FAMILY HEALTH TASKS IN IMPROVING THE QUALITY OF LIFE IN THE PROLANIS GROUP ELDERLY WITH HYPERTENSION

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ABSTRACT

The role of the family in caring for older family members with hypertension is needed in preventing disability. The aim of the research is to determine the effectiveness of the family's role in family health tasks in improving the quality of life of elderly people with hypertension. The approach used is descriptive quantitative analysis with a quasi-experimental pre test-post test design with a control group. This study involved 48 elderly families of Prolanis Hypertension participants who were over 60 years old, consisting of 24 families in the treatment group and 24 families in the control group. The tools used are the WHO-QOL BREF questionnaire and family health tasks. There is a significant difference in the quality of life of elderly people with hypertension before and after the assistance intervention. Using the Paired t Test statistical test, the value was $p = 0.004$ ($p < 0.05$). The test results used the Mann-Whitney test, a comparative analysis to determine how effective the family's role in family health tasks is on changes in quality of life scores in the two groups. There was a difference in quality of life scores between the treatment and control groups, with $p = 0.006$ ($p < 0.05$). This means that the role of the family with accompanying interventions in family health tasks can improve the quality of life of elderly people with hypertension because family involvement increases the self-esteem and self-satisfaction of family members with their ability to care for elderly people with hypertension.

Keywords: family health tasks, hypertensive elderly, quality of life

INTRODUCTION

The family is a system where family members influence each other in health matters (Friedman, 1998). The family's ability to carry out health care roles and functions can be seen from the family health tasks carried out. Family performance in carrying out the task of caring for family members is very important in preventing and resolving health problems in the family, especially for the elderly who need care due to limitations due to the aging process. This includes elderly people with hypertension which can cause disability (Mulia, 2019).

The prevalence of hypertension in the elderly in Indonesia is quite high. In Ciamis, in the last few years, from 2017 there were 40,916 cases, 2018 there were 64,097 cases and 2019 there were 99,404 cases (Luthfiani, et al, 2020). Baregbeg Community Health Center is a health service unit in Baregbeg sub-district with an area of 24.48 km2, with a working area covering 9 villages and 32 hamlets. According to the health profile of Ciamis Regency, 2019, health services for the elderly are carried out at community health centers and at Posyandu for the Elderly Group. From the results of elderly health services, 7,656 of the 89,915 elderly people in Ciamis Regency in 2019, at the Baregbeg Health Center with a total of 3,066 elderly people, 174 people received health services. The number of PTM Posyandu in Baregbeg sub-district is 6 with 6 nurses and 13 midwives.

The increasing number of cases of hypertension in the community which causes sudden death, it is important to play the role of Tri Dharma Higher Education in collaboration with the Baregbeg Community Health Center in implementing the Chronic Disease Management Program (Prolanis) targeting elderly people with hypertension. Hypertension can be controlled with pharmacological therapy, supported by lifestyle interventions through monitoring behavioral factors and living habits by stopping smoking, controlling obesity, reducing mental stress, limiting the use of salt and alcohol and increasing physical activity (Amir, 2020). The role of the family in monitoring health tasks is very important.

METHODOLOGY

The approach used is descriptive quantitative analysis with a quasi-experimental pre test-post test design with a control group. The population in this study were families with elderly family members with hypertension, Prolanis participants in the Baregbeg Community Health Center working area, totaling 174 people based on data from the 2019 Ciamis Regency Health Profile. The sample size using the Slovin formula (Notoatmodjo, 2012) obtained 64 families, then adjusted to the criteria inclusion and exclusion were obtained from 48 elderly families of Prolanis Hypertension participants aged more than 60 years, consisting of 24 families in the treatment group and 24 families in the control group, with the family's role in carrying out the five family development tasks as the independent variable, the dependent variable is quality of life.

The research was carried out in the working area of the Baregbeg Community Health Center, namely in the prolanis group which is active every month, in Sukamulya Village, Baregbeg District, Ciamis Regency. from December 2022 to March 2023. Data collection uses questionnaires: WHO-QOL BREF and family health tasks. The pre-test was carried out on the elderly in the treatment and control groups by measuring quality of life. The time needed for the family assistance intervention for each group is six sessions consisting of the treatment group with 5 sessions for the first 3 weeks and 1 session for monitoring and post test, the control group only had 2 pre and post research sessions, followed by 4 sessions. assistance after completing the research.

Researchers provide intervention in the form of training activities on the role of the family in carrying out family development tasks starting from interviewing family members about their ability to care for elderly clients with hypertension, conducting blood pressure checks on the elderly at the start, providing health education to family members, monitoring, mentoring and intervention for family members with hypertensive elderly for 2 months and observing the quality of life of hypertensive elderly, after carrying out a mentoring monitoring approach to family members. While the treatment group received intervention, the control group took part in routine monthly prolanis activities in the form of gymnastics from the orphanage. After the intervention, both groups had their quality of life measured. The post-test for the treatment group was carried out 1 day after the last treatment by measuring the quality of life of the elderly.

The data obtained will be analyzed using the Paired T test and the Mann Whitney U Test with a significance value of 0.05. Paired t test statistical test was used to see the difference in quality of life scores before and after providing family role assistance in five family health tasks. Comparative analysis of the effectiveness of family role assistance in five family health tasks on changes in quality of life scores in both groups was analyzed using the Mann-Whitney test.

RESULTS AND DISCUSSION

Results

Below are the research results from univariate analysis. Namely the characteristics of respondents from accompanying families and elderly people with hypertension.

The results consist of a clear summary of the findings, a comparison of these findings with previous research, as wel as a discussion exploring the findings. You can write down the results and discussion in separate subsections or one whole. You can include tables, figures, or equations with the following rules.

Table 1 Frequency Distribution of Characteristics of Respondents from Families Accompanying the Elderly in Sukamulya Village in 2023 (n=48)

No.	Demographic Data	f %
1.	Age	
	- <30 years	26 54.2
	- 30-45 years	16 33.3
	>45 years	6 12.5
2.	Gender	
	- Man	0 0
	- Woman	48 100.0
3.	Education	
	- No school	0 0
	- Elementary	8 16.7
	- Intermediate	26 54.2
	- High	8 29.1
4.	Work	
	- Doesn't work	10 20.8
	- Farmer	12 25.0
	- Trader	6 12.5
	- Self-employed	20 41.7

Source: primary data, 2023

Based on table 1, it can be seen that of the 48 respondents, the majority of family companions for the elderly were in the age range <30 years with a total of 26 respondents (54.2%). Gender, all female, with a total of 48 people (100%) Education. The majority were secondary school with a total of 26 people (54.2%) The majority of occupations were self-employed, 20 respondents (41.7%).

Table 2 Frequency Distribution of Characteristics of Elderly Respondents Participating in Prolanis Hypertension in Sukamulya Village in 2023 (n=48)

No.	Demographic Data	f %
1.	Age	
	- 64-74 years	20 41.7
	- 75-85 years	28 58.3
2.	Gender	
	- Man	0 0
	- Woman	48 100.0
3.	Education	
	- No school	12 25
	- Elementary	12 25
	- Intermediate	12 25
	- High	12 25
4.	Work	

-	Doesn't work	4 8.3
-	Farmer	20 41.7
-	Trader	12 25
-	Self-employed	12 25

Source: primary data, 2023

Based on table 2, it can be seen that of the 48 respondents, the majority of respondents were in the age range 75-90 years with a total of 28 respondents (58.33%). Gender is all female with a total of 48 people (100%) The majority of education is evenly distributed at all levels with a total of 12 people each (25%). The majority of farmers are 20 respondents (41.7%).

The majority of respondents have an underlying disease of hypertension. All respondents came to attend the prolanis accompanied by their families. The results of the equality test using the Independent T-test using the family role questionnaire in family health tasks in both groups showed that there was no difference with p = 0.9. This shows that the two groups are homogeneous. Other demographic data cannot be tested for homogeneity.

Next, the results of specific research data include:quality of life of the elderly before and after assistance with the family's role in the five family health tasks and the influence of assistance with the family's role in family health tasks on the quality of life of the elderly.

Table 3 Quality of Life Category RecapitulationElderly Prolanis Hypertension Participants in the Treatment and Control Groups Before Intervention, April 2023 (n=48)

No	Groups	Exams	Not Good		Enough		Good		Total	
			f	%	f	%	f	%	f	%
1	Treatment	Pre	6	25	14	58,3	4	16,67	24	100
2	Control	Pre	2	8,33	18	75	4	16,67	24	100

Source: primary data, 2023

From table 3, the majority (58.3%) of respondents in the treatment group had a quality of life in the sufficient/enough category. Most of them are in the sufficient/enough category.

Table 4 Quality of Life Category Recapitulation Elderly Prolanis Hypertension Participants in the Treatment and Control Groups After Intervention, April 2023 (n=48)

No	Groups	Exams	Not Good		Enough		Good		Total	
			f	%	f	%	f	%	f	%
1	Treatment	Pre	0	0	8	33.33	16	66.67	24	100
2	Control	Pre	2	8,33	16	66.67	6	25	24	100

Source: primary data, 2023

From table 4 it explains that after the interventionThe majority of family support in the five family health tasks in the treatment group was obtained respondents (66.67%) had a quality of life in the good category.

Table 5. The Results of Quality-of-Life Test for Elderly Prolanis Hypertension Participants in the Treatment and Control Groups After Intervention, April 2023

No	Groups	Exams	Different Tests		Mean		MWh
			Mean	SD	P	& SD	
1	Treatment	Pre	82,83	9,998	0,004	12,92	
		Post	95,75	12,6		& 12,39	0,006
2	Control	Pre	84,83	8	0,461	0,5 &	
		Post	85,33	66,67		2,39	

From table 5 shows that the Paired t Test statistical test was used to see the difference in quality of life scores before and after administrationassistance with the role of the family in family health tasks in the treatment group which has a normal distribution, shows a value of $p = 0.004$ ($p<0.05$) which means there is a significant difference in quality of life scores for respondents before and after providing assistance with the role of family in health tasks family. Comparative analysis of the effectiveness of family role assistance in family health tasks on changes in quality of life scores in the two groups was analyzed using the Mann-Whitney test, the result was $p = 0.006$ ($p<0.05$) which means there is a difference in quality of life scores between the treatment group and control. The results of the two types of statistical tests carried out can answer and accept the hypothesis in this research, namely that assistance with the family's role in family health tasks can improve the quality of life of the elderly.

DISCUSSION

Measurement results of the treatment group before the intervention facilitating the role of the family in family health tasks found that 3 respondents (25%) had poor quality of life, 7 respondents (58.3%) had sufficient quality of life, and 2 respondents (16.67%) had good quality of life. In the control group, it was found that 1 respondent (8.33%) had a poor quality of life, 9 respondents (75%) had an adequate quality of life, and 2 respondents (16.67%) had a good quality of life.

The quality of life of the elderly is influenced by various things, not only influenced by health but also by social and psychological relationships (Larasati, 2011). In line with this research, the majority of elderly people in the treatment and control groups were in the moderate category and only a portion of elderly people had a good quality of life.The research results also show that elderly people in the prolanis program have participated in the program for more than 1 year, so it can be said that they have received sufficient information for more than a year regarding the chronic disease they suffer from so that they can carry out disease management and management well. According to Latifah (2013), the meaning of life in old age is how to behave in daily life to maintain personal health from all aspects of health, namely biological, psychological, sociological and spiritual. Health related to psychology is by continuing to communicate with other people, improving one's approach to worship activities and trying to carry out community activities, one of which is taking part in the prolanis program.

The results of measuring the quality of life in the treatment group and control group before the intervention showed that of the four quality of life domains, the lowest aspect was the physical health domain. This domain includes physical pain, need for medical intervention (drugs), vitality, ability to mobilize, sleep satisfaction, satisfaction with ability to move, and satisfaction with ability to work.

The quality of life of the elderly tends to decline as they get older (Yenny, 2006). Physical changes that occur in the elderly are closely related to a decrease in the quality of life in the elderly (Larasati, 2011). This is in line with this research that the majority of elderly people experience problems with declining health and decreased function of body organs which causes limitations in activities which affect their independence and self-confidence so that their quality of life tends to be low. This is indicated by the low value of the physical health domain in measuring quality of life.

Data measuring quality of life in the elderly in the treatment group and control group before the intervention showed that the highest quality of life domain was the environmental domain. The home atmosphere provides the elderly with the opportunity to interact with children and family and gain warmth from these interactions (Yuwanto, 2015). A person's quality of life is not only obtained from health, but there are several other factors that influence it. These factors include good social relationships with children, family, friends and neighbors (Bowling, 2008). This is in line with this research, the highest domain in the quality of life of respondents in the treatment group and control group is the environmental domain, but overall only a small proportion of elderly people have a good quality of life.

After intervention is carried outFacilitating the role of the family in five family health tasks in the treatment group found that 4 respondents (33.33%) had a fair quality of life and 8 respondents (66.67%) had a good quality of life. Control group data showed that 1 respondent (8.33%) had poor quality of life, 8 respondents (66.67%) had sufficient quality of life, and 3 respondents (25%) had good quality of life.

Results of measuring quality of life after activitiesAssistance with the family's role in five family health tasks shows that there has been an increase in the level of quality of life in the treatment group respondents. One of the respondents in the treatment group who previously had a poor quality of life after the intervention changed to a fairly good quality of life, while the other two respondents experienced an improvement in their quality of life from poor to good. Apart from that, there was an increase in the number of respondents who had a good level of quality of life, namely from two respondents to eight respondents. Based on the results of measurements in the control group, it was found that one respondent experienced an increase in quality of life from fair to good, while eight other respondents remained in the fair quality of life category, two respondents remained in the good quality of life category and one respondent still had poor quality of life. .

Quality of life tends to decrease with increasing age (Herwana, 2006). Age is one of the factors that influences quality of life (Dwijayanti, 2012). This is in line with this research, the majority of respondents who have a better quality of life than other respondents are in the age range of 60-75 years. This means that younger age allows elderly people to have better adaptation abilities than older people.

After interventionassistance with the role of the family in five family health tasks in the treatment group showed a significant increase in the four domains of quality of life, namely the physical health domain, psychological domain, social relations domain and environmental domain, as well as an increase in 2 facets of quality of life in general, namely overall quality of life and satisfaction with health in general. In the control group, there was no improvement in domain 1 (physical health), an insignificant increase in domain 2 (psychological) and domain 3 (social relationships), and a decrease in domain 4 (environment) and 2 facets of quality of life which tended to remain the same.

Based on data measuring the quality of life of the treatment group after the intervention, it was found that the lowest aspect was the physical health domain, although this domain also experienced an increase in scores, this domain remained the lowest domain. In the elderly, cell changes occur, a decline in the nervous system, hearing system, vision system, cardiovascular system, body temperature regulation system, respiratory system, gastrointestinal system and urinary system (Stockslager et al, 2008). The emergence of degenerative diseases in the elderly can make them feel less vital to carry out activities and depend on medication, making them feel helpless. This is something that cannot be avoided so this aspect is quite difficult to change.

Based on data from measuring quality of life after the intervention, it was found that the four domains had experienced a significant increase and the majority of respondents experienced an increase in quality of life scores.According to the theoretical concept of Friedman (2012), the implementation of family duties in the health sector is very necessary in efforts to prevent and overcome the health problems of their families, especially the elderly who need care that is more aimed at meeting the needs resulting from the aging process. One of them is handling hypertension which is often suffered by the elderly, efforts that can be made by families, recognizing family health problems, deciding on appropriate health actions for the family, caring for families who experience health problems, modifying the environment to ensure family health, and utilizing facilities. surrounding health services.Thus, it can be concluded that the family has an important task in preventing and treating disease, especially hypertension suffered by the elderly. The better the health tasks carried out by the family, the better the level of treatment for family members who suffer from hypertension, so that this will have an impact on the sufferer's blood pressure always being controlled.

Influenceassistance with the role of the family in five family health tasks on the Quality of Life of the Elderly

The results of the difference test show that there is a significant difference in quality of life scores between before and after the intervention in the treatment group and the Mann-Withney Test shows that there is a significant difference in quality of life score between the treatment group and the control group. These two statistical test results show that the hypothesis is accepted, namely interventionAssistance with the family's role in the five family health tasks can improve the quality of life of the elderly

The data obtained showed that there was an increase in the psychological domain which included self-satisfaction, self-esteem, positive thoughts, memory and concentration after the intervention in the treatment group. This is related to interventions to assist the family's role in five family health tasks. This activity invites families to be able to recognize family health problems, decide on appropriate health actions for the family, care for families experiencing health problems, modify the environment to ensure family health, and utilize surrounding health service facilities to increase self-esteem and self-satisfaction which can then be achieved. affect the quality of life of the elderly.

ActivityAssistance with the family's role in the five family health tasks is carried out in six sessions in the health tasks carried out by the family, so the level of treatment for family members who suffer from hypertension will be better, so that this will have an impact on the sufferer's blood pressure which is always controlled.

CONCLUSION

Based on the research results, it can be concluded that the majority of elderly people experienced an improvement in their quality of life after the intervention. The four domains of quality of life, namely the physical health domain, psychological domain, social relations domain and environmental domain, also experienced an increase after the intervention.The family has an important task in preventing and treating disease, especially hypertension suffered by the elderly. The better the health tasks carried out by the family, the better the level of treatment for family members who suffer from hypertension, so that this will have an impact on the sufferer's blood pressure always being controlled.

It is hoped that future research will measure indicators for assessing the role of the family in five health and life satisfaction tasks that influence the quality of life using the self-esteem scale and life satisfaction scale in order to obtain comprehensive measurement results.

Limitations and future direction

The limitation of this research is that family health tasks are still general, the five family health tasks have not been explained specifically, so it is hoped that future researchers can focus more on each of the five family health tasks. Another thing is that the family's independence in carrying out family health duties is not yet clearly visible due to time constraints, so it cannot be monitored properly.

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