



**THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND DIET COMPLIANCE  
IN HYPERTENSION PATIENTS AT UPTD GAMBIRSARI HEALTH CENTER**

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**ABSTRACT**

Family support is one factor that cannot be ignored because it has a significant contribution and is a strengthening factor that influences patient dietary compliance hypertension. This research seeks to explore the relationship between family support and dietary adherence among individuals suffering from hypertension at the UPDT Gambirsari Health Centre. This study employs a quantitative research method featuring a correlational descriptive design, utilising a cross-sectional research approach. The research sample was a number of hypertension sufferers obtained from calculations using the Slovin formula (5%) and in accordance with the researchers' criteria, namely 87 respondents. Data collection was carried out using a questionnaire that measured the level of family support, namely with the results of the validity and reliability of the cronbach alpha results of 0.917 for 17 valid questions and hypertensive dietary adherence, namely with the results of the validity and reliability of the cronbach alpha value of 0.755 with 12 valid questions.. Bivariate analysis used the Spearman Rank correlation test. The results of collecting data on family support with the most categories, namely the sufficient family support category, were 54 respondents (62.1%), and the highest category of diet compliance was quite obedient, namely 49 respondents (56.3%). The research results showed a significant Spearman test of 0.05, the correlation between family support and hypertension diet compliance, obtained a probability number (p-value) = 0.001 (significant value for both variables  $0.001 < 0.05$ ), In other words, the null hypothesis (H<sub>0</sub>) was rejected. Thus, it can be concluded that this value indicates a relationship between family support and dietary compliance among hypertension sufferers at the Gambirsari Community Health Centre UPTD.

Keywords: diet compliance; family support; hypertension

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**INTRODUCTION**

Hypertension is defined as a condition where the systolic blood pressure rises to at least 140 mmHg, or the diastolic pressure reaches a minimum of 90 mmHg (Sary, 2021). According to information from the American Heart Association (AHA), hypertension is often referred to as a silent killer, with symptoms that can vary significantly from one individual to another and are frequently similar to those of other illnesses. The potential symptoms include headaches or a feeling of heaviness in the neck, dizziness, irregular heartbeats, fatigue, blurred vision, tinnitus, and nosebleeds (Telaumbanua & Rahayu, 2021). According to the WHO, the global prevalence of hypertension is estimated to reach more than 1.28 billion people worldwide in 2021. In developed countries, 333 million cases of hypertension were found out of 972 million hypertension sufferers, Additionally, around 639 million individuals were identified in developing countries, including Indonesia. The prevalence of hypertension in Indonesia is recorded at 34.1% (Casmuti & Fibriana, 2023). This data makes Central Java's prevalence the 4th highest nationally. Based on reports in 2022, 92,614 cases of hypertension were found at the Gambirsari Community Health Center UPDT (Dinkes Sukoharjo, 2019). The majority, approximately two-thirds, of individuals suffering from hypertension reside in low- and middle-income countries. Hypertension is a significant risk factor for cardiovascular diseases, strokes, and renal failure (Al & Et, 2020).

Hypertension can be controlled if the patient is motivated to stick to the hypertension diet plan and can be controlled by managing a good diet. Patients can follow a diet well if they are supported by following medical recommendations properly and with family support (Wahyudi et al., 2020). Compliance has several factors that influence dietary compliance in implementing a diet program related to understanding of instructions, level of education and knowledge, pain during treatment, patient beliefs, attitudes, and personalities, and family support. Of the five factors, family support is one factor that cannot be ignored because it has a significant contribution and is a strengthening factor that influences patient compliance (Amelia & Kurniawati, 2020). The purpose of the hypertension diet is to reduce blood pressure levels. By ensuring that blood pressure remains within normal limits, long-term health can be safeguarded, it can reduce the risk factors for hypertension itself, such as excess weight gain, increased cholesterol levels in the blood, and increased uric acid. The hypertension diet is a natural method of controlling blood pressure due to regulating diet and consuming healthy foods that can regulate blood pressure under normal conditions, such as consuming fruit, vegetables, fish, nuts, poultry, dairy products with low fat content (using products low-fat milk), and using gram-free margarine (Irawan et al., 2021).

Family support is a type of service behaviour exhibited by family members, which can be manifested through emotional encouragement, recognition, and both informational and instrumental assessments. Family social support provided to hypertension, Individuals who are experiencing difficulties can receive assistance in the form of emotional support, such as reminding sufferers to take medication regularly and providing attention, care, and support (Sapwal et al., 2021). The type of support offered by a family may take the form of encouragement and motivation, giving advice, trust, and attention. This form of support makes a person feel comfortable, confident, cared for, and loved by the family so that a person can face problems and adhere to the hypertension diet well (Jovannaldo et al., 2024). The purpose of family support for individuals suffering from hypertension is to ensure that their condition does not deteriorate further and to prevent complications arising from high blood pressure. Families play a crucial role in organising healthy eating habits, encouraging them to exercise together, accompanying them, and reminding them to monitor their blood pressure regularly (Cahyanti & Utomo, 2021). By conducting research, it can provide benefits for the entire community regarding the relationship between family support and dietary adherence in hypertensive patients. The purpose of this study is to determine the relationship between family support and dietary adherence in hypertensive patients at the Gambirsari Health Center

## **METHOD**

This study employs a quantitative research approach, incorporating a correlational descriptive design alongside a cross-sectional research method. This research was conducted starting in August 2023-September 2024. Research time is calculated from proposal creation to research publication. The data collection process will be taken in August–September 2024 at the UPTD Gambirsari Community Health Center. Population in this study were hypertensive sufferers at UPTD Gambirsari Health Center. Based on data from the Gambirsari Community Health Center UPTD, there were 627 people suffering from hypertension in UPT Gambiers Community Health Centerari. Meanwhile, the research sample was a number of hypertensive sufferers obtained from calculations using the Slovin formula (5%), and in accordance with the researchers' criteria, namely, 87 respondents who were willing to be involved in the research could communicate well and lived in the work area of the health center. The research sample was taken using random sampling in the work area of the health center. Data collection includes secondary data and primary data. Primary data includes respondent

identity data and interviews using questionnaires related to the variables studied with respondents. The questionnaire used is a family support questionnaire, which contains appreciation support, instrumental support, information support, and emotional support. Meanwhile, the dietary compliance questionnaire includes recommended foods, foods that should not be allowed at all, foods that should be reduced, and general habits and compliance. Data collection was carried out using a questionnaire that measured the level of family support, namely with the results of the validity and reliability of the cronbach alpha results of 0.917 for 17 valid questions and hypertensive dietary adherence, namely with the results of the validity and reliability of the cronbach alpha value of 0.755with 12 valid questions.

Data collection was carried out after obtaining permission from the Faculty of Health Sciences, Muhammadiyah University of Surakarta, and the Surakarta Health Service. Apart from that, this research received a letter of passing research ethics from the Research Ethics Commission of RSUD Dr. Moewardi with Number: 2.002//VII/HREC/2024. Data management and analysis using the SPSS program. Data analysis consists of univariate and bivariate analysis. The data obtained from the univariate analysis are presented in the form of frequency distributions and percentages. Then bivariate analysis uses the Spearman Rank correlation test.

## RESULT

Table 1.  
Respondent characteristics (n= 87)

Respondent characteristics	f	%
Age		
< 40	10	11.0
40-60	46	52.9
>60	31	35.6
Gender		
Man	19	21.8
Woman	68	78.2
Education		
No school	12	13.8
SD	28	32.2
JUNIOR HIGH SCHOOL	22	25.3
SMA	22	25.3
College	3	3.4
Closest People		
Husband and wife	54	62.1
Child	20	23.0
Son-in-law	1	1.1
Grandson	1	1.1
Others	11	12.6

The results of data analysis in Table 1, which presents the characteristics of the respondents, indicates that a significant majority of them are aged between 40 and 60 years, namely 46 respondents (52.9%). Most of the respondents were female, as many as 68 respondents (78.2%), with the highest level of education being elementary school, namely 28 respondents (32.2%). Most respondents were closer to their husband/wife, 54 respondents (62.1%). The outcomes of the data analysis can be found in Table 2 provided. The highest category of family support is the adequate family support category, 54 respondents (62.1%), and the highest category of diet compliance, namely quite compliant, 49 respondents (56.3%).

Table 2.  
Univariate analysis (n = 87)

Univariate Analysis	f	%
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Family Support		
Not enough	33	37.9
Enough	54	62.1
Good	0	0
Dietary compliance		
Less Compliant	18	20.7
Just Obedient	49	56.3
Comply	20	23.0

Table 3.  
Bivariate analysis (n= 87)

Support Family	Dietary Compliance								p-value
	Less obedient		Just be obedient		Comply		Total		
	f	%	f	%	f	%	f	%	
Not enough	14	42.4	15	45.5	4	12.1	33	100.0	0.001
Enough	4	7.4	34	63.0	16	29.6	54	100.0	

The findings from the cross-analysis between family support and adherence to a hypertension diet showed that 14 respondents (42.4%) had less family support and poor diet compliance. Lack of family support with moderate diet compliance as many as 15 respondents (45.5%). Lack of family support with diet compliance was 4 respondents (12.1%). Meanwhile, family support was sufficient, with diet compliance being less than 4 respondents (7.4%). Sufficient family support with moderate diet compliance was 34 respondents (63.0%), and sufficient family support with diet compliance was 16 respondents (29.6%). Based on the relationship test using the Spearman SPSS test, it shows a significant 0.05 correlation between family support and hypertension diet compliance. The obtained probability figure (p-value) is 0.001, indicating that the significant value for both variables is 0.001, which is less than 0.05. This suggests that the null hypothesis (H0) is rejected, while the alternative hypothesis (Ha) is accepted. Therefore, it can be concluded that this value indicates a relationship between family support and adherence to a hypertension diet. For the closeness of the relationship, the CC (Contingency Coefficient) value is 0.384 in the moderate category.

## DISCUSSION

The findings of the research indicated that the age profile of most respondents fell within the 40 to 60-year range, accounting for 46 individuals, or 52.9% of the total. This study aligns with prior research that (Kristinawati et al., 2020), which shows that the largest number of sufferers (55%) are in the 45-59 year age group. This was also found in research (Syah & Anies, 2023) that showed that the characteristics of the respondents were that most of the elderly were 45-59 years old (middle age), with 37 elderly (59.7%). Research (Prihartono et al., 2019) found that the majority of respondents with hypertension were aged 46–55 years; most of the respondents were female. Blood pressure tends to be higher with age. Research (Umah & Rosyid, 2024) the study on hypertension sufferers conducted at the Pajang Community Health Centre revealed that most respondents were aged between 51 and 60 years, with a total of 100 participants (50.0%). Most of the respondents were female, as many as 68 respondents (78.2%). This aligns with a study that has been conducted by (Fitraningtyas et al., 2022) which showed that most hypertension sufferers were women, 50 respondents (51.5%) and men, 47 respondents (48.5%). This was also found in research (Nilam Sari, 2020): there were 34 female respondents (61.82%) and 21 male respondents (38.18%). Research (Bagus & Muhlisin, 2022) showed that the majority of those accompanying hypertensive patients were female, namely 40 people (66.5%). Research (Mila Setyowati Putri & Supratman, 2021) shows that there are 30 more female respondents (70.8%). In the

study (Santi et al., 2023) it was shown that data on female gender characteristics were more (58%). In the study (Jovannaldo et al., 2024) it was shown that the number of male respondents was 14 people (35.0%) and the number of female respondents was 26 people (65%).

The findings of the research indicate that the highest level of education among the respondents was elementary school, with a total of 28 individuals, representing 32.2%. This outcome is consistent with previous studies (Sapwal et al., 2021) In Ladon village, located within the operational area of the Wanasaba Health Centre, the study revealed that a significant majority of respondents had only attained a primary school education, accounting for 60.0%. Generally, the higher an individual's level of education, the more knowledge he will have and the smarter he will be in determining everything for his life, including his lifestyle and diet, so that it will be easier to avoid the risk of hypertension. Research (Akhirana, Marni, 2024) shows data on the educational characteristics of most respondents who graduated from elementary school, as many as 18 people (60.0%). Through education, a person has mental and emotional abilities that can help someone develop to achieve maturity. The higher the knowledge and thinking skills they have.

According to Friedman (2010) in Purbasary et al., (2021), Family support is a continuous process that spans a lifetime, with the nature and types of support varying at different stages of the life cycle. This support can manifest as internal social support, such as assistance from a husband or wife, or from siblings, as well as external support directed towards the nuclear family. Such support enables families to operate with a range of intelligence and resourcefulness. Consequently, this enhances the health and adaptability of the family unit. Most respondents were closer to their husband/wife, 54 respondents (62.1%). Family support with the most categories, namely the sufficient family support category, was 54 respondents (62.1%). This study aligns with previous research findings (Nisfil Mufidah, Rahmad Wahyudi, 2023) showing that almost half of the family support is sufficient for 17 hypertensive patients (35%). In the study (Anifah Nur Annisa & Dewi Kartika Sari, 2024) showed that the majority of family support for hypertension sufferers in the Gondangrejo Health Center work area had sufficient family support. This category is proven by 65 people or 71.4% of family support for hypertension sufferers in the Gondangrejo Health Center work area having sufficient family support. In the study (Mara et al., 2022) it was shown that there were more respondents who received sufficient family support, namely 58 respondents (82.9%).

The highest category of diet compliance was quite compliant, 49 respondents (56.3%). This research is in line with research (Megawani & Said, 2023) The findings indicate that out of the 53 participants surveyed, the majority, comprising 25 respondents (47.2%), possess sufficient family support and adhere adequately to the hypertension diet. Research (Yeni et al., 2020) shows that more than half (59%) of respondents have moderate compliance with criteria. Sufficient family support with moderate diet compliance was reported by 34 respondents (63.0%). This research is in line with research (Megawani & Said, 2023) that shows the results that of the 53 respondents, most of the 25 respondents (47.2%) had sufficient family support and adequate adherence to the hypertension diet. According to the results of an assessment conducted to examine the relationship between family support and dietary adherence in individuals suffering from hypertension at the UPTD of the Gambirsari Community Health Center using the Spearman SPSS test, The findings indicate a noteworthy correlation of 0.05 between family support and adherence to dietary guidelines among individuals with hypertension. The probability value (p-value) is calculated at 0.001, which is

considered significant since it is less than the threshold of 0.05 for both variables. This result leads to the rejection of the null hypothesis (H<sub>0</sub>) and acceptance of the alternative hypothesis (H<sub>a</sub>). Therefore, it can be concluded that there exists a relationship between family support and dietary adherence among those suffering from hypertension at the Gambirsari Community Health Center UPTD. For the closeness of the relationship, the CC (Contingency Coefficient) value is 0.384 in the moderate category.

This study aligns with the findings of previous research (Yureya Nita, 2018), The obtained p-value is 0.002 ( $p < 0.05$ ), indicating that the null hypothesis (H<sub>0</sub>) is rejected. This suggests that there is a relationship between family support and dietary compliance in hypertensive patients at the Payung Sekaki Pekanbaru Community Health Center in 2017. The results of this study were also found in research (Karmila Br. Kaban et al., 2024), which shows the results of a relationship between the support given by the family and patient compliance with the hypertension diet at the Tabita Pratama Clinic Gunungsitoli in 2023, with a value of  $p = 0.000$  where the value of  $p < 0.05$ . According to researchers' assumptions based on research that has been conducted, family support has a big influence on hypertension diet compliance. In research (Kurniawan et al., 2024), Family support plays a crucial role in the success of dietary interventions for hypertension. This is because the attitudes or actions of family members can significantly influence the individual's behaviour. When a family provides strong support, the individual's adherence to the hypertension diet is likely to improve. Conversely, if the family fails to offer adequate support, the individual's compliance in following the hypertension diet is likely to be low.

## **CONCLUSION**

Characteristics of Respondents Show that the majority of respondents indicated The majority of respondents were aged between 40 and 60 years, with a total of 46 respondents accounting for 52.9%. Furthermore, most of the respondents were female, with 68 respondents representing 78.2%, with the highest level of education being elementary school, namely 28 respondents (32.2%). Most respondents were closer to their husband/wife, 54 respondents (62.1%). The highest category of family support is the sufficient family support category, 54 respondents (62.1%), and the highest category of diet compliance, namely quite compliant, 49 respondents (56.3%). Cross-tabulation results of sufficient family support with moderate diet compliance were 34 respondents (63.0%). Based on the analysis of the relationship between family support and dietary adherence in individuals suffering from hypertension at the UPTD of the Gambirsari Community Health Center using the Spearman SPSS test, it shows a significant correlation of 0.05 There exists a correlation between family support and dietary compliance among individuals with hypertension. The probability value (p-value) is 0.001, indicating that both variables are statistically significant, as 0.001 is less than 0.05. This implies that the null hypothesis (H<sub>0</sub>) is rejected, while the alternative hypothesis (H<sub>a</sub>) is accepted. Therefore, it can be concluded that this value demonstrates a relationship between family support and dietary compliance among hypertension sufferers at the Gambirsari Community Health Centre UPTD.

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