment of sick family members is reflected in the implementation of family health care functions. Interventions that are a partnership between the family and the sick client can increase the control of blood pressure in family members who suffer from hypertension (Zeng, Chien and Yang, 2024).

Families who successfully carry out each indicator of the implementation of the family health care function can enable sick family members to have optimal self-care management. Families who regulate the food consumed by hypertension sufferers are related to the integration of elderly people with hypertension so that they will be able to follow a hypertension diet well. Families who realize that the family has a role in providing access to health service facilities for sick family members will certainly increase compliance with control of elderly people with hypertension. The limitation of this study is that the researchers only looked at 1 factor that was associated with self-care management for elderly people with hypertension. There are still several other factors that have not been examined in this research.

CONCLUSION

Most elderly people with hypertension have good family health care functions. Most elderly people with hypertension have poor self-care management. There is a relationship between the function of family health care and self-care management in elderly people with hypertension. Most elderly people with hypertension who have good family health care functions have good self-care management. Families should maximize their role regarding the implementation of family health care functions to be able to maximize good self-care management for family members who suffer from hypertension. Further research should look more broadly at family functions such as affective functions, social functions, and other functions in relation to self-care management in the elderly with hypertension.

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