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Analysis of Productive Age Hypertension Patients' Perceptions and Social Support for Healthy Living Practices

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ABSTRACT

Uncontrolled blood pressure in hypertension patients is caused by poor behavior toward a healthy lifestyle. The purpose of this study was to examine how social support and perceptions affect healthy lifestyle choices in hypertension patients who are of working age. This study uses a cross-sectional methodology and quantitative observational research design. There were 75 respondents in the entire population, and 63 respondents were selected for the sample using the simple random sampling method. The results revealed that 34 respondents, or nearly half of the sample, (53.97%) thought of themselves as being in the poor category. 33 respondents (52.38%) reported having less social support than the other half. Of the 35 responders (55.56%) in the less category, nearly half had healthy living habits. Considering the outcomes of Linear.

Keywords: behavior, perception, social support

BACKGROUND

Damage to the blood vessel endothelium, which produces enzymes that produce reactive oxygen species (ROS) and raise oxidative stress, is the process behind hypertension. Proliferation, migration, apoptosis, inflammation, and coagulation result from this, which raises blood pressure. Long-term high blood pressure will exacerbate endothelial damage to the arteries and hasten atherosclerosis if left untreated. Damage to vital organs like the heart, eyes, kidneys, brain, and big blood vessels is one of the complications associated with hypertension (Schulz, Gori, & Münzel 2011).

Uncontrolled blood pressure in hypertension patients is caused by poor behavior toward a healthy lifestyle. Blood pressure problems will arise if it is not managed, hence it is imperative to always maintain systolic and diastolic blood pressure within acceptable bounds. It is stated.

In Indonesia, the progression of instances of hypertension varies greatly. According to the 2007 Basic Health Research (Riskesdas) statistics, 31.7% of Indonesians had hypertension; by the 2013 Riskesdas data, that number had dropped to 25.8%. Nonetheless, it rose to 34.11% once more in 2018 (Ministry of Health, Republic of Indonesia, 2018). According to Purwanto and Sari (2014), most patients with hypertension are observed to adhere to a healthy lifestyle at relatively low levels. According to Nalepa et al. (2014), 83% of hypertension patients ate white bread, compared to just 27% who ate fruit and vegetables, 25% who ate low-fat foods, 74% who ate salt, and 63% who ate sweets. The findings of Nalepa et al.'s (2014) study demonstrate that.

Both urban and rural groups in Indonesia may have high rates of hypertension. Between rural and urban areas, the incidence of hypertension is the same. Obesity, lack of fruit and

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vegetable consumption, and salty food consumption are the main causes of hypertension in rural areas. On the other hand, smoking, eating fast food, and not exercising are more common in metropolitan areas (Nabila, 2014). Most cases of hypertension in adults (>30 years old) arise. But as time passed, a change in the victims occurred. In addition to affecting the elderly, hypertension can also strike teenagers (Ministry of Health of the Republic of Indonesia, 2017). Around 4–15% of teenagers worldwide have hypertension, yet only 13-26% of them receive a diagnosis (Ewald).

The age range of teenagers is 10 to 18 years old. The adolescent years are a time of healthy intellectual, psychological, and physical development (Ministry of Health, Republic of Indonesia, 2015). According to Riskesdas (2013), 5.3% of Indonesian adolescents have hypertension. Numerous studies indicate that teenagers in different parts of Indonesia have high rates of hypertension.

Nine students (11.2%) out of a sample of eighty were found to have hypertension in a 2014 Manado study on students aged eleven to fourteen (Kalangi et al., 2015). According to Yusrizal (2016), the prevalence of hypertension among teenagers in Pangkal Pinang was found to be as high as 27 out of 120 respondents (22.5%). Similarly, Kurnianingtyas (2017) conducted research in Semarang City and discovered that of 308 students.

Betty Neuman (1924) in Alligood (2014) said that individual health problems are a system consisting of health, stressors, reactions, defenses and interventions, where this system works with the scope of clients, groups, or even a number of groups that constitute the issue. social issues that developed at that time. A client system that involves a process of interaction with its environment is the scope of nursing. Leininger (1925-2012) in Alligood (2014) stated that humans cannot be separated from cultural background, social structure and environmental context and according to Ervin (2002) stated that the concept of nursing practice is primarily a preventive effort. Efforts to prevent disease in the community consist of 3, namely primary, secondary and tertiary. The preventative effort carried out for secondary prevention is screening risk groups (Allender, et al. 2010). This research uses social cognitive theory (SCT), a theory from Bandura which began to be developed in 2004 in the health sector. SCT is a comprehensive conceptual framework for understanding and predicting social-related health behavior (Ahn, et al. 2017).

There has been much research on behavior change based on social cognitive theory in various populations, including children (Tavares, Plotnikoff, & Loucaides 2009); in adults (Taylor, et al. 2016); and in the elderly (Borhaninejad, et al. 2017); as well as in various diseases including in patients with diabetes mellitus (Heiss & Petosa 2016); in obese sufferers (Annesi & Tennant 2013); cancer patients (Stacey, et al. 2016) and hypertension (Hu, Li, & Arao 2015). The research results obtained using social cognitive theory are able to explain the process of behavior change such as increasing exercise habits (Heiss & Petosa 2016) and in explaining causes such as the causes of high salt consumption (Ahn, et al. 2017) so it is assumed that social cognitive theory can explain factors of non-compliance in hypertensive patients in adopting a healthy diet, regular activity and smoking which can later produce a model for increasing compliance with a healthy lifestyle. There are 3 main components of the SCT concept which can explain non-compliance among hypertension sufferers in carrying out a healthy lifestyle, namely environmental factors, personal factors and behavior which are felt to be obstacles to carrying out a healthy lifestyle.

Based on the conditions above, the author is interested in researching the analysis of perceptions and social support for healthy living behavior in hypertensive patients of productive age.

METHODS

In order to investigate the dynamics of the link between risk variables and effects, researchers in this study employed a quantitative analytical design with a cross-sectional method. Specifically, they approached, observed, or collected data at one moment (point time approach), meaning, each subject Measurements are taken of the subject's character status or other factors at the time of the examination, and the research is only observed once. This does not imply that every research subject was watched simultaneously (Soekidjo, 2017). With a population of 75 respondents and a sample of 63 respondents selected using the Simple Random Sampling approach, this study will examine how hypertension patients of productive age in Munjungan Village perceive and receive social support for healthy living behaviors.

RESULTS

Variable Characteristics

Perceptual Characteristics

Table 1. Frequency distribution of respondents based on respondents' perceptions carried out on 23-29 September 2022 with a total of 63 respondents.

Criteria	Frequency	Percent (%)
Good	9	14,29%
Enough	20	31,75%
Not enough	34	53,97%
Total	63	100,00%

Based on table 1 above, it is known that almost half of the respondents had a perception of the poor category, 34 respondents (53.97%).

Characteristics of Social Support

Table 2. Frequency distribution of respondents based on respondents' social support which was carried out on 23-29 September 2022 with a total of 63 respondents

Criteria	Frequency	Percent (%)
Good	8	12,70%
Enough	22	34,92%
Not enough	33	52,38%
Total	63	100,00%

Based on table 2 above, it is known that almost half of the respondents have less social support, 33 respondents (52.38%).

Behavioral Characteristics

Table 3. Frequency distribution of respondents based on respondent behavior which was carried out on 23-29 September 2022 with a total of 63 respondents

Criteria	Frequency	Percent (%)
Good	10	15,87%
Enough	18	28,57%
Not enough	35	55,56%
Total	63	100,00%

Based on table 3 above, it is known that almost half of the respondents have healthy living behavior in the less category, 35 respondents (55.56%).

Statistical Test Results

Table 4. Results of linear regression analysis analysis of perceptions and social support for healthy living behavior in hypertensive patients of productive age.

No	Variable	Sig	B	R^2	Sig
1	(Constant)	0,007	1,276	0.857	0.000
2	Perception	0,003	0,693		
3	Social Support	0,000	0,487		

Partial

Behavior and Perception's Impact

The conclusion drawn from the Linear Regression analysis is that there is a partial influence on the perceptions of healthy living behavior in hypertension patients of productive age. The p-value is 0.003 < 0.05, indicating that H1 is accepted.

Social Support's Impact on Behavior

It may be inferred from the Linear Regression analysis results that there is a partial influence of social support on healthy living behavior in hypertension patients of productive age. The p-value is 0.000 < 0.05, which means that H0 is rejected and H1 is accepted. Concurrent.

The Multiple Linear Regression analysis's findings indicate that, at a p-value of 0.000 < 0.05, H1.

DISCUSSION

Perceptions of Hypertension Patients of Productive Age

According to the research findings, 34 respondents, or nearly half of the sample, (53.97%), classified themselves as being in the poor category. Twenty respondents (31.75%) had a suitable perception category other from that. Nine respondents, or 14.29%, felt that they belonged in the poor group.

Herri Zan Pieter (2010) asserts that perception deals with events in which there is a more nuanced relationship between stimuli and experience than there is in sensation. Higher level processes are necessary for perceptual phenomena.

In terms of vocabulary, perception is defined by Purwodarminta (2011) as a direct result of an absorption or process through which a person learns multiple things through sensing. Conversely, perception is described as the process of an individual's use of their senses to observe their surroundings in the large psychology dictionary.

Interaction with the environment around oneself teaches the process of perception. Perception develops throughout childhood through social interactions with other people. Accordingly, perception is described as "experience about objects, events, or relationships obtained by concluding information and interpreting messages" by Rakhmat (2012). This agreement in viewpoints is evident in the interpretation of messages and the conclusion of information, both of which are connected to the meaning-giving process.

Researchers define perception as the process by which the sensory organs receive, sort, and interpret stimuli in order to make inferences and interpret specific objects that are encountered. Healthy-seeking, productive-aged hypertensive individuals have a positive outlook and an upbeat disposition that can enhance their.

Social Support for Hypertension Patients of Productive Age

According to the study's findings, 33 respondents, or nearly half, reported having less social support. 22 respondents (34.92%) had adequate social support other from that. Eight responders (12.70%), however, fell into the "good" category of social support. Information or comments from others that demonstrate that a person is liked and cared for, valued and respected, and a part of a network of mutual obligations and communication is known as social support (King, 2012). Conversely, social support, as defined by Ganster et al.

(in Apollo & Cahyadi, 2012), is the presence of interactions that are beneficial and hold particular significance for the recipient.

Additionally, Cohen & Syme (in Apollo & Cahyadi, 2012) define social support as the resources given to people by others that have the power to affect.

In times of stress, family and friends can offer a variety of products and services. For instance, food presents are frequently provided to grieving family members so they won't prepare during a time when their drive and energy are low, such as after a death in the family. During stressful situations, instrumental aid might be provided in the form of products or services. Conversely, genuine aid is referred to as instrumental assistance, specifically in the form of funds and opportunity, according to Apollo & Cahyadi (2012).

A person can receive emotional support in the form of gratitude, love, trust, focus, and openness to listening. (Ahyadi & Apostolo, 2012). kind, loving, or empathetic emotional attention; for instance, friends' supportive comments during a fight with a loved one are particularly beneficial. (Taylor, among others).

Healthy Living Behavior in Hypertension Patients of Productive Age

The research results showed that almost half of the respondents had healthy living behavior in the less category, 35 respondents (55.56%). Apart from that, 18 respondents (28.57%) had healthy living behavior in the sufficient category. Meanwhile, 10 respondents (15.87%) had healthy living behavior in the good category.

Human behavior is the result of all kinds of experiences and interactions between humans and their environment which are manifested in the form of knowledge, attitudes and actions. In other words, behavior is an individual's response/reaction to stimuli originating from outside or from within him. This response can be passive (without thinking, having an opinion, acting) or active (taking action). In accordance with these limitations, behavior can be formulated as a form of experience and interaction of individuals with their environment, especially those involving knowledge and attitudes about themselves. Active behavior can be seen, while passive behavior is invisible, such as knowledge, perception, or motivation. Some experts differentiate forms of behavior into three domains, namely knowledge, attitudes, and actions or we often hear the terms knowledge, attitude, practice (Sarwono, 2014).

From a biological perspective, behavior is an activity or activities of the organism concerned, which can be observed directly or indirectly (Notoadmodjo, 2013).

American Encyclopedia, behavior is defined as an organism's actions and reactions to its environment. New behavior occurs when there is something necessary to cause a reaction, namely what is called a stimulus. This means that certain stimuli will produce certain reactions or behavior (Notoadmodjo, 2013).

As quoted by Notoatmodjo (2013), behavior is the action or behavior of an organism that can be observed and even studied. In general, human behavior is essentially a process of individual interaction with the environment as a biological manifestation that he is a living creature (Kusmiyati and Desminiarti, 2011). The process of forming or changing behavior can be influenced by several factors both from within and outside the individual. Aspects within an individual that play a major role/influence in changing behavior are perception, motivation and emotions. (Sarwono, 2013).

According to Skinner (2016), a psychologist, formulated that behavior is a person's response or reaction to stimulus (external stimulation). Human behavior from a biological perspective is the actions or activities of humans themselves which have a very wide range, such as walking, talking, crying, working and so on.

According to researchers, behavior is the result of all kinds of experiences and interactions between humans and their environment which are manifested in the form of knowledge, attitudes and actions. Based on the research results, it was found that the majority of respondents had behavior in the poor category, which was because hypertensive patients of

productive age often ignored instructions from health workers to maintain a healthy lifestyle starting from exercise, consuming healthy food and getting enough rest, which was very difficult to do. Apart from that, hypertensive patients of productive age should be able to comply with health therapy aimed at alleviating the symptoms of their illness and even curing the hypertension they have been suffering from.

The Influence of Perceptions on Healthy Living Behavior in Hypertension Patients of Productive Age

Based on the results of the Linear Regression analysis, it shows that the p-value is 0.003 < 0.05, so H1 is accepted, so it is concluded that there is a partial influence on perceptions of healthy living behavior in hypertensive patients of productive age in Munjungan Village.

The mechanism of hypertension occurs due to damage to the blood vessel endothelium which results in reactive oxygen species (ROS) producing enzymes that increase oxidative stress. This causes proliferation migration, apoptosis, inflammation and coagulation, causing hypertension. If left untreated, high blood pressure over a long period of time will worsen damage to the arterial endothelium and accelerate atherosclerosis. Complications of hypertension include damage to body organs such as the heart, eyes, kidneys, brain and large blood vessels (Schulz, Gori, & Münzel 2011).

Research conducted by Chobanian et al. (2013) revealed that uncontrolled hypertension causes a 7x greater chance of having a stroke, a 6x greater chance of having congestive heart failure and a 3x greater chance of having a heart attack. Hypertension is a disease that can be experienced by anyone from various age groups and socio-economic groups (Arifin 2016).

Poor behavior in hypertensive patients towards a healthy lifestyle results in uncontrolled blood pressure. Systolic and diastolic blood pressure must always be controlled so that it remains within normal limits because hypertension complications will occur if blood pressure is not controlled. It is said to be hypertension if the systolic pressure exceeds 140 mmHg or diastolic pressure 90 mmHg (Price & Wilson 2011). Most hypertension diagnoses occur between the third and fifth decades up to the age of 55 years (Hajjar & Kotchen 2003). According to the Ministry of Health of the Republic of Indonesia (Depkes RI) (2017), hypertension often occurs at ages 35-44 years (6.3%), ages 45-54 years (11.9%) and ages 55-64 years (17.2%). %).

The majority of patients who experience hypertension are found to have relatively low levels of adherence to a healthy lifestyle (Purwanto & Sari 2014). The research results of Nalepa et al. (2014) reported that 83% of hypertensive patients' eating habits consumed white bread, only 27% consumed vegetables and fruit, 25% consumed low-fat foods, 74% consumed salt, and 63% consumed sweet foods. The research results of Nalepa et al. (2014) shows that dietary compliance in hypertensive patients is still relatively low. Research in Nigeria reported a greater rate of non-adherence to a healthy lifestyle in hypertensive patients, namely 74.4% (Kayode, Shalomm, & Jokotade 2012). Research on the lifestyles of hypertensive patients in Indonesia found 0% healthy lifestyles, 28% unhealthy lifestyles and 72% unhealthy lifestyles. Patients with unhealthy lifestyles had blood pressure of 24% stage I and 4% stage II and unhealthy lifestyle categories of 17% stage I, 24% stage II and 31% stage III. The lifestyle referred to in this study was assessed from smoking habits, salt consumption, stress, physical activity, fast food eating habits and alcohol consumption (Triwibowo 2010).

Betty Neuman (1924) in Alligood (2014) said that individual health problems are a system consisting of health, stressors, reactions, defenses and interventions, where this system works with the scope of clients, groups, or even a number of groups that constitute the issue. social issues that developed at that time. A client system that involves a process of interaction with its environment is the scope of nursing. Leininger (1925-2012) in Alligood (2014) stated that humans cannot be separated from cultural background, social structure and environmental context and according to Ervin (2002) stated that the concept of nursing practice is primarily

a preventive effort. Efforts to prevent disease in the community consist of 3, namely primary, secondary and tertiary. The preventative effort carried out for secondary prevention is screening risk groups (Allender, et al. 2010). This research uses social cognitive theory (SCT), a theory from Bandura which began to be developed in 2004 in the health sector. SCT is a comprehensive conceptual framework for understanding and predicting social-related health behavior (Ahn, et al. 2017).

There has been a lot of research on behavior change based on social cognitive theory in various populations, including children (Tavares, Plotnikoff, & Loucaides 2009); in adults (Taylor, et al. 2016); and in the elderly (Borhaninejad, et al. 2017); as well as in various diseases including in patients with diabetes mellitus (Heiss & Petosa 2016); in obese sufferers (Annesi & Tennant 2013); cancer patients (Stacey, et al. 2016) and hypertension (Hu, Li, & Arao 2015). The research results obtained using social cognitive theory are able to explain the process of behavior change such as increasing exercise habits (Heiss & Petosa 2016) and in explaining causes such as the causes of high salt consumption (Ahn, et al. 2017) so it is assumed that social cognitive theory can explain factors of non-compliance in hypertensive patients in adopting a healthy diet, regular activity and smoking which can later produce a model for increasing compliance with a healthy lifestyle. There are 3 main components of the SCT concept which can explain non-compliance among hypertension sufferers in carrying out a healthy lifestyle, namely environmental factors, personal factors and behavior which are felt to be obstacles to carrying out a healthy lifestyle.

According to researchers, most respondents who have a history of hypertension do not care about a healthy lifestyle, starting from never exercising, not limiting their food consumption, often consuming food that has been reheated several times and often consuming salty food. This is because respondents think that whether sick or healthy, everyone will die in time and do not believe in the importance of exercise and a sodium diet. Most people also think that hypertension is not a dangerous disease, so if a member of their family has hypertension, they don't pay much attention to it and they don't take it to a health worker, except when they are in severe pain they will be taken to a health facility for examination.

The Influence of Social Support on Healthy Living Behavior in Hypertension Patients of Productive Age

Based on the results of the Linear Regression analysis, it shows that the p-value is 0.000 < 0.05, so H0 is rejected and H1 is accepted, so it is concluded that there is a partial influence of social support on healthy living behavior in hypertensive patients of productive age in Munjungan Village.

This research is in line with research conducted by Olowookere, et al. (2015) which shows that patients with high social support do better than patients with low social support. Other research conducted by Osamor (2015) also proved that family support is closely related to hypertension treatment compliance.

According to Osamor (2015), chronic diseases such as hypertension require lifelong treatment. This is a challenge for patients and families to maintain motivation to adhere to treatment over many years. One way to increase motivation is through family support.

According to Wilson and Ampey-Thornhill (2001), social support is assistance or assistance provided by the community in the neighborhood where one lives. When family and friends share their problems with the social support system, advice and guidance will be given to the client. Creating a loving environment, directing and finding care resources and providing financial assistance are common forms of family support. According to Osamor (2015), social support will increase awareness of using health services, which is an important component of compliance.

Management of chronic diseases such as hypertension requires adequate support. Expanding support not only limited to partners or other family members but also involving the nuclear

family (family social network) is needed (Wilson & Ampey-Thornhill, 2001). According to Osamor (2015), nurses can help families explore the use of family networks. Family support enables families to function with full competence so that they can improve family adaptation and health.

According to research by Li et al. (2015), family support significantly reduced blood pressure when a family member-based monitoring package was given for one month, followed by six to twelve months of family monitoring. This intervention demonstrated that the family had a good effect on patient compliance in therapy, even though the findings were not statistically significant at the conclusion of the session. Osamor (2015) asserts that a program for health promotion methods for chronic diseases should take family support into account. Researchers have found that the individuals closest to hypertension sufferers are those who are familiar with their daily routines and traits; in addition, those closest to the patient are those that engage with them on a daily basis. Thus, patients can rely on.

CONCLUSION

34 respondents (53.97%) or nearly half of the sample were classified as poor. 33 respondents (52.38%) reported having less social support than the other half. Of the 35 responders (55.56%) in the less category, nearly half had healthy living habits. The opinions of healthy living practices among hypertension patients in Munjungan Village who are of working age are influenced. Social support has an impact on healthy lifestyle choices in hypertensive individuals who are of working age.

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