

Support from Family , Health Worker and Elderly Hypertension Health Care Access In Controlling health

Edy Susanto^{1,a)}

¹ Study Program of S1 Nursing, Universitas Muhammadiyah Semarang.

^{a)} Corresponding author: soesantoedisoes@gmail.com

Abstract. The aim of this study is to determine the relationship between the support from family, health worker and Elderly Hypertension Health Care Access and the practice of patient health control in Kangkung Village, Demak by using cross sectional study approach. The number of samples was 285 respondents. The results shows that there is a relationship between the support from family, health worker and Elderly Hypertension Health Care Access and the practice of patient health control. High social support will make the elderly live more optimistically, more skilled in completing the needs of psychology, having a higher system, having lower anxiety, having higher interpersonal skills, and have ability to adapt to stress so that he is able to face and to solve his health problem and is able to perform optimally in his own health control. Access to health services has an important role in the effort of elderly hypertensive practices in controlling their health, the better access to health services, the better the health control practices.

INTRODUCTION

Hypertension is the main factor of cardiovascular diseases which cause the highest mortality Indonesia. Based on study data of Department of Health Republic of Indonesia in 2010, it showed that hypertension and cardiovascular disease are increasing about 10%, and probably increase by unhealthy lifestyle. High cost of Hypertension therapy, and the infrastructure, lack of safety facilities hypertension (Joewono, Boedi Soesetyo. 2009).

Hypertension is known as heterogeneous group of diseases, which can affect anyone of various age groups, the elderly are the most susceptible group to hypertension, as well as social and economic. The tendency of changing lifestyles as a result of urbanization, modernization and globalization led to a number of risk factors that can increase the morbidity of hypertension (Fadilah Supari, S. 2007).

Well-controlled hypertension patients in Indonesia is less than 10%, from 38.8% of elderly with hypertensive only 50% regularly (controlled hypertension) and only half of the control well (Sanjaya W. 2005). This is due to hypertension do not provide obvious symptoms so many people do not pay attention to a disease that is sometimes taken lightly by them, without realizing that this disease is more dangerous than other diseases such as abnormal blood vessels, heart (cardiovascular) and kidney disorders and most of patients come for treatment when vascular damage have been serious. That condition is in accordance with the character of hypertension as the silent killer.

Hypertension is actually a disease that can be prevented if risk factors can be controlled and have healthy behaviors which is activity that relates to effort to maintain and improve health (Arnilawaty et al. 2007). The number of hypertension in Demak were increasing in last 3 years, in 2012 were 989 cases (13,6), in 2013 were 1435 cases (16,5%) and in 2014 were 2737 (17,8%). These are the main health problems in elderly. Based on practice of nursing care conducted by the students of Nursing, University of Muhammadiyah Semarang in Puskesmas Mranggen in January-March 2014, there were only 46% elderly who do a routine check in health service from 310 elderly, the others couldn't do routine check because they didn't have money to routine check, feel averse due to be the family's responsibility, no one takes them to doctor because they live alone, think that the disease is not serious so no need to check up regularly (Tirtayasa GP 2007). A factor which caused in society is misconceptions about the illness. Many people thought that illness is when someone is unable to work and unable to get up from bed. (Notoatmodjo.S. 2005).

Someone will take preventive action depends on 2 outcomes or health belief; the perceived threat of illness or injury (perceived threat of injury or illness). If the perceived threat has increased, the prevention behaviors will also increase, an assessment of the perceived threat is based on a susceptibility to a disease (perceived susceptibility) and the severity of the perceived (perceived severity) and consideration of the advantages and disadvantages (benefits and costs) of behavior in an attempt to decide preventive action or not. The threat assessment and consideration of

gains and losses is influenced by demographic variables (education, knowledge, age and occupation) of individuals as well as instructions to behave (cues to action) alleged right to begin the process of behavior, which is derived from information or advice on health issues about hypertension (Notoatmodjo.S. 2005).

RESEARCH METHODS

This study is an explanatory research with cross sectional approach. The population in this study is all the elderly who suffer from hypertension, aged ≥ 60 years or older and live in the region of *Puskesmas* Mranggen on June to December 2015. The sample of study used total sampling that all the elderly who suffer from hypertension, aged ≥ 60 years or older and live in the region of *Puskesmas* Mranggen Demak, numbered 285 people.

Measuring instrument used in this study was a questionnaire in the form of written questions to uncover the independent variables: family support, support health workers, access to health services and dependentnya variable is the practice in controlling hypertension elderly's health. Analysis technique in this study used Chi Square with $\alpha = 0.05$

RESULTS AND DISCUSSION

Practice elderly in controlling health of hypertension has been good (69.1%), the bad control includes: they do not have exercise regularly, they are still smoking and non-diet as recommended, they consume alcoholic beverages.

The individual probably will take preventive measures depends on two outcome or health beliefs that the perceived threat of illness or injury (perceived threat of injury or illness) and consideration of the advantages and disadvantages (benefits and costs). The first assessment if the perceived threat increases, the prevention behaviors will also increase. Perceived threat assessment is based on the vulnerability and the perceived seriousness. The second assessment is a comparison between the advantages and disadvantages of conduct in an attempt to decide preventive action or not.

Support that has been done by the families in this study were mostly families have been making efforts to check condition / disease state, suggesting to pray, remind to always obey the doctor's advice, suggesting to adequate rest, and provide information about the disease. It gives an illustration that by good family support will encourage elderly hypertension to have good health practice as well ($p = 0.048$).

Humans as social beings can't live alone without help from others. Physical needs (clothing, food, housing), social needs (association, recognition, school, work) and psychic needs, including curiosity, a sense of security, a feeling of religiosity, could not be fulfilled without help of others. Moreover, if the person is facing problems, whether easy or serious. At moments like that, someone would seek social support from the people around them, so that they feel valued, cared for and in love (Khofifah, S.N. 2007).

Social support can be regarded as useful condition, giving help for individuals obtained from another person who can be trusted and as the availability and willingness of those means, which can be trusted to assist, encourage, receive, and keep individual (Kuntjoro, ZS 2002). From these circumstances, people will know that other people pay attention, respect, and love. Family is a source of social support for because in family created a relationship of mutual trust. Individuals as family members will make the family as a set of expectations, a story, ask, and issued complaints whenever an individual is experiencing problems (Walgito, 2003; Tirtayasa, G.P, 2007). According to Green's theory, social support is one factor that strengthens a person to perform a particular behavior (Notoatmodjo, 2003).

Family support includes emotional support, instrumental, information, and assessment (Budiman 2007). Emotional support involves physical strength and willingness to trust others so that the individuals became convinced that others are able to give love and affection to them, support Instrumental includes the provision of means to facilitate or help others as examples are tools, equipment, and other supporting facilities and includes provides time opportunity. Informative support includes giving information to solve personal problems by giving advices, supervision, and other information required by the individuals concerned as well as support in the form of ratings of social roles that include feedback, social comparison, and affirmation (approval).

Providing support to the elderly needs an understanding of the family about the perception of vulnerability, perceived severity, perceived benefits, perceived barriers, access to health services and availability as well as the accuracy / adequacy of such assistance for the elderly, so it doesn't make social support given are misunderstood and not targeted. If the elderly (for various reasons) are no longer able to understand the significance of social support, it is necessary not only social support but also service or social care completely (Suyanto, 2009).

The level of support from health workers are balanced which (51.2%) were good and (48.8%) were less. Health workers have given advice about illnesses suffered by the elderly, reminded to conduct periodic examination, taught how to care and advised to rest, while the less pointed than less attention to the health problems of elderly were they did not teach gymnastics, and rarely came in *posyandu* activity. Thus, better support of health workers to hypertension in the elderly will increase efforts to control hypertension elderly health ($p = 0.049$), then the ability to give support to elderly hypertensive to practice health control will also increase.

Social support has an important role to prevent health hazards (Budiman 2007), high social support will make the elderly more optimistic in facing today's life and future, more skilled in meeting the needs of psychology and has a higher system, as well as lower levels of anxiety, enhance interpersonal skills, have the ability to achieve what they want and be able to guide the elderly to adapt to stress that health problems facing can be resolved properly and is able to perform optimal health control practices.

Social support for the elderly is indispensable for the elderly themselves as long as they are still capable of understanding the meaning of social support such as an advocate / support of life, but the lives of the elderly often found that not all elderly people are able to understand their social support from others, so even though he has received social support but still A show of dissatisfaction, which is shown by way of grumbling, disappointed, upset and so forth. This can happen because of the support provided is not sufficient, the elderly feel no need to be assisted or worry too much emotionally so it does not pay attention to the support provided, the support provided is in accordance with what is required of elderly, a source of support setting a bad example for the elderly, as do or suggest unhealthy behaviors and too keep or not to support the elderly in doing something he wanted. This situation can disrupt health control practices that should be done by the elderly and causes the elderly to become dependent on others.

Level access health services are already suitable gain access to health care services properly, but there are still elderly hypertension that is not easy to get access to health care, they often got slow service, do not have access to cheap and do not have access continuously as long as required. Statistical test results found that there is no relationship between access services to elderly Hypertension practices in controlling health ($p = 0.026$)

Availability of facilities with good quality service will accelerate the realization degree of public health, by providing public health facility services evenly and affordable quality will improve public access to health care facilities. Availability of facilities must be supported by the availability of health personnel equitable and sufficient in number and have competence in the field. Currently the health facilities in the region work of *Puskesmas* Mranggen there are health centers, community health clinic, village midwives, village health service, IHC, Center for treatment, maternity house, privately practicing midwives and physician private practice.

The use of health facilities by the elderly still have not been able to access it is because health care costs more expensive, on the other hand government subsidies for health care costs are very small at only 2-3% (Aflah, 2007). State Budget (APBN). According to WHO Indonesia is a country with the smallest health budget which is less than 2% of Gross Domestic Gross (GDB) in addition to Somalia (Prasad, 2007). Thus, the majority of health care costs (70%) borne by the public and 85% of these costs are paid directly by the people from their own pockets and only a small portion (approximately 15%) only paid through insurance. As a result, the community have to provide cash when they need health care and those who are not capable of providing cash, they will not access or obtain health care (Suhartini.2004).

Access to health services can be interpreted properly if there is not availability of health services is a continuous / continuous, so that if people need health services that they can use without a limited time, the ease and speed that people can immediately obtain service from personnel / health facilities, which in this case related to geographical aspects, mileage, ease of transport, level of difficulty of the terrain, health care costs are not burdensome / affordable to the public, especially for the poor and the quality aspect should consider the level of service excellence, means satisfying modalities ethical and established standards. Thus access to health services play an important role in the effort hypertensive in the elderly practices in controlling health, better access to health services will better the health control practices.

CONCLUSION

Based on the analysis of research data, it can be concluded that the majority of hypertension in the elderly control has been practicing good health, family support, health workers and good access. Family support and health care workers are high will make the elderly more optimistic in the face of today's life and future, so that the health problems being faced can be resolved properly and is able to perform optimal health control practices.

Family support and health care workers for the elderly are particularly necessary for the elderly. they are still able to understand the meaning of such support as an support / support of life, but not all elderly people are able to understand their support from others, so even though he had received some support but still show their dissatisfaction,

Puskesmas workers should be able to improve the quality of health care, home visits, health education, especially about the health benefits of controlling hypertension for the elderly and perform cross-sectoral cooperation in the implementation of an integrated program of coaching post (*Posbindu*) elderly.

Access to health services play an important role in the effort elderly hypertensive practices in controlling health, the better access to health services, the better the health control practices. There is a continuous availability of health services / continuous which is able to use health services without a limited time, the ease and speed that people can immediately obtain service from personnel / health facilities.

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