

The Influence Of Family Support In The Management Of Hypertension Patients

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ABSTRACT

Background: The family is the primary support system for the elderly in maintaining their health, especially for the elderly with hypertension, in preventing complications such as heart failure and stroke. The role of the family in elderly care is to look after or care for the elderly. The existence of family support will provide strength and create an atmosphere of belonging to each other in these family members in meeting the needs of family development. This research was conducted to see how family support for the management of hypertension patients in the city of Banjarmasin. **Method:** This study uses quantitative research methods with correlation analysis. Data collection tools are in the form of observation sheets and questionnaires. The research time is June 2022 to October 2022. The sample used in this study was 80 people using a purposive sampling technique. Data analysis was performed using the Chi-Square test at $\alpha = 0.05$. The results showed that 52.5% had good family support, 30% had sufficient knowledge about hypertension, 53.7% had a positive attitude towards treating hypertension, and 51.3% of sufferers were in the category of adherence to medication and controlling medication blood pressure. **Result:** The results of the chi-square test analysis on family support for knowledge about hypertension showed a p-value of 0.038, for family support for attitudes of hypertensive sufferers showed a p-value of 0.068, and for family support for patient adherence to taking medication and blood pressure control showed a p-value of 0.034. Suppose at a significant level < 0.05 , there is a relationship between family support, patient knowledge about hypertension, and patient adherence to t. As for the patient's attitude towards hypertension treatment, the p-value > 0.05 means there is no relationship between family support and the attitude of hypertension sufferers. **Conclusion:** Family support is needed by elderly patients in hypertension management, especially medication adherence and routine blood pressure control. Health workers, especially nurses, are expected to be able to participate in efforts to empower families to improve healthcare efforts, especially elderly patients with hypertension.

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1. INTRODUCTION

Hypertension is still a problem in the world and developing countries. Hypertension is one of the number one causes of death globally. Hypertension can cause complications in the form of coronary heart disease, heart infarction (blockage of blood vessels that causes tissue damage), stroke, and kidney failure. An estimated 1.28 billion adults aged 30-79 worldwide suffer from hypertension; the majority (two-thirds) live in low- and middle-income countries. An estimated 46% of adults with hypertension are not aware that they have the condition. Less than half of adults (42%) with hypertension are diagnosed and treated. About 1 in 5 adults (21%) with hypertension can control it. One of the global targets for non-communicable diseases is reducing hypertension's prevalence by 33% between 2010 and 2030 (WHO 2022).

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These problems will continue to arise if the therapy performed by hypertensive patients is not regular. Hypertension therapy is continuous to maintain normal blood pressure levels and must accompany lifestyle changes. Progressiveness towards hypertension-related disease will increase along with irregularities in taking antihypertensive drugs. Checking blood pressure in patients who suffer from hypertension is also a significant thing to do. Checking blood pressure regularly will make people with hypertension know whether their blood pressure is high or low. If the blood pressure is high, the elderly can seek treatment immediately so that the risk of complications from hypertension, such as heart disease, stroke, and other vascular diseases, can be prevented (Bangun, 2012). Compliance with the treatment of hypertensive patients is essential because hypertension is a disease that cannot be cured but must always be controlled so that complications do not occur, which leads to death (Palmer, 2007, Negara, 2019).

To overcome this problem, support from the family is needed. The elderly who have experienced a decline in function and have chronic diseases such as hypertension need support and help from others. Rahmawati (2011) shows a relationship between the education level of the elderly, the attitude of the elderly, the affordability of health services, and family support with the practice of the elderly visiting the elderly Posyandu. The family is the central support system for the elderly in maintaining their health. The role of the family in caring for the elderly is to look after or care for the elderly, maintain and improve their mental status, anticipate socio-economic changes, provide motivation, and facilitate the spiritual needs of the elderly (Maryam et al., 2008, Chrismilasari, 2022). The existence of family support will provide strength and create an atmosphere of belonging to each other in these family members in meeting the needs of family development.

Families have several forms of support, namely: informational support, appraisal support, instrumental support, and emotional support (Friedman, 2003, Anggara, 2022). This is the best preventive strategy to increase adequate family support to help family members maintain health. A good family will positively affect the development of the elderly and vice versa (Handayani & Wahyuni, 2012, Negara, 2018). The results of research by Herlinah (2011) concerning the relationship between family support and the behavior of the elderly in controlling hypertension in the Koja District, North Jakarta, showed that there was a relationship between emotional support, appreciation support, information support, and instrumental family support with the behavior of the elderly in controlling hypertension. The results showed that Information support is the dominant factor in the behavior of the elderly in controlling hypertension (p-value <0.05)

Another related study by Zulfitri (2006) regarding the relationship between family support and the behavior of hypertensive elderly in controlling their health in the Working Area of the Melur Health Center shows that emotional support is the most dominant family support related to the behavior of hypertensive elderly (p-value = 0.042). Research conducted by Hidayat and Aisyah (2010) on the relationship between the role of the family in health care and the health status of the elderly in the work area of the Mojo Health Center, Gubeng District, Surabaya, found that there was a relationship between the role of the family in health care and the health status of the elderly.

Based on all the explanations above, the researchers are interested in finding out about family support for managing hypertensive patients in the Banjarmasin area.

2. METHODS

This research is quantitative in the form of observational research with a cross-sectional design. The population in this study were families of elderly patients (> 60 years) who suffered from hypertension in the Sungai Andai Health Center working area during January-May 2022, totaling 180 people with hypertension. At the same time, the sample used in this study amounted to 80 people. Sampling in this study was carried out using a purposive sampling technique where previous researchers had determined the sample criteria.

This research was conducted from June 2022 to October 2022. The place of research is the Andai River area, Banjarmasin City. Data analysis was carried out in 2 stages: univariate and bivariate. Univariate analysis was carried out on each variable from the study's results, namely: the characteristics of the respondents, including occupation, gender, and education of each respondent, family support, and adherence to examinations of elderly hypertensive patients. Bivariate analysis was carried out with the Chi-Square test to see if there was a relationship between family support and hypertension management in which there was knowledge about hypertension, attitudes in treating hypertension, and compliance with elderly patients taking medication and carrying out blood pressure checks. Researchers used a questionnaire as a research instrument.

3. RESULTS AND DISCUSSION

Univariate analysis

1. Characteristics of Respondents

The characteristics of the respondents in this study will be broken down by gender, education, and occupation. The characteristics of respondents based on gender are illustrated in the table below :

Table 1. Characteristics of Respondents

Characteristics of Respondents	F	%
Gender		
Man	21	26,3
Woman	59	73,7
Total	80	100
Level of education		
No school/equivalent	4	5
SD/Equivalent	15	18,7
Middle School/Equivalent	36	45
SMA/Equivalent	22	27,5
PT	3	3,8
Total	80	100
Work		
Doesn't work	10	12,5
Private	25	31,3
Freelancer	30	37,5
civil servant	15	18,7
Total	80	100

Table 2 above shows that the majority are women, namely as many as 59 people (73.7%), with the most education being junior high school, as many as 36 people (45%), and have the most work as housewives (IRT) as many as 30 people (37.5%))

2. Family Support Overview

The results of the study regarding family support in hypertension management with a total of 80 respondents are shown in table 4.7 as follows:

Table 2 Frequency Distribution of Family Support in Hypertension Management.

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Family support	F	%
Well	42	52.5
Enough	26	32.5
Not enough	12	15
Amount	80	100

Table 2 above shows that the majority of respondents have good family support, namely as many as 42 people (52.5%), enough as many as 26 people (32.5%), and Less than 12 people (15%)

3. Overview of Hypertension Management in Hypertension Sufferers

a. Knowledge about Hypertension

Table 3. Patient knowledge about hypertension

Knowledge	F	%
a. Less	22	27.5
b. Enough	30	37.5
c. Well	28	35
Total	80	100

Table 3 above shows the results that the patient's knowledge of hypertension is mainly in the excellent category as many as 34 people (42.5%), less as many as 28 people (35%), and sound as many as 18 people (22.5%).

b. Attitudes in dealing with hypertension

Table 4. Attitudes in dealing with hypertension

Attitude	F	%
a. Negative	37	46,3
b. Positive	43	53,7
Total	80	100

Table 4 above shows that the patient's attitude toward hypertension was mainly in the positive category, with as many as 43 people (53.7%) and negative attitudes in as many as 37 people (46.3%).

c. Medication adherence

Table 5. Compliance of patients taking medication and blood pressure control

Obedience	F	%
a. Disobey	39	48.7
b. obey	41	51.3
Total	80	100

Table 5 above shows the results that the patient's adherence to taking medication was mainly in the compliant category of 41 people (51.3%) and 39 non-adherent (48.7%).

Bivariate Analysis

Relationship of family support to hypertension management

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Table 6. Relationship between family support and patient knowledge about hypertension

Family support	Knowledge about Hypertension			Total
	Not enough	Enough	Well	
Well	Jl 5 (5,3 %)	17 (21.2 %)	20 (25 %)	42 (52,5 %)
Enough	Jl 6 (7,5 %)	12 (15%)	8 (10%)	26 (32,5 %)
Not enough	Jl 11 (13.7 %)	1 (1,3 %)	0	12 (15%)
Total	Jl 22 (27,5 %)	30 (37,5 %)	28 (35%)	80 100

Chi-square : 0.038 ; Sig. 0.05 ($\alpha = 0.05$)

Table 8 above shows that good family support gives patients good knowledge about hypertension as much as 25%, enough knowledge, 21.2 %, and less is 5.3%. Sufficient family support makes more patients have sufficient knowledge, as much as 15%, while 10% have good knowledge and 7.5% have less knowledge. Whereas in low-income family support, the most knowledge of patients about hypertension is lack of knowledge, as much as 13.7 % and 1.3% is sufficient. In families with low-income family support, there are no hypertension sufferers with good knowledge.

Statistical analysis using the chi-square test on family support for knowledge about hypertension in elderly patients showed a *p-value* of 0.038 with a significant level of 0.05. Because the *p-value* is less than 0.05, H_0 is rejected, and H_a is accepted, meaning there is a relationship between family support and patient knowledge about hypertension.

Table 7. Relationship between family support and attitudes towards hypertension

Family support	Attitudes in dealing with hypertension		Total
	Positive	Negative	
Well	Jl 19 (23,7 %)	23 (28,7 %)	42 (52,5 %)
Enough	Jl 16 (20%)	10 (12,5 %)	26 (32,5 %)
Not enough	Jl 8 (10%)	4 (5%)	12 (15%)
Total	Jl 43 (53,7 %)	37 (46,3 %)	80 100

Chi-square : 0.068 ; Sig. 0.05 ($\alpha = 0.05$)

Table 9 above shows that good family support gives patients a positive attitude in dealing with hypertension by 23.7% and good family support but a negative attitude in dealing with hypertension 28.7%. Sufficient family support but a positive attitude in dealing with hypertension is 20%, while sufficient family support with a negative attitude in dealing with hypertension is 12.5%. It can also be seen that family support does not show a positive attitude in dealing with hypertension as much as 10%, and in the less obedient category as much as 5%.

Based on statistical analysis using the *chi-square* test on family support for attitudes in dealing with hypertension in elderly patients showed a *p-value* of 0.068 with a significant level of 0.05. Because the *p-value* is greater than 0.05, H_0 is accepted, and H_a is rejected, meaning that there is no relationship between family support and the attitude of elderly patients towards hypertension management.

Table 10. Relationship between family support and adherence to taking hypertension medication

Family support	Jl	Medication Adherence and Control		Total
		obey	Not obey	
Well	Jl	25 (31.3 %)	17 (21.3 %)	42
Enough	Jl	14 (17,5 %)	12 (15%)	26
Not enough	Jl	2 (2,5 %)	10 (12,5 %)	12
Total	Jl	41 (51.3 %)	39 (48,7 %)	80
				100
Chi-square : 0.034 ; Sig. 0.05 ($\alpha = 0.05$)				

Table 10 above shows that good family support makes patients obedient in control at health facilities by 31.3 % and good family support but disobedient in health control by 21.3%. Sufficient family support but control compliance in the obedient category is 17.5 %, while adequate family support with non-adherent controls is 15%. It can also be seen that the lack of family support only causes control compliance in the less compliant category of 2.5 % and 12.5% of those who are disobedient.

Based on statistical analysis using the *chi-square* test on family support for adherence to control of elderly patients showed a *p-value* of 0.034 with a significant level of 0.05. Because the *p-value* is less than 0.05, H_0 is rejected, and H_a is accepted. This means a relationship exists between family support and medication adherence in elderly patients with hypertension.

Discussion

In this study, the characteristics of the respondents were seen by gender, education, and occupation. From the previous results, it was found that the majority of respondents were female, namely as many as 59 people (73.7%), and most had jobs as housewives, namely as many as 30 people (37.5%) with the highest level of education being junior high school graduates, 36 people (45%) followed by high school education as many as 22 people (27.5%).

In general, the higher a person's education, the easier it is for someone to obtain information. Notoatmodjo also said that the lack of public knowledge about health services would affect the utilization of existing service facilities. However, this opinion is inversely proportional to the results of this study. Although the majority of respondents in this study had the majority of education, namely junior high and high school, the majority of patients' knowledge about hypertension was in the excellent category, namely 30 people (37.5%), and in the good category, 28 people (35%). According to the confessions of several respondents, it turns out that this is caused by how often hypertensive patients get information from health workers when they carry out controls at the puskesmas or posyandu for the elderly. Research by Ristiyanto et al. (2013) explains that health education and distributing leaflets, posters, and billboards can increase public knowledge. Er Unja's research (2020) adds that

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implementing health promotion by providing health education regarding the hypertension diet can increase public knowledge about it.

The attitude of respondents in the hypertension treatment program showed a positive category of 43 people (53.7%) and a negative attitude of 37 people (46.3%). The number of respondents who have a positive attitude is most likely influenced by the level of patient knowledge that is quite good regarding the treatment of hypertension itself. Zulaikhah (2018) says that knowledge is one of the predisposing factors for behavior; therefore, to educate people to have good behavior, citizens must be given knowledge. Notoadmojo (2018) also added that a lack of knowledge could affect the actions taken by a person. Therefore it is hoped that increased knowledge and changes in behavior will be able to change the patient's attitude toward the management of hypertension.

The study also showed that patient adherence to taking medication showed that there were 41 people (51.3%) who were obedient and 39 non-adherent (48.7%). According to WHO, Sumatra (2014) said compliance is how well a person's behavior is in using drugs, following a diet, or changing lifestyle according to therapeutic management. The study's results, which showed that most respondents had a pretty good level of adherence to taking medication, gave hope that the management of hypertension could work well. Compliance with taking this drug is also influenced by good knowledge about hypertension. Research by Sri Haryani et al. (2014) explains that the health education provided can significantly affect patient adherence to antihypertensive medication in adulthood. Herlinah (2011), in her research, also added that there is a relationship between emotional support and appreciation support. Information support and family instrumental support with the behavior of the elderly in controlling hypertension, and information support is the dominant factor in the behavior of the elderly in controlling hypertension (Al Mahdi, 2020).

Bivariate analysis for the relationship between family support and attitudes in treating hypertension in elderly patients showed a *p-value* of 0.038 with a significant level of 0.05. Because the *p-value* is less than 0.05, H_0 is rejected, and H_a is accepted, meaning there is a relationship between family support and patient knowledge about hypertension. Good family support has a good impact on people with hypertension. It can be seen in Table 8 that the better the family support is given, the better the patient's knowledge about hypertension. Tupac (2020) explains that one of the families supports informational support, where the family can convey the correct information, knowledge, and instructions about hypertension to support the patient's treatment program.

Bivariate analysis for the relationship between family support and attitude in treating hypertension in elderly patients showed a *p-value* of 0.068 with a significant level of 0.05. Because the *p-value* is greater than 0.05, H_0 is accepted, and H_a is rejected, meaning there is no relationship between family support and the attitude of elderly patients with hypertension. This study found that good family support does not guarantee that the attitude of hypertension sufferers will favor hypertension management. It can be seen in Table 9 that good family support shows the majority of negative attitudes toward hypertension management.

Bivariate analysis for the relationship between family support and control adherence in elderly patients showed a *p-value* of 0.034 with a significance level of 0.05. Because the *p-value* is less than 0.05, H_0 is rejected, and H_a is accepted. This means a relationship exists between family support and medication adherence in elderly patients with hypertension. Table 10 shows the results that having good family support makes the patient's adherence to taking medication also good. Family support is quite influential for patients in controlling the disease. The family is the primary support for elderly patients with hypertension in maintaining their health. Susanto (2015) states that the family plays an essential role in treating and preventing health in other family members. Family support is closely related to medication adherence, so family support is expected to be increased to support the success of hypertension therapy (Saputra, 2019).

The existence of suitable material or financial support in a family will also impact patient adherence in control to health facilities. Financial difficulties can cause instability and fear within a family (Kitayama et al., 2010). Financial balance is needed because the treatment program for hypertension is sustainable and financial balance is needed to maintain the therapy being carried out. In health control, family support is needed because the family acts as the leading group that acts as a reminder (Osamor, PE, 2015).

4. CONCLUSION

Based on the research results, it can be concluded that there is a relationship between family support on patient knowledge about hypertension and elderly patient compliance in taking medication and carrying out routine blood pressure control. Elderly patients need family support, always routinely to control blood pressure in health facilities. Health workers, especially nurses, are expected to be able to participate in efforts to empower families to improve healthcare efforts, especially elderly patients with hypertension.

REFERENCES

- [1]. Alligood, MR (2017). Nursing Theorists and Alligood, M. R. (2017). Nursing Theorists and Their Work. Elsevier Mosby (9th ed.). Elsevier. <https://doi.org/10.5172/conu.2007.24.1.106a>
- [2]. Al Mahdi, F., Negara, C. K., & Basid, A. (2020). The Effect of Family Empowerment in Nursing Implementation Toward Self-Efficacy among Patients with Diabetes Mellitus. *INDONESIAN NURSING JOURNAL OF EDUCATION AND CLINIC (INJEC)*, 5(2), 141-146.
- [3]. American Heart Association (2015). Getting healthy : American Heart Association recommendations for physical activity in adults. http://www.heart.org/HEARTORG/GettingHealthy/PhysicalActivity/FitnessBasics/American-heart-Association-Recommendations-for-Physical-Activity-in-adults_UCM_307976_Article.jsp
- [4]. Andarmoyo, Sulisty. 2012. Keperawatan Keluarga Konsep Teori, Proses dan Praktik Keperawatan. Yogyakarta : Graha Ilmu
- [5]. Anggara, N., & Negara, C. K. (2022). HEALTH EDUCATION HYPERTENSION PREVENTION. *JOURNAL of EDUCATIONS*, 1(1).
- [6]. Apriana, dkk (2017). (2017). Hubungan penerapan metode dash, *Jurnal Ilmiah Ilmu-ilmu Kesehatan*, Vol 15 No 3, Desember 2017. 179–184.
- [7]. Ardiansyah, M. 2012. Medikal Bedah,. Yogyakarta: DIVA Press
- [8]. Aspiani, R. Y. (2016). Buku Ajar Asuhan Keperawatan Klien Dengan Gangguan Kardiovaskular Aplikasi NIC & NOC. Jakarta: EGC
- [9]. Bell & Olin, B. R., (2018). Hypertension : The Silent Killer : Updated JNC-8 Guideline Recommendations.
- [10]. Carey, R. M. (2018). Prevention and Control of Hypertension. *Journal Of The American College Of Cardiology*, Published By Elsevier. Diakses Tanggal 25 September 2019
- [11]. Chrismilasari, L. A., & Negara, C. K. (2022). The Effectiveness of Health Education on Increasing Family Knowledge about hypertension. *JOURNAL of EDUCATIONS*, 1(1).
- [12]. Dalyoko (2010). Faktor-Faktor Yang Berhubungan Dengan Upaya Pengendalian Hipertensi Pada Lansia Di Posyandu Lansia Wilayah Kerja Puskesmas Mojosongo Boyolali. (Diakses Tanggal 18 Agustus 2019)

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- [13]. Departement of Health and Human Service USA. 2006. Lowering Your Blood Pressure With DASH. ISBN 1-933236-09-4. Diakses Tanggal 27 September 2019
- [14]. Erlinda, V., & Kunci, K. (2015). Penerapan Model Family-Centered Nursing Terhadap Pelaksanaan Tugas Kesehatan Keluarga Dalam Pencegahan ISPA Pada Balita Di Wilayah Kerja Puskesmas Simpang Tiga Kabupaten Aceh Besar. (Diakses Tanggal 19 Agustus 2019)
- [15]. Er Unja, E., Nurachmah, E., & Syafwani, S. (2020). Pengaruh Promosi Kesehatan Berbasis Family Centered Nursing Terhadap Kemandirian Keluarga Mengelola Diet Hipertensi Lansia. *JURNAL KEPERAWATAN SUAKA INSAN (JKSI)*, 5(1), 100-108.
- [16]. <https://doi.org/10.51143/jksi.v5i1.224>
- [17]. Flynn, J. T., Ingel, J. R., & Editors, R. J. P. (2013.). *Pediatric Hypertension. Third Edition.* Humana Press. Springer Science+Business Media New York.
- [18]. Gunawan, L. (2016). Tekanan Darah Tinggi (Hipertensi). Copyright © 2016 Hospital Authority. (1), 17–18.
- [19]. Huang, Y., Cai, X., Liu, C., Zhu, D., Hua, J., Hu, Y., ... Xu, D. (n.d.). Prehypertension and the Risk of Coronary Heart Disease in Asian and Western Populations: A Meta-analysis. 1–11. <https://doi.org/10.1161/JAHA.114.001519>
- [20]. Infodatin (2014). Hipertensi; Mencegah dan Mengontrol Hipertensi Agar Terhindar dari Kerusakan Organ Jantung, Otak dan Ginjal. Kementerian Kesehatan RI. (Diakses Tanggal 30 Juli 2019)
- [21]. Jamini, T., Yulyanti, Y., & Negara, C. K. (2020). Hubungan Kadar Kolesterol Darah dan Hipertensi dengan Kejadian Stroke Di RSUD Ulin Banjarmasin. *Jurnal Kesehatan Indonesia*, 11(1), 27-34.
- [22]. Jannah, R., & Sodik, M. A. (2018.). Kejadian Hipertensi Di Tinjau Dari Gaya Hidup Di Kalangan Dewasa Muda.. (Diakses Tanggal 21 Juli 2019)
- [23]. Juraschek, Stephen P. (2017). Effects of Sodium Reduction and the DASH Diet in Relation to Baseline Blood Pressure. 70(23). <https://doi.org/10.1016/j.jacc.2017.10.011> diakses Tanggal 25 September 2019
- [24]. Kaakinen, Joanna Rowe. (2010) *Family Health Care Nursing ; Theory, Practice and Research 4th.* Philadelphia. F.A Davis Company
- [25]. Khan, N., Bacon, S. L., Khan, S., Ms, S. P., Carline, R. D., Mark, G., ... Bscpharm, J. (2017). Hypertension management research priorities from patients , caregivers , and healthcare providers : A report from the Hypertension Canada Priority Setting Partnership Group. (February), 1–7. <https://doi.org/10.1111/jch.13091>
- [26]. Kitayama, S., et al. (2010). Independence and Interdependence Predict Health and
- [27]. Wellbeing: Divergent Patterns in the United States and Japan. *Frontiers in Psycho Journal*, issue 163, pp. 1-10.
- [28]. Miller, C. A. (2009) *Nursing For Wellness In Older Adults.* Edisi 5. philadelphia: Lippincott Williams & Wilkins.
- [29]. Miller, C. A. (2012) *Nursing For Wellnes In Older Adults.* Sixth ed. philadelphia: Lippincott Williams & Wilkins.
- [30]. Nisa, N. J. (2014). Diet Hipertensi Untuk Mengontrol Tekanan Darah Pada Lansia Dengan Hipertensi. (Diakses Tanggal 8 Agustus 2019)
- [31]. Negara, C. K., & Pandin, M. G. R. (2022). The Habits of the Indonesian People by Drinking Coffee with the Incidence of Hypertension.
- [32]. Negara, C. K., Erna, E., & Anna, A. (2018). The effect of cucumber juice (*cucumis sativus*) toward hypertension of elderly at tresna werdha budi sejahtera social institution of

- banjarbaru south borneo 2017. IJNP (Indonesian Journal of Nursing Practices), 2(1), 16-21.
- [33]. Negara, C. K. (2018). The Effect of Discharge Planning on Treatment Adherence among The Elderly with Hypertension in Banjarmasin, South Kalimantan. In 4th International Conference on Public Health (pp. 237-237).
- [34]. Negara, C. K. (2018). The Effect of Discharge Planning on Treatment Adherence among The Elderly with Hypertension in Banjarmasin, South Kalimantan. In 4th International Conference on Public Health (pp. 237-237).
- [35]. Nurhumaira, Nadya Syafa. (2014). Pengaruh Penerapan Pola Diet Dash (Dietary Approaches To Stop Hypertension) Terhadap Tekanan Darah Sistolik Dan Diastolik Pada Kelompok. Universitas Diponegoro (Diakses Tanggal 27 September 2019)
- [36]. Nuari, N. A., & Kartikasari, M. (2015). Peningkatan Self Empowerment dan Kualitas Hidup Pasien Diabetes Mellitus Tipe II dengan Pendekatan Diabetes Empowerment Education berbasis Health Promotion Model. Jurnal Ners, 10(2), 279–288.
- [37]. Ottawa Charter for Health Promotion, 1986 Health; Health Promotion Action Means Build healthy public policy.
- [38]. Osamor, P.E. (2015). Social Support and Management of Hypertension in Southwest Nigeria. Cardiovascular journal of Africa, 26(1), 29–33. <https://doi.org/10.5830/CVJA-2014-066> pp. 29-33.
- [39]. Robosari, Enny (2017). Faktor Risiko Hipertensi Pada Remaja. Bagian Gizi, Fakultas Kedokteran, Universitas Diponegoro. Diakses Tanggal 24 September 2019
- [40]. Riskesdas. (2018). Hasil Utama Riskesdas 2018. Kementerian Kesehatan Republik Indonesia, 1–100. <https://doi.org/10.5830/CVJA-2014-066> 1 Desember 2013 (Diakses Tanggal 11 Agustus 2019)
- [41]. Ristiyanto, Heriyanto, Handayani, Trapsilowati, Pujiati dan Nugroho, 2013. Studi Pencegahan Penularan Leptospirosis di Daerah Persawahan di Kabupaten Bantul, Daerah Istimewa Yogyakarta.. Jurnal Vektora, Volume Vol. V No. 1
- [42]. Saputra, M., Negara, C. K., Afida, A. M., Puspasari, H., & Murjani, A. (2019). Correlation of Blood Cholesterol Levels and Hypertension with The Incidence of Stroke in The Provincial Hospital of Banjarmasin. *INDONESIAN NURSING JOURNAL OF EDUCATION AND CLINIC (INJEC)*, 4(1), 55-60.
- [43]. Seke, Prisilia Alva dkk. (2016). Hubungan Kejadian Stres Dengan Penyakit Hipertensi Pada Lansia Di Balai Penyantunan Lanjut Usia Senjah Cerah Kecamatan Mapanget Kota Manado. e-journal Keperawatan(e-Kp) Volume 4 Nomor 2, Agustus 2016 4, Diakses Tanggal 24 Oktober 2018
- [44]. Setiawan, H., Roslianti, E., Firmansyah, A., & Fitriani, A. (2018). Promosi Kesehatan Pencegahan Hipertensi Sejak Dini. 41–45. (Diakses Tanggal 10 Agustus 2019)
- [45]. Setiawati dan Bustami. (2005). *Anti Hipertensi dalam Farmakologi dan Terapi*. Jakarta: FKUI.
- [46]. Sjattar, E. L., Nurrahmah, E., Bahar, B., & Wahyuni, S. (2011). PENGARUH PENERAPAN MODEL KELUARGA UNTUK KELUARGA TERHADAP KEMANDIRIAN KELUARGA MERAWAT PENDERITA TB PARU PESERTA DOTS DI MAKASSAR (INTEGRASI KONSEP KEPERAWATAN SELF CARE DAN FAMILY-CENTRED NURSING), ISSN 1411-4674, (1), 1–9. (Diakses Tanggal 10 Agustus 2019)
- [47]. Sukut, S. S., Arif, Y. S., & Qur, N. (2015). Faktor Kejadian Diare Pada Balita Dengan Pendekatan Teori Nola J. Pender di IGD RSUD Ruteng. *Jurnal Pediomaternal*, 3(2)
- [48]. Susanto, Y. (2015). Hubungan Dukungan Keluarga Dengan Kepatuhan Minum Obat Pasien Hipertensi Lansia Di Wilayah Kerja Puskesmas Sungai Cuka Kabupaten Tanah
- The Influence Of Family Support In The Management Of Hypertension Patients- Lucia Andi Chrismilasari, Ermeisi Er Unja, Chrisnawati, Aulia Rachman*

- Laut. Jurnal Ilmiah Manuntung, issue 1, pp. 62-67
- [49]. Susilowati, Dwi (2016). Promosi Kesehatan. Pusat Pendidikan SDM Kesehatan, Badan Pengembangan dan Pemberdayaan Sumber Daya Manusia Kesehatan. Kementerian Kesehatan Republik Indonesia. Jakarta
- [50]. Tarigan, A. R., Lubis, Z., & Syarifah, S. (2018). Pengaruh Pengetahuan, Sikap Dan Dukungan Keluarga Terhadap Diet Hipertensi Di Desa Hulu Kecamatan Pancur Batu Tahun 2016. *Jurnal Kesehatan*, 11(1), 9–17. <https://doi.org/10.24252/kesehatan.v11i1.5107> (Diakses Tanggal 18 Agustus 2019)
- [51]. Triyanto, E.(2014). Pelayanan Keperawatan Bagi Penderita Hipertensi Secara Terpadu. Yogyakarta: Graha Ilmu.
- [52]. Utami, T. A. (2017). Promosi Kesehatan Nola Pender Berpengaruh terhadap Pengetahuan dan Kepatuhan ODHA Minum ARV. *Indonesian Journal of Nursing and Midwifery*, 5(1), 58–67. <https://doi.org/2354-7642/2503-1856>
- [53]. World health organization. (2022). Hypertension (online) diakses dari <https://www.who.int/news-room/fact-sheets/detail/hypertension> pada 10 Mei 2022
- [54]. Zulaikhah , S.T., Yusuf, I. (2018). Pengaruh Penyuluhan Terhadap Kepadatan Aedes Aegypti dalam Pencegahan Kejadian Luar Biasa Demam Berdarah. *Jurnal Fakultas Kesehatan Masyarakat*. Available from : <https://www.researchgate.net/publication/330599717>