

Motivation and Participation in Health Care Guarantee with Compliance Control in Elderly Hypertension

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Abstract

Introduction: Elderly is the final process of development which is characterized by decreased cardiovascular function which causes hypertension. Hypertension can be prevented if the elderly regularly adopt a healthy and correct lifestyle, but in reality there are still many cases of hypertension that continue to increase. This is related to the motivation of hypertension sufferers and health insurance participation with control adherence. Compliance in undergoing hypertension treatment is very important so that symptoms of hypertension can be controlled. This study aims to determine the relationship between motivation and health insurance participation with control adherence in elderly hypertension at the Ajung Health Center.

Methods: The research design used is quantitative with a cross-sectional design using a measuring instrument questionnaire with simple random sampling technique. The number of samples taken were 90 hypertensive elderly. Data is processed using multiple logistic regression test techniques.

Results: The results obtained showed that the p value was 0.444 and 0.173 0.05 or H_0 was rejected that there was no relationship between motivation and control compliance in elderly hypertension at the Ajung Health Center. Families are expected to provide motivation to the elderly with hypertension to be more motivated in managing their lifestyle and controlling blood pressure regularly to prevent complications of hypertension.

Conclusion: There is no relationship between motivation and health care participation with control compliance in elderly hypertension at the Ajung Health Center.

Keywords: motivation, health care insurance participation, control compliance, elderly hypertension

INTRODUCTION

Elderly is the final process of human development. The final process of development is characterized by a decrease in the cardiovascular system. One of the problems faced by the elderly in decreased cardiovascular function is hypertension (Azmi, 2018). Hypertension in the elderly occurs due to thickening of the artery walls which results in the buildup of collagen in the muscle layer, so that blood vessels gradually narrow and become stiff. Hypertension in the elderly is a chronic disease also called the *silent killer* because it is included in the category of deadly diseases without being accompanied by symptoms first as a warning to the victim (Dewi et al., 2018).

Hypertensive disease can be prevented if sufferers regularly behave in a healthy and correct life. But in fact there are still many sufferers who do not behave healthily so that the incidence of hypertension continues to increase. Control compliance in hypertensive elderly in this study is compliance in carrying out control to the puskesmas. Control compliance is important because hypertension in the elderly is a disease that cannot be cured but must always be controlled or controlled so that there are no complications that can lead to death in the elderly who have hypertension (Kustin, 2023). Control of hypertension in the elderly in the form of compliance with control and is very necessary considering the increasing number of hypertensive elderly in health facilities every year.

The prevalence of hypertension varies worldwide. Current trends show that the number of people with hypertension is increasing from year to year. The WHO survey showed an increase in cases from 1975 which amounted to 594 million people to 1.13 billion in 2015. Seen mainly in countries with low and middle income categories. The prevalence of people with hypertension in East Java province is 36.3% and has increased from the previous year (Kementerian Kesehatan Republik Indonesia, 2019). Hypertensive patients in East Java Province are around 11,008,334 residents. The Health Profile of Jember Regency shows that the number of elderly hypertension sufferers in Jember Regency is 30,511 cases (Dinas Kesehatan Kabupaten Jember, 2017). Other studies also mention that the compliance of hypertensive elderly is at the medium (47%) to low (34.2%) level. Based on the results of a preliminary study, data were obtained from the ajung health center of Jember Regency in the number of people with hypertension as many as 6708 and hypertension as many as 956 elderly sufferers. According to the head of the puskesmas ajung, compliance with the control of the elderly hypertension is still very low. Because there are still many people with hypertension who do not know about the importance of control compliance in health services.

Hypertension is the most common cardiovascular disease and most commonly suffered by the community. The condition of each person is not the same so that the hypertension factor in each person is different, the factors are age, obesity, smoking, or stress. Hypertension that occurs for a long time and continuously can cause other health problems such as stroke, heart attack, heart failure, and is the main cause of chronic kidney failure. The negative impact of hypertension on the elderly can affect the quality of life of the elderly (Novi Berliana, 2021). Control

compliance in hypertensive elderly is also a problem, including the patient's knowledge is still very minimal, the support obtained by patients from family is not good enough, there is still a lack of motivation possessed by sufferers, the role of officers is not optimal, there are still health workers who have not carried out their duties and roles in accordance with the fields of knowledge they have, participation in health care insurance. Researchers will take two factors of compliance control, namely motivation and participation in health care insurance because previous research has conducted research on other factors. The impact of non-compliance with hypertension control properly, can cause organ damage, either directly or indirectly, damage to target organs commonly encountered in hypertensive patients is the heart, consisting of, left ventricular hypertension, angina or brain infarction which can lead to stroke or transient ischemic attack, chronic kidney disease, peripheral artery disease, retinopathy, myocardium heart failure (Setyaningrum & Suib, 2019)

One way to prevent the recurrence of hypertension is to take regular medication, control blood pressure regularly and exercise regularly, obey or follow the prohibitions given by health workers such as reduce salt, drink less alcohol. Motivation in general refers to the presence of a driving force that moves something. Therefore motivation is related to desire, desire, drive and purpose (Notoatmodjo, 2018). Various things above show that having health insurance is important for the elderly population. This is an effort to realize an independent, healthy, active and productive elderly population. Of course, this effort must also be supported by data or studies on the elderly population, especially those related to health insurance. Based on the description above, the author is interested in conducting research on the relationship between motivation and participation in health insurance in

hypertensive elderly with control compliance in public health center.

METHOD

Design

This research design uses quantitative with *Cross Sectional approach*. Where the purpose of this study is to determine the relationship between motivation and participation in health care insurance with control compliance in hypertensive elderly at the Ajung Health Center.

Sample

The samples taken amounted to 90 hypertensive elderly. The sampling method in this study is probability *sampling* with *simple random sampling* techniques.

Data analysis

Data collection was carried out using motivation questionnaires and control compliance. The questionnaire consisted of related questions about motivation and participation in health care insurance with control compliance in hypertensive elderly. There are 20 question items using the Likert scale with positive and negative questions. Positive questions were scored 4, 3, 2, and 1 while negative question forms were scored 1, 2, 3, 4 and the control compliance questionnaire consisted of 6 question items using the Gutman scale with answer choices of (1) Yes and (2) No answers.

Data collection is carried out by first asking permission at the research site. Furthermore, the selected respondents were given an explanation of the research paper and also given an *inform consent* sheet as a sign of agreement to be a respondent. Then explained how to fill out the questionnaire, and continue with filling out the questionnaire until it is completed.

RESULTS

Demographic data in this study includes general data and special data, namely Age, Gender, Last Education, Marital Status, Occupation, Religion and special data, namely motivation data for Hypertensive Elderly Patients, JKN Data, Control Compliance Data in Hypertensive Elderly. The results of the respondent data study briefly explained that the age of respondents was 60-65 years as many as 37 (41.1%), 60-70 years 33 (36.7%), 71-75 18 (20.0%), 76-80 2 (2.2%). So it can be concluded that the demographics of the most respondents are aged 60-65 years.

The results of data collection for the Motivation variable in 90 respondents in Hypertension Lanisa in the Ajung region obtained the following results :

Table 1. Distribution of Motivation Frequency in Hypertensive Elderly at Ajung Health Center

No	Category	F	%
1	Tall	34	37,8 %
2	Keep	53	58,9 %
3	Low	3	3,3 %
Total		90	100 %

Source: Primary Data April, 2023

Based on the results of the table above, it can be seen that the majority of respondents (58.9%) have Motivation with the category "**Medium**" and a small percentage of respondents (37.8%) have peer support with the category "**High**".

Table 2. Frequency Distribution of Health Care Insurance Participation in Elderly People with Hypertension at Ajung Health Center.

No	Category	F	%
1	Yes	72	80,0 %
2	Not	18	20,0 %
Total		90	100%

Source: Primary Data April, 2023

Based on the data above, it can be seen that most of 72 respondents (80.0%) have Health Care Insurance Membership and a small percentage of 18 respondents (20.0%) have Health Care Insurance Membership.

Table 3. Frequency Distribution of Health Control Compliance in Elderly People with Hypertension at Ajung Health Center.

No	Category	F	%
1	Obedient	57	63,3 %
2	Disobedient	33	36,7 %
Total		90	100 %

Source: Primary Data April, 2023

Based on the data above, it can be seen that most 57 respondents (63.3%) have Compliant Control Compliance and a small percentage of 33 respondents (36.7%) have Non-Compliant Control Compliance.

DISCUSSION

The results of the study from 90 respondents showed that motivation and participation in health care insurance were not related to control compliance in hypertensive elderly at the Ajung Health Center. Based on the data obtained, the majority of respondents have moderate motivation and health care insurance participation, most have it in control compliance, while respondents who have low motivation and do not have health care insurance participation tend to be non-compliant in carrying out hypertension control. This is supported by research (Ihwatun et al., 2020) which states that respondents with high medication motivation are more adherent to treatment than respondents with low motivation.

The results of the analysis using multiple logistic regression tests obtained a p value of 0.173 which means that > 0.05 which shows no relationship between motivation and control compliance in elderly people with hypertension. The results of this study are not in line with research conducted by

previous researchers, namely (Ashari & Vidyanto, 2021) that there is a relationship between motivation and compliance control in hypertensive elderly. Based on the description above, researchers assume that the results of the study are not in line because there are several influencing factors, including from the study, it was found that the elderly have high motivation so as to produce good compliance with the elderly in controlling the hypertension disease suffered. The results of this study are in line with the answers obtained from respondents that the elderly always obey control because they have the desire to heal, the elderly also feel that if they follow the control schedule determined by the doctor, it will speed up the healing process of the disease.

The results of the analysis using multiple logistic regression tests obtained a p value of 0.444 which means that > 0.05 shows that there is no elderly relationship that has guaranteed health care participation will tend to comply with control because with the participation in elderly health insurance is helped, one of which is financing in control (Muslim, 2020). The availability or participation of health insurance acts as a factor in adherence to treatment for patients, with the existence of insurance owned this is obtained convenience in all aspects of financing so that they tend to be more compliant than those who do not have health insurance.

Based on the description above, researchers argue that the existence of elderly health care guarantees will result in a high level of compliance because the longer the treatment that must be undertaken, the higher the medical costs that must be borne by sufferers. However, with the participation of this health care guarantee, it will only ease the costs that must be paid so that the elderly will be more obedient in controlling their health checks.

CONCLUSION

The results showed that there was no relationship between motivation and participation in health care insurance with compliance control in elderly people with hypertension at the Ajung health center.

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