

## Original Research Article

# Family Duties to Prevent Hypertension

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**Abstract:** Hypertension is one of the leading causes of death in the world. Uncontrolled hypertension can cause complications in patients. For this reason, efforts are needed to prevent hypertension. The purpose of this study was to determine how the family's duties in preventing hypertension. This study uses a descriptive research design. The population in the study amounted to 206 families. Sampling using purposive sampling with a sample of 67 people. Data collection techniques using a questionnaire. The results of univariate data analysis showed that the majority of the implementation of family tasks in preventing hypertension was in the good category (64.2%). Family tasks in recognizing hypertension problems in the good category (61.2%), making decisions in taking care actions in the good category (50.7%), caring for family members with hypertension in the good category (53.7%), modifying the health environment about in the good category (62.7%), and utilizing health service facilities in the good category (61.2%). It can be concluded that the implementation of family tasks in preventing hypertension is in a good category so it is recommended for respondents to motivate and remind family members who have hypertension to take hypertension drugs regularly and check blood pressure regularly with the aim of preventing hypertension and preventing complications due to hypertension.

**Keywords:** Family Tasks, Prevention Efforts, Hypertension.

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## INTRODUCTION

Diseases of the heart and blood vessels (cardiovascular). One of the most common cardiovascular diseases and the most suffered by the community today is hypertension (Ministry of Health, 2019). Symptoms of hypertension are indicated by the results of blood pressure measurements showing systolic pressure > 140 mmHg and diastolic pressure > 90 mmHg. This situation can be caused by factors such as age, gender, education level, occupation, place of residence, smoking behavior, alcohol consumption, lack of consumption of vegetables and fruit, excessive consumption of caffeinated foods, and lack of physical activity (Kemenkes, 2019).

World Health Organization (WHO, 2019) states that hypertension is one of the main causes of death in the world. Currently, the prevalence of hypertension globally is 22% of the total world population. The African region has the highest prevalence of hypertension at 27%, the Eastern Mediterranean is in the second position at 26% and Southeast Asia is in the third highest position with a prevalence of 25% of the total population. Estimated

the incidence of hypertension will continue to increase and in 2025 there will be 1.5 billion people suffering from hypertension where Every year 9.4 million people die from hypertension and its complications.

Nationally, the prevalence of hypertension shows an increase every year, from 25.8% in 2013 to 34.11% in 2018. South Kalimantan Province has the highest prevalence of hypertension at 44.13% followed by West Java at 39.6% and Kalimantan East by 39.3%. Meanwhile, the lowest prevalence of hypertension is in Papua Province, which is 22.2% (Ministry of Health, 2019).

Based on the results of the 2018 Aceh Province Riskesdas report released by the Research and Development Agency Publishing Institute (2019), it shows that Aceh has a prevalence of hypertension sufferers of 26.45%, where Bener Meriah Regency is in first position with the highest prevalence of hypertension of 36.75%, Langsa is in second position at 35.07%, and Aceh Tamiang is in third position with a prevalence of 34.97%. Meanwhile, the prevalence of hypertension sufferers in Lhokseumawe City is 27.43%.

Kabedi *et al.*, (2014) in Efendi and Larasati (2019) stated that uncontrolled hypertension can cause complications that affect the cardiovascular, cerebrovascular, kidney and retinal systems which are often referred to as target organ damage. Target organ damage can be in the form of left ventricular hypertrophy, increased intimamedia thickness of blood vessels, microalbuminuria following glomerular dysfunction, cognitive decline and hypertensive retinopathy and then major complications, namely stroke, congestive heart failure and myocardial infarction, renal failure and retinal vascular occlusion. For this reason, it is necessary to take preventive measures to reduce the number of cases of hypertension, complications, and deaths due to hypertension.

Prevention efforts in patients with hypertension can be carried out in the form of primordial prevention, namely avoiding the occurrence of hypertension by doing physical activity and not smoking, primary prevention by attending counseling related to hypertension, secondary prevention in the form of routine treatment in patients who have been diagnosed with hypertension and tertiary prevention, namely behavior prevent complications in patients with hypertension (Masriadi, 2016).

Nisak and Daris (2020) stated that in efforts to prevent hypertension require an active role of the family in helping patients so that hypertension can be controlled. The family is the main source of the concept of health and illness and healthy behavior. Family has a big influence on the physical health of family members and conversely family dysfunction can cause family members to be ineffective in undergoing therapy. So that in the end there will be health problems in family members which are referred to as family nursing problems (Friedman, 2013 in Bisnu, Kepel and Mulyadi, 2017).

One of the causes of nursing problems in the family is not optimal family duties in the health sector. To assess the family's ability to carry out family health tasks, it can be seen from the five family tasks carried out including the ability to recognize family health problems, make decisions regarding appropriate health actions for the family, the ability to care for family members with health problems, the ability to modify the family environment to ensure health. family and the ability to take advantage of the health facilities available in their environment. If the family can carry

out family duties in the health sector well, hypertension patients can control blood pressure within normal limits (Bisnu, Kepel and Mulyadi, 2017).

Based on the results of a preliminary study that non-communicable diseases suffered by residents are hypertension. Based on direct interviews conducted by researchers with 10 families who have family members with hypertension, it was found that 2 families were able to understand the task of family health in preventing hypertension, such as when symptoms such as dizziness and headaches appeared, they immediately took the patient to health services to measure blood pressure, always remind patients to take medication regularly and control blood pressure, regulate a low sodium diet and advise patients to do physical activity. There are 6 families who have not been able to recognize health problems that occur in patients with hypertension properly, For example, when the patient begins to feel symptoms of hypertension in the form of dizziness and headaches, the family just lets it go and thinks it is normal. Families have not been able to make decisions if members have hypertension, families have not been able to take care of family members when sick properly, families have not been able to modify and improve the environment. There were 2 families who said they did not understand the task of family health and said that they rarely bring patients to health services to control blood pressure. Based on the above, the researchers are interested in conducting research on family duties in an effort to prevent hypertension.

## METHODS

This study is a descriptive study that aims to describe the family's duties in preventing hypertension. The population in this study were 206 families who had family members with hypertension problems, and 67 respondents took the sample using purposive sampling technique. Collecting data in this study using a questionnaire. Data processing using a computerized statistical analysis program. Analysis of research data using univariate analysis.

## RESULTS

According to Table 1, shows that the highest frequency distribution of age is at 26-35 years, as many as 21 respondents (31.3%) and female as many as 30 respondents (44.8%), secondary education as many as 46 respondents (68, 7%) and 21 respondents (31.1%) are housewives.

**Table 1: Frequency Distribution of Respondents Demographic Data (n=67)**

Demographic data	f	%
<b>Ages</b>		
17-25 years old	9	13.4
26-35 years old	21	31.3
36-45 years old	18	26.9
46-55 years old	9	13.4
56-65 years old	10	14.9
<b>Gender</b>		
Male	30	44.8
Female	37	55.2
<b>Educational Level</b>		
Junior	3	4.5
Medium	46	68.7
High	18	26.8
<b>Profession</b>		
Doesn't work	7	10.4
Housewives	21	31.3
Civil servant	5	7.5
Private employees	6	9.0
Laborer	1	1.5
Farmer	17	25.4
Self-employed	10	14.9

**Table 2: Frequency Distribution of Family Ability Regarding the Implementation of Family Tasks in Efforts to Prevent Hypertension (n=67)**

Family Tasks	f	%
Well	43	64.2
Not enough	24	35.8

Based on Table 2, it is known that the majority of families abilities regarding the implementation of

family tasks in preventing hypertension are good, as many as 43 respondents (64.2%).

**Table 3: Frequency Distribution of Family Tasks in Recognizing Hypertension Problems (n=67)**

Recognizing Hypertension Problems	f	%
Well	41	61.2
Not enough	26	38.8

Based on Table 3, it is known that the majority of family tasks in recognizing hypertension problems are good, namely 41 respondents (61.2%).

**Table 4: Frequency Distribution of Family Tasks in Making Decisions (n=67)**

Making Decisions in Taking Care Actions	f	%
Well	34	50.7
Not enough	33	49.3

Based on Table 4, it is known that the majority of family tasks in making decisions in taking care of

family members with hypertension problems are good, namely as many as 34 respondents (50.7%).

**Table 5: Frequency Distribution of Family Tasks in Caring for Family Members with Hypertension (n=67)**

Caring for Family Members	f	%
Well	36	53.7
Not enough	31	46.3

Based on Table 5, it is known that the majority of family tasks in caring for family members with

hypertension are good, as many as 36 respondents (53.7%).

**Table 6: Frequency Distribution of Family Tasks in Modifying the Health Environment Around Patients (n=67)**

Modifying the Health Environment Around People with Hypertension	f	%
Well	42	62.7
Not enough	25	37.3

Based on Table 6, it is known that the majority of family tasks in modifying the health environment

around people with hypertension are good, as many as 42 respondents (62.7%).

**Table 7: Frequency Distribution of Family Tasks in Utilizing Health Service Facilities (n=67)**

Utilizing Health Service Facilities	f	%
Well	41	61.2
Not enough	26	38.8

Based on Table 7 above, it is known that the majority of the 67 family tasks in utilizing health service facilities are good, namely 41 respondents (61.2%).

in line with research conducted by Ahsan, Kumboyono and Faizah (2018) which showed that the majority of families with hypertension were female (87.5%). The results of this study are in line with the research of Yulianti and Zakiyah (2016) which shows that the majority of families with hypertension are female, namely 46.7%.

## DISCUSSION

### Characteristics of Respondents

Based on the results of the study, it is known that the majority of respondents are aged 26-35 years, namely as many as 21 respondents (31.3%). The results of this study are in line with research conducted by Kelen, Halis & Putri (2016) which showed the characteristics of respondents based on age obtained as many as 32.7% of families with hypertension aged 26-35 years.

Mubarak (2016) states that society still tends to perceive that the ideal role of women is at home. While the ideal role of men is as the head of the family who has the obligation to earn a living and support the family. Thus, women who work outside the home are more prone to work and family conflicts than men. On the other hand, because the ideal role of men is to work outside the home, it is easier for household activities to interfere with roles in the work domain.

The results of this study indicate that families carry out family health tasks well because one of them is age. As many as 31.3% of families have an age of 26-35 years. In this age range, it is considered mature. The more mature the individual's age, the more mature and mature he will be in acting and behaving. This is in accordance with the theory which states that the more mature a person's level of maturity and strength is, the more mature a person will be in thinking and working. This is a result of the experience and maturity of his soul (Hurlock, 2018).

According to the researcher's assumption, the gender category where most of the respondents are female is because female respondents are more common than male respondents, so that female respondents have more opportunities to conduct research than male respondents. This can be related to the respondent's employment status, where most of the respondents are housewives, who do not work and spend more time at home. Thus, women have more opportunities to carry out family tasks than men. So it can be concluded that families of women with hypertension are better at carrying out family tasks than men's families.

According to the researcher's assumptions, the age of the family with hypertension will affect the implementation of family health tasks in an effort to prevent hypertension, this is because adults with an age range of 26-35 years have started to face heavy responsibilities and various roles that take up time and energy such as run a household, develop a business or business, have children and even care for or care for their elderly parents. In addition, at this age the relationship between generations or the close relationship between children and parents is increasing. This close relationship can be seen from the implementation of family duties in the health sector. So it can be concluded that with increasing age.

Based on the results of the study, it was found that the majority of respondents with secondary education were 46 respondents (68.7%). The results of this study are also in line with research conducted by Ahsan, Kumboyono and Faizah (2018) which showed that the majority of families with hypertension with the last education graduated from high school, namely 55%.

Based on the research results, it is known that the majority of respondents are female as many as 30 respondents (44.8%). The results of this study are also

The results of this study are in line with research conducted by Kertapati (2019) where the most recent family education was Senior High School with 72 respondents (48%). According to Potter and Perry (2015) characteristic elements that play an important role in the implementation of family health tasks, one of

which is education, is a factor that influences a person's mindset. Educational background will shape a person's way of thinking including forming the ability to understand the factors related to disease and use this knowledge to maintain health. The level of education can affect a person's ability and knowledge in implementing healthy living behavior. The higher the level of education, the higher a person's ability to maintain health.

According to Mubarak (2016) the level of education will affect the level of family knowledge related to the concept of health and illness which will also affect family behavior in solving family health problems. Good family knowledge about prevention, treatment and care for the elderly who suffer from hypertension will affect the incidence of hypertension in family members. An adequate knowledge about hypertension, the family can develop a plan and concrete action to provide an appropriate prevention or treatment effort. The better the family's knowledge about hypertension, the better the care provided so that the problem of hypertension in the elderly will be more easily overcome. Recognizing and knowing the type of disease at an early stage as well as providing appropriate and immediate treatment aimed at preventing disability due to a disease, transmission and perfect healing.

According to the researcher's assumption, the respondent's knowledge is said to be good because it has a secondary education level. Senior high school is a formal education which is said to be quite high in the community. Families who have a high school education level are generally able to understand and know about the implementation of health care. The higher a person's level of education, the easier it is for someone to receive information so that the more knowledge they have, on the other hand, less education will hinder the development of a person's attitude towards newly introduced values. So it can be concluded that the higher the level of family education, the higher the ability to carry out family health tasks.

Based on the results of the study, it is known that the majority of respondents are housewives (IRT), as many as 21 respondents (31%). The results of this study are also in line with research conducted by Ahsan, Kumbayono and Faizah (2018) which showed that the majority of families with hypertension were housewives (42.5%).

The results of this study are in line with the research of Yulianti and Zakiyah (2016) which showed that most families with hypertension were housewives (33.3%). Friedman (2013) states that when there are health problems, most individuals get more help from their families. The family is the most important source of assistance for its members who can influence the lifestyle or change the health-oriented lifestyle of its

members. Families can cause, prevent, ignore or correct health problems in their own group. The family has a major role in maintaining the health of all its members and not the individual himself who seeks to achieve the health he wants.

Families of patients who work will have less time to carry out family tasks in preventing hypertension, this is in line with Mubarak's (2016) theory which states that the type of work a person has is very influential on the implementation of family tasks. Families who work will be outside the home to look for income or the family economy which will have an impact on the pattern of daily life, including maintaining family health. This is supported by the statement of Notoatmodjo (2014), where socio-economic influences in the implementation of family duties in the health sector.

According to the researcher's assumption, the majority of families who have family members with hypertension are housewives who only carry out daily activities at home. So that it can provide attention and assistance to people with hypertension at home which has an impact on increasing the implementation of family tasks in the health sector for people with hypertension. This is what causes the implementation of family duties in preventing hypertension in the good category.

On the other hand, the lack of implementation of family tasks is most likely caused by families who are busy with their work to meet their daily needs, and the low level of education is also a trigger for the family's lack of understanding about the importance of carrying out family duties to prevent health problems. So it can be concluded that the work status of family members will affect the implementation of family tasks because it is family members who act as primary care providers.

### **Family Tasks**

#### **Family Duties in Efforts to Prevent Hypertension**

Based on the results of the study, it was found that the majority of family abilities regarding the implementation of family tasks in preventing hypertension were in the good category (64.2%). The results of this study are in line with research conducted by Mukhtaruddin, Agrina and Utami (2019) which showed that the majority of families' ability to carry out family health tasks with family members with hypertension was high (70%).

The results of Kurniawan and Ratnasari's research (2018) also show that the majority of families' ability to carry out family health tasks with family members with hypertension is high (62.5%). Family duties are responsibilities that must be carried out by each family in accordance with the function of health care in overcoming various health problems that arise.

This is in accordance with the health law regulation no. 36 of 2009 article 9, which states that everyone is obliged to participate in maintaining and improving the health status of individuals, families and the environment. From the article above, it is clear that the family is obliged to create and maintain health in an effort to increase the level of optimal health status (Harnilawati, 2016).

According to Friedman (2013) there are five tasks of the family in the health sector, namely recognizing the health problems of each member, making decisions to take appropriate health actions for the family. Provide care for sick family members, maintain a favorable home atmosphere for family health and utilize existing health facilities.

According to the researcher's assumption, the implementation of family duties in preventing hypertension is influenced by age, education and occupation. Adult age in this study is a supporter of the implementation of family tasks in preventing hypertension, where respondents have begun to be able to adjust to the existing life patterns in doing something, the education of the respondents also influences, education is very important to increase one's insight so that they are able to carry out tasks family well. It can be concluded that the family's ability to carry out health care or maintenance can be seen from the family health tasks carried out. Families who can carry out health tasks are able to solve family health problems.

### **Family Tasks in Recognizing Hypertension Problems**

When viewed from the family's task in recognizing the problem of hypertension, the results showed that most of the respondents were in the good category, namely 41 respondents (61.2%). The results of the study are in line with research conducted by, Agrina and Utami (2019) regarding the description of the implementation of family health tasks who have family members with hypertension disease show that the majority of families' ability to recognize hypertension is high (92.9%).

The results of Mulia's research (2018) also show that families who know the problem of hypertension well then the incidence of hypertension in family members will tend to be less, namely 40.5% and families who are not good at recognizing the problem of hypertension, the incidence of hypertension in family members will tend to be more ie 65.4%.

Setiadi (2016) states that the ability to recognize family health problems is the extent to which families know the facts of family health problems which include understanding, signs and symptoms, causes and influences and the family's perception of the problem. The implementation of family tasks in an effort to prevent hypertension in family members shows

the family's ability to recognize the symptoms of hypertension that are often experienced by sufferers such as headaches, anxiety, neck pain, nausea and vomiting, shortness of breath, and blurred vision. Families know the factors that cause hypertension such as smoking and consuming excessive salt.

The level of family knowledge related to the concept of health and illness will affect family behavior in solving family health problems. Good family knowledge about prevention, treatment and care for family members who suffer from hypertension will affect the incidence of hypertension. By having adequate knowledge about hypertension, the family can develop a plan and real action to provide an appropriate treatment effort. The better the family's knowledge about hypertension, the better the treatment efforts provided so that the hypertension problem will be more easily overcome (Mubarak, 2017).

Notoatmodjo (2014) states that a person's education can affect a person's level of knowledge. Someone with a higher education level will have a much better mindset than someone with a low level of education. In this case, families with higher education backgrounds will have a faster ability to absorb information, especially information about hypertension.

According to the researcher's assumption, most of the respondents know and have knowledge about hypertension in the good category due to the level of family education, namely 55.2% are high school graduates. Thus, it can be concluded that respondents who have good knowledge about hypertension can know and recognize the signs and symptoms of hypertension so that they can make efforts to prevent recurrent hypertension in their family members.

### **Family Duties in Making Decisions in Taking Care Actions**

Based on family duties in making decisions to take care of family members with hypertension problems, the majority of respondents showed good categories, namely 34 respondents (50.7%). Setiadi (2016) states that the family is the main key to health and sick behavior, therefore the family is directly involved in making decisions and taking care at every stage of health and illness of family members.

The results of this study are in line with research conducted by Mukhtaruddin, Agrina and Utami (2019), where the majority of families' ability to make decisions in taking care of members with hypertension is high (98.6%).

Kurniawan and Ratnasari's research (2018) regarding the description of the implementation of family health tasks in families who have elderly hypertension in the village also show the majority of

families' ability to make decisions in taking care of hypertensive patients is high (75%).

Making a family health decision is a step to the extent that the family understands the nature and extent of the problem, whether the problem is felt, surrenders to the problem at hand, is afraid of the consequences of illness, and has a negative attitude towards health problems. The ability of families to make decisions about family members with hypertension problems means understanding the effects of hypertension such as stroke, kidney damage, heart disease, and visual impairment. The family gives advice to immediately notify the family if symptoms of hypertension appear or are experienced by the sufferer (Setiadi, 2016).

The results of Mulia's research (2018) found that families who make decisions about appropriate health actions for their family members well, the incidence of hypertension will tend to be less, namely 26.8% and families who are not good at making decisions about appropriate health actions then the incidence of hypertension will tend to be more that is 75.5%. Thus, families who can make the right decisions can prevent hypertension.

Allport in Notoatmodjo (2014) states that determining family attitudes in making decisions regarding appropriate health actions for family members is influenced by knowledge.

According to the researcher's assumptions, the majority of respondents make decisions regarding appropriate health actions in the good category, which can be caused by information obtained by their families regarding hypertension. So it can be concluded that the lack of information causes a lack of knowledge and in the end causes attitudes in making decisions regarding appropriate health actions to become less good.

#### **Family Duties in Caring for Family Members with Hypertension**

Based on family duties in caring for family members with hypertension problems are in the good category as many as 36 respondents (53.7%).

Results this research is in line with research conducted by Mukhtaruddin, Agrina and Utami (2019) where the majority of families' ability to carry out family health tasks with family members with hypertension is high (70%) so the ability of families to care for patients with hypertension is also high (72.9%).

According to Friedman (2013) the main function of the family, one of which is the function of family care, where the family provides preventive health care and jointly cares for sick family members. The ability of the family to carry out health care or maintenance can be seen from the family health tasks carried out.

According to Setiadi (2016), families in caring for family members with hypertension problems can be done by meeting the needs when people with hypertension are sick, limiting tiring activities and limiting the patient's diet such as reducing the use of salt in cooking. Understanding in the process of implementing family care is needed, so that families are able to carry out activities during the process of caring for family members both before and after experiencing hypertension.

According to the assumption of the researcher, the family is the closest person, the person who lives in the same house and takes care of the family members who have become their responsibilities as life companions (husband/wife/children or other people who are responsible for the family). Thus it can be concluded that the family in caring for family members who suffer from hypertension is a key factor related to controlling the patient's blood pressure. In this case, it is the family who should remind the sufferer to change lifestyle, control blood pressure and take medication regularly.

#### **Family Duties in Modifying the Health Environment Around People with Hypertension**

The results of research on family tasks in modifying the health environment around hypertension sufferers are in the good category, namely 42 respondents (62.7%). According to Setiadi (2016) environmental modification is the ability of the family to find out the family's resources, the advantages/benefits of maintaining the environment, knowing the importance of hygiene, sanitation and cohesiveness among family members.

This study is in line with research conducted by Mukhtaruddin, Agrina and Utami (2019) which shows that the majority of families' ability to carry out family health tasks with family members with hypertension is high (70%) where the majority of families' ability to modify the health environment around the family is also high (57,1%).

Modifying the environment can help in caring for family members who have health problems, in the form of cleaning the house and creating comfort so that sufferers can rest in peace without any outside interference. Modification of the family environment can prevent stress in patients, where the stress experienced if sustained can trigger hypertension. So by modifying the environment, it can prevent the occurrence of recurrent hypertension in patients.

According to the researcher's assumption, the family's task in modifying the environment in a good category can be supported by an environment where the family lives which is quite quiet and calm, so that it can prevent stress in family members with hypertension. So it can be concluded that families can modify a healthy

environment, one of which is by creating an open family environment with fellow family members, and also calm when people with hypertension rest.

### Family Duties in Utilizing Health Service Facilities

The results of the research on family assignments in utilizing health service facilities were in the good category, namely 41 respondents (61.2%). According to Setiadi (2016) the family's ability to utilize health service facilities where the family knows the existence of health facilities, understands the benefits derived from health facilities, the level of family trust in health workers and the health facilities are affordable by the family.

The results of this study are supported by research Kurniawan and Ratnasari (2018) regarding the description of the implementation of family health tasks in families with elderly hypertension in the village show that the majority of families ability to carry out family health tasks is high (62.5%), where the family's ability to carry out the task of utilizing existing health service facilities is also high (62.5%).

The results of this study are also in line with research conducted by Ahsan, Kumboyono and Faizah (2018) which showed that the majority of families with hypertension used health facilities in the good category (82.5%).

Families in utilizing health services, where they usually visit health services that are usually visited and tend to be closest, such as posyandu, Puskesmas or hospitals, this is done for the reason that it is more time efficient and feels suitable. Often the ability of families to reach health facilities becomes an obstacle for families to bring people with hypertension to health facilities. According to the researcher's assumptions, the family's ability to carry out family health tasks is in the good category due to the education factor of the respondents, where 55.2% of respondents with the last education at the high school level, and 26.9% college graduates.

So it can be concluded that with a high educational background, respondents will easily absorb the latest information, especially regarding hypertension. Sufficient knowledge of respondents about hypertension and the use of health facilities in urban areas will make it easier for families to make the right decisions and make maximum use of existing health facilities such as Puskesmas.

### CONCLUSION

Implementation of family tasks in the prevention of hypertension in the good category (64.2%). The majority of respondents know the problem of hypertension in the good category (61.2%), perform maintenance actions in the good category (50.7%), treat family members with hypertension in the

good category (53.7%), modify the surrounding health environment in the good category (62.7%) and utilize health service facilities in the good category (61.2%).

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