Original Research

Relationship of Family Support with Hypertension Control in the Elderly In the Working Area of the Benteng Public Health Center, Nusaniwe District, Ambon, Indonesia

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Article info

Article history:
Received: July 25th 2026
Revised: July 30th 2026
Accepted: November 1st 2026

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Jurnal Keperawatan Salawaku (JKS)

Volume 1, Issue 1, November 2026
http://doi.org/xxxxx
E-ISSN: 0000-0000

Abstract

Support from the family is needed in the treatment of hypertension sufferers. The family is a support system in the life of people with hypertension, so that their condition does not get worse and avoid complications due to hypertension. If people with hypertension do not prevent and treat their hypertension optimally, people with hypertension will be at risk of experiencing complications. This study was to determine the relationship between family support and hypertension control in the Benteng Health Center area, Nusaniwe District, Ambon City. This study uses a quantitative method, this type of research is analytic with a cross sectional approach. The population of this study were 80 hypertensive patients in the Benteng health center area. The sample of this research is 63 respondents. Most of the elderly received good family support, namely 38 elderly (60.3%) and most of the elderly had good hypertension control, namely 44 elderly (69.8%). The p value is 0.008, which means p <0.05 and the correlation coefficient is 1.000, which means that there is a relationship between family support and hypertension control in the elderly. Control of hypertension must at least be accompanied by a good family and also good motivation from the family. The advice given to the family is that it is hoped that the family will increase support for the elderly who suffer from hypertension, so that hypertension control is better..

Keywords: Family Support; Hypertension Control.

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INTRODUCTION

Support from the family is needed in the treatment of hypertension sufferers. Support from family is the most important factor in helping individuals solve problems. Family support will increase self-confidence and motivation to deal with problems and increase life satisfaction, in this case the family must be involved in educational programs so that the family can meet the patient's needs. Know when families should seek help and support medication adherence (Gandhi, 2020).

The family is a support system in the life of people with hypertension, so that their condition does not get worse and avoid complications due to hypertension. If uncontrolled hypertension is not handled optimally it will result in a return of hypertension symptoms which is usually called hypertension recurrence. If people with hypertension do not prevent and treat hypertension optimally, people with hypertension will be at risk of experiencing complications (Irani, 2019).

Family support is one part of the family's duties to care for sick families. Family support is provided for elderly people who have hypertension by cooking food for hypertension sufferers themselves, taking them to the health center for examination and keeping blood pressure from rising (Pradani, Mudigdo and Qadrijati, 2018).

Hypertension is blood pressure that is equal to or higher than 140/90 mmHg, where prehypertension is when systolic blood pressure is at 120-139 mmHg or when diastolic blood pressure is 80-90 mmHg (WHO 2019). The results of basic health research in 2018 showed that the distribution of the Indonesian population suffering from hypertension was 34.1%, an increase of 8.3% from 2013(Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI, 2018)

The results of a preliminary study in 2021 obtained data that the number of elderly visits to the Benteng health center in 2020 was 783 elderly, where the average monthly reached 80 elderly. Data from the medical records of the puskesmas showed that hypertension was the most common disease experienced by the elderly. The results of short interviews with several elderly people who have hypertension in the area said they felt annoyed and lacked attention from their families. It should be understood that an elderly person always wants attention.

Visit data in the last 3 years shows the following data: in 2018 - 2020 the number of elderly patients with hypertension was 1,870 people with a classification of 527 elderly with hypertension in 2018, 560 elderly with hypertension in 2019, and 783 elderly with hypertension in 2020.

Data on elderly who have hypertension are 80 people. When researchers asked about family support provided, the elderly stated that their families rarely paid attention to their situation, families tended to be busy with their own affairs. Families rarely talk or ask about the condition of the elderly. In addition, the family also does not accompany the elderly when they come to check themselves at the puskesmas, this shows that family support from the elderly is not good.

Hypertension in the elderly is caused by the aging process where there are changes in the cardiovascular system, the mitral and aortic valves experience sclerosis and thickening, the myocardium becomes stiff and slow to contract. The heart's pumping ability has to work harder so that hypertension occurs. So far, people have paid little attention to the dangers of hypertension. In fact, in addition to the high prevalence of hypertension, hypertension can cause fatal complications (Boima et al., 2020).

Hypertension can lead to complications such as heart enlargement, coronary heart disease, and rupture of the blood vessels of the brain which will cause paralysis or death. Proper handling of hypertension can reduce the chances of recurrence and complications of hypertension (Bilen and Wenger, 2020).

RESEARCH METHOD

Research Design

This study employed a quantitative analytic observational design with a cross-sectional approach. The analytic observational design was used to examine the association between the

independent and dependent variables through hypothesis testing, without intervention or manipulation of the study variables. The cross-sectional approach involved measuring and observing the independent and dependent variables simultaneously at a single point in time. Thus, data on all study variables were collected once during the study period.

Data Collection Procedure

Data collection was conducted systematically. First, the researcher identified eligible families and older adults who met the predetermined inclusion criteria and were selected as study participants. Second, the researcher met with the prospective participants, introduced the research team, and explained the purpose, procedures, and objectives of the study. Participants and/or their family members were then provided with an informed consent form and were given an opportunity to ask questions before providing consent to participate. The researcher subsequently explained the procedures for completing the questionnaire and arranged an appropriate time for questionnaire administration and collection. Finally, the completed questionnaires were collected and checked for completeness.

Data Processing and Analysis

The collected data were processed through several stages, including editing, coding, data entry, analysis, and data cleaning. Editing involved reviewing the completed questionnaires to ensure the accuracy, completeness, and consistency of the collected data. Coding was then performed by assigning numerical codes to the responses according to the predetermined categories. The coded data were entered into a computerized database and organized into a master data table for further analysis. Data analysis consisted of univariate and bivariate analyses. Univariate analysis was performed to describe the distribution and characteristics of each study variable, whereas bivariate analysis was conducted to examine the relationship between the independent and dependent variables in accordance with the study objectives and hypotheses. Finally, data cleaning was performed by rechecking the entered dataset to identify and correct potential errors, inconsistencies, or missing values before the final statistical analysis.Research design is a design to direct research that controls factors that might affect the validity of the findings. This type of research is a quantitative research with analytic observational, namely research that explains the relationship between variables through hypothesis testing. While the research design uses cross-sectional, namely research that emphasizes the time of measurement/observation of independent and dependent variable data only once at one time Data measurement research (independent and dependent variables) was conducted once and simultaneously.

RESULTS

Identification of Family Support in the Elderly

Table 1 Distribution of Respondents based on Respondent's Family Support

Family Support	n	%
Good	38	60,3
Sufficient	25	39,7
deficient	0	0
Total	**63**	**100**

Based on table 1 shows that most of the respondents (60,3%) have good family support and no respondents have deficient family support.

Table 2 Frequency Distribution of Instrumental Support Dimensions in the Elderly

Family Support	n	%
Good	35	55,6
Sufficient	17	27
deficient	11	17,5
Total	**63**	**100**

Based on table 2, it can be seen that most of the elderly (55,6%) get good instrumental support and a small proportion of the elderly (17,5%) have less instrumental support.

Table 3 Dimensional Frequency Distribution Information Support for the Elderly

Family Support	n	%
Good	31	49,2
Sufficient	28	44,4

deficient	4	6,3
Total	**63**	**100**

Table 3 shows that most of the elderly (49%) receive good information support and a small proportion of the elderly (6.3%) have insufficient information support.

Table 4 Frequency Distribution of Emotional Support Dimensions in the Elderly

Family Support	n	%
Good	34	54
Sufficient	24	38,1
deficient	5	7,9
Total	**63**	**100**

From table 4 show that most of the elderly (54%) get good emotional support and a small proportion (7.9%) get less emotional support.

Analysis of the Relationship between Family Support and Hypertension Control in the Elderly

Table 5 Analysis of the Relationship between Family Support and Hypertension Control in the Elderly

Hypertension Control	Family Support			ρ value
	Good	Sufficient	Deficient	
Obedient	36	21	0	0,000
Disobodient	2	4	0	
Total	**38**	**25**	**0**	

Based on table 5 show that ρ value 0,000 < 0,005 that mean there are relationship between family support and hypertension control in the elderly

Table 6 Analysis of the Relationship between Instrumental Support and Hypertension Control in the Elderly

Hypertension Control	Instrumental Support			ρ value
	Good	Sufficient	Deficient	
Obedient	34	13	2	0,002
Disobodient	1	4	6	
Total	**35**	**17**	**11**	

Based on table 6 show that ρ value 0,002 < 0,005 that mean there are relationship between instrumental support and hypertension control in the elderly.

Table 7 Analysis of the Relationship between Information Support and Hypertension Control in the Elderly

Hypertension Control	Information Support			ρ value
	Good	Sufficient	Deficient	
Obedient	31	25	1	0,001
Disobodient	0	3	3	
Total	**31**	**28**	**4**	

Based on table 7 show that ρ value 0,001 < 0,005 that mean there are relationship between information support and hypertension control in the elderly

Table 8 Analysis of the Relationship between Emotional Support and Hypertension Control in the Elderly

Hypertension Control	Emotional Support			ρ value
	Good	Sufficient	Deficient	
Obedient	31	22	0	0,001
Disobodient	3	2	5	
Total	**34**	**24**	**5**	

Based on table 5 show that ρ value 0,001 < 0,005 that mean there are relationship between emotional support and hypertension control in the elderly

DISCUSSION

Family Support for the Elderly

Based on the results of the study, it can be seen that there are 38 respondents (60.3%) in the good category of family support in the Benteng Health Center area of Nusaniwe sub-district, while 25 respondents (39.7%) are not good for family support. From the results of the research on the amount of family support which includes appraisal, instrumental, informational, and emotional support for the elderly 63 respondents from the research results it can be concluded that the lowest family support is information support of 49.2%. Researchers assume this is caused by the lack of the role of the family which does not provide comfort in the daily life of the elderly.

The results of the study showed that 37 respondents (58.7%) had good appreciation for

the elderly who had hypertension. This is in accordance with the results of research which says that support and appreciation from the family will develop self-confidence in those who receive it (Gandhi, 2020).

The results showed that 55.6% of the elderly received good instrumental support. Instrumental support obtained by the elderly is in the form of assistance provided directly, in the form of facilities or materials such as providing clothing and food needs, money, helping to carry out activities that cannot be carried out by themselves, and bringing them to health facilities (Kurniawati, Wahyuni and Toulasik, 2019).

Based on the results of the study, it was found that most of the elderly (49.2%) received good information support. Aspects of information support are the provision of information, advice, and advice given by the family to other family members. Elderly with hypertension who receive effective information support is 6.7 times more likely to have good behavior in maintaining their health compared to hypertensive elderly who do not receive informational support from their family (Alessa *et al.*, 2019).

The results showed that most of the elderly (54%) in the working area of the Benteng Health Center who experienced hypertension received good emotional support. Emotional support is support in the form of attention, affection, and willingness to listen. Elderly who have hypertension must be given attention and affection so that the elderly do not feel alone in facing problems and feel hopeless (Fikriana and Afik, 2020).

Researchers assume that support for the elderly is a much needed support for the elderly who are experiencing a decline both physically and psychologically. Appraisal support is one of the biggest factors because it is easy for families to carry out appraisal support because it only expresses honor or positives, for example praise or rewords for actions or efforts made by the elderly.

According to researchers, absolute family support is given to people with hypertension. The results showed that the family support given to people with hypertension was high. This relationship shows that the better the family support, the better the behavior of hypertension care, but the worse the family support, the worse the behavior of hypertension care.

From these results, it can be concluded that support for the elderly is support that includes emotional support, appraisal support, instrumental support and informational support which is needed for the elderly who are experiencing a decline both physically and psychologically. The results showed that information support received the lowest rating. This means that the elderly who get the lowest support from family information support do not provide advice, instructions, suggestions or feedback. Families can provide informative support by giving advice on what to do to deal with problems, not forbidding them and providing a comfortable and family atmosphere tidak

The Relationship between Dimensions of Family Support in Hypertension Control in the Elderly in the Working Area of the Benteng Public Health Center, Nusaniwe District

The relationship between assessment support and hypertension control. The results of the analysis of the relationship between assessment support and hypertension control using the Spearman rho test obtained a p value <0.005. This indicates that there is a relationship between family support and hypertension control in the elderly.

The results of this study are in line with research which says that appraisal/reward support is also a form of effective family functioning that can improve the psychosocial status of sick families. Through this support, patients will receive recognition for their abilities and expertise.

Research states that there is a relationship between information support from the family and quality of life. The value of the family information support relationship is positive, which means that if the value of information support from the family increases

by 1 time, it will improve the quality of life.

CONCLUSION

Based on the discussion above, it can be concluded that most of the elderly who experience hypertension in the working area of the Benteng Health Center have good family support and there is a relationship between family support and hypertension control behavior in the elderly.

ACKNOWLEDGMENTS (Optional)

REFERENCES

Alessa, T. et al. (2019) 'Smartphone apps to support self-management of hypertension: review and content analysis', JMIR mHealth and uHealth, 7(5), p. e13645.

Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI (2018) Hasil Utama Riset Kesehatan Dasar 2018.

Bilen, O. and Wenger, N. K. (2020) 'Hypertension management in older adults', F1000Research, 9.

Boima, V. et al. (2020) 'Older adults with hypertension have increased risk of depression compared to their younger counterparts: Evidence from the World Health Organization study of Global Ageing and Adult Health Wave 2 in Ghana', Journal of affective disorders, 277, pp. 329–336.

Fikriana, R. and Afik, A. (2020) 'Self-belief and social support factors on the emotional response of patients with hypertension'.

Gandhi, L. R. (2020) 'The overview of hypertension patient and family support', Proceedings Series on Health & Medical Sciences, 1, pp. 90–92.

Irani, N. (2019) 'Analysis Relationship Family Support and Health Cadre with Elderly Hypertension Practice in Controlling Health at Primary Health Care Mranggen Demak', South East Asia Nursing Research, 1(7), pp. 7–13.

Kurniawati, N. D., Wahyuni, E. D. and Toulasik, Y. A. (2019) 'Family Support Improves Hypertensive Patient Drug Compliance.', Indian Journal of Public Health Research & Development, 10(8).

Pradani, A. D. A., Mudigdo, A. and Qadrijati, I. (2018) 'Biopsychosocial Factors Affecting Hypertension in Post-Menopausal Women in Surakarta, Central Java', in Mid-International Conference on Public Health 2018. Sebelas Maret University, p. 88.