

THE INFLUENCE OF FACILITIES AND HEALTH PERSONNEL FACTORS ON THE IMPLEMENTATION OF FAMILY HEALTH DUTIES IN CONTROLLING HYPERTENSION IN THE WORKING AREA OF THE PUCANG SEWU COMMUNITY HEALTH CENTER, SURABAYA, EAST JAVA

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ABSTRACT

Background: Hypertension or high blood pressure is a condition where there is an increase in blood pressure in the arteries and is one of the conditions that usually precedes heart and blood vessel disease. Hypertension control aims to help lower blood pressure and maintain blood pressure under normal conditions. Family health care is the level of public health care that is intended or focused on the family as a unit or unit that is cared for healthily as a service and care destination as an effort to prevent disease. Efforts to control hypertension in family members suffering from hypertension are carried out through family duties in the health sector, namely: recognizing hypertension problems, making appropriate decisions in dealing with hypertension problems, caring for family members suffering from hypertension, modifying the physical and psychological environment that supports the treatment of hypertension and utilizing health facilities to overcome hypertension problems. The implementation of family health duties is influenced by several factors including facilities and health workers.

Objectives: The purpose of this study was to analyze the influence of facilities and health personnel factors on the implementation of family health tasks in controlling hypertension in the working area of Pucang Sewu Community Health Center, Surabaya, East Java.

Methods: This study uses a cross sectional design conducted in July 2018. The research subjects consisted of 120 family heads / family members who were selected by non-simple random sampling technique. Facilities and health personnel are family perceptions of the program and attitudes of health workers to control hypertension. Data on facilities and health personnel, the implementation of family health duties in controlling hypertension was obtained using questionnaires. Data was analyzed using the Pearson Correlation with significance $\alpha < 0.05$.

Results: Subject perceptions about facilities and health workers, almost all in the good category, 85.8%. The implementation of family health duties in controlling hypertension, mostly in the good category, 87.5%. There is a significant influence between facilities and health personnel factors on the implementation of family health tasks in controlling hypertension, based on the Pearson Correlation analysis showed a difference with a significant value $p = 0,000$ and significance level $\alpha < 0.05$.

Conclusion: This study showed a significant influence between the factors of facilities and health workers on the implementation of family health tasks in controlling hypertension.

Key words: Facilities and health personnel, family health tasks, controlling hypertension.

INTRODUCTION

Family health care is the level of public health care that is intended or focused on the family as a unit or unit that is cared for healthily as a goal of service and care as an

effort to prevent disease. Family as the smallest unit in the family community is an important component in the implementation of family health care in realizing a healthy Indonesian society

including controlling hypertension in all family members through the implementation of family health duties in the health sector.

Hypertension or high blood pressure is a condition where there is an increase in blood pressure in the arteries and is one of the conditions that usually precedes heart and blood vessel disease. In the early stages of hypertension, it often has no symptoms even though it has been diagnosed with hypertension. This causes patients not to seek treatment immediately so that hypertension will develop and cause heart disease, blood vessels, kidney failure and stroke. In addition to causing prolonged suffering to sufferers, it will also cause high health costs to be incurred. The World Health Organization (WHO, 2010 in Idaiani, 2016) reports that among non-communicable diseases the burden of heart and blood vessel disease ranks highest at 36.7 trillion USD. The increasing prevalence of hypertension from year to year besides being caused by an increase in population, also due to unhealthy lifestyles include unhealthy diets where lack of vegetable and fruit consumption, lack of physical activity, smoking habits and lack of public awareness to check health and control blood pressure if you have been diagnosed with hypertension. Hypertension control aims to help lower blood pressure and maintain blood pressure under normal conditions (Gunawan, 2001 in Andala S, Hermansyah, Mudatsir, 2016).

The task of family health in controlling hypertension is: recognizing hypertension problems, taking the right decisions in overcoming hypertension problems, caring for family members who suffer from hypertension, modifying the physical and psychological environment that supports the treatment of hypertension and utilizing health facilities to overcome hypertension problems. There are several factors that influence the implementation of family health duties in controlling hypertension (Green and Kreuter (2005) in (Glanz K, Rimer BK, Viswanath K, 2008) including enabling factors (enabling factors) which are factors that originate from the

environment or policy make it possible to support the implementation of family health duties. The enabling factor consists of: government policies, health facilities and health workers. This study aimed to analyze the influence of facilities and health personnel factors on the implementation of family health tasks in controlling hypertension.

METHODS

Study Design

The study design was used cross sectional study.

Setting

This research was conducted in at the Public Poly and Elderly Integrated Service Post in the working area of Pucang Sewu Community Health Center in July 2018.

Research Subject

The population in this study were all families who went to the Community Health Center in July - August 2018. The sampling technique used was non simple random sampling and obtained a sample of 120 people.

Instruments

Sample identity is obtained by interview using a sample identity form that contains the name, gender, age, level of education, and status in the family. Data on facilities and health personnel factors, data on the implementation of family duties in controlling hypertension were obtained by conducting interviews using questionnaires that had previously been tested for validity and reliability.

Data Analysis

Data was analyzed using the Pearson Correlation with significance $\alpha < 0.05$.

Ethical Consideration

This research obtained permission from National Unity and Politics of Surabaya City.

RESULTS

Family Characteristics in The Working Area of Pucang Sewu Community Health Center, Surabaya, East Java

Table 1. Description of Family Characteristics in The Working Area of Pucang Sewu Community Health Center, Surabaya, East Java - July 2018 (n = 120).

Characteristics	Amount (n)	Percentage (%)	Total	
			Amount	Percentage
Gender				
Man	32	26.7	120	100
Woman	88	73.3		
Age				
21-30 years old	8	6.6	120	100
31-40 years old	18	15.0		
41-50 years old	20	16.7		
> 50 years old	74	61.7		
Level of Education				
College	18	15.0	120	100
High School	55	45.8		
Junior high school	21	17.5		
Elementary school	26	21.7		
Status in family				
Head of family	56	46.7	120	100
Family members	64	53.3		

Sources: Primary Data of Questionnaire, July 2018

Based on the results of the study obtained 120 respondents in accordance with predetermined criteria. The characteristics of the respondents are known to be mostly female (73.3%) and over 50 years old (61.7%). Meanwhile, the education level of the respondents was at most high school level (45.8%) and family status more than half were family members (53.3%).

Factors of Facilities and Health Personnel to Control Hypertension

Based on table 2, Family perceptions of facilities and health personnel factors about controlling hypertension were almost entirely in the good category (85.8%), sufficient categories (10.0%) and less categories (4.2%).

Table 2. Factors of Facilities and Health Workers for Controlling Hypertension in The Working Area of Pucang Sewu Community Health Center, Surabaya, East Java - July 2018 (n = 120).

Factors of facilities and health personnel	Amount (n)	Percentage (%)
Well	103	85.8
Enough	12	10.0
Less	5	4.2
Total	120	100

Sources: Primary Data of Questionnaire, July 2018

Implementation of Family Health Duties in Controlling Hypertension

Table 3. Family Health Tasks in Controlling Hypertension in The Work Area of Pucang Sewu Community Health Center, Surabaya, East Java - July 2018 (n = 120).

Implementation of family health duties in controlling hypertension	Amount (n)	Percentage (%)
Well	105	87.5
Enough	9	7.5
Less	6	5.0
Total	120	100

Sources: Primary Data of Questionnaire, July 2018

The implementation of family health duties in controlling hypertension consists of the ability of the family to recognize hypertension problems, the ability of the family to make the right decisions in overcoming hypertension problems, caring for family members suffering from hypertension, modifying the physical and psychological environment that supports the treatment of hypertension and utilizing health facilities to deal with hypertension problems almost all of them are included in the good category (87.5%), sufficient category (7.5%) and less category (5.0%).

Effect of Facilities and Health Personnel on the Implementation of Family Health Duties in Controlling Hypertension

Pearson test results correlation effect of facilities and health personnel on the implementation of family health duties in controlling hypertension showed a significant effect (Sig 0.00 <0.05).

DISCUSSION

Factors of Facilities and Health Personnel to Control Hypertension

Factors originating from health facilities in this case are Community Health Center and health workers. Support for facilities and health personnel for families in controlling hypertension is almost entirely good, different results are shown by Abdullah et al. (2017) who show that the support of enabling trend factors is not good. Maharani R, et al. (2016) found that the role of health workers was more dominant in controlling hypertension.

Community Health Center is a comprehensive health service that includes curative, preventive, promotive and rehabilitative services. The Community Health Center functions as a center for community health development in its area, fosters community participation in its working area in order to improve the ability to live healthier and provide comprehensive and integrated health services to the community in the region. The implementation of the function of the Community Health Center is carried out by health workers in the Community Health Center through counseling activities on healthy living behavior, providing guidance to the community on how to explore and use existing resources effectively and efficiently (Effendi F & Makhfudli, 2009)

The role of Community Health Center and health workers in controlling hypertension can be done through improving public health counseling programs specifically on controlling hypertension through increasing the implementation of family health tasks, namely: recognizing hypertension problems, making appropriate decisions in dealing with hypertension, caring for family members suffering from hypertension, modifying the environment physical and psychological support for the treatment of hypertension and utilizing health facilities to overcome hypertension problems.

Implementation of Family Health Duties in Controlling Hypertension

The task of family health in controlling hypertension shows results that are dominated by good categories, in contrast to previous studies on the control of hypertension in adult Indonesians where it was found that only one third of hypertensive patients realized that they were suffering from hypertension. Although most hypertension patient underwent treatment for hypertension, only a quarter of them could achieve a controlled condition of hypertension (Hussain M.A, et al, 2016). In addition Puspita E, et al (2017) also in their study found that the level of adherence to taking medication for hypertensive patients was mostly not compliant compared to those who obeyed, with the distribution of obedient patients having higher family support compared to patients who did not adhere to taking medication (Puspita E et al., 2017).

Family health tasks include: recognizing health problems, making appropriate health action decisions, giving care to sick family members, modifying the environment or creating a healthy home atmosphere and referring to public health facilities. In carrying out the five family health tasks, they must be related to each other and need to be done by the family, with help and guidance by nurses so that the family can fulfill the implementation of the family health duties (Effendi F & Makhfudli, 2009).

The high number of families who can carry out family health duties properly in terms of controlling hypertension, is associated with family characteristics that are dominated by the level of senior secondary education, thus showing good results. Another thing that supports this result is the possibility because most families are hypertensive patients who have carried out a lifestyle as hypertensive sufferers, and of course the implementation of family duties in controlling hypertension will also be good.

Effect of Facilities and Health Personnel on the Implementation of Family Health Duties in Controlling Hypertension

There is a significant influence between the factors of facilities and health workers on the task of the family in controlling hypertension (Sig 0.00 is smaller than 0.05).

Factors of facilities and health personnel include: Government policies, facilities and health workers. The importance of government policy in the health sector is a legal umbrella of actions in the health sector, supported by adequate health facilities so as to enhance the government's role in providing support for controlling hypertension. Besides that, the availability of reliable health workers is able to provide assistance to families at risk of hypertension or families whose family members already suffer from hypertension.

CONCLUSION

Factors of facilities and health personnel affect the implementation of family health duties in controlling hypertension in the working area of the Pucang Sewu Community Health Center, Surabaya, East Java.

SUGGESTION

With the results of the study, it can be used as input for health care providers to pay attention to the service system, the availability of facilities and health personnel who can properly deliver programs on hypertension as a way to increase family duties in controlling hypertension among members who have suffered it.

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