

The Effect of Interpersonal on the Use of Traditional Medicine in Hypertension Patients with Health Promotion Model Approach

Wiwit Dwi Nurbadriyah¹, Riza Fikriana¹, Dwi Kurniawati¹, Ronal Surya Aditya^{1*}

Sekolah Tinggi Ilmu Kesehatan (STIKes) Kepanjen Malang, Indonesia.

***Corresponding Author: Ronal Surya Aditya**

Abstract

Hypertension is a disease that requires compliance with drug consumption, but many people are affected by using traditional medicine. Interpersonal influences affect them in the choice of treatment. This study aims to determine the interpersonal influence on traditional drug use in hypertensive patients with a theoretical approach to health promotion models. The subjects of this study were 148 hypertension people in Posyandu, Jenggolo Village, Kepanjen Regency. The design of this research is Cross-Sectional with the sampling technique uses purposive sampling to get a sample of 108 people. Retrieval of data using questionnaire sheets and multiple linear regression statistical tests. The results of the study using multiple linear regression test showed that family support had a B value of 0.111 with sig = 0.036, support of health workers had a value of B 0.156 with sig = 0.028, and peer support had a value of B 0.233 with sig = 0.002. The beta coefficient value on family support is 0.203, health worker support is 0.212, and peer support is 0.297. It can be concluded that the three supporters, namely family, health workers and peers, influence the use of traditional medicine. The most dominant influence in this study was on peer support. The results of this study are expected to provide input for other researchers about providing interventions to peers in patients with hypertension.

Keywords: *Interpersonal Influence, Family Support, Health Workers Support, Peer Support, Traditional Medicine, Hypertension.*

Introduction

Hypertension is a degenerative disease that can affect anyone in the world. Hypertension occurs when a person's blood pressure increases which exceed 140/90 mmHg with a minimum of 2 times the measurement of blood pressure with different periods [1]. To control blood pressure in patients with hypertension requires the use of antihypertensive drugs given by doctors (conventional), but many patients choose to use traditional therapy or a combination of conventional-traditional therapy [2].

Many people with hypertension who choose traditional medicine based on beliefs about the criteria for benefits and also the efficacy of these traditional medicines. Various reasons were disclosed as to why people chose this treatment because of the increasingly high cost of medical treatment, side effects of the use of chemicals in the long run, as well as the healing that is not 100% through medical means [3]. Data from the *World*

Health Organization (WHO) in 2015 showed that around 1.13 billion people in the world have hypertension. Based on [4] From the prevalence of hypertension of 34.1%, it is known that 13.3% of people diagnosed with hypertension do not take medication. Some of the sufferers did not take medicine on the grounds they felt healthy 59.8%, irregular visits to health care facilities 31.3%, using traditional medicine 14.5%, the prevalence of hypertension sufferers in East Java was 36.3% while in Malang Regency it was 39.2%.

From the results of the Riskesdas, it can be seen that the prevalence of hypertension sufferers in Malang is higher than the overall prevalence in Indonesia. Based on the results of a preliminary study in November 2019, there were 148 hypertensive patients registered at the Posyandu Lansia Desa Jenggolo, which were divided into six posts. From the high prevalence, it appears that the use of traditional medicine is the third most

significant reason for not taking the medication regularly. Various influences that can cause sufferers to choose to use traditional medicine can be seen from the Health Promotion Model (HPM) or Health Promotion Model which explains the concept of the model based on efforts to empower individuals or families to improve health and quality of life. Patients with hypertension [5].

In the HPM theory model, there are interpersonal influences in which the influence consists of norms (expectations), social support, and models (learning of others) [6]. In making treatment decisions using herbal medicines (traditional) not only influenced by family factors but also influenced by the attitude and role of nurses as health workers, and also influenced by peers (peer support) [7].

Based on this, the researchers intend to conduct research on interpersonal effects in the form of social support obtained by people with hypertension on the use of traditional medicines. This study uses a cross-sectional approach, which aims to be the basis for developing interventions in hypertensive patients.

Method

This research uses a quantitative approach with a *cross-sectional* research design.

Research variables in the form of family support, support of health workers, peer support and use of traditional medicine. Sampling using a sampling technique in the form of *purposive sampling* with a sample of 108 respondents.

The inclusion criteria in this study were hypertension sufferers who lived in Jenggolo Village, Kepanjen Subdistrict, Malang Regency; the exclusion criteria were hypertension sufferers who experienced limitations in communication (deaf, and speech impaired).

The research data was taken using a questionnaire consisting of demographic data questionnaires, family support questionnaires, support of health workers, peer support and use of traditional medicine.

After that, the data will be processed using univariate analysis (general data and exclusive data) and then proceed with multivariate analysis in the form of multiple linear regression.

Results

The results of the study will be displayed using a table consisting of general data sociodemographic characteristics, general data-independent variables and dependent variables.

Table 1: Sociodemographic characteristics

Characteristics of respondents		Frequency (N)	Percentage (%)
Age	40-50 years old	15	13.9
	51-60 years old	38	35.2
	61-70 years old	29	26.9
	71-80 years old	22	20.4
	≥81 years	4	3,7
	Total	108	100.0
Gender	Male	17	15.7
	Girl	91	84.3
	Total	108	100.0
Living together	Husband and wife	46	42.6
	Child	37	34.3
	Alone	17	15.7
	Sibling	8	7,4
	Total	108	100.0
Right-hand man	Husband and wife	40	37.0
	Child	43	39.8
	Parents	4	3,7
	Sibling	21	19.4
	Total	108	100.0
last education	Not completed in primary school	50	46.3
	Elementary school	35	32.4
	graduated junior high school	15	13.9
	graduated junior	8	7,4
	Total	108	100.0
Blood pressure	140-159 / 90-99 mmHg	50	46.3
	≥160 / 100 mmHg	58	53.7

	Total	108	100.0
Consumption of drugs from health workers	Yes	100	92.6
	Not	8	7,4
	Total	108	100.0
Join in PTM / Posbindu	Yes	108	100.0
	Total	108	100.0
Suffer from another disease	Stroke	2	1.9
	Cholesterol	8	7,4
	There is no	62	57.4
	Etc	36	33.3
	Total		100.0
Sources of the use of drugs	Fellow sufferers	20	18.5
	Family	22	20.4
	Suggestions from health workers	6	5.6
	Etc	60	55.6
	Total	108	100.0

From the data in table 1 above it can be seen that the majority of respondents aged 51-60 years (35.2%), female sex (84.3%), living with husband/wife (84.3%), people trust children (39, 8%), last education did not complete

elementary school (46.3%), blood pressure \geq 160/100 mmHg (53.7%), drug consumption from health workers (92.6%), joined in posyandu / posbindu (100 %), did not suffer from other diseases (57.4%).

Table 2: Distribution of respondents based on the use of traditional medicines, family support, support of health workers and peer support

S. No.	Variable	Category	Frequency (n)	Percentage (%)
1.	Use of traditional medicine	High	14	13.0
		Is	40	37.0
		Low	54	50.0
		Total	108	100.0
2.	Family support	Well	30	27.8
		Enough	30	27.8
		Less	48	100.0
		Total	108	100.0
	Family Emotional Support	Well	30	27.8
		Enough	27	25.0
		Less	51	47.2
		Total	108	100.0
	Support Assessment (expectations) Family	Well	17	15.7
		Enough	31	28.7
		Less	60	55.6
		Total	108	100.0
	Instrumental Support	Well	20	18.5
		Enough	47	43.5
		Less	41	38.0
		Total	108	100.0
	Family Informational Support	Well	18	16.7
		Enough	47	43.5
		Less	43	39.8
		Total	108	100.0
3.	Support of Health Workers	Well	9	8.3
		Enough	39	36.1
		Less	60	55.6
		Total	108	100.0
	Emotional Support of Health Workers	Well	12	11.1
		Enough	38	35.2
		Less	58	53.7
		Total	108	100.0
	Support Assessment (expectations) of Health Workers	Well	9	8.3
		Enough	40	37.0
		Less	59	54.6
		Total	108	100.0
	Instrumental Support for Health Workers	Well	-	-
		Enough	7	7
		Less	101	101
		Total	108	100.0

	Informational Support for Health Workers	Well Enough Less	8 33 67	7,4 30.6 62.0
		Total	108	100.0
4.	Peer Support	Well Enough Less	11 40 57	10.2 37.0 52.8
		Total	108	100.0
	Peer Emotional Support	Well Enough Less	4 25 79	3,7 23.1 73.1
		Total	108	100.0
	Support Assessment (expectations) Peers	Well Enough Less	15 40 53	13.9 37.0 49.1
		Total	108	100.0
	Peer Support Instrumental Support	Well Enough Less	5 14 89	4,6 13.0 82.4
		Total	108	100.0
	Peer Informational Support	Well Enough Less	14 34 60	13.0 31.5 55.6
		Total	108	100.0

From table 2 above it can be seen that the sample of respondents in this study has a low category in the variable use of traditional medicine with the amount of 50%, while in the family support variable the majority of respondents get less support from their families right 44.4%, while in the support variable the majority of health workers received less support, which was 55.6%, while in the peer support, while in the peer

support variable the majority of respondents were in the poor category, namely 52.8%

Analysis Results

To find out the relationship between the independent variable and the dependent variable will be tested using *Pearson* analysis after that will be followed by multivariate tests of multiple linear regression that will be shown in Table 3.

Table 3: Results of Multivariate Analysis of Multiple Linear Regression of Independent Variables of Dependent Variables

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	Use of traditional medicine	1,273	0.690		1,844	0.068
2	Family support	.111	0.052	.203	2,127	0.036
	Support of Health Workers	.156	0.070	0.212	2,232	0.028
	Peer Support	0.233	0.074	.297	3,131	0.002

From table 3, it can be seen that the results of multiple linear regression analysis tests indicate that each independent variable influences the dependent variable with a sig value of 0.036 in family support, 0.028 in support of health workers and 0.002 in peer support.

Discussion

Family support provided to patients with hypertension related to the use of traditional medicines includes emotional support, assessment support (hope), instrumental support and also informational support.

Support received by someone can enhance a behaviour that is adopted by that person both directly and indirectly [8]. In this study family support in the form of emotional support in which the action in the form of a family encourages, understanding the desires of family members in the use of traditional medicine and also the spirit of family members who suffer from hypertension in treatment.

As in the study [9] said that the family is a safe and peaceful place to study, rest, and to help control emotions, one of which is to maintain emotional relationships well

maintained which is manifested in the form of empathy, caring, trust, attention and also listen or be listened to by the person concerned. So that they get family support in the form of emotional support so that it can influence respondents in the use of traditional medicine [10]. The family also includes support aspects of assessment (expectations), where the expectation is that an expression of progress, agreement on ideas or feelings of individuals [11].

Appraisal support (appreciation) obtained from the family can increase self-acceptance which will further result in self-esteem and self-efficacy. Keep in mind that *self-acceptance* has a vital role for *self-esteem* and *self-efficacy* (Wolko & Ferguson, 2001 in [9]. Instrumental support provided by the family includes direct assistance to make it easier to help family members directly [9].

Said that the family is one of the practical and real sources of help, this support also includes direct assistance, such as in the form of money, equipment, time and a modified environment [12]. Relating to family support given to people with hypertension also includes informational support, which is information about traditional medicine both the types of plants that can be utilized and how to process them [13]. Many respondents claimed to get this support so that they use traditional medicine to help lower blood pressure.

There this study's (Sarafino, 2001 at [9]) that the family function is as a collector and dissemination (disseminators of information), advice, suggestions, guidance and providing information that will either make someone become against advice, including the use of traditional medicine [14].

Health personnel support consists of informational support, emotional support, instrumental support and also support SSR assessment (expectations). Every support given by health workers to respondents has a meaning in the behaviour of using traditional medicines even though the support they receive has different intensities. In this case, the health worker referred to is the health worker who had been visited by the respondent, not only focused on the health worker in his village (midwife or village nurse) [15].

Revealed that the role of existing health workers in providing information about plants that have properties to be used as traditional medicine and also has a contribution to health, especially those that can reduce blood pressure, can make a background for someone in making decisions to take traditional medicine. With the role of health workers visited by respondents, they revealed that they received this information after they asked questions about traditional medicine [16].

Said that health workers also have a role in providing support to patients with hypertension, with the support of health workers is expected to grow and increase motivation for hypertension sufferers in undergoing treatment. So when someone has high intentions and also confidence in healing their illness when using traditional medicine and get emotional support from health workers, it will make someone more enthusiastic in using traditional medicine.

Peer support is the support given by peers to hypertension sufferers regarding the use of traditional medicine. In this study, peers can be interpreted as someone who has the same suffering in terms of fellow sufferers of hypertension and can also mean someone who does not have a kinship but influence each other. So with this support, a person will have the behaviour of using traditional medicine to overcome the problem of increasing blood pressure. In the aspect of informational support provided by peers includes providing information and also about traditional medical advice as they have done before [17].

Has revealed that a person who uses traditional medicine is not only based on the beliefs they believe in but also based on experience and sometimes also associated with religious values. Therefore, the experience of someone who has successfully carried out traditional medicine to overcome the problem of hypertension can influence someone to use traditional medicine.

In addition to informational support, there is also emotional support that can be provided by peers in the form of confidence in the treatment of hypertension with traditional medicines [18]. Say that it is essential to understand that a peer who gives his support

also hopes that emotional feelings, beliefs and impossibilities, in fact listening to empathy, cannot be emphasized.

Therefore from the results of the study, it has been revealed that someone who receives emotional support from peers is only limited to beliefs only with a deep sense of empathy [19]. Said that peers who give their support to someone would contribute to an action they will take. Thus as it is, someone who gets help from peers, then they will be easier to carry out actions as planned, in this case, is the use of traditional medicine. (Ajzen, 2005 in [20] said that peer support has a direct influence on one's behaviour, this is because peer support can bring confidence in individuals about the opinions of others who considered necessary. So that a hypertension sufferer who gets support from peers will affect the confidence in the individual.

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