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The relationship of family support with the quality of life of hypertension in the elderly

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Abstract

Background: Hypertension is one of the most prevalent chronic diseases among the elderly, significantly affecting their quality of life. In Rejang Lebong, the prevalence of hypertension is 30.71%, with over 60% of the elderly population affected. Health-Related Quality of Life (HRQoL) in elderly individuals with hypertension includes physical, psychological, and social aspects. Family support is a form of interpersonal relationship characterized by attitudes, actions, and acceptance among family members. Families in Rejang Lebong often exhibit a patriarchal structure.
Purpose: To examine the relationship between family support and the quality of life of elderly individual swith hypertension.
Method: A cross-sectional approach, specially focusing on observational study. The study took place from July-August 2024, in Rejang Lebong, Bengkulu. The independent variable was family support the dependent variables is quality of life. Using purposive sampling and Lemeshow formula, 87 respondent were selected, who met specific inclusion and exclusion criteria. The analysis proceeded with a univariate test to determine the frequency distribution of respondents characteristics, followed by bivariate analysis using spearman rank test.
Results: Family support respondents were mostly categorized as high 43 (49.4%) and had a moderate quality of life 64 (73.6%) and significance value (Sig.) <0.05.
Conclusion: Indicates most respondent had high family support and moderate quality of life. There is a significant relationship between family support and all domains of quality of life in the elderly with hypertension.

Keywords: Elderly; Family Support; Hypertension; Quality Of Life.

INTRODUCTION

The elderly, or senior citizens, are individuals aged 60 years and above. This age group has entered the aging period and requires special attention concerning their welfare, health, and social rights. Elderly individuals are a vulnerable population that needs a holistic health approach, as they tend to face various chronic health problems such as hypertension, diabetes, heart disease, and problems related to mobility and cognitive function. Hypertension is one of the most prevalent chronic diseases among the elderly, significantly affecting their quality of life. Health-Related Quality of Life (HRQoL) in elderly individuals with hypertension includes physical, psychological, and social aspects, as well as the ability to perform daily activities. The incidence of hypertension in Rejang Lebong is 30.71%, with over 60% of cases occurring in the elderly population (Dewi, Andas, Puspitasari, Wada, Romantika, Shoaliha & Nurwaidah, 2024).

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Hypertension in the elderly is a major health problems associated with increased risk of cardiovascular disease, stroke, and other complications. The susceptibility of the elderly to hypertension is heightened by physiological changes that accompany aging, including increased arterial stiffness and decreased kidney function. Quality of life refers to an individual's perception of their position in society, considering values, culture, local customs, desires, and aspirations. It is a multidimensional concept that encompasses not only physical aspects but also psychological and social dimensions (Abu, Abdul, Idris, & Mohd Nawi, 2021). Age and quality of life are interrelated, especially in the context of health, well-being, and happiness in old age. As individuals age, they undergo various physical and mental changes that can affect their quality of life. For the elderly, quality of life refers to the level of well- being they experience across physical, psychological, and social. Family support is defined as the assistance provided to family members in the form of goods, services, information, and advice, which can help the recipient feel loved, valued, and comfortable (Burnier, Polychronopoulou, & Wuerzner, 2020). The relationship between different types of family support and life satisfaction, mediated by mental health and social integration, has significant implications for improving the well-being of the elderly. Effective family support can improve family functioning, reduce anxiety, and improve the quality of life in elderly individuals with hypertension (Bolina, Araujo, Haas, & Tavares, 2021).

Family support is a crucial factor affecting a person's physical, emotional, and social well-being, particularly in those with health conditions that require special attention, such as elderly individuals with hypertension. Quality of life is a comprehensive concept that includes well-being across various aspects, including physical health, psychological state, social relationships, and living environment. In this context, family support can significantly affect how individuals navigate their lives and manage the challenges they encounter. Family relationships in Rejang Lebong, Bengkulu, generally reflect the traditional values of Sumatran society. The region is predominantly inhabited by the Rejang tribe, known for its strong social and kinship structures, where family bonds play a crucial role in daily life. The family serves as a support system for the elderly by promoting and maintaining their health.

The role of the family in caring for the elderly includes managing their health, ensuring proper nutrition, monitoring sleep patterns, and providing overall care. Additionally, families should educate the elderly about hypertension and its potential consequences. Elderly individuals with hypertension are often unaware of the risks associated with their condition or may suffer from memory loss, a possible effect of hypertension. Therefore, the role of the family is vital in enabling elderly individuals with hypertension to maintain a high quality of life (Chen, Bolt, & Hooimeijer, 2024). Family support, which fosters mental well-being and social integration, has significant implications for increasing life satisfaction among the elderly. Improving family functioning and reducing anxiety in elderly individuals with hypertension can lead to an improved quality of life (Celik, Celik, Hikmet, & Khan, 2018).

RESEARCH METHOD

A cross-sectional approach, specially focusing on observational study. The study took place from July-August 2024, in Rejang Lebong, Bengkulu. The independent variable was family support the dependent variables is quality of life. Using purposive sampling and Lemeshow formula, 87 respondent were selected, who met specific inclusion and exclusion criteria. The inclusion criteria required consisted of men and women aged 60-70 years with a history of hypertension who were living in the Rejang Lebong area in 2024. Exclusion criteria included elderly individuals presenting with emergency medical conditions.

Data obtained from (World Health Organization Quality of Life) WHOQOL- BREF and family support questionnaire. The WHOQOL-BREF questionnaire instrument consisted of 26 items that included various aspects of quality of life consisting of 20 questions assessing emotional, instrumental, appraisal/value, and informational support. Responses were measured on a Likert scale: Very Often (4), Often (3), Sometimes (2), and Never (1). Family support scores ranged from 20-80 and were categorized as high 60-80, medium 40-59, and low 20-39.

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The Family Support Questionnaire consisted of 20 questions to assess the level of family support in four main aspects, namely emotional support, instrumental support, valuation support, and information support. Responses to this questionnaire were measured using a Likert scale with four answer options, namely Very Often (4), Often (3), Sometimes (2), and Never (1). Based on the accumulated scores, family support was categorized into high 60-80, medium 40-59, and low 20-39.

The analysis proceeded with a univariate test to determine the frequency distribution of respondents characteristics, followed by bivariate analysis using spearman rank test. This research has obtained permission from the Research Ethics Committee of the Health Polytechnic of the Ministry Bengkulu with number. KEPK.BKL/435/06/2024.

RESEARCH RESULTS

Table 1. Characteristics of Respondent (N=87)

Variable	Results
Age (Mean±SD)(Range)(Year)	(65.52±3.841)(60-73)
Gender (n/%)	
Male	44/50.6
Female	43/49.4
Education (n/%)	
Elementary School	34/39.1
Junior High School	12/13.8
Senior High School	34/39.1
College	7/8.0
Family Support (n/%)	
Poor	7/8.0
Moderate	37/42.6
High	43/49.4
Quality of Life (n/%)	
Good	20/23.0
Moderate	64/73.6
Poor	3/3.4
Domain Quality of Life (n/%)	
Physical	
Good	20/23.0
Moderate	64/73.6
Poor	3/3.4
Psychological	
Good	35/40.2
Moderate	50/57.5
Poor	2/2.3

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Variable	Results
Social	
Good	58/66.7
Moderate	24/27.6
Poor	5/5.7
Environment	
Good	59/67.8
Moderate	27/31.0
Poor	1/1.2
Blood Pressure (Mean±Median)(Range)(mmHg)	
Systolic	(166.1 ± 160)(120-200)
Diastolic	(84.9 ± 80)(60-120)

Tabel 1 shows characteristics of respondent with a mean age and standard deviation (65.52±3.841) ranging from 60-73 years. The majority of respondents were male as shown by 44 (50.6%) and completed education at the elementary and high school levels by 34 (39.1%). Family support respondents were mostly categorized as high 43 (49.4%) and had a moderate quality of life 64 (73.6%). Blood pressure of respondent with a mean and median systolic (166.1 ± 160) ranging from 120-200, then respondent with a mean and median diastolic (84.9± 80) ranging from 60-120. Most respondents had moderate quality of life in the physical domain (73.6%) and psychological domain (57.5%). Meanwhile, the majority of respondents had good quality of life in the social domain (66.7%) and environmental domain (67.8%).

Tabel 2. Relationship Family Support and Quality of Life

Variable	Quality of Life			Sig (2-tailed)	r
	Good (n=33)	Moderate (n=53)	Poor (n=1)		
Family Support (n/%)					
High	24/27.6	19/22.5	0/0		
Moderate	9/10.3	28/32.2	0/0	0.010	0.370
Poor	0/0	6/6.9	1/1.0		

Tabel 2. Inquired was a significant relationship between family support and quality of life (p = 0.010, r = 0.370). High family support was associated with better quality of life (27.6%). Moderate family support was more associated with moderate quality of life (32.2%). Meanwhile, low family support tended to be associated with low quality of life, with 6.9% of respondents having moderate quality of life.

Table 3. Analysis Spearman Rank Test

Variable	Coefficient Correlation	Sig (2-tailed)
Domains Quality of Life		
Physical	0.430	0.000
Psychological	0.357	0.020
Social	0.294	0.003
Environmental	0.273	0.048

Tabel 3. Shows significance value (Sig.) <0.05 indicates a relationship between family support and quality of life in all domains. This relationship has a correlation strength in the middle category.

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DISCUSSION

The average age of respondent in this study was 65.5 years, with the oldest participant being 73 years and the youngest 64 years. As age increases, individuals may experience various lifestyle changes, including feelings of loneliness, chronic health conditions, and diminished physical strength. Mental and psychomotor changes can also occur, along with psychosocial shifts such as retirement, loss of income, loss of partners and friends, and reduced activities. These factors can significantly affect the quality of life with p-values <0.05. The strength of these relationships is moderate, as indicated by correlation coefficients >0.25. The average systolic blood pressure among respondent was 166.1 mmHg, while the average diastolic blood pressure was 84.9 mmHg.

Based on the age and blood pressure distribution, the respondent' systolic blood pressure is classified as high, whereas the diastolic pressure is classified as normal. In elderly individuals, blood pressure typically increases with age due to decreased vascular elasticity. Hypertension in elderly individuals is a prevalent condition, generally defined as blood pressure consistently exceeding 140/90 mmHg. This condition poses risks as it increases the likelihood of complications that may diminish quality of life (Chantakeeree, Sormunen, Estola, Jullamate, & Turunen, 2022).

Most respondent (49.4%) receive high levels of family support (49.4%), while only 8% receive poor (low) family support. Family support in Indonesian society is significantly shaped by deep-rooted cultural, religious, and social values, as the family is considered the primary social unit. Families are often expected to provide emotional, financial, and social support, particularly to elderly members (Damayanti, 2019). Family support has been shown to correlate with better blood pressure control in elderly individuals, particularly among those with hypertension. Such support includes the attitudes, actions, and acceptance of family members toward the individual, fulfilling the affective function of addressing psychosocial needs and providing care and affection, ultimately improving the quality of life in elderly individuals (Devi, 2017).

The respondent' quality of life was rated as good for 23.0%, moderate for 73.6%, and poor for only 3.4%. Hypertension frequently leads to complications such as heart disease, stroke, kidney failure, and vision problems (Chollou, Shirzadi, Pourrazavi, Babazadeh, & Ranjbaran, 2022). These complications can diminish the physical abilities and daily functioning of elderly individuals, thereby affecting their quality of life. Elderly individuals with hypertension often require care assistance, either from family members or healthcare services, which can lead to a feeling of decreased independence. Key determinants of quality of life in the elderly include, in descending order, age, subjective health status, monthly household income, leisure activities, and health disparity equity. As age increases, quality of life tends to decrease; conversely, a higher subjective health status is associated with an improved quality of life. Family support plays a significant role in managing chronic diseases like hypertension in elderly individuals, contributing directly to an improved quality of life (Dahlberg, & McKee, 2018).

Quality of life related to Domain 1 (physical health) emphasizes aspects related to an individual's physical condition. This domain is measured through indicators that assess various elements of physical health affecting overall well-being. Physical health is crucial for determining how effectively a person can engage in daily activities and maintain a sense of well-being (Ezalina, Machmud, Effendi, & Maputra, 2019). The results of this study indicate that 73.6% of respondent had a moderate level of physical health, while 23.0% were rated as good. Bivariate analysis using the Spearman rho test indicated a statistically significant relationship between family support and quality of life in the physical health domain ($p = 0.00$, $r = 0.43$). This close relationship highlights how strong family support can improve an individual's ability to maintain physical health and aid recovery during illness. Family support can foster a healthy lifestyle and contribute to disease prevention through a healthy environment and shared habits, such as healthy eating and regular exercise. Positive health behaviors and high health status are predictors of a better quality of life (Lee, Piette, Heisler, Janevic, Langa, & Rosland, 2017).

Quality of life related to Domain 2 (psychological state) emphasizes aspects related to mental and emotional well-being, including factors such as

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mental health, life satisfaction, stress levels, anxiety, depression, and the capacity to enjoy life and feel empowered to handle life's challenges. Elderly individuals with hypertension often experience stress, anxiety, or depression, particularly when the condition is prolonged or leads to complications. Stress and emotional pressure can elevate blood pressure, making emotional support crucial for stabilizing blood pressure levels (Kaur, Kaur, & Venkateashan, 2015). Poor mental health can further diminish the elderly's perception of quality of life, as it may lead to a sense of lost control over their health. Psychological support from family, friends, or healthcare providers is essential to help address these psychological aspects (Yang, Gao, Li, Wang, Wang, & Wang, 2022).

The results of this study indicate that 57.5% of respondent reported a moderate level of psychological health, while 40.2% were rated as good. Bivariate analysis using the Spearman rho test revealed a statistically significant relationship between family support and the quality of life domain related to psychological health, p = 0.00, r = 0.43. Families that provide emotional support such as attention, affection, and a sense of security can help alleviate stress and anxiety experienced by elderly individuals with hypertension. Since stress and emotional pressure are known to elevate blood pressure, strong emotional support from family helps in maintaining stable blood pressure levels (Jiyun, & Jong Eun, 2018). Family emotional support is vital for sustaining and improving psychological quality of life. A supportive family offers a sense of security, affection, and understanding, which can help alleviate stress, offer problem-solving solutions, and bolster mental health. Emotional and decision-making support in mental health and social well-being can significantly increase life satisfaction among the elderly. A balance between psychological quality of life and family support is essential for achieving overall happiness and well-being (Mahdi, Mike & Putra, 2022).

Quality of life related to Domain 3 (social relationships) emphasizes aspects related to social relationships, interactions with the environment, and the level of social support received. This domain plays a critical role in a person's ability to function in society, build interpersonal relationships, and feel emotionally supported within their social network. The family often represents the core social network, providing emotional, practical, and financial support. For most individuals, family is the primary foundation for building social relationships. In this domain, 66.7% of respondent reported a good quality of life, while 27.6% were rated as moderate. Bivariate analysis indicated a statistically significant relationship between family support and quality of life in the psychological domain, with p = 0.03 and r = 0.29.

Social support from family can increase an individual's sense of security, self-confidence, and capacity to form relationships outside the family. Mental well-being and social integration significantly affect life satisfaction among the elderly. Support from family, friends, and loved ones is positively correlated with quality of life in elderly individuals (Nakhodaeezadeh, Jafarabadi, Allahverdipour, Matlabi, & Dehkordi, 2017). Families also play a crucial role in the social recovery process after crises, such as serious illness or trauma. Elderly individuals with strong social support from family and community tend to experience a higher quality of life, even when managing hypertension. Family social support can include practical assistance, such as reminders to take medication, as well as emotional encouragement to stay motivated in managing the disease. Social support within the family is instrumental not only in managing health conditions but also in improving social and emotional well-being, which are critical to the quality of life in elderly individuals with hypertension (Oliveros, Patel, Kyung, Fugar, Goldberg, Madan, & Williams, 2020).

Quality of life related to Domain 4 (living environment) emphasizes aspects related to the physical and social environment that affect an individual's well-being. This domain generally includes elements such as environmental cleanliness, safety, availability of secure public facilities, sanitation, and access to clean water. It also covers essential resources, such as access to energy, water, and suitable housing (Hamedani, Salar, & Kermansaravi, 2021). Environmental conditions, along with health and quality of life, play a significant role in affecting stress levels among the elderly. Factors like air quality and noise levels in residential areas affect comfort levels. Family support

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can shape individuals' perceptions and experiences of their environment, thereby contributing positively to their overall quality of life. A supportive living environment has been shown to increase life satisfaction and health among elderly individuals significantly (Priastana, & Kusumaningtiyas, 2020).

A supportive family helps elderly individuals adjust more effectively to environmental challenges, such as inconsistent access to healthcare services or public facilities. Factors like gender, education, financial independence, and family support are key determinants of quality of life in elderly individuals. Education, financial resources, and family support are strong predictors of overall quality of life in the elderly (Purnomo, Apsari, & Hadyanawati, 2019). The relationship between various types of family support and life satisfaction mediated by mental well being and social integration has significant effects for increasing life satisfaction in elderly individual. A supportive living environment that encourages minimal interaction within a care network can greatly increase life satisfaction. Support from close family, friends, and other significant individuals is positively associated with quality of life in elderly individuals (Souza, Viana, Cruz, Silva, Rosa, Siqueira, & Sawada, 2021).

Family support shows a significant relationship with life satisfaction among elderly individuals in China. This study highlights the effect of emotional support and decision-making support on improving mental health and social well-being in elderly populations, thereby further improving their life satisfaction (Wang, Yang, Di, & Dai, 2020)

CONCLUSION

Most respondent had high family support and moderate quality of life. There is a significant relationship between family support and all domains of quality of life in the elderly with hypertension.

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