

## The Relationship Between Family Support and Adherence to Hypertension Care Among Older Adults in a Rural Community

Tahan<sup>1</sup>, Imran Saputra Surabakti<sup>2</sup>, Siti Nurmawan Sinaga<sup>3</sup>, Eko Murdianto<sup>4</sup>,  
Wara Valegis<sup>5</sup>, Vina Enita Noviani<sup>6</sup>

<sup>1,2,3,4,5,6</sup> Prodi Keperawatan Program Diploma Tiga, STIKes Mitra Husada Medan, Sumatera Utara, Indonesia

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### Corresponding author\*:

[tahan@mitrahusada.ac.id](mailto:tahan@mitrahusada.ac.id)

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**Abstrak:** Hypertension is often referred to as a *silent killer* because many individuals are unaware of their elevated blood pressure until serious complications occur. This condition is particularly concerning among older adults due to age-related physiological changes that increase vulnerability to chronic diseases. **Objective:** This study aimed to analyze the relationship between family support and adherence to hypertension care among elderly individuals in Bangun Rejo Village, highlighting the importance of family involvement in chronic disease management. **Methods:** This research used a quantitative approach see more with a descriptive correlational design and cross-sectional method. A total of 91 respondents were selected using total sampling. Data were collected through structured questionnaires measuring family support and adherence to hypertension care, and analyzed using descriptive statistics and the Chi-Square test. **Results:** The results showed that most respondents were aged over 66 years (51.6%) and predominantly male (71.4%). Half of the participants reported good family support (50.5%), while the majority demonstrated low adherence to hypertension care (59.3%). Statistical analysis revealed a significant relationship between family support and adherence ( $p$ -value < 0.05). **Implications:** These findings indicate that strengthening family involvement can improve adherence to hypertension treatment among elderly individuals. Family-centered interventions and education programs in primary healthcare settings are recommended to enhance disease management outcomes. **Originality:** This study provides localized empirical evidence from a rural community, emphasizing the role of family support in influencing treatment adherence among older adults. It contributes to the development of context-specific strategies for family-based chronic disease management.

**Keywords:** Family Support; Treatment Adherence; Hypertension; Elderly

## INTRODUCTION

Hypertension, commonly known as high blood pressure, represents a significant public health phenomenon and is often referred to as a silent killer because it typically does not present clear symptoms in its early stages, yet it can lead to severe complications such as cardiovascular disease, stroke, and kidney failure when not adequately managed (Sutini, 2025). This issue is closely aligned with global health priorities, particularly Sustainable Development Goal (SDG) 3.4, which emphasizes ensuring healthy lives and promoting well-being for all ages, including improving the quality of life of older adults living with

chronic conditions such as hypertension ([United Nations & Social, 2024](#)). Globally, the World Health Organization estimates that approximately 1.4 billion people aged 30–79 years live with hypertension; most cases occur in low- and middle-income countries, many remain undiagnosed, and only a limited proportion achieve adequate blood pressure control ([World Health, 2024](#)). In Indonesia, the Indonesia Health Survey ([Khalili et al., 2023](#)) reported a hypertension prevalence of 30.8% (equivalent to more than 70 million people). In North Sumatra Province in 2024, there were 3,340,835 individuals aged  $\geq 15$  years with hypertension, yet only 1,164,936 (34.87%) received health services, indicating substantial challenges in access and continuity of care within primary healthcare settings ([Dinas Kesehatan Provinsi Sumatera, 2025](#); [Kementerian Kesehatan Republik, 2023](#)). Consistent with efforts to strengthen hypertension management, national policy through Minister of Health Decree No. HK.01.07/MENKES/4634/2021 highlights the importance of improving service quality as a foundation for enhancing treatment adherence, particularly among older adults ([Kementerian Kesehatan Republik, 2021](#)).

At the community level, a preliminary survey conducted in Bangun Rejo Village in 2025 identified 91 older adults living with hypertension, accompanied by lifestyle patterns that may exacerbate the condition, such as low levels of physical activity, frequent consumption of high-fat and fried foods, and smoking habits. This situation illustrates that hypertension is not solely a clinical issue but is also shaped by daily behaviors, physiological changes related to aging (e.g., arterial stiffness), and persistent risk factors within families and communities ([Ismail et al., 2025](#)). In this context, treatment adherence among older adults becomes a critical social issue because hypertension management requires long-term, consistent care and continuous support. When family members are busy or less involved, older adults tend to attend fewer follow-up visits, struggle to maintain dietary control, and are less consistent in adopting healthy behaviors. Therefore, examining the relationship between family support and treatment adherence among older adults is essential, both academically to better understand behavioral determinants of chronic disease management and practically to inform primary healthcare programs that integrate family involvement in monitoring and supporting hypertension care ([Dinas Kesehatan Provinsi Sumatera, 2025](#); [Kementerian Kesehatan Republik, 2023](#); [United Nations & Social, 2024](#)).

International and regional literature indicates that medication adherence among older adults with hypertension is shaped by a combination of cognitive, psychological, and health

perception factors. Within the Health Belief Model framework, perceived benefits of treatment have been reported as the strongest determinant associated with adherence ([Widayani et al., 2024](#)), consistent with findings that health belief dimensions such as perceived susceptibility, barriers, and benefits are significantly related to adherence, suggesting that adherence is not only about knowledge but also about belief in the urgency and consequences of therapy ([Al-Noumani et al., 2018](#)). In addition, self-efficacy plays a reinforcing role; older adults who feel more confident in managing their condition tend to adhere more consistently to treatment, while clinical and behavioral factors such as regimen complexity, habits, and sociodemographic characteristics also explain variations in adherence ([Lestari & Anisa, 2022](#); [Uchmanowicz et al., 2018](#))

Although determinants of adherence have been widely identified, evidence still shows heterogeneity across studies and limited integration of family-related social factors. Systematic reviews highlight recurring determinants such as health beliefs, health literacy, and social support, yet differences in measurement tools, predominantly cross-sectional designs, and variations in health system contexts contribute to inconsistent findings ([Afiani & Nurmala, 2023](#)). Furthermore, physical vulnerability such as frailty may reduce adherence, and this relationship can be mediated by factors like health literacy, indicating that adherence in older adults is a multidimensional phenomenon that cannot be explained by a single variable ([Wang et al., 2023](#)). At this stage, the literature calls for a shift from identifying determinants toward understanding how operational social factors particularly family support function within primary care and rural contexts.

In this regard, empirical studies generally show that family support is associated with treatment adherence among older adults with hypertension, particularly when support is manifested through practical actions such as medication reminders, accompaniment to health visits, practical assistance, and emotional encouragement ([Kurniawati et al., 2019](#); [Sukartini et al., 2020](#)). Evidence from Lagos, Nigeria also positions family support as a relevant factor in adherence behavior, although barriers such as forgetfulness and financial limitations remain prominent ([Olaniran et al., 2023](#)), while other studies emphasize that inadequate family support may increase the risk of nonadherence ([Sheilini et al., 2019](#)). Nevertheless, findings across contexts are not entirely consistent; in informal settlements in Nairobi, structural factors such as socioeconomic conditions, health literacy, and access to services may weaken the influence of family support ([Xiong et al., 2023](#)). From an intervention perspective, family-based programs including Johnson model programs,

family supervision trials, and caregiver training demonstrate potential in improving adherence and clinical outcomes, yet issues of long-term sustainability and adaptation to rural primary care settings remain important research gaps (Shen et al., 2017). Based on these gaps, this study aims to analyze the relationship between family support and adherence among older adults in managing hypertension care in Bangun Rejo Village.

This objective is intended to address limitations in previous literature related to contextual inconsistency, the frequent use of generalized measures of family support, and the limited implementation evidence in rural primary care settings, thereby providing community-based contextual evidence to strengthen family-centered hypertension management strategies (Afiani & Nurmala, 2023; Shen et al., 2017; Xiong et al., 2023). Grounded in health behavior theory and prior empirical findings, this study argues that better family support through emotional, instrumental, and informational support will enhance adherence to hypertension care among older adults by strengthening perceived treatment benefits, increasing self-efficacy, and reducing practical barriers such as forgetfulness and irregular follow-ups (Burnier & Egan, 2019; Widayani et al., 2024).

Accordingly, the study hypothesizes that there is a significant relationship between family support and adherence to hypertension care among older adults in Bangun Rejo Village, such that higher levels of family support are associated with higher adherence to hypertension treatment (Kurniawati et al., 2019; Olaniran et al., 2023).

## RESEARCH METHOD

The unit of analysis in this study was older adults (elderly) diagnosed with hypertension living in Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency. The study specifically examined the relationship between family support as the independent variable and adherence to hypertension care as the dependent variable at the individual level.

This research employed a quantitative method with a descriptive correlational design using a cross-sectional approach. This design was chosen because it enables the measurement of variables at a single point in time and allows the researcher to determine whether there is an association between family support and adherence to hypertension care among elderly individuals.

The population of this study comprised all elderly individuals with hypertension in Bangun Rejo Village, totaling 91 people. The sampling technique used was total sampling,

meaning all members of the population were included as study participants. Therefore, the sample size was equal to the population, with 91 respondents.

Data collection involved both primary and secondary data obtained through questionnaires. Primary data were collected directly from respondents using a questionnaire measuring family support and adherence in managing hypertension care. Secondary data were obtained from Bangun Rejo Village administrative records as supporting information relevant to the study context.

The collected data were processed through the stages of editing, coding, data entry, verification, and tabulation, and then analyzed using SPSS for Windows. Univariate analysis was conducted to describe frequency distributions of respondent characteristics and variables, including age, sex, education, occupation, health service visit frequency, family support, and adherence to hypertension care. Bivariate analysis was performed using the Chi-square test to examine the relationship between family support and adherence to hypertension care among elderly individuals in Bangun Rejo Village. Statistical significance was determined at  $p < 0.05$ .

## RESULT

This section presents the empirical findings of the study, including respondent characteristics, levels of family support, levels of adherence to hypertension care, and the relationship between these two main variables. The results are presented systematically to provide a clear overview of the condition of elderly individuals with hypertension in Bangun Rejo Village and the role of family support in influencing adherence to care.

### Respondent Characteristics

Respondent characteristics describe the demographic and social profile of elderly participants included in this study. This information is important to understand the context of the study population and to provide an overview of factors that may influence health behaviors among respondents.

**Table 1.** Frequency Distribution of Respondent Characteristics in Bangun Rejo Village, 2026 (n = 91)

Characteristics	N	%
<b>Age</b>		
55–65 years	44	48.8
>66 years	47	51.6

Characteristics	N	%
<b>Gender</b>		
Male	65	71.4
Female	26	28.6
<b>Education</b>		
No formal education	14	19.7
Elementary school	12	8.2
Junior high school	26	19.7
Senior high school	32	27.9
Higher education	10	24.6
<b>Occupation</b>		
Self-employed	14	15.4
Civil servant	7	7.7
Farmer	24	26.4
Retired	11	12.1
Housewife	35	38.5
<b>Healthcare Visits</b>		
Routine	39	42.9
Occasional	33	36.3
Never	19	20.9
<b>Total</b>	<b>91</b>	<b>100</b>

Based on Table 1, most respondents were aged over 66 years (51.6%), indicating that the study population was dominated by older elderly individuals. In terms of gender, the majority were male (71.4%), while females accounted for 28.6%.

Regarding educational level, most respondents had completed senior high school (27.9%), followed by junior high school and those with no formal education (19.7% each). Respondents with higher education represented 24.6% of the sample. This distribution indicates that the educational background of respondents was relatively diverse but predominantly at the secondary level.

In terms of occupation, the largest proportion of respondents were housewives (38.5%), followed by farmers (26.4%). These findings suggest that most respondents belonged to informal or non-working groups, which may influence their health behaviors and access to healthcare. Additionally, only 42.9% of respondents reported routine healthcare visits, indicating that regular health monitoring among the elderly remains suboptimal.

### Family Support

Family support was assessed as one of the key variables in this study because the family represents the closest social environment that may influence health behavior among elderly individuals. Family support levels were categorized as good, moderate, and poor.

**Table 2.** Frequency Distribution of Family Support in Bangun Rejo Village, 2026 (n= 91)

Family Support	Frequency	Percentage (%)
Good	46	50.5
Moderate	28	30.8
Poor	17	18.7
<b>Total</b>	<b>91</b>	<b>100</b>

Based on Table 2, half of the respondents (50.5%) were categorized as having good family support. This indicates that many elderly individuals received adequate assistance from their families in managing hypertension care, such as reminders to take medication, support during medical visits, and encouragement to maintain healthy behaviors.

However, 30.8% of respondents reported moderate support, and 18.7% reported poor family support. This finding shows that not all elderly individuals received optimal assistance from their families, which may affect their ability to manage hypertension consistently. Overall, the distribution suggests that while family support tends to be relatively favorable, disparities in support still exist.

### Adherence to Hypertension Care

Adherence to hypertension care reflects the extent to which elderly individuals follow treatment recommendations, including medication use, regular health check-ups, and lifestyle modifications. Adherence levels were classified as high, moderate, and low.

**Table 3.** Frequency Distribution of Adherence to Hypertension Care Among Elderly, 2026 (n = 91)

Adherence Level	Frequency	Percentage (%)
High	24	26.4
Moderate	13	14.3
Low	54	59.3
<b>Total</b>	<b>91</b>	<b>100</b>

As shown in Table 3, the majority of respondents were categorized as having low adherence (59.3%). This finding indicates that most elderly individuals had not

implemented hypertension care optimally, either in terms of medication adherence, routine monitoring, or lifestyle management.

Only 26.4% of respondents demonstrated high adherence, while 14.3% had moderate adherence. These results highlight a substantial gap between the recommended hypertension management and the actual adherence behavior among elderly individuals in the community.

### Relationship Between Family Support and Adherence to Hypertension Care

Bivariate analysis was conducted to examine the relationship between family support and adherence to hypertension care using the Chi-square test.

**Table 4.** Relationship Between Family Support and Adherence to Hypertension Care, 2026 (n = 91)

Family Support	High n (%)	Moderate n (%)	Low n (%)	Total	p-value
Good	20 (22.0)	10 (11.0)	16 (17.6)	46	0.000
Moderate	4 (4.4)	3 (3.3)	21 (23.1)	28	
Poor	0 (0.0)	0 (0.0)	17 (18.7)	17	
<b>Total</b>	<b>24 (26.4)</b>	<b>13 (14.3)</b>	<b>54 (59.3)</b>	<b>91</b>	

Based on Table 4, respondents who received good family support tended to have higher adherence levels compared to those with moderate or poor support. In contrast, all respondents with poor family support were categorized as having low adherence.

The Chi-square test showed a p-value of 0.000 (< 0.05), indicating a statistically significant relationship between family support and adherence to hypertension care among elderly individuals. These findings suggest that better family support is associated with a greater likelihood of adherence to hypertension care in the study population.

## DISCUSSION

This study aimed to examine the relationship between family support and adherence to hypertension care among elderly individuals in Bangun Rejo Village. The findings revealed that most respondents were older adults aged over 66 years and predominantly male. Half of the participants reported good family support, yet the majority demonstrated low adherence to hypertension care. Importantly, the statistical analysis showed a significant relationship between family support and adherence, indicating that elderly individuals who received better family support were more likely to comply with

hypertension treatment. These findings highlight the importance of family involvement in chronic disease management among older adults.

The significant association between family support and adherence can be explained through behavioral health frameworks, which emphasize the role of social environments in shaping health behaviors. Family members often act as primary caregivers who provide emotional encouragement, remind patients to take medication, assist with healthcare visits, and help manage daily routines. Such support reduces practical barriers and enhances motivation, thereby improving adherence. Conversely, inadequate family support may lead to forgetfulness, lack of motivation, or limited access to care, which contributes to poor adherence among elderly individuals (Burnier & Egan, 2019; Thuy et al., 2020).

The results of this study are consistent with previous research indicating that family support plays a crucial role in improving treatment adherence among hypertensive patients. Studies conducted in various settings have reported that patients with strong family support are more likely to follow medication regimens and maintain regular health check-ups (Kurniawati et al., 2019; Olaniran et al., 2023; Sheilini et al., 2019; Sukartini et al., 2020). However, this study also adds contextual evidence from a rural community setting, where social dynamics and access to healthcare differ from urban environments. While some studies have reported inconsistent relationships due to socioeconomic and cultural differences, the present study confirms that family support remains a significant determinant in this local context (Xiong et al., 2023). The novelty of this research lies in its focus on a community-based elderly population and its contribution to localized empirical evidence that strengthens the relevance of family-centered approaches in primary healthcare.

From an interpretative perspective, these findings suggest that adherence to hypertension care among elderly individuals is not solely a matter of individual responsibility but is strongly influenced by social and familial contexts. The presence of supportive family relationships fosters a sense of security and accountability, which encourages consistent health behaviors. This underscores the broader understanding that chronic disease management should be viewed as a shared responsibility between patients, families, and healthcare systems (Burnier & Egan, 2019).

Reflecting on the implications of these findings, the positive aspect is that family support represents a modifiable factor that can be strengthened through education and community engagement. However, the results also indicate that even among those with

adequate support, adherence is not always optimal, suggesting the influence of other factors such as health literacy, economic constraints, and healthcare accessibility. This highlights the complexity of adherence behavior and the need for multifaceted interventions (Burnier & Egan, 2019; Thuy et al., 2020).

In terms of practical implications, healthcare providers particularly in primary care settings should actively involve family members in hypertension management programs. Strategies such as family education sessions, caregiver training, and the implementation of family-based monitoring systems could enhance adherence among elderly patients (Shen et al., 2017). Policymakers should also consider integrating family-centered care models into community health programs to ensure sustainable hypertension control. Strengthening collaboration between healthcare workers and families may ultimately improve treatment outcomes and reduce the burden of hypertension-related complications in the elderly population.

## CONCLUSION

This study examined the relationship between family support and adherence to hypertension care among elderly individuals in Bangun Rejo Village. The findings indicate that family support is significantly associated with adherence, where elderly individuals who receive better support from their families tend to demonstrate higher levels of adherence to hypertension care. This result highlights the important role of the family environment as a supportive factor in chronic disease management among older adults.

From a scientific perspective, this study contributes contextual evidence from a community-based setting, particularly in a rural area, emphasizing that adherence to hypertension care is not solely determined by individual factors but is also influenced by social support systems. The findings reinforce the importance of integrating family-centered approaches into primary healthcare strategies to improve treatment adherence and promote better health outcomes among the elderly.

However, this study has several limitations. The cross-sectional design does not allow for causal inference, and the findings are limited to one community, which may affect generalizability to other populations. Additionally, adherence behavior is a multidimensional phenomenon that may also be influenced by other factors such as health literacy, socioeconomic status, and healthcare accessibility, which were not explored in depth in this study.

In terms of practical implications, healthcare providers are encouraged to actively involve family members in hypertension management programs for elderly patients. Future research is recommended to explore longitudinal designs and include additional psychosocial and clinical variables to better understand the mechanisms influencing adherence. Strengthening family-based interventions and community health programs may contribute to more sustainable hypertension control among elderly populations.

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