

Family Support and Diet Compliance for Elderly Hypertension at Prolanis Semanding Tuban Health Center

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ABSTRAK

Indonesia saat ini mengalami beban ganda penyakit, yakni penyakit menular dan tidak menular. Penyakit yang tidak menular yang saat ini menjadi fokus utama dalam bidang kesehatan global adalah hipertensi yang disebut sebagai *the silent killer disease*. Keberhasilan dalam mengontrol hipertensi sangat dipengaruhi oleh kepatuhan penderita dalam menjalankan diet hipertensi. **Tujuan** : Tujuan penelitian ini untuk mengetahui gambaran dukungan keluarga dan kepatuhan diet hipertensi lansia di PROLANIS Puskesmas Semanding Tuban. **Metode** : Desain penelitian menggunakan deskriptif dengan populasi seluruh lansia yang hipertensi dan aktif mengikuti PROLANIS sejumlah 40 orang. Teknik sampling yang digunakan adalah *total sampling*. Instrumen penelitian menggunakan kuesioner dukungan keluarga dan kepatuhan diet. **Hasil** : Berdasarkan hasil penelitian menunjukkan sebagian besar lansia hipertensi yang aktif mengikuti kegiatan PROLANIS mendapatkan dukungan baik dan sebagian besar dalam kategori cukup patuh. Sebagian besar lansia dengan dukungan keluarga baik memiliki kepatuhan diet yang cukup patuh dan sebagian besar lansia dengan dukungan keluarga kurang memiliki kepatuhan diet tidak patuh. **Kesimpulan** : Dukungan keluarga sangat penting diberikan kepada lansia yang mengalami hipertensi. Adanya dukungan terhadap lansia dapat menyebabkan ketenangan batin dan perasaan yang senang dalam diri lansia. Selain itu dukungan berdampak pada kemudahan lansia untuk melakukan diet hipertensi, karena diet ini merupakan salah satu metode pengendalian yang tanpa menyebabkan efek samping dan bersifat alami.

Kata kunci : Dukungan Keluarga, Kepatuhan Diet, Hipertensi, Lansia

ABSTRACT

Indonesia is currently experiencing a double burden of disease, namely infectious and non-communicable diseases. One of the non-communicable diseases that is currently a priority in global health is hypertension, which is known as the silent killer disease. Success in controlling hypertension is greatly influenced by patient compliance in following a hypertension diet. Objective : The aim of this research is to determine the description of family support and diet compliance for elderly hypertension at PROLANIS Semanding Tuban Health Center. Method : The research design used descriptive research with a population of 40 elderly people who were hypertensive and actively participating in PROLANIS. The sampling technique used was total sampling. The research instrument used a family support and diet compliance questionnaire. Results : Based on the research results show that the majority of hypertensive elderly who actively participate in PROLANIS activities receive good support and most are in the fairly compliant category. Most of the elderly with good family support had fairly compliant diet compliance and the majority of elderly with poor family support have non-compliant diet compliance Discussion : Family support is very important to give to elderly people who experience hypertension. Having support for the elderly can lead to inner peace and happy feelings in the elderly. Apart from that, support has an impact on making it easier for elderly people to follow a hypertension diet, because this diet is a control method that does not cause side effects and is natural.

Keywords: Family Support, Diet Compliance, Hypertension, Elderly

INTRODUCTION

Indonesia is currently experiencing a double burden of disease, namely infectious and non-communicable diseases. According to (Ansar & Dwinata, 2019 in Liawati et al., 2024). A non-

communicable disease that is currently the main focus in the global health sector is hypertension. A person will be said to be hypertensive if their blood pressure exceeds the normal limit, namely above 140/90 mmHg or more at rest, after 2 examinations, and within a time limit of five minutes. Blood pressure rises when there is an increase in systole, the height of which depends on each affected individual (Tambunan et al, 2021). Someone who has hypertension is often unaware of their condition, and eventually realizes that they have experienced complications due to hypertension, so they are often referred to as the Silent killer disease is a disease that damages the body without causing clear or visible symptoms, so sufferers may not be aware of their condition until serious complications arise. (Zahidah, 2021). Success in controlling hypertension depends greatly on the extent to which sufferers adhere to a special diet for hypertension. Compliance with this dietary pattern is often related to the support provided by the family, which plays an important role in caring for hypertension sufferers at home and providing motivation and confidence to face the challenges of following the required diet. Nita, 2018)

The Indonesian Ministry of Health in (Rusmiyati, 2018) stated that hypertension is currently increasing globally and has become one of the most urgent health problems. It is also estimated that every year 10.44 million people die from hypertension. In Indonesia, it is estimated that there are around 63,309,620 individuals who suffer from hypertension, with the death rate due to this disease reaching 427,218 cases. Hypertension generally occurs in the age range 31-44 years as much as 31.6%, 45-54 years as much as 45.3%, and 55-64 years as much as 55.2%, as reported by the Ministry of Health of the Republic of Indonesia in 2019. (Republic of Indonesia Ministry of Health, 2019).

According to information contained in the 2020 East Java Health Profile, the prevalence of hypertension in 2018 was 22.71%, but in 2019 it rose to 40.1%. In 2020, the number of hypertensive sufferers reached 36.3% of the total population of East Java which amounted to around 11,008,334 people, as reported by the Ministry of Basic Research in 2018. Data from the Tuban Health Office in 2021 shows that visits by hypertensive patients reached 18, 89%. In 2023, the Semanding Community Health Center in Tuban Regency recorded the lowest number of visits at 32% of the national target which should reach 100%. (East Java Health Profile, 2021). The chance of experiencing high blood pressure (hypertension) tends to increase as a person ages. About 2 out of 3 individuals aged over 75 years are estimated to have hypertension. In the elderly, blood pressure is considered high if it exceeds 140/90 mmHg. Hypertension in the elderly is

associated with the aging process that occurs in the body. As a person ages, blood pressure also increases (Handayani, 2020).

According to (Setianingsih, 2017 in Liawati et al., 2024), the increase in hypertension cases every year is also caused by a lack of information and awareness in checking blood pressure regularly, unhealthy eating patterns due to global lifestyle changes which have resulted in a decrease in consumption of fresh vegetables and fiber, as well as increased consumption of salt and fat. Apart from that, lack of adherence to diet is also a major factor in increasing hypertension problems. As a result of the diet you follow, negative impacts can arise such as damage to the kidneys (kidney failure), heart (coronary heart disease), brain (stroke) and even death. (Amelia & Kurniawati, 2020).

Step to reduce high blood pressure is to adhere to a special diet for hypertension. According to Setianingsih (2017) Compliance with diet is influenced by a number of factors, including age, gender, education level, type of work, participation status in health insurance, duration of illness, knowledge about the hypertension diet, family support for the diet, the role of health workers, motivation for following the diet, and the patient's eating patterns. Of these factors, family support is one factor that cannot be ignored, because family support is quite an important factor and is a reinforcing factor that influences patient compliance. The form of providing family support to family members who experience problems, namely with instrumental support , informational support, appreciation support and emotional support to achieve the well-being of family members and meet psychosocial needs. The family's role is key in meeting needs, knowing when to seek help, and providing support in maintaining compliance to reduce the risk of recurrence and complications. Families can also help in treating hypertension by arranging healthy eating patterns, encouraging them to exercise together, and encouraging regular blood pressure checks. (Nurhikma, 2021). Family involvement plays an important role in increasing hypertensive patients' adherence to diet (Pranata, 2018).

The government's efforts to control the increasing prevalence of hypertension are by implementing the Healthy Living Community Movement (Germas) program. This program aims to provide knowledge and awareness about the importance of maintaining health. As a preventive activity about preventing disease rather than treating it. Germas is currently being launched by the Indonesian Ministry of Health. The Germas program includes six main activities, including increasing physical activity, practicing clean and healthy living behavior, procuring healthy food and improving nutritional intake, increasing efforts to prevent and early detect disease, improving

environmental quality, and increasing education about healthy lifestyles (Hapsari & Yufiana, 2023).

BPJS Health has designed the Chronic Disease Management Program (Prolanis) as an addition to these efforts. Prolanis aims to prevent or slow down the emergence of serious complications, as well as to improve the quality of life of hypertension sufferers. This program is an integral part of the national health insurance benefit package run by first-level health service facilities (Fauzi et al., 2020).

This study aims to describe family support and dietary compliance with hypertension in the elderly at the PROLANIS Semanding Community Health Center, Tuban Regency. It is hoped that the results of this research will enrich the nursing literature and provide more insight into the importance of family support in adherence to hypertension diets in the elderly. In addition, the findings of this research can provide valuable input for local governments, especially health services, in formulating hypertension prevention policies. These results can also be used by the Semanding Community Health Center to increase family support and adherence to hypertension diets in the elderly, with the hope of reducing the incidence of hypertension and increasing the number of visits by elderly patients with hypertension.

RESEARCH METHODS

The research design used in this research is descriptive, using a cross-sectional approach, namely a type of research that describes an event or event that is collected only at one time (Nursalam, 2015). The population of this study consisted of 40 elderly people who were hypertensive and actively participating in PROLANIS at the Semanding Community Health Center. In this research, the sampling technique used was total sampling. The types of research variables are family support and diet compliance for elderly hypertension. The data collection method in this research uses a questionnaire and the data analysis used is descriptive analysis where this analysis model uses data processing procedures by describing and summarizing the data scientifically in the form of tables or graphs (Nursalam, 2016).

RESEARCH RESULT

Table 4.1 Data on Characteristics of Age, Gender, Education, Occupation, and Length of Suffering at PROLANIS Semanding Tuban Health Center, May 2024

Characteristics	Frequency (F)	Percentage(%)
Age		
45-55	5	12,5%
56-65	35	87,5%

Total	40	100%
Gender		
Man	14	35%
Woman	26	65%
Total	40	100%
Level of Education		
Elementary School	1	2,5%
Junior High School	5	12,5%
Senior High School	18	45%
College	16	40%
Total	40	100%
Work		
Work	12	30%
Doesn't work	28	70%
Total	40	100%
Long Suffering		
<5 Years	17	42,5%
>5 Years	23	57,5%
Total	40	100%

Based on table 4.1, it can be seen that there are 40 PROLANIS at the Semanding Community Health Center, almost all (87.5%) aged 56-65 years, most (65%) are female, almost half or on average (45%) have a high school education. and PT, the majority (70%) did not work and the majority (57.5%) had suffered from hypertension for >5 years.

Table 4.2 Data on Family Support for Elderly People with Hypertension at PROLANIS Semanding Tuban Health Center, May 2024

Family Support	Frequency (n)	Percentage (%)
Good	24	60%
Enough	13	32,5%
Not Enough	3	7,5%
Total	40	100%

Based on table 4.2, it can be seen that the majority (60%) of hypertensive elderly who actively participate in PROLANIS activities receive good family support.

Table 4.3 Data on Hypertension Diet Compliance for the Elderly at PROLANIS Semanding Tuban Health Center, May 2024

Obedience	Frequency (n)	Percentage (%)
Obedient	11	27,5%
Quite Obedient	21	52,5%
Not Obey	8	20%
Total	40	100%

Based on table 4.3, it is known that the majority (52.5%) of elderly people who actively participate in PROLANIS activities are in the moderately compliant hypertension diet category.

Table 4.4 Cross Tabulation of Family Support and Diet Compliance for Hypertension in the Elderly at PROLANIS Semanding Tuban Health Center, May 2024

Family Support	Dietary Compliance							Total
	Obedient		Quite Obedient		Not Obey			
	f	%	f	%	F	%	f	
Good	8	33%	14	58%	2	9%	24	100%
Enough	3	23%	6	46%	4	31%	13	100%
Not Enough	0	0	1	33%	2	7%	3	100%
Total	11	27,5%	21	52,5%	8	20%	40	100%

Based on table 4.4, the results show that most of the elderly who actively participate in PROLANIS activities at the Semanding District Health Center (58%) have good family support with fairly compliant diet compliance and the majority (67%) have less support with non-compliant diet compliance.

DISCUSSION

1. Identify the Characteristics of the Elderly

Based on the research results, it is known that there are 40 PROLANIS at the Semanding Community Health Center, almost all of whom are aged 56-65 years, most of whom are female, almost half or on average have a high school or higher education level, most do not work and most have long suffered from hypertension > 5 years.

In general, hypertension begins to develop when a person enters middle age, especially after being over 40 years old. However, hypertension also tends to increase at ages over 60 years. Based on data, hypertension often occurs in the age range 31-44 years, 45-54 years and 55-64 years. The prevalence of hypertension increases with age, with most cases occurring in middle age and the elderly. Therefore, it is important to understand the risks of hypertension and monitor blood pressure especially after age 40 to prevent potentially serious complications. (Nita & Okta, 2018). This is also in line with research conducted by Sapwal et al, (2021) which states that the majority of elderly people who suffer from hypertension are classified as elderly (54.3%). Researchers assume that the older a person gets, the risk of developing hypertension increases because there is a decrease in the function of the body's organs, including the cardiovascular system. The decline in body organ function that occurs with age can affect blood pressure regulation and heart function, which in turn increases the risk of hypertension. A decrease in the elasticity of blood vessels and an increase in the thickness of the arterial walls can also be contributing factors to the occurrence of hypertension in old age. Therefore, it is important to understand the relationship between age and hypertension risk and take appropriate preventive measures to maintain cardiovascular health.

The blood vessels will narrow and the walls will stiffen, causing blood pressure to increase.

This is in line with research conducted by Sari (2020) stating that 55% of women suffer from hypertension more than men, men have signs of hypertension in their late 30s, while women experience hypertension after menopause. According to (Aristotle, 2018 in Nurul H Oktafiani, 2021) After menopause, women are more susceptible to hypertension because there is a decrease in estrogen levels after menopause. Low estrogen levels can cause a decrease in HDL (good cholesterol) levels and an increase in LDL (bad cholesterol), which is a risk factor for atherosclerosis. Atherosclerosis is a disease that can cause hardening and narrowing of blood vessels, which in turn can increase blood pressure. Although low estrogen levels after menopause may contribute to the risk of hypertension, it is important to note that risk factors for hypertension are not solely related to estrogen levels. Age, lifestyle, diet, and genetic factors also play a role in the development of hypertension in women after menopause. So, it is important for women who have gone through menopause to maintain their overall health and manage their blood pressure well. According to researchers' assumptions, on average, women have a greater risk of higher blood pressure, especially when they reach premenopause due to hormonal changes. This hormonal factor causes an increase in obesity in women. Stress can affect blood pressure in women. Women tend to feel stress in certain situations more easily than men. An excessive stress response can cause an increase in blood pressure. Therefore, it is important for women to manage stress well in order to reduce the risk of high blood pressure and other health problems. Efforts to reduce stress through relaxation techniques, exercise and a healthy lifestyle can help maintain a healthy heart and blood vessels.

Based on research results, education level can influence a person's lifestyle, which then has an impact on blood pressure. Research shows that education influences the incidence of hypertension because the level of education indirectly influences a person's lifestyle. Thus, the existence of a relationship between education level and blood pressure can be seen from its influence on smoking habits, alcohol consumption, eating patterns and individual physical activity. (Anggara & Prayitno, 2013). A high level of education does contribute to increasing a person's knowledge, which in turn can influence the ability to make healthy lifestyle choices including correct eating habits. Broad knowledge and in-depth understanding can help individuals make better decisions regarding health and diet, which in the end can help prevent the risk of hypertension. The knowledge gained from a good education can guide individuals in choosing a healthy lifestyle, including a balanced and appropriate diet, thereby helping to maintain overall health. However, it is also important to

remember that other factors such as overall lifestyle, physical activity, and genetic factors also play a role in the risk of developing hypertension. (Nita & Okta, 2018). Researchers assume that through education a person will have mental and emotional capabilities that can help a person develop to reach maturity. The higher a person's knowledge, the more capable they will be, both emotionally and intellectually, as well as the development of their thinking abilities. Education level is the strongest factor in controlling disease, especially hypertension which occurs in the elderly.

These results are in line with research conducted (Suryani, 2016) which showed that the majority of elderly people did not work. According to Indarti (2015) work is often considered a symbol or status of a person in society. As a bridge to earning income, work allows individuals to meet their living needs and access desired health services. However, it is important to remember that a person's worth and dignity should not only be determined by the job they do. Every individual has deeper value than just their employment status. Work should be seen as an aspect of life that can provide meaning and fulfill needs, but not the sole determinant of a person's value in society. Work factors greatly influence the process of accessing information needed about objects, including increasing opportunities for food purchasing power in terms of quality and quantity (Yunita, 2019). Researchers assume that work does have a significant influence on a person's economy. This is related to income obtained from better and more decent work, which can improve individual economic well-being. With a higher salary, someone can meet their family's needs, including providing welfare through access to healthy food such as fresh fruit and vegetables. However, it is important to note that economic well-being is also influenced by other factors such as social security, access to health services, and working conditions. Therefore, apart from the salary aspect obtained from work, other factors also play a role in determining the level of welfare of a person and his family.

This research is in line with research results (Fitriyani, 2022) showing that most hypertensive sufferers suffer from hypertension for 6-10 years. According to (Anisa & Bahri, 2017) studies show that patients who have suffered from hypertension for a longer period of time have lower compliance with medication consumption. In the research conducted, patients who had experienced hypertension for 6-10 years tended to have worse levels of compliance compared to patients who had only suffered from hypertension for 1-5 years. Factors such as boredom due to the lack of satisfactory results from the treatment they have undergone can make patients lose motivation to comply with the recommended treatment process and diet. Therefore, it is important

for health care providers to understand these factors and provide the necessary support and education so that patients remain compliant with the necessary hypertension treatment. Researchers assume that the longer someone suffers from hypertension, the more difficult it is for sufferers to change their eating habits. This can be caused by psychological factors, ingrained habits, or even distrust of dietary changes.

2. Identifying family support for the elderly

Based on the research results, it is known that the majority of elderly people who actively participate in PROLANIS activities at the Semanding Community Health Center, Tuban Regency have good support and a small number receive less support.

Family support is not only limited to the support given to sufferers during illness so that they feel cared for. Family support includes the family's attitudes, actions and acceptance of its members in various forms, both verbal and non-verbal, which aim to help achieve goals or overcome problems in certain situations. With family support, individuals can feel cared for, appreciated, loved, and gain new strength. This also includes assistance in the form of goods, services, information, advice, sympathy, affection, attention, and so on that make the recipient of support feel loved, appreciated, and at ease.

Family support is an integral part in providing emotional and physical strength to individuals, especially when facing difficult times such as illness. Therefore, the role of family support is very important in helping the recovery and well-being of sufferers during illness. Family support is very important for sufferers to feel cared for during illness. This support includes instrumental, informational, appreciation, and emotional support, all of which play a role in achieving family members' psychosocial well-being. Family involvement helps meet needs, seek help when needed, and supports compliance to reduce the risk of recurrence and complications. Especially in treating hypertension, families can help by arranging healthy eating patterns, encouraging exercise, and ensuring regular blood pressure checks. (Nurhikma, 2021).

Families who understand the health of their family members will provide significant support, especially during the treatment period. This support makes patients feel cared for emotionally and it is easier to follow treatment rules because they feel supported by their family (Nita & Okta, 2018). According to Friedman's theory, the family is a source of practical and concrete help, such as providing real attention and services. This support is useful for maintaining the enthusiasm of the elderly in participating in elderly posyandu activities. Instrumental support involves the

family's active role in each patient's treatment, such as preparing equipment, medicines, and providing financial assistance (Tarigan, 2018; Nurhikmah, 2021).

The family also acts as a source of information that can help individuals deal with stressors. Informational support includes providing advice, suggestions and information that is useful in solving health problems. For example, reminding the elderly to take medication, control their health, and avoid foods that are not suitable for people with hypertension (Sagita Rian, 2022).

Appreciative support means that the family acts as a guide in solving problems, the form of support can be in the form of support, giving appreciation and attention (Tarigan, 2018). From the results of the questionnaire answers, the family expressed appreciation for the positive actions taken by the elderly, such as giving praise to the elderly when they were able to stick to their diet well.

Emotional support, namely the family as a safe place and provides peace for rest and a place for recovery, also helps in controlling emotions. Emotional support involves expressions of empathy, concern, encouragement, personal warmth, love, or emotional assistance (Tarigan, 2018). Aspects of emotional support include support that is manifested in the form of affection, trust, attention, listening and being heard (Fitriyanti, 2022). From the answers to the questionnaire in the research results, families are able to be good listeners when hypertensive elderly people express the problems they face while following a hypertension diet.

According to researchers' assumptions, the family support given to patients makes them feel valuable because there are still people who love and care for them. In research, elderly families who pay attention to the hypertension diet show that parents are respected and loved in the family, so food and medication are given great attention. This family support includes various forms such as emotional support, instrumental support, and informational support which are important in influencing the care and well-being of elderly patients with hypertension. Research also emphasizes that family support is a key factor in the management of hypertensive patients and influences success in following diet patterns and necessary medications. A harmonious family will provide peace and reduce the burden felt because when someone faces stress and difficulties in life, someone needs other people to share, listen or look for relevant information. So that family support in the form of information support, emotional support, appreciation support and instrumental support will make hypertension patients have good compliance in controlling. The group of elderly people who behave healthily is also because the family is able and willing to

provide the facilities needed by the elderly, and family behavior can also be used as a reference for the elderly in behaving healthy or unhealthy.

3. Identifying Hypertension Diet Compliance in the Elderly

Based on the results of the research above, it can be seen that the majority of elderly people who actively participate in PROLANIS activities at the Semanding Community Health Center, Tuban Regency have quite compliant compliance and a small percentage of Prolanis patients do not comply with the diet, this is because they feel burdened in following a hypertension diet and still like to break food. which should be avoided.

Compliance is the extent to which a person follows rules and performs recommended actions. Compliance is divided into 2, namely the first, full compliance, where hypertension sufferers really follow the diet program. Second, non-compliance, namely hypertension sufferers do not follow the hypertension diet program (Susanti, 2019).

Diet compliance is adherence to the food and drinks consumed by hypertension sufferers every day to maintain health, speed up the healing process and control blood pressure so that it remains stable (Putri et al., 2023). Hypertension sufferers must adhere to a hypertension diet every day, so that the blood pressure of hypertensive sufferers is stable and thus avoid hypertension and its complications (Agrina, 2013 in Sari et al., 2020).

The hypertension diet is a diet therapy that aims to help high blood pressure patients, but does not cause serious impacts because it is a natural way of controlling it (Palimbong et al., 2018 in Nurul Hikmah, 2022). In the diet of hypertension sufferers, they need to know their intake of substances that trigger an increase in blood pressure. Diet is defined as a weight loss program. The success of a diet requires attention to safety factors.

According to researchers' assumptions, a person's adherence to a hypertension diet is influenced by elderly individuals in achieving recovery as well as the elderly's belief in the benefits of a hypertension diet, such as avoiding fatty and salty foods. During the research, it was still found that many elderly people added flavorings when cooking because of the habit of having to eat with salt, so they were unable to reduce its use. Knowledge and attitudes influence hypertension sufferers to adhere to the hypertension diet or not.

4. Overview of Family Support and Diet Compliance with Hypertension in the Elderly

Based on the research results, it was found that most of the elderly who actively participated in PROLANIS activities at the Semanding Community Health Center, Tuban Regency had good

family support with fairly compliant diet compliance and the majority had less support with non-compliant diet compliance.

Family support is very important for a person, especially the elderly. The family can provide inner peace, feelings of joy, and encouragement which are very meaningful for the welfare of the elderly before getting support from other parties. In the context of controlling hypertension, informational support from the family is the dominant factor that influences the behavior of the elderly in controlling their hypertension condition. Various studies show that family support plays an important role in improving the health status and quality of life of the elderly. This support includes emotional, informational, assessment and instrumental aspects of the family that can help older people maintain their health and quality of life. Therefore, the role of the family in providing support to the elderly is very significant in maintaining the overall health and well-being of the elderly. (Torar et al, 2020).

Good family support is really needed in carrying out hypertension treatment at home because it increases the sense of trust and motivation to face problems in implementing hypertension diet compliance (Nita, 2018).

Compliance with a hypertension diet is guided by the DASH diet (Dietary Approaches to Stop Hypertension). The DASH diet is a dietary pattern designed to prevent increases in blood pressure and reduce blood pressure. The DASH diet, if implemented regularly, can reduce blood pressure in 2 weeks (Suyoto & Agushybana, 2020 in Liawati, 2024).

Continuous counseling and support is very important for hypertension sufferers so that they can carry out an acceptable plan to survive with this condition and comply with the therapy regimen given. This is reinforced by research showing that consistent efforts to provide guidance to people with hypertension help them manage their condition effectively. Continuously providing counseling and support to hypertension sufferers helps them understand how to undergo prescribed treatment and comply with the therapy regimen given. Support from the family is also an important factor in helping hypertension sufferers deal with their condition. It is important to remember that each individual has their own decisions regarding their treatment plan, but consistent guidance and support will provide great benefits in ensuring compliance with therapy regimens and a healthy life plan for people with hypertension.

According to researchers, family support is very important to provide to elderly people who experience hypertension. It is highly recommended that families play a more active role in providing support to hypertension sufferers so that sufferers feel comfortable, cared for and loved.

Communication techniques play an important role in providing support to hypertensive elderly. Good communication from health professionals, both doctors and nurses, can help instill obedience in elderly people with hypertension. This support has proven effective in increasing elderly compliance with medication and lifestyle changes needed to control their hypertension. The importance of effective communication between health care providers and patients, especially hypertensive elderly, forms a therapeutic relationship that supports the realization of patient-oriented results. The information exchanged between healthcare providers and patients can assist in better medical decision making as well as encourage patients to be more active in their own self-management.

Family support can indeed influence elderly people's compliance with a hypertension diet, as has been shown in several studies. However, in implementing a hypertension diet, the definition of whether a person adheres to or not in relation to limiting sodium intake is not the only factor. Compliance with a hypertension diet involves various other aspects such as consuming foods low in saturated fat, high in fiber and low in salt. Apart from that, compliance also includes avoiding alcohol consumption, smoking, and maintaining a healthy body weight and being willing to do what is recommended by health workers. A person is not only said to be non-compliant because they neglect their obligation to limit sodium intake, but also because they do not comply with various other aspects of the hypertension diet. On the other hand, someone is said to be compliant if they comply with all the rules specified in the diet, not just in terms of limiting sodium. So, it is important for seniors to adhere to all aspects of the recommended hypertension diet, including limiting sodium intake, to support blood pressure control and overall health. Many people consider the hypertension diet to be something troublesome and unpleasant. The hypertension diet itself is a control method that does not cause side effects and is natural.

CONCLUSION

1. That there are 40 PROLANIS at the Semanding Community Health Center, almost all of them aged 56-65 years, most of them are female, almost half or on average have a high school or higher education level, most of them don't work and most of them have been suffering from hypertension for >5 years .
2. Most hypertensive elderly people who actively participate in PROLANIS activities receive good family support.

3. Most of the elderly who actively participate in PROLANIS activities are in the category of being quite compliant with the hypertension diet.
4. Most elderly people with good family support have fairly compliant diet compliance and most elderly people with poor family support have non-compliant diet compliance.

RECOMMENDATION

1. PROLANIS Semanding Community Health Center provides education that family support is very important for elderly people with hypertension
2. Elderly people can increase adherence to a hypertension diet by reducing consumption of food and drinks that can cause blood pressure to increase.
3. The elderly are more consistent in following a diet and consulting with health workers to reduce and prevent complications that commonly occur in hypertension sufferers such as stroke, coronary heart disease and kidney failure.

BIBLIOGRAPHY

- Agestin, N. (2020). Studi literature: Asuhan Keperawatan Pada Pasien Hipertensi Dengan Keperawatan Gangguan Pola Tidur (Doctoral Dissertation, Universitas Muhammadiyah Ponorogo).
- Amelia, R., & Kurniawati, I. (2020). Hubungan dukungan keluarga terhadap kepatuhan diet hipertensi pada penderita hipertensi di kelurahan tapos depok. *Jurnal Kesehatan Saelmakers PERDANA (JKSP)*, 3(1), 77–90.
- Anisa, M., & Bahri, T. S. (2017). Faktor- Faktor Yang Mempengaruhi Kepatuhan Diet Hipertensi. *Jurnal Ilmiah Mahasiswa Fakultas Keperawatan*, 02(3), 1-9.
- Arindari, D. R., & Puspita, R. (2022). Hubungan Dukungan Keluarga Dengan Kepatuhan Diet Hipertensi Pada Lansia Di Puskesmas Ariodillah. *Excellent Midwifery Journal*, 5(1), 94–103.
- Danuri, & Maisaroh, S. (2019). Metodologi Penelitian Pendidikan. In A. C (Ed.), *Model Praktis Penelitian Kuantitatif Dan Kualitatif* (1st ed., Vol. 1, Issues 4-8). Penerbit Samudra Biru (Anggota IKAPI).
- Dieny, F. F. (2019). *Modul Gizi dan Kesehatan Lansia*. Yogyakarta: K-Media
- DinKes. (2020). *Profil Kesehatan Provinsi Jawa Timur Tahun 2020*. Surabaya: DinKes Provinsi Jawa Timur.
- DinKes. (2021). *Profil Kesehatan Provinsi Jawa Timur Tahun 2021*. Surabaya: DinKes Provinsi Jawa Timur.
- Ekasari, M. F. dkk. (2021). *Hipertensi : Kenali Penyebab, Tanda Gejala dan Penanganya*. Jakarta.
- Fauzi, R., Efendi, R., & Mustakim, M. (2020). Program Pengelolaan Penyakit Hipertensi Berbasis Masyarakat dengan Pendekatan Keluarga di Kelurahan Pondok Jaya, Tangerang Selatan. *Wikrama Parahita: Jurnal Pengabdian Masyarakat*, 4(2), 69–74.
- Fitriana, Safira Nahar dkk. (2021). HUBUNGAN DUKUNGAN KELUARGA DENGAN KEPATUHAN DIIT PADA KLIEN HIPERTENSI DI WILAYAH KERJA PUSKESMAS PACITAN. *JURNAL KEPERAWATAN*, 15(3), 112-118.
- Franciska, Tri. (2021). Hubungan Dukungan Keluarga Dengan Kualitas Hidup Lansia Selama

- Masa Pandemi Covid-19: Mojokerto, Fakultas Ilmu Keperawatan, STIKES Bina Sehat PPNI Mojokerto.
- Handayani, Verury Verona. (2020). Ini Alasan Lansia Rentan Alami Hipertensi . (Online), (<https://www.halodoc.com/artikel/ini-alasan-lansia-rentan-alami-hipertensi> diakses 15 Februari 2023).
- Hapsari, D. I., & Yufiana, E. (2023). Perilaku Pencegahan Hipertensi pada Usia Produktif dalam Germas di Puskesmas Manggala Kecamatan Pinoh Selatan. *SEHATMAS: Jurnal Ilmiah Kesehatan Masyarakat*, 2(3), 720–727.
- Kemkes RI. (2019). Buku Pendoman Manajemen Penyakit Tidak Menular. Direktorat Jenderal Pencegahan dan Pengendalian Penyakit Direktorat Pencegahan Penyakit Tidak Menular. http://p2ptm.kemkes.go.id/uploads/VHcrbkVobjRzUDN3UCs5eU0dVBndz09/2019/03/Buku_Pedoman_Manajemen_PTM.pdf.
- Kementerian Kesehatan RI. (2018). *Hasil Riset Kesehatan Dasar (Riskesdas) 2018*. Jakarta: Badan Penelitian dan Pengembangan Kesehatan Kementerian RI.
- Liawati, N., Purnairawan, Y., & Ihsan, R. N. (2024). Hubungan Dukungan Keluarga Dengan Kepatuhan Diet Hipertensi Pada Penderita Hipertensi. *Jurnal Keperawatan*, 16(1), 37–44.
- Lukitaningtyas, Dika, & Cahyono, E, A. (2023). HIPERTENSI; ARTIKEL REVIEW. *JURNAL PENGEMBANGAN ILMU DAN PRAKTIK KESEHATAN*, 2(2): 100-117
- Mayenti, Fitra. (2018). *Pelaksanaan Tugas Kesehatan Keluarga Dalam Perawatan Dan Memodifikasi Lingkungan Terhadap Kekambuhan Rematik Pada Lansia*. Al-Asalmiya Nursing Jurnal Ilmu Keperawatan (*Journal Of Nursing Sciences*). Volume 7 Nomor 2 p-ISSN: 2338-2112 e-ISSN: 2580-0485: <https://jurnal.alinsyirah.ac.id/index.php/keperawatan>
- Medika, T. B. (2017). *Berdamai dengan Hipertensi*. Jakarta: Sinar Grafika Offset.
- Mertha Jaya, I. L., (2021). *Metode Penelitian Kuantitatif dan Kualitatif*. Yogyakarta: Nuha Medika.
- Nasution, L. K., & Rambe, N. (2022). Hubungan dukungan keluarga dengan kepatuhan penderita hipertensi diet rendah garam di Puskesmas Sibuhuan. *JURNAL MUTIARA NERS*, 5(1), 1–6.
- Nita, Y. (2018). Hubungan dukungan keluarga dengan kepatuhan diet pasien hipertensi di Puskesmas Payung Sekaki Pekanbaru Tahun 2017. *Jurnal Ilmu Kesehatan*, 6(1), 90–97.
- Nurhikmah, (2021). Hubungan Dukungan Keluarga Dengan Kepatuhan Diet Hipertensi Pada Lansia Pendekatan Studi Literatur
- Nurrahmi Ulfa Kurniadi Helmanu. *Stop Hipertensi*, Familia 2015.
- Nursalam. (2015). Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis. In Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis (Praktis Jakarta. In *Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis*.
- Nursalam (2016) Manajemen Keperawatan Aplikasi dalam Praktik Keperawatan Profesional. 5th edn. Jakarta: Salemba Medika
- Nursalam, (2017). Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis. 4th ed. Edited by P.P. Lestari. Jakarta: Salemba Medika
- Nurul. H. Oktafiani. (2021). Hubungan Dukungan Keluarga Dengan Kepatuhan Diet Pasien
- Pranata, J (2018). *Aku Perawat Komunitas*. Yogyakarta: Gava Media.
- Pratiwi, Heny. (2016). *Sistem Pendukung Keputusan - Yogyakarta: Deepublish,-researchgate*
- Putra, G. J. (2019). *Dukungan Pada Pasien Luka Kaki Diabetik*. Sidoarjo: CV Kanaka Media.
- Putri, E. D., Nurjayanti, D., & Rosita, A. (2023). Hubungan Kepatuhan Diet dengan Perubahan Tekanan Darah pada Pasien Hipertensi di Puskesmas Jambon Kabupaten Ponorogo. *Journal Buana of Nursing*, 1(1), 15–20.

- Sangadji, N. (2018). *Modul Epidemiologi Penyakit Tidak Menular (PTM) (KMS242)*.
- Sari, N., Agusthia, M., & Noer, R. M. (2020). Hubungan Dukungan Keluarga Dengan Kepatuhan Diet Pada Penderita Hipertensi Di Wilayah Kerja Puskesmas Pancur Kabupaten Lingga Tahun 2020. *Jurnal Health Sains*, 1(4), 217–223.
- Sastroasmoro, S. & Ismael, S., 2014. *Dasar-dasar Metodologi Penelitian Klinis*. Jakarta: Sagung Seto
- Setianingsih, D. R. (2017). Hubungan Dukungan Keluarga Dengan Diet Hipertensi Pada Lansia. Skripsi STIKES Insan Cendekia Medika
- Sugiyono. (2019). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Bandung : Alfabet.
- Suling, F. R. (2018). *HIPERTENSI*. Jakarta: Fakultas Kedokteran Universitas Kristen Indonesia.
- Susanti. (2019). KEPATUHAN DIET DENGAN KEJADIAN KOMPLIKASI PADA PENDERITA, *ADI HUSADA NURSING JOURNAL*, 5(1).
- Tambunan, F. F. dkk. (2021). *Hipertensi si Pembuluh Senyap* . Medan: CV Pusdikra Mitra Jaya.
- Tarigan, A. R., Lubis, Z. & Syarifah. 2018. Pengaruh, Sikap Dan Dukungan Keluarga Terhadap Kepatuhan Diet Hipertensi di Desa Hulu Kecamatan Pancur Batu Tahun 2016. *Jurnal Kesehatan*, 11(1), pp. 9-17.
- Tika, T. T. (2021). Pengaruh Pemberian Daun Salam (*Syzygium Polyanthum*) Pada Penyakit Hipertensi : Sebuah Studi Literatur. *Jurnal Medika Hutama*, 03(01): 1260-1265
- Torar, A. N., Tambuwun, S., Memah, H., & Pasamba, Y. (2020). Dukungan Keluarga Dan Kepatuhan Diet Lansia Penderita Hipertensi Di Wilayah Kerja Puskesmas Tumpaan. *Jurnal Ilmiah Perawat Manado*, 8(1), 127-143
- Trisnawan, A. (2019). *Mengenal Hipertensi* . Semarang: Mutiara Aksara.
- Triyanto. Endang. 2014. *Pelayanan Keperawatan bagi Penderita Hipertensi Secara Terpadu*, Yogyakarta: GRAHA ILMU
- Vitaliati, T. (2021). Pelaksanaan Tugas Perawatan Kesehatan Keluarga dalam Upaya Pencegahan Covid-19. *Jurnal Seminar Nasional Keperawatan*, Vol 7, No 1
- Wawan&Aat.2021. *Alat Ukur dan Teknik Pengukuran*. Yogyakarta: Gava Media
- Yunita, (2019) *GAMBARAN POLA MAKAN DAN PERUBAHAN STATUS GIZI ANAK SDN 10 SUMERTA DENPASAR*. Diploma thesis, Poltekkes Denpasar
- Zahidah, N. N. (2021). Literature Review: Diet Rendah Garam Pada Penderita Hipertensi Literature Review: Low Salt Diet In Patient With Hipertensi. *Tetapi Pada Akhirnya Penderita Mendapatkan Bahwa Dirinya Telah Menderita Hipertensi Dalam Menjalankan Diet Rendah Garam Dengan B*, 5(2), 224–231.