THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND DIET COMPLIANCE IN PATIENTS WITH CHRONIC KIDNEY DISEASE PERFORMED REGULAR HEMODIALYSIS AT X HOSPITAL SIDOARJO

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Abstract

Background: Chronic kidney failure is a disorder traits are regularly no longer identified by means of many human beings, due to the fact basically continual kidney failure is a ailment that kills silently (silent sickness and silent killer). Sufferers with CKD food plan non-compliance frequently have an effect which isn’t properly for kidney performance.

Objectives: The purpose of this examine became to decide the relatantship between family aid and dietary compliance in sufferers with continual kidney disoerder who underwent ordinary hemodialysis at RS X Sidoarjo.

Methods: The design used is an analytic technique using a go sectional layout. This studies changed into conducted at RS X Sidoarjo, March 21-28 2021. The population in this take a look at were all patient who underwent everyday hemodialysis within the hemodialysis room at RS X Sidoarjo, totaling 67 sufferers the usage of non chance sampling, specifically total sampling. Statiscal check with the nonparametric of chi square exams.

Results: As many as 56 respondents (83.6%) the extent of compliance and family help received appropriate results. As many as 11 respondents (16%) family help and stage of compliance acquired enough results.

Conclusion: Asymp. Sig (2-sided) price of 0.000 <0.05. So, it may be conclued that there a relationship between family support and diet compliance in patients with chronic kidney disease who go to regular hemodialysis at RS X Sidoarjo.

Keyword: CKD, Diet Compliance, Family Support

INTRODUCTION

Once in a while don't participate in dieting, one of the elements is the patient's understanding approximately weight-reduction plan (Sumilati & Soleha, 2015). food regimen is someone's aware effort to restriction and manage the meals to be eaten with the intention of lowering the workload of the kidneys and
preserving frame weight (Anita, 2012 in Abdurrahman, 2014). If the symptoms of CKD are detected as early as possible, sufferers can get help to trade or regulate their lifestyle as early as possible, specifically via dieting.

The control of one of the diets that need to be accompanied via these patients is a nutritional and fluid weight-reduction plan along with carbohydrates, protein, sodium, potassium 2 and minerals. patients with non-compliance with the CKD diet often have an destructive effect on kidney overall performance (Sumilati & Soleha, 2015). According to Friedman (2010) states that the own family features as a assist system for its members. family participants see that those who are supportive are usually ready to provide help and help if wished.

Patients with continual kidney disorder may additionally experience Protein power Malnutrition or loss of muscle tissue, fats and visceral protein reserves. this situation isn't always most effective caused by a lack of adequate food intake but also due to decreased kidney feature. The desires of nutritional care or dietary control in persistent kidney sufferers are to enhance first-rate of lifestyles, reduce morbidity and mortality, sluggish down the development of kidney disorder, minimize uremic toxicity and what is no much less crucial is to prevent malnutrition (Ministry of health, 2018).

**Objective(S):**

The purpose of this study was to determine the relationship between family support and dietary compliance in patients with chronic kidney disease who underwent regular hemodialysis at X Hospital Sidoarjo and the hypothesis in this study was (H1), namely there is a relationship between Knowledge Level and Diet Compliance in Patients with Disease Chronic Kidney Disease Performed Regular Hemodialysis at X Hospital Sidoarjo.

**METHODS**

**Study Design**

The research design used in this study uses an analytic approach method using a cross sectional design. A cross sectional survey to study the dynamics of the correlation between risk factors and effects, by means of an observation approach or data collection at one time (time approach).

**Setting**

This study turned into achieved in the Hemodialysis Room of X Hospital, Sidoarjo on March 21-28 2021.

**Research Subject**

The populace in this study were all patients who underwent ordinary hemodialysis inside the hemodialysis room at X Hospital Sidoarjo, totaling sixtyseven sufferers. The non-chance sampling approach used in this observe is the full sampling approach.

**Instruments**

The tool used on this established variable have a look at become dietary compliance in patients with persistent kidney ailment. For the independent variable family assist become measured the use of a tick list. As for the dependent variable, the extent of dietary compliance in patients with continual kidney ailment turned into measured the use of an adherence questionnaire supplied by means of the researcher. The researcher arranges his very own check list with a view to be filled in with the aid of respondents by using carrying out validity and reliability tests first to determine whether or not the questions prepared are feasible or not.

**Data Analysis**

The facts analysis method in this look at includes modifying, namely re-analyzing whether there are still questions that have no longer been responded by way of respondents, Coding, namely changing information within the shape of sentences or letters into numeric or numeric records and Tabulating, particularly making records tables, according with the
research goals or what the researcher needs. In this look at using the Chi-square test statistic, analysis of the consequences of the Chi-square check, seeing from the outcomes of this statistical take a look at, it is able to be concluded that there may be a widespread or now not enormous courting among the two variables.

**Ethical Consideration**

In this study, the researcher first gave knowledgeable consent to the respondent as a signal of approval to do the research through not which include the name of the respondent. The confidentiality of the statistics supplied through the respondent was guaranteed via the researcher. simplest sure information (required) can be listed as studies results. The researcher requested permission from the training and training branch from the medical institution and also carried out for permission from the studies and community carrier department of the Kerta Cendekia health Polytechnic.

**RESULTS**

Table 1. Age of Respondent

<table>
<thead>
<tr>
<th>Age</th>
<th>Quantity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>51-60</td>
<td>23</td>
<td>34.3</td>
</tr>
<tr>
<td>41-50</td>
<td>23</td>
<td>34.3</td>
</tr>
<tr>
<td>31-40</td>
<td>20</td>
<td>29.9</td>
</tr>
<tr>
<td>21-30</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Σ</td>
<td>67</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Based on Table 1 it is known that respondents aged 51-60 years and ages 41-50 years were 23 respondents (34.3%) respectively and 21-30 years as much as 1 respondent (1.5%).

Table 2. Education of Respondent

<table>
<thead>
<tr>
<th>Education</th>
<th>Quantity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary School</td>
<td>11</td>
<td>16.4</td>
</tr>
<tr>
<td>Junior High Scool</td>
<td>2</td>
<td>3.0</td>
</tr>
<tr>
<td>Senior high school</td>
<td>39</td>
<td>58.2</td>
</tr>
<tr>
<td>College</td>
<td>15</td>
<td>22.4</td>
</tr>
<tr>
<td>Σ</td>
<td>67</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Based on table 2, it is known that more than half of the respondents have high school education, namely 39 people (58.2%) and only 2 people have junior high school education (3%).

Table 3. Gender of Respondent

<table>
<thead>
<tr>
<th>Gender</th>
<th>Quantity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>47</td>
<td>70.1</td>
</tr>
<tr>
<td>Female</td>
<td>22</td>
<td>29.9</td>
</tr>
</tbody>
</table>

Based on Table 3 it was found that there were 47 male respondents (70.1%) and 22 female respondents (29.9%).

Table 4. Occupation of Respondent

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Quantity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housewife</td>
<td>10</td>
<td>14.9</td>
</tr>
<tr>
<td>Government employees</td>
<td>10</td>
<td>14.9</td>
</tr>
<tr>
<td>Private employees</td>
<td>22</td>
<td>32.8</td>
</tr>
<tr>
<td>Jobless</td>
<td>25</td>
<td>37.3</td>
</tr>
<tr>
<td>Sum</td>
<td>67</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Based on Table 4, it was found that almost half of the respondents did not work, namely 25 people (37.3%) and only a small number worked as housewife and government employees, namely 10 people each (14%).

Table 5. Family Support of respondent

<table>
<thead>
<tr>
<th>Family Support</th>
<th>Quantity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>56</td>
<td>83.6</td>
</tr>
<tr>
<td>Enough</td>
<td>11</td>
<td>16.4</td>
</tr>
<tr>
<td>Less</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Σ</td>
<td>67</td>
<td>100.0</td>
</tr>
</tbody>
</table>

From the table 5 above, it was found that almost all respondents received good support from their families, namely as many as 56 respondents (83.6%) and no respondents received less support from their families. 0%.

Table 6. Diet Compliance of Respondent

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Quantity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>56</td>
<td>83.6</td>
</tr>
<tr>
<td>Enough</td>
<td>11</td>
<td>16.4</td>
</tr>
<tr>
<td>Less</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Σ</td>
<td>67</td>
<td>100.0</td>
</tr>
</tbody>
</table>

From the table above, it was found that almost all respondents had good adherence to the CKD diet, namely 56 people (83.6%) and none were less compliant, namely 0%.

Respondent based on the relationship of family support with the level of dietary adherence pasien CKD showed in Table 7.
Based on the table above, it was found that 56 respondents (83.6%) had good levels of compliance and family support. As many as 11 respondents (16.4%) family support and level of compliance obtained sufficient results.

Table 8. Result of Fisher Exact Tests

<table>
<thead>
<tr>
<th>p-value</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;0.01</td>
<td>0.05</td>
</tr>
</tbody>
</table>

The nonparametric statistical test results from the chi square tests were obtained if Asymp.Sig (2-sided) <0.05, there is a relationship between family support and dietary compliance in patients with chronic kidney disease who undergo regular hemodialysis at the Siti Hajar Islamic Hospital, Sidoarjo. In the results above, the Asymp.Sig (2-sided) value is 0.000 <0.05. So, it can be concluded that there is a relationship between family support and dietary compliance in patients with chronic kidney disease who undergo regular hemodialysis at X Hospital Sidoarjo.

DISCUSSION

The results of the study showed that 56 respondents (83.6%) had family support in the good category. As many as 11 respondents (16.4%) had adequate family support. According to Purnawan and Rahayu 2008, how the family provides support usually influences sufferers in carrying out their health. As an instance, the customer is likewise more likely to take preventive motion if the own family does the same.

From the table it is able to be concluded that the entire populace is round 83.6%, circle of relatives aid is in the true category. someone will usually are trying to find support and approval from their social group, this will affect health beliefs and a way to put in force them.

Based on respondent's age. Primarily based at the outcomes of the have a look at, it changed into discovered that there were 23 respondents (34.3%) who were aged 51-60 years. at the age of 20-30 years there were 1 respondent (1.5%). The more mature, the extent of maturity and strength of someone can be more mature in wondering and running. In terms of public accept as true with, someone who is greater mature and can be depended on greater than someone who isn't but mature enough in the age class, most of the respondents belonged to the age institution who entered the aged category, which from a mindset that had a variety of experience and also private maturity.

Based totally on respondent's training. The outcomes of the observe found out that 39 respondents (58.2%) had excessive college level of education. Respondents with junior high college training stage (Junior excessive college) were 2 respondents (3.0%). Mubarak (2012), education is guidance given by one character to some other so that something may be understood. it's miles simple that the better a person's education, the easier it's far for them to acquire facts, and in the long run the extra expertise they have got. Education is needed to acquire information together with things that support fitness a good way to enhance the quality of lifestyles.

Based totally on respondent's gender. Based totally at the research consequences, it become discovered that there had been 47 male respondents (70.1%) and 22 lady respondents (29.9%). Desita (2010) in Aguswina (2012) said that the elements that affect the best of lifestyles are divided into two parts. the primary part is social demographics, namely gender, age, ethnicity or ethnicity, education, profession, and marital reputation. the second is medical action, particularly the duration of time present process hemodialysis, the stage of
the ailment, and the clinical control undertaken.

Male sex has a tendency to work and common and heavy work intensity can trigger kidney paintings if in each day intake soft drinks and electricity liquids can have an effect on kidney fitness primarily based on Respondent's process type.

Primarily based on Table 1, it is regarded that 25 respondents (32.8%) do not work. Respondents who were housewife and authorities personnel every were 10 respondents (10%). People with affluent socio-monetary repute will be able to provide all the centers had to meet their everyday needs. Conversely, people with low socioeconomic reputation will revel in difficulties in assembly their desires (Sunaryo, 2004).

Low earnings will be associated with the usage of fitness offerings and prevention. someone who does not take gain of present health offerings may additionally because they do not have enough money to shop for medicine or pay for transportation to the medical institution.

The relationship between own family assist and food plan Compliance in patients with chronic Kidney disease present process regular Hemodialysis at X Hospital Sidoarjo. The nonparametric statistical check results from the chi square exams had been obtained if p-value<0.05, there is a relationship among circle of relatives support and nutritional compliance in sufferers with chronic kidney ailment who undergo everyday hemodialysis at the Siti Hajar Islamic clinic, Sidoarjo. inside the outcomes above, the p-value (2-sided) price is 0.000 <0.05. So, it could be concluded that there's a courting between own family guide and nutritional compliance in patients with chronic kidney disorder who go through ordinary hemodialysis at X Hospital Sidoarjo.

CONCLUSION

There were 56 respondents (83.6%) who had family support in the good category. As many as 11 respondents (16.4%) had adequate family support. That respondents whose level of compliance with the CKD diet were in the good category were 56 respondents (83.6%). 11 respondents (16.4%) had a sufficient level of compliance and 0 respondents (0%) had a low level of compliance. The results of statistical tests using nonparametric chi square tests are obtained if p-value<0.05, there is a relationship between family support and dietary compliance in patients with chronic kidney disease who undergo regular hemodialysis at X Hospital Sidoarjo.

SUGGESTIONS

For Educational Institutions, educational institutions should further improve students' skills in providing education related to healthy lifestyles in patients with chronic kidney failure. For Further Researchers, future researchers should examine more about the level of reducing the intensity of boredom in doing dialysis, for respondents, respondents must be committed to following a diet for patients with chronic kidney failure who have had regular dialysis.

ACKNOWLEDGMENT

Thank you to the director of X Hospital Sidoarjo and the nurses in the Hemodialysis Room of X Hospital Sidoarjo who have helped collect data from patients and Respondents in the Hemodialysis Room of X Hospital Sidoarjo.

DECLARATION OF CONFLICTING INTEREST

No conflicts of interest have been declared.

FUNDING

Personal funding.
AUTHOR CONTRIBUTION
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Author 2: Arrange the content and write the article
Author 3: Arrange the content

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Indonesian Renal Registry.2017.10th Report Of Indonesian Renal Registry
Rekam Medis,Rumah Sakit Siti Hajar Sidoarjo,2021

Cite this article as: Fauziyah, F., et al. (2022). The Relationship Between Family Support and Diet Compliance in Patient with Chronic Kidney Disease Performed Regular Hemodialysis at RS X Hospital. International Conference of Kerta Cendekia, 2 (1), 136-141.