



Overview of Family Support for Elderly with Hypertension in Kakaskasen 3 and Kakaskasen, Tomohon City, North of Sulawesi

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ABSTRACT

Hypertension is one of the most common chronic diseases experienced by the elderly. One key factor in the successful management of hypertension in older adults is family support. Families serve as the entry point in both the prevention and treatment of diseases, as they are the first to recognize early signs of illness, provide health education, and ensure that family members maintain a healthy lifestyle. This study aims to describe the family support for elderly patients with hypertension in Kakaskasen 3 and Kakaskasen, working areas of the Kakaskasen Public Health Center, Tomohon City. This research employed a quantitative descriptive method with purposive sampling. The instrument used was a questionnaire, with a total of 149 respondents. The findings revealed that 67 respondents (44.97%) received good family support, 78 respondents (52.35%) received moderate support, and 4 respondents (2.68%) received poor support. These results indicate that the majority of elderly individuals received moderate support. However, family support should be further optimized so that the elderly feel secure, respected, cared for, and their daily needs are fulfilled. The results of this study are expected to serve as an evaluation material for Kakaskasen Public Health Center to enhance the active role of families in supporting elderly patients with hypertension, through health education, home visits, and continuous assistance.

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INTRODUCTION

Elderly individuals are those aged 60 years and above who have undergone a natural aging process. At this stage, people require special attention due to the physical and psychological changes occurring within them. These physical and physiological changes affect all body systems and can have significant impacts on the health and quality of life of older adults. Such changes increase the risk of various chronic diseases, including hypertension (Senja & Prasetyo, 2023).

Hypertension, or high blood pressure, is a non-communicable disease. According to the World Health Organization (WHO), hypertension occurs when a person's blood pressure is above the normal threshold, with systolic pressure >140 mmHg and diastolic pressure >90 mmHg. Among the elderly, hypertension is commonly caused by vascular changes, including alterations in the heart. As people age, arterial blood vessels become stiffer and lose elasticity, which makes the heart's workload heavier in pumping blood, ultimately raising blood pressure. Another cause, especially in women, is hormonal changes after menopause. The decrease in estrogen levels leads to stiffening and tension of the arteries, making blood pressure more likely to rise uncontrollably (Isnanta, 2023). Persistent elevation of blood pressure over time can damage vital organs such as the kidneys (renal failure), heart (coronary heart disease), and brain (stroke), if not

addressed early with appropriate treatment. The number of patients with uncontrolled hypertension continues to increase, making participation from all stakeholders—including physicians, government, private sectors, and society—crucial in controlling hypertension risk factors (Sinaga et al., 2022).

According to WHO, the global prevalence of hypertension in 2023 reached 33%. In Indonesia, based on the 2023 Indonesian Health Survey (SKI), the prevalence was 30.8%, while in North Sulawesi it was 29.2% (Bariman, Gracia, et al., 2024).

In Tomohon City, the elderly population aged 60 and above totals 15,887 individuals. Among them, 6,486 elderly patients (23.83%) received healthcare services for hypertension in 2024 (Tomohon Health Office, 2024). Specifically, in the Kakaskasen Health Center working area, 513 elderly patients with hypertension received treatment in 2024 (Kakaskasen Health Center, 2024). According to Notoatmodjo (2018), one of the most crucial factors for successful hypertension management in the elderly is family support. Families act as the entry point in both prevention and treatment because they are the first to recognize early symptoms, provide health education, and ensure that members adopt healthy lifestyles. Family involvement becomes increasingly significant when a member requires continuous assistance due to health issues. Family-centered nursing is based on the perspective that the family is the fundamental unit for individual care. Elderly patients with hypertension have physical limitations that lead to high dependency on others, especially family support, in carrying out daily activities. Family support consists of four dimensions: emotional, informational, instrumental, and appraisal (Nursalam, 2020).

A study by Sulistyorini and Saputri (2024) on family support in caring for elderly patients with hypertension in Pacekulon Village, Pace District, Nganjuk Regency, revealed that 60% of respondents received good family support, 30% moderate support, and 10% poor support. Similarly, research conducted by Widayanti, Novia, Rahmawati, and Isnaeni (2024) on family support for elderly patients with hypertension in Padukuhan Plurugan, Kasihan II, Bantul, Yogyakarta, showed that 72.5% of respondents received good support and 27.5% received moderate support, with no respondents reporting poor family support.

Data from Kakaskasen Health Center indicate that in 2024, there were 182 elderly hypertension patients aged 60 and above in Kakaskasen and Kakaskasen 3 sub-districts, with 89 patients in Kakaskasen and 93 in Kakaskasen 3. Based on researchers' observations, elderly individuals generally live with their families and are treated well, but due to busy work schedules, family members often have limited time to accompany and communicate with them. Families provide care and affection but not optimally. Daily needs are provided, though dietary attention varies—some families monitor salt intake while others do not. When visiting health facilities, family assistance is often limited because of work commitments; sometimes, others are asked to accompany elderly relatives to health centers or hospitals. Kakaskasen and Kakaskasen 3 were chosen as research sites because of the high number of elderly hypertension patients and the lack of prior research on family support in these areas. Therefore, the researchers were motivated to conduct a study entitled: "An Overview of Family Support for Elderly Patients with Hypertension in Kakaskasen 3 and Kakaskasen, Working Area of Kakaskasen Health Center, Tomohon City."

RESEARCH METHOD

A research design serves as a framework to answer research questions. The design used in this study was descriptive, aiming to systematically, factually, and accurately describe a phenomenon and the relationships among the phenomena under study. This research does not intend to test hypotheses but rather to present data that provide clearer understanding (Nursalam, 2020). Data were collected through two sources: primary data and secondary data. The main instrument used was a questionnaire on family support for elderly patients with hypertension. The questionnaire measured whether families provided emotional, appraisal, instrumental, and informational support to elderly individuals with hypertension.

The questionnaire consisted of 12 questions, categorized as follows: Emotional support: questions 1–3; Appraisal support: questions 4–6; Instrumental support: questions 7–9; Informational support: questions 10–12. Respondents answered by placing a check mark (√) in the available columns. Respondents were selected using purposive sampling, with representation taken from each neighborhood. The researcher visited respondents at their homes, introduced themselves, explained the research objectives, and requested their consent to participate in the study. Data were analyzed using univariate (descriptive) analysis to describe each research variable such as age, gender, education level, and the categories of family support (good, moderate, and poor). The data analysis was conducted using Microsoft Excel through the following steps: editing, coding, entry, cleaning, and tabulating.

RESULT AND DISCUSSION

Table 1 Respondents' Characteristics by Gender (n=149)

Gender	Frequency	(%)
Female	103	69.10%
Male	46	30.90%
Total	149	100%

Source: Primary Data

Most respondents were female (103 respondents or 69.10%). Meanwhile, male respondents numbered 46 (30.90%). This indicates that more elderly women suffered from hypertension compared to men in this population. Previous studies also showed that 47.94% of elderly individuals with hypertension were women aged 70–79 years (Wahyuningsi & Astuti, 2013). Another study reported that 58.7% of hypertensive patients, ranging from mild to malignant hypertension, were women. This is associated with menopause, as estrogen—known to increase levels of high-density lipoprotein (HDL)—declines during this stage. HDL helps protect against atherosclerosis. As estrogen levels decrease, so does HDL, increasing the risk of hypertension in postmenopausal women (Kusumawaty et al., 2016). The researcher concluded that elderly women in this study experienced hypertension partly due to this hormonal factor.

Table 2 Respondents' Characteristics by Age (n=49)

Age	Frequency	(%)
60–69 years (Pre-elderly)	66	44.30%
70–79 years (Elderly)	76	51.00%
80 years > (Late Elderly)	7	4.70%
Total	149	100%

Source: Primary Data

Based on Table 2, the majority of elderly respondents with hypertension were aged 70–79 years, totaling 76 respondents (51.00%). This was followed by the age group 60–69 years with 66 respondents (44.30%), while those aged 80 years and above accounted for only 7 respondents (4.70%). This finding is consistent with previous research, which reported that the majority of older adults with hypertension were within the age range of 60–74 years, totaling 46 respondents (92%). The risk of hypertension increases with advancing age. At the age range of 60–64 years, the risk of developing hypertension is 2.18 times higher than before, rising to 2.45 times at ages 65–69 years, and further increasing to 2.97 times at over 70 years of age. For each additional year of age, systolic and diastolic blood pressure increases by approximately 2 mmHg. This occurs because, with aging, large arteries experience reduced elasticity or even loss of compliance, leading to vascular stiffness and subsequent elevation in blood pressure (Akbar et al., 2020). According to the researcher, advancing age in line with the aging process contributes to increased blood pressure in individuals. The decline in cardiovascular function makes older adults more susceptible to elevated blood pressure.

Table 3. Respondents' Characteristics by Education Level (n=149)

Education Level	Frequency	(%)
Elementary School	30	20.10%
Junior High School	47	31.50%
Senior High School	67	45%
Bachelor's Degree	5	3.40%
Total	149	100%

Source: Primary Data

Based on Table 3, the majority of respondents had completed senior high school/vocational high school (SMA/SMK), totaling 67 respondents (44.90%). This was followed by junior high school graduates with 47 respondents (31.50%), and elementary school graduates with 30 respondents (20.10%). Only 5 respondents (3.40%) had a university degree. This finding is consistent with a previous study conducted at

Palas Public Health Center, South Lampung Regency, where respondents' educational levels were elementary school 6.7%, junior high school 13.3%, senior high school 40%, and university 13.3%. The study indicated that educational level influences the effectiveness of hypertension education on the knowledge of elderly individuals with hypertension, where a higher level of education is associated with greater knowledge and an increased ability to receive health information provided by healthcare workers, particularly regarding hypertension (Novita & Dicky, 2024). The data in this study show that most elderly respondents with hypertension had a secondary education level. The researcher argues that this influences their knowledge in maintaining a healthy lifestyle and managing blood pressure. In general, the higher a person's education, the easier it is for them to receive health information and apply it in daily life.

Table 4. Overview of Family Support for Elderly Patients with Hypertension in Kakaskasen 3 and Kakaskasen (n=149)

Family Support	Frequency	(%)
Good	67	44.97%
Fair	78	52.35%
Poor	4	2.68%
Total	149	100%

Source: Primary Data

Based on Table 4, the results show that the majority of elderly individuals with hypertension in Kakaskasen 3 and Kakaskasen, within the working area of Kakaskasen Public Health Center, Tomohon City, received a moderate level of family support, totaling 78 respondents (52.35%). This indicates that families have provided support but not yet to the fullest extent. A previous study conducted at Andalas Public Health Center in Padang reported that 41.9% of elderly respondents received moderate family support, indicating that family support plays an important role in the management of chronic diseases such as hypertension in the elderly. Such support may take the form of physical assistance (accompanying to health facilities, reminding medication schedules), emotional support (providing encouragement and attention), and informational support (delivering information regarding the importance of regular treatment). Elderly individuals who feel cared for and accompanied by their families tend to have higher motivation to adhere to treatment (Angraini et al., 2025). Furthermore, 67 respondents (44.97%) reported receiving good family support, reflecting active family involvement in providing support to elderly individuals with hypertension. Meanwhile, 4 respondents (2.68%) reported receiving poor support. Although relatively small, this remains a concern since there are still elderly individuals who need family support in their daily lives to manage hypertension. Based on these findings, the researcher concludes that the level of family support for elderly individuals in Kakaskasen 3 and Kakaskasen, under the working area of Kakaskasen Public Health Center, is moderate and still needs to be improved, particularly in terms of providing health information and practical daily assistance.

Table 5. Distribution of Emotional Support (n=149)

Emotional Support	Frequency	(%)
Good	79	53
Fair	69	46,3
Poor	1	0,7
Total	149	100

Source: Primary Data

The results showed that most respondents (53%) received good emotional support, 46.3% received moderate support, and only 0.7% received poor support. Emotional support includes affection, encouragement, attention, empathy, listening to complaints, and providing psychological comfort. This is essential to maintain emotional stability and reduce stress, which can worsen hypertension.

This finding aligns with a study by Adinda, Husna, and Yuni (2023) in Banda Aceh, which reported that 75.5% of respondents received good emotional support. The researchers concluded that strong emotional

support helps elderly individuals with hypertension feel calmer, more motivated, and psychologically stable, as they feel loved and not alone.

Table 6. Distribution of Appraisal Support (n=149)

Appraisal Support	Frequency	(%)
Good	141	94,6
Fair	8	5,4
Poor	0	0,0
Total	149	100

Source: Primary Data

Appraisal support was predominantly good (94.6%). This includes recognition of the elderly's role in the family, boosting self-confidence, and ensuring that they still feel valued and respected. Families also accept their limitations and provide consistent support during treatment.

This is consistent with Widayanti et al. (2024), who found that 97.5% of respondents in Bantul, Yogyakarta, received good appraisal support. According to Notoatmodjo (2018), this type of support is crucial in helping elderly patients with hypertension evaluate their condition, maintain dignity, and make healthier lifestyle decisions.

Table 7. Distribution of Instrumental Support (n=149)

Instrumental Support	Frequency	(%)
Good	74	49,7
Fair	71	47,7
Poor	4	2,7
Total	149	100

Source: Primary Data

Nearly half (49.7%) of the respondents received good instrumental support, while 47.7% received moderate support. Instrumental support includes practical help such as preparing low-salt diets, reminding and assisting with medication, accompanying to health facilities, providing transportation, and financial assistance.

Previous research at Guntur Health Center found that 71.1% of elderly patients received good instrumental support (Nugraha, 2023). Families that provide such support enable elderly patients to maintain regular treatment and live healthier lives.

Table 8. Distribution of Informational Support (n=149)

Informational Support	Frequency	(%)
Good	34	22,8
Fair	77	51,7
Poor	38	25,5
Total	149	100

Source: Primary Data

Informational support was the weakest dimension, with only 22.8% of respondents receiving good support, while 51.7% received moderate support and 25.5% received poor support. This support includes providing knowledge about hypertension, management strategies, diet, physical activity, and lifestyle.

Many families were not optimal in giving or seeking health information due to limited knowledge, busy schedules, poor communication, or reliance on medical professionals. However, family involvement in sharing health information is critical in increasing elderly patients' understanding, adherence to treatment, and motivation to adopt healthy habits (Febrina, 2021).

Based on the data obtained, the highest family support dimension was appraisal support (94.6%), while the lowest was informational support (25.5%). Overall, the majority of respondents received moderate support. This shows that while families provide care, emotional attention, and recognition, there are still gaps in health education and practical guidance.

CONCLUSION

Based on the findings and discussion presented in the previous chapter regarding Family Support for Elderly Patients with Hypertension in Kakaskasen 3 and Kakaskasen, Working Area of Kakaskasen Health Center, Tomohon City, the following conclusions can be drawn:

A total of 149 respondents participated in this study, most of whom were elderly individuals aged 70–79 years and had a secondary education background (Senior High School/SMK). In terms of family support, 67 respondents (44.97%) reported good support, 78 respondents (52.35%) reported moderate support, and 4 respondents (2.68%) reported poor support. The overall results indicate that most elderly individuals with hypertension in Kakaskasen 3 and Kakaskasen receive moderate family support, although efforts should be increased—especially in providing informational support—to optimize elderly well-being and hypertension management.

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