

Family Support On Compliance With Taking Hypertension Medication In The Elderly At Tanjung Ria Public Health Center Jayapura City

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ABSTRACT

Lack of family support can cause elderly individuals to be non-adherent to taking hypertension medication, increasing the risk of complications. Emotional support and regular monitoring are essential to make the elderly feel cared for. Families play a crucial role in reminding them of their medication schedule and encouraging adherence. With proper attention, hypertension risks can be managed more effectively. This study aims to determine the relationship between family support and medication adherence among elderly individuals with hypertension at Tanjung Ria Public Health Center in Jayapura City. The research employs a correlational analytic design, with a total population of 125 and a sample size of 125 using a total sampling technique. The instrument used is a questionnaire, and data analysis is conducted using the Spearman rank test. The results show that most participants received good family support, with 65 individuals (52.0%). In terms of medication adherence, the majority, 70 individuals (56.0%), were adherent. There is a significant relationship between family support and medication adherence among elderly individuals with hypertension at Tanjung Ria Public Health Center in Jayapura City, with a p-value of 0.000 (<0.05). Good family support plays a vital role in improving elderly individuals' adherence to hypertension medication. The higher the level of support provided, the greater the likelihood of adherence. Families can help by reminding them of their medication schedule and providing motivation. Thus, the risk of hypertension complications can be reduced. Furthermore, good communication within the family can enhance the elderly's comfort in undergoing treatment.

Keywords: Elderly, Family Support, Hypertension Medication Adherence

I. Introduction

Elderly individuals often experience various barriers to taking their medications regularly, such as non-adherence to scheduled medication schedules, forgetting to take medication, and not understanding the importance of adherence (Ariyanti, 2020). This condition can be exacerbated by factors such as cognitive decline, the complexity of medication regimens, and lack of social support. In fact, non-adherence to medication can lead to worsening health conditions and increase the risk of serious complications (Massa & Manafe, 2022).

According to data from the World Health Organization (WHO), hypertension affects approximately 1.13 billion people worldwide, with a higher prevalence in low- and middle-income countries. In Indonesia, the prevalence of hypertension reached approximately 29.2% in 2023, according to the Basic Health Research (SKI, 2023). In Jayapura, data from the local Health Office shows that the prevalence of hypertension among the elderly reached 27.5%. These figures demonstrate the significant burden of hypertension both globally and in Indonesia, including in Jayapura (Dinkes Jayapura, 2022).

Hypertension in the elderly can be caused by various factors. Furthermore, lifestyle factors such as a high-salt diet, lack of physical activity, excessive alcohol consumption, and smoking also play a significant role. Comorbidities such as diabetes and obesity also increase the risk of hypertension in the elderly (Ernawati, 2020). Elderly people with hypertension are also at higher risk of experiencing a decreased quality of life, limited mobility, and increased dependence on others. Therefore, effective hypertension management is crucial to prevent complications and improve the quality of life in the elderly (Ardiana, 2022).

One solution to improving adherence to hypertension medication in the elderly is through family support. Families can play a crucial role by helping remind patients to take their medication, monitoring their health, and providing motivation and emotional support. Furthermore, educating families about the importance of medication adherence and how to support them in managing their hypertension is crucial. With appropriate family support, it is hoped that older adults will be more compliant with their medication and achieve better hypertension control (Budiman, 2022).

II. Methods

This research method used a correlational analytical design with a population of 125 and a sample of 125 using a total sampling technique. The instrument used was a questionnaire with Spearman rank test analysis. The research instrument used a questionnaire to measure the variables of family support and compliance with taking hypertension medication.

III. Results and Discussion

The results of this study are as follows:

Table 1. Frequency distribution of respondents based on gender in the elderly at the Tanjung Ria Community Health Center, Jayapura City

No	Gender	Frequency	Percentage %
1	Man	60	48.0
2	Woman	65	52.0
Total		125	100.0

Primary data source 2024

Based on the table above, it can be seen that the distribution of gender shows that the majority are female, as many as 65 people (52.0%).

Table 2. Frequency distribution of respondents based on age in elderly families at the Tanjung Ria Community Health Center, Jayapura City

No	Age	Frequency	Percentage %
1	26-35 years old	25	20.0
2	36-45 years	65	52.0
3	>45 years	35	28.0
Total		125	100.0

Primary data source 2024

Based on the table above, it can be seen that the age distribution shows that the majority are aged 36-45 years, as many as 65 people (52.0%).

Table 3. Frequency distribution of respondents based on education in the elderly at the Tanjung Ria Community Health Center, Jayapura City

No	Education	Frequency	Percentage %
1	Junior High School	40	32.0
2	Senior High School	70	56.0
3	College	15	12.0
Total		125	100.0

Primary data source 2024

Based on the table above, it can be seen that the distribution of education shows that the majority have a high school education level of 70 people (56.0%).

TTable 4. Frequency distribution of respondents based on occupation of the elderly at the Tanjung Ria Community Health Center, Jayapura City

No	Work	Frequency	Percentage %
1	Doesn't work	10	8.0
2	Self-employed	110	88.0
3	civil servant	5	4.0
Total		125	100.0

Primary data source 2024

Based on the table above, it can be seen that the distribution of jobs shows that almost all of them work as self-employed, as many as 110 people (88.0%).

TTable 5. Frequency distribution of respondents based on hypertension complications in the elderly at the Tanjung Ria Community Health Center, Jayapura City

No	Complications	Frequency	Percentage %
1	HT + DM	19	15.2
2	HT + Leprosy	1	0.8
3	HT + TB	6	4.8
4	HT + Coronary heart disease	8	6.4
5	No complications	91	72.8
Total		125	100.0

Primary data source 2024

Based on the table above, it can be seen that the distribution of hypertension complications shows that a small proportion experienced DM complications, namely 19 people (15.2%).

TTable 6. Frequency distribution of respondents based on the length of treatment for the elderly at the Tanjung Ria Community Health Center, Jayapura City

No	Duration of treatment	Frequency	Percentage %
1	<1-10 years	41	32.8
2	10-15 years	63	50.4
3	15->20 years	21	16.8
Total		125	100.0

Primary data source 2024

Based on the table above, it can be seen that the distribution of the length of treatment shows that the majority of people had a duration of 10-15 years, amounting to 63 people (50.4%).

Table 7. Frequency distribution of respondents based on family support for the elderly at the Tanjung Ria Community Health Center, Jayapura City

No	Family support	Frequency	Percentage %
1	Not enough	0	0
2	Enough	60	48.0
3	Good	65	52.0
Total		125	100.0

Primary data source 2024

Based on the table above, it can be seen that the distribution of family support shows that the majority have good support, as many as 65 people (52.0%).

Table 8. Frequency distribution of respondents based on medication adherence in the elderly at the Tanjung Ria Community Health Center, Jayapura City

No	Compliance with taking medication	Frequency	Percentage %
1	Not obey	55	44.0
2	Obedient	70	56.0
Total		125	100.0

Primary data source 2024

Based on the table above, it can be seen that the distribution of compliance with taking medication shows that the majority are compliant, namely 70 people (56.0%).

Table 9. The relationship between family support and compliance with taking hypertension medication in the elderly at the Tanjung Ria Community Health Center, Jayapura City

Family support	Compliance with taking medication				Total	
	Not obey		Obedient		n	%
	f	%	f	%		
Enough	55	44.0	5	4.0	60	48.0
Good	0	0	65	52.0	65	52.0
Total	55	44.0	70	56.0	125	100
Wilcoxon test					<0.05	0,000

Primary data source 2024

Based on the table above, it can be seen that the results of the statistical test using Spearman Rank obtained a p value = 0.000 (<0.05), meaning that there is a relationship between family support and adherence to taking hypertension medication in the elderly at the Tanjung Ria Community Health Center, Jayapura City.

The results of this study indicate a significant relationship between family support and medication adherence in elderly people with hypertension at the Tanjung Ria Community Health Center in Jayapura City, with a p-value of 0.000 (<0.05). This indicates that the better the family support received by the elderly, the higher their level of adherence to hypertension medication therapy. Good family support includes motivation, reminders, physical assistance, and a conducive emotional atmosphere, all of which contribute to ensuring that elderly people adhere to their medication schedule.

According to the Supportive Family Care theory, the family is the primary support system in individual health management. Friedman (2022) explains that family support, whether emotional, informational, or instrumental, plays a crucial role in encouraging individuals to maintain healthy behaviors. Family support can increase older adults' confidence in managing their health, including adhering to medication schedules to control blood pressure. This theory reinforces research findings showing a strong relationship between family support and medication adherence in older adults.

Research by Putri and Sari (2023) in Surabaya showed that elderly people with high levels of family support were 1.8 times more likely to be compliant with medication compared to those with low levels of support. Similar results were found by Hartono et al. (2021) in Yogyakarta, which showed that emotional support from family members could increase medication adherence in elderly people by 45%. These two studies align with findings at the Tanjung Ria Community Health Center, which emphasized the importance of the family's role in managing hypertension in the elderly.

According to researchers, strong family support is a key factor in improving adherence to hypertension treatment in older adults. To ensure the sustainability of this support, educational programs are needed for families regarding their important role in supporting older adults. Researchers also recommend a family-centered approach in primary healthcare, such as involving families in medical consultations with older adults. This can increase family involvement and strengthen the relationship between family support and medication adherence in older adults.

IV. Conclusion

There is a relationship between family support and adherence to taking hypertension medication in the elderly at the Tanjung Ria Community Health Center, Jayapura City. The results of this study are expected to provide input for health workers and services to continue providing education and guidance on the important role of families in providing support for medication adherence.

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