



THE RELATIONSHIP BETWEEN HEALTH CARE FUNCTION AND FAMILY COPING STRATEGIES WITH HYPERTENSIVE DIETARY ADHERENCE IN FAMILIES WITH HYPERTENSION

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ABSTRACT

Hypertension is a global problem that can occur in all age groups and is commonly found in adults to the elderly. Hypertension can get worse when the patient has not been able to comply in maintaining his diet. The family has an important role in carrying out health care functions and maintaining family coping when one family member suffers from hypertension. Objective: This study aimed to analyze the relationship between health care function and family coping mechanisms with hypertensive dietary adherence in families with hypertension. This research method is descriptive correlational analytic with a cross sectional approach. The samples in this study were taken as many as 120 people using the quota sampling method on families in the Banjar Regency area in Martapura, West Martapura, East Martapura, Astambul, and Karang Intan sub-districts. Data was collected using questionnaires. Data were analyzed using the spearman rho test. The results showed a relationship between health care function and dietary adherence p Value 0.004 and no relationship between family coping strategies and dietary adherence p Value 0.648. This research is an input for families to improve family health care functions so that dietary compliance with hypertension sufferers increases.

Keywords: family coping; health care function; hypertension diet

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INTRODUCTION

Prevalence of Hypertension based on the (Riset Kesehatan Dasar, 2018) report, South Kalimantan province is the province with the highest incidence of hypertension at 44.1%. This figure is 10% higher than the national prevalence rate. Meanwhile, in the (Riset Kesehatan Dasar, 2013) report, the prevalence of hypertension in South Kalimantan was 30.8%, increasing by 13.3%. The number of hypertension sufferers in Banjar Regency in 2019 was 34,650 people. This number places Banjar Regency in second place after Banjarmasin City (Profil Dinas Kesehatan Provinsi Kalimantan Selatan, 2021). Hypertension management can be done pharmacologically and non-pharmacologically. Pharmacological treatment becomes meaningless if hypertension patients do not comply with things that can increase their blood pressure, such as not following a diet/food that contains high levels of salt and fat. Several studies report patient non-adherence in consuming a hypertension diet. Most patients describe not complying with the hypertension diet at home (Devi & Putri, 2021; Febriana et al., 2023; Friandi, 2021; Putra et al., 2022)

The family is responsible for providing health care and facilitating home care programs such as implementing a diet program for family members who suffer from hypertension. This is

one of the family functions, namely the health care function (Friedman, Marilyn M., Bowden, Vicky R, & Elaine G, 2010). (Sunandar & Suheti, 2020) reported in their research that there are still many families who do not carry out the function of family health care. In general, most families in Indonesia have not carried out their functions well (Herawati et al., 2020; Lukitasari et al., 2015; Mukhtaruddin et al., 2018). If there are problems in the family, such as health problems, they will be responded to in various ways. This response is a coping strategy used by the family to solve the problem. The use of adaptive coping strategies allows families to achieve success in solving problems within the family (Friedman, Marilyn M., Bowden, Vicky R, & Elaine G, 2010). Several studies state that many families still use maladaptive coping strategies, namely focusing on emotions in providing care at home (Wanti et al., 2016). The aim of this research is to knowing the relationship between health care function and family coping mechanism with hypertension dietary adherence in families with hypertension in the Banjar Regency area.

METHOD

The research design uses a correlational analytical descriptive design with a cross-sectional approach. The population in this study were hypertension sufferers in the Banjar Regency area of South Kalimantan, totaling 15.288 people (Profil Dinas Kesehatan Provinsi Kalimantan Selatan, 2021). The sampling technique used was the quota sampling technique with the number of samples in this study being 120 people (Polit, Denise F. & Beck, 2012). The inclusion criteria in this research were residents living in the Banjar Regency area in the sub-districts of Martapura, West Martapura, East Martapura, Astambul, and Karang Intan who were able to communicate and cooperate; and agreed to be research participants. The questionnaire used in this study includes 3 questionnaires, namely, health care function, family coping mechanisms, and diet compliance. The questionnaire used in this study was declared valid, obtained an r value of > 0.386 . The reliability of this instrument is obtained Chronbach alpha coefficient $r = 0.675$, so that this research instrument declared valid and reliable. The research data was analyzed using the spearman rho test.

RESULTS

Table 1, the characteristics of respondents are mostly female, which is 69.2%, with the formal education level of the majority of elementary/equivalent at 46.7% and followed by high school / equivalent level of 23.3%. Most jobs as housewives amounted to 34.2% and private at 26.7%. The majority of respondents are Muslims at 98.3%, Banjar tribe is 82.5%, and income between Rp. 500,000 to Rp. 1,500,000,-.

Table 2, the average age of people with hypertension is 55.78 years with the youngest age 22 years and the oldest 84 years. The duration of suffering from hypertension averaged 5.3 years and the latest 0.05 years (2 months) and the longest 30 years. The average number of members in the family is 3.41 people (rounded up to 3 people), with a minimum number of 1 person and a maximum of 9 people.

Table 3, the variable outcome of the family health care function averaged 28.59. This value is higher than the median value of 27 which means that most family health care functions are in good standardization. The family coping strategy variable also showed the same conclusion where the mean value of 32.65 was higher than the median value of 32. The variable of hypertension diet adherence showed a different conclusion, namely the average value of 13.77 was smaller than the median value of 14.

Table 1.
Characteristics of Respondents in 2023 (n : 120)

Characteristics	f	%
Gender		
Man	37	30,8
Woman	83	69,2
Education		
No school	2	1,7
Elementary school/equivalent	56	46,7
Middle school/equivalent	24	20
High school/equivalent	28	23,3
Bachelor	10	8,3
Work		
Doesn't work	13	10,8
Farmer	20	16,7
Laborer	13	10,8
Private	32	26,7
Civil servants	1	0,8
Housewife	40	34,2
Religion		
Islam	118	98,3
Christian	2	1,7
Ethnic group		
Banjar	99	82,5
Java	20	16,7
Sunda	1	0,8
Income		
< 500.000	19	15,8
500.000 - 1.500.000	56	46,7
1.500.000 - 3.500.000	31	25,8
3.500.000 - 5.000.000	11	9,2
> 5.000.000	3	2,5

Table 2.
Characteristics of Respondents in 2023 (n: 120)

Variable	Mean	Median	SD	Max	Min
Age (years)	55,78	57	11,55	22	84
Long Suffering from Hypertension (years)	5,3	4,5	5,89	0,05	30
Number of Family Members (people)	3,41	3	1,32	1	9

Table 3.
Family Function, Family Coping Strategies, and Dietary Adherence to Hypertension Respondents in 2023 (n: 120)

Variable	Mean	Median	SD	Max	Min	p-value
Family Health Care Functions	28,59	27	8,1	13	50	0,004*
Family Coping Strategy	32,65	32	4,94	19	44	0,648
Hypertensive Diet Adherence	13,77	14	2,42	8	19	

The results of the normality test of the study variable data using the Kolmogorov-Smirnov statistical test (K-S) p-value of 0.001 in health care function, 0.001 in family coping strategies, and 0.000 in hypertensive diet adherence, where all these values are smaller than alpha of 0.05 which means that the data of all variables are not normally distributed, so the bivariate statistical test used is the spearman rho correlation test.

The results of the spearman rho correlation test between family health care function and hypertensive dietary adherence were p value = 0.004. The value of this test result is smaller

than the alpha value (0.05) which means H_0 is rejected, that is, there is a significant relationship between family health care function and hypertensive dietary adherence in families where one of their family members suffers from hypertension.

The results of the Spearman rho correlation test between family coping strategies and hypertensive diet adherence showed the opposite result, namely p value = 0.648. This test value is greater than the alpha value (0.05) which means H_0 failed to be rejected i.e. there was no significant association between family coping strategies and hypertensive dietary adherence in families where one of the family members had hypertension.

DISCUSSION

Family health care function with hypertensive dietary adherence in families with hypertension.

The results of statistical tests showed a significant relationship between family health care function and dietary adherence to hypertension. A study conducted by (Alifya Sasmi, 2017) on 126 respondents in Subangjaya Sukabumi Exodus stated that there was a relationship between the two variables. In line with research, care support by family plays an important role in dietary adherence of people with hypertension (Yosfand et al., 2022).

One of the main functions in the family is the family health care function (Salamung, Niswa, 2021). This function aims to maintain and improve the health of all family members to achieve family productivity. This function includes 5 main family tasks, namely: (1) recognizing the health development disorders of each family member; (2) take decisions for appropriate health measures; (3) provide care to sick family members; (4) maintain a favorable home atmosphere for the health and personality development of family members; (5) maintain reciprocal relationships between families and health facilities.

In the context of home care related to hypertension diet compliance, families are obliged to support and carry out hypertension treatment, namely by providing introduction in the form of providing correct information to family members suffering from hypertension about the diet that must be consumed by people with hypertension, making decisions and implementing the diet, maintaining a home atmosphere that supports the provision of hypertension diet, and actively utilizing health facilities. A study conducted by (Sunandar & Suheti, 2020) states a significant relationship between the implementation of five family health tasks and family hypertension treatment at home.

Family functioning can also be seen from family support. According to (Friedman, Marilyn M., Bowden, Vicky R, & Elaine G, 2010), family support is a process that occurs continuously throughout the human lifetime. Family support focuses on the interactions that take place in various social relationships as evaluated by the individual. Family support is the attitude, action and acceptance of a family towards its members. Family members view that supportive people are always ready to provide help and assistance if needed. Several studies reported a relationship between family support and dietary adherence to hypertension (Adzra, 2022; Liawati, 2024; Novian, 2013).

Family Coping Strategies with Hypertensive Diet Adherence

The results of statistical tests on this variable concluded that there was no significant relationship between family coping strategies and hypertensive dietary adherence. According to (Friedman, Marilyn M., Bowden, Vicky R, & Elaine G, 2010), family coping strategies are behaviors or adaptation processes in the face of pressure or threats in the family. This coping

strategy will emerge when the family is faced with a problem that is perceived as a pressure or threat.

Family coping strategies are divided into two, namely internal and external family coping strategies. Internal or intrafamilial family coping is coping performed within the nuclear family. Internal coping strategies consist of: relying on family groups, using humor, maintaining family ties, controlling the meaning and meaning of problems, solving problems together, role flexibility, and normalization. The internal coping then controls the meaning of the problem by reframing and passive assessment of the problem. (Friedman, Marilyn M., Bowden, Vicky R, & Elaine G, 2010) said that families who use this coping strategy tend to see positive aspects and stressful events (reframing) and ignore negative aspects (negative judgments) that cause stress to be considered less important in family life.

External or extrafamilial coping strategies are those that are carried out outside the nuclear family. Activities carried out in this coping include: seeking information, maintaining active relationships with the community, seeking social support (using informal social support networks, using informal social systems, using independent groups), and seeking spiritual support. Adequate internal and external strategies will reduce or eliminate the burden, otherwise if the coping is inadequate it will increase or increase the burden on the family.

The emergence of coping strategies in the family begins with stress that causes pressure and threats in the family. Family members who suffer from diseases that are considered severe by the family will often cause prolonged stress. On the other hand, hypertension mostly does not cause obvious symptoms, so this disease is called the "Silent Killer". The indecision of the symptoms that in this disease often leads to wrong perceptions for families and society. This disease is considered harmless because sufferers can move like normal humans, although sometimes feel certain symptoms but are considered not severe (Angio et al., 2023; Mardiana et al., 2021).

(Pratiwi et al., 2020) in a study of 118 people suffering from hypertension at Sultan Syarif Mohamad Alkadrie Hospital Pontianak stated that 74.22% had a positive perception of hypertension. This means that the disease is perceived not to pose a serious threat to health (Hari Peni Julianti, Aras Utami, 2018; Pratiwi et al., 2020; Rasdiyanah et al., 2022) also stated that the higher the perception of the seriousness and severity of a disease suffered, the greater the effort to seek preventive measures. The perception that hypertension is not a pressure or threat, will allow the family not to seek or carry out actions for the treatment of hypertension in the family. Although this study also found data that most families have implemented good / positive coping strategies, it is likely to be used to overcome other problems that are more threatening in family perception.

CONCLUSION

Based on the research result, it was found that there is a relationship between family health care function and dietary adherence, and there is no relationship between family coping strategies and dietary compliance. It is necessary to improve family health functions continuously as an effort to improve hypertensive dietary compliance in families with hypertension.

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