

Relationship between Family Social Support and Quality of Life for Hypertensive Elderly in Tenggela Village, Tilango District

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Abstract. *The elderly have problems related to aspects of decreased physical function, namely a decrease in body systems and a decrease in the ability of the five senses that affect activities. The decrease in the physical condition of the elderly causes a decrease in the efficiency of cardiovascular homeostatic mechanisms, including hypertension. The design of this study used an analytic survey with a cross sectional approach, sampling using total sampling, obtained 58 respondents, then given a questionnaire. The results showed that the p value was 0.001 ($p < 0.05$), which means that there is a significant effect. It can be concluded that there is a relationship between family social support and the quality of life of the elderly with hypertension. So it is hoped that the increase in family social support for the elderly so that they are able to face a happy and optimistic old age.*

Keywords: *Erderly, Family Social Support, Hypertension*

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INTRODUCTION

Currently, someone who is more than 60 years old, grows faster, an elderly person experiences problems related to aspects of decreased physical function, namely a decrease in body systems such as the nervous system, stomach, spleen and liver, as well as a decrease in the ability of the five senses which can affect vision, hearing, smell and hearing. This decrease in prasa and motor skills affects the activities of the elderly (Festy, 2016)

The elderly population is now a considerable concern around the world. The proportion aged 60 years and over is growing faster than other groups (Ifa Novalia 2019). the elderly population is increasing very rapidly. In 2020, the number of elderly is predicted to equal the number of children under five. One percent of the 6.9 billion world population are elderly (Kiik et.al, 2018)

The increasing number of elderly people will affect various aspects of life related to a decrease in physical, psychological, and social conditions. Health problems are a result of the aging process and often occur in the cardiovascular system which is a degenerative

process, including hypertension (Seftiani, 2017). According to the Ministry of Health of the Republic of Indonesia (2019), hypertension is a major problem because hypertension is one of the main causes or risk factors for diseases such as heart disease, kidney failure, diabetes, and stroke. According to the World Health Organization (WHO), the Southeast Asian region over the age of 60 is 142 million people and it is estimated that this will increase 3 times in 2025 (Nugraha, 2020).

In Indonesia the percentage of the elderly population since 1980, until 2020 The number of elderly population continues to increase from 5.49% in 1980, in 2000, which was 7.11% and to 11.34% in 2020 which amounted to 80,000. elderly. the percentage of the elderly exceeds 7% which means that Indonesia is starting to be included in the group of countries with an old structure (aged population) or a high elderly population (Central Bureau of Statistics, 2020). According to Riskesdas (2018), the prevalence of hypertension based on measurement results in the population aged 18 years is 34.1%, the highest is in South Kalimantan (44.1%), while the lowest is in Papua (22.2%). The estimated number of cases of hypertension in Indonesia is 63,309,620 people, while the death rate in Indonesia due to hypertension is 427,218 deaths (Ministry of Health, 2019).

Gorontalo Province from the results of the population census in all sub-districts and Gorontalo City Regencies has increased from 5.93% in 2010 to 8.36% in 2020. There are 3,302 elderly women, 2,245 men, according to the results of the 2020 population census. Gorontalo Regency has the second most elderly population after Bone Bolango in Gorontalo Province (Central Bureau of Statistics, 2020). the number of people with hypertension continues to increase every year in Gorontalo and data obtained from the Central Statistics Agency of Gorontalo Province (2017) hypertension is in second place, namely as many as 39 304 people with hypertension in Gorontalo Province. The data on the elderly in Gorontalo Regency, according to the Gorontalo District Health Office, (2020) amounted to 1,130 people, an increase in the incidence of hypertension, lack of control of hypertension.

This increase in the number of elderly people must of course receive special attention, due to the fact that older adults experience a decline in physical and mental health, a strong social network with a high level of family social support can generally be a protective factor to maintain good health and quality of life in old age. old (Nurhastuti, 2019).

When referring to the Qur'an to get a good quality of life, it has been explained in the Qur'an Surah Al-Ankabut: 64, Al-Ala: 17 and An-Nahl: 97 it is explained that every Muslim is led to always improve the quality of life. so that its existence is meaningful and useful in front of Allah SWT which ultimately reaches the degree of AL-Hayat Al-thoyyibah (Life filled with happiness) therefore it is important to improve the quality of life especially for parents who are already in old age who are influenced by several factor.

Thus, with the family social support that the elderly get from the family and the environment, it is hoped that family social support will have a bad impact on the elderly where it causes the elderly to feel isolated so that the elderly become lonely causing depression (Samper, 2017).

From the results of short interviews conducted on the elderly in Tenggela village, Tilango sub-district, they have a poor quality of life because they experience many changes in themselves, so they feel no longer needed, isolated and lonely they also feel

dependent on drugs, in terms of support. the social life of the elderly family from the interview results have good family support, the family admits to taking care of and caring for the elderly.

Based on the background, the researcher is interested in researching "The Relationship between Family Social Support and Quality of Life in Elderly Hypertension in Tenggela Village, Tilango District".

METHODS

The research was conducted in Tenggela Village, Tilango District. The research method used in this research is quantitative research with an analytical survey research design with a cross sectional approach. The population in this study was the elderly aged 60-74 years in Tenggela village with a sample of 58 respondents. The sampling technique used is total sampling. The data collection technique used is through questionnaires distributed by researchers and filled in by respondents. Data analysis used univariate and bivariate analysis, and the data were presented in the form of diagrams and tables, which were then explained in the discussion.

RESULTS AND DISCUSSION

Characteristics of Respondents Based on Age, Gender, Blood Pressure

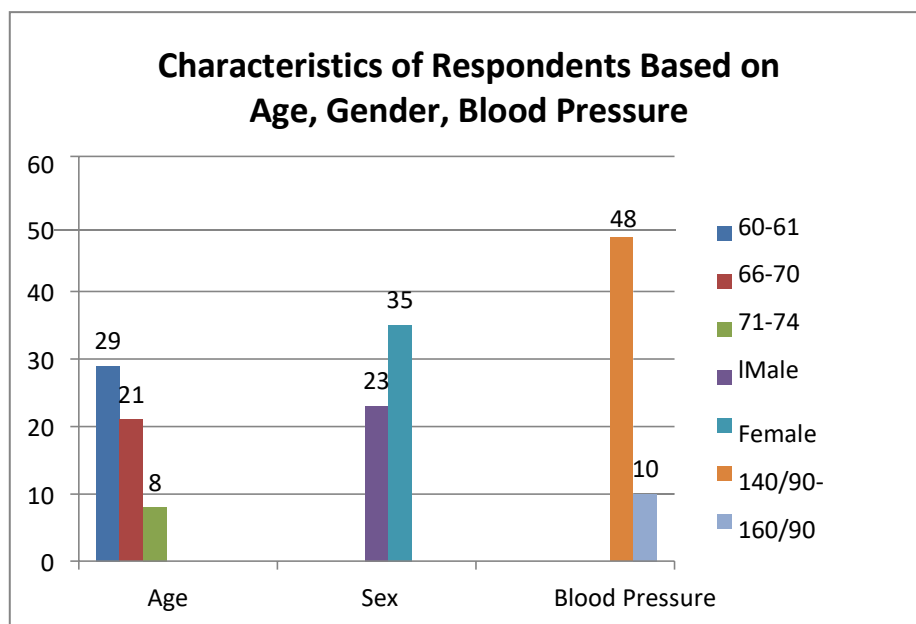


Figure 1. Distribution of respondents by age, gender, blood pressure in Tenggela Village, Tilango District

Based on bar chart 1 above, the frequency distribution is based on the age of the respondent Most of the respondents in this study were aged 60-61 as many as 29 respondents (50.0%). in the frequency distribution of gender, the majority of respondents in the study were women as many as 35 respondents (60.3%). on the frequency distribution of blood pressure 140/90-160/90 mmHg as many as 48 respondents (82.8%).

Univariate Analysis

Univariate Analysis Based on the Relationship of Family Social Support

Figure 2. distribution of respondents based on social support for elderly hypertension families in Tenggela Village, Tilango District is divided into two categories, namely good and poor, the category of family support can be seen in the following diagram

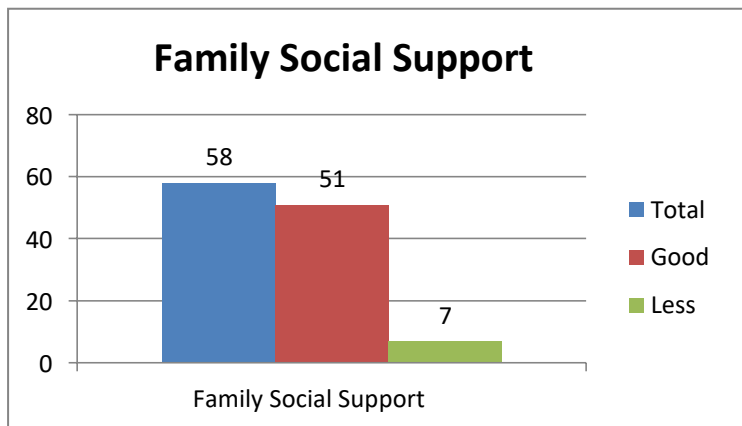


Figure 2. Family Support

Based on diagram 2 above, it was found that the majority of respondents in the study of good family social support were 51 respondents (89.7%), family social support was lacking as many as 7 respondents (10.3%).

Univariate Analysis Based on Quality of Life

Diagram 3 distribution of respondents based on the quality of life of hypertensive elderly in Tenggela Village, Tilango District is divided into two categories, namely good and poor, the category of quality of life of hypertensive elderly can be seen in the following diagram

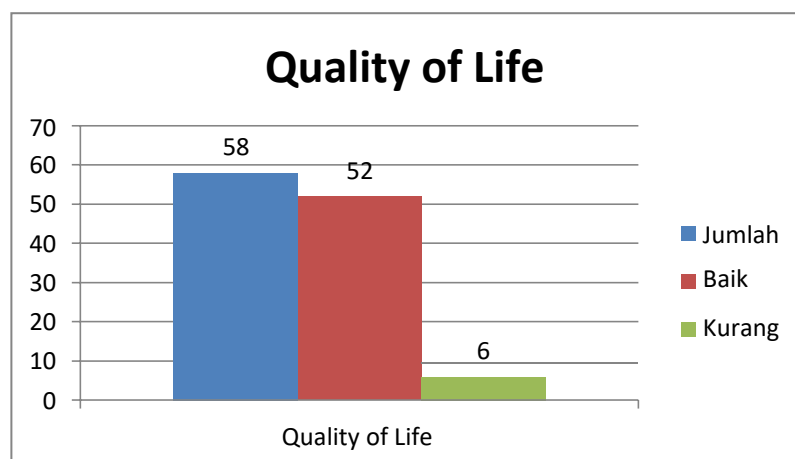


Figure 3. Quality of Life

Based on diagram 3 above, it was found that the majority of respondents in the study of the quality of life of the hypertensive elderly were good as many as 52 respondents (89.7%), and the quality of life of the hypertensive elderly was less as many as 6 respondents (10.3%).

Bivariate Analysis

Bivariate Analysis of the Relationship between Family Social Support and Quality of Life (physical health, psychological, social relations, environment) in an effort to improve the quality of life for the elderly with hypertension in Tenggela Village, Tilango District.

Social Support	Quality of Life						P Value
	Baik		Less		Total		
	N	%	N	%	N	%	
Good	51	87.9%	0	1,72%	51	89,6%	
Less	1	1.72%	6	8.62%	7	10,3%	0.001
Total	52	89.6%	6	10.3%	58	100%	

Based on table 1 above shows that, good family social support with good quality of life as many as 51 respondents (87.9%), good family social support with poor quality of life category as many as 0 respondents (1.72%). while family social support is lacking with the implementation of the quality of life in the good category as many as 1 respondent (1.72%), the family social support is lacking with the quality of life in the less category as many as 6 respondents (8.62%) the statistical test results obtained p value = 0.001 with <0.05 , it can be concluded that there is a relationship between family social support and the quality of life of the elderly with hypertension in Tenggela Village, Tilango District.

Characteristics of Respondents

AGE

Based on the bar chart above, the frequency of respondents with age categories based on the results of research in Tenggela Village, Tilango District aged (60-65) years as many as 29 respondents (50.0%) Respondents aged 66-70 years as many as 21 respondents (36.2) and respondents aged (71-74). years) as many as 8 respondents (13.8%) Based on the results of the study, it was found that the elderly aged (60-65 years) received good family social support. Higher in the form of emotional, appreciation, and information compared to the elderly aged 71-74 years receiving less social support in the form of instrumental support because they are no longer included in community social activities.

This is in line with previous research, Sutikno (2016) also showed that the age factor is related to the quality of life of the elderly because of changes due to the aging process, both physical, mental, and psycho-social which affect the quality of life of the elderly. According to (Nugroho 2016) along with increasing age, there will be several changes in the elderly including a decrease in physical condition, psychological changes that are influenced by the declining physical health condition of the elderly and environmental conditions that cause the elderly to experience a change from the psychosocial aspect. According to researchers from the results of the study, age is significantly related to quality of life, because elderly people aged 60-70 years have their own perceptions about their lives and how they respond to receiving family assistance, elderly people who are more than 70 years old have lost their role in the family because

the elderly do not again can work to fulfill his life while the elderly who are 60 years old can still control their emotions well, and are still able to carry out daily activities.

Gender

Based on the data from the research that has been done, it is found that the frequency based on gender, the most respondents in this study were women, namely 35 respondents (60.3%) and the frequency of male respondents was 23 respondents (39.7%). Gender is also one of the factors that can affect the quality of life of the hypertensive elderly because the male elderly have a better quality of life than women. This is reinforced by the theory according to Dragomirecha (2016) which reveals that the quality of life of elderly men is higher than elderly women, where the results of his study also report that elderly men significantly have higher satisfaction in several aspects, including personal relationships and support. family while elderly women have values higher in loneliness, economics and future worries. where there is a relationship between gender and quality of life. According to the researcher, after the research, there was a significant relationship where gender is one of the factors that can affect the quality of life because the male elderly are easier to control emotions, and easy to accept about their self-perception than women where it is found that women are easy to feel lonely. because they will lose their partner. This is what can affect the quality of life so that it can be said that there is a relationship between sex and quality of life.

Blood Pressure

Based on the data from the research on the frequency of blood pressure in the elderly in Tenggela Village, Tilango District, it was found that blood pressure was 140/90-160/90 mmHg as many as 48 respondents (82.8%) and blood pressure results >160/100 mmHg as many as 10 respondents (17.2%). where the results of the study are elderly people who have blood pressure >160 mmHg who receive less instrumental support, namely families pay less attention to the elderly in providing low-salt food for the elderly to consume, while respondents who have blood pressure of 140/90-160/100 mmHg do not get support for important information. control blood pressure, and families do not educate respondents about the importance of controlling blood pressure and maintaining their health. From the results of the study, respondents rarely checked blood pressure in health services and did not get information support from their families that it was important to check blood pressure, regulate diet, such as reducing salt intake and doing regular exercise.

This is in line with Kusmuwardana's (2016) theory, it was found that the elderly who come from families with good knowledge about hypertension have 0.4 times better blood pressure control compared to those who come from families with less knowledge about hypertension. Sustrani (2016) said that those who suffer from hypertension can be saved if they check themselves early and make efforts to control it, after being diagnosed with hypertension, the elderly are advised to do routine blood pressure checks at least once a month, then try to reduce salt, fat, and sugar intake. Exercise regularly several times a week, so that family social support is needed to prevent and control hypertension.

According to the World Health Organization (WHO), the normal limit for blood pressure is 120-140 mmHg. Systolic pressure and 80-90 mmHg diastolic pressure. A person is said to be hypertensive if the blood pressure is 140/90 mmHg. Hypertension is actually a disorder in the blood vessels that results in the supply of oxygen and nutrients being carried by the blood too late to reach the body's tissues in need (Udjianti, 2018).

Cassey & Benson (2016) stated that men often experience signs of hypertension in their late thirties, while women often experience hypertension after menopause. Women's blood pressure, especially systolic, increases more sharply with age after 50 years, women are indeed more at risk of developing hypertension.

According to the researcher's assumption that elderly blood pressure is higher than adults, this is influenced by age and food factors and from the results of the study the lack of family information support for the elderly is one of the factors for high blood pressure, because families do not provide information about the importance of maintaining blood pressure, for example not consuming foods that can increase blood pressure, as well as the lack of family instrumental support in providing food suitable for consumption by the elderly with hypertension.

Univariate Analysis

Family Social Support

Based on diagram 2. the frequency distribution of respondents with the category of family social support for the elderly in Tenggela Village, Tilango District, the results of the study show that respondents who received good family social support were 51 respondents (87.9%) while respondents who received less family social support were 7 respondents (12.1%).

Based on the results of the study as many as 51 respondents (87.9%) received good family support, this is because the elderly live in the midst of a family that can meet 4 categories of family support such as emotional support, reward support, instrumental support, and informational support. which can create a sense of security and comfort for the elderly. In line with the research of Setiawati & Dermawan (2016) stated that the elderly will feel safer if they live in the midst of a family full of family support. support from the family environment. According to Friedman, family support is an attitude of acceptance of the family towards family members

Reinforced by the theory according to Ria Okfrima (2017) that there is a relationship between family social support and a significant quality of life, which means that if family social support is high, the quality of life is also high and vice versa if family social support is low, the quality of life is also low. This is reinforced by the theory of Harahap (2016) family support is the provision of information either by seeking it yourself or getting it from others so that it can be appreciated by someone. The researcher's assumption is that there is a relationship between family social support and a significant quality of life for the elderly because those who receive high family social support are the elderly who live in the midst of a loved family.

Quality of Life

Based on the results of the study on the frequency distribution of the quality of life of the elderly with hypertension in Tenggela Village, Tilango District, that of the 58 elderly respondents who had hypertension, 52 respondents (87.9%) had a good quality of life, and 6 respondents (10.3%) Tabulation of the data showed that the quality of life was less important. This is influenced by a situation of lack of receiving family social support which causes the quality of life of the hypertensive elderly to be lacking. This is in line with previous research conducted by Yulianti (2016) in Purgongrejo Village, Purworejo which stated that there was a relationship between family support and the quality of life of the elderly, with

the level of closeness is a form of family support that can be provided by the family, among others, the family is willing to listen and pay attention to health problems and other problems besides the family is also expected to be able to provide the information needed by the elderly in solving problems faced by the elderly with hypertension. In this case, the elderly will feel helped in dealing with problems and feel safe and comfortable around their family. In addition, the results of Sutokno's research (2016) on the relationship between family function and quality of life of the elderly show that there is a significant relationship between family function and quality of life in the elderly. Healthy family functions have the possibility of having a good quality of life 25 times greater than family function. not healthy.

The results of the study are strengthened by the theory put forward by Maryam (2016) that the family is the main support system for the elderly in maintaining their health, this family social support is very much needed by the elderly in living their lives. elderly. Quality of life according to the World Health Organization (WHO) is a person's perception in the context of the culture and norms in which the person lives in terms of goals, expectations, standards and concerns during his life. The quality of life of the elderly is a complex component which includes age, life expectancy, satisfaction in life, physical, mental health, cognitive function, physical function, income, living conditions, family support and social networks. Quality of life is influenced by several factors, including the characteristics of the elderly, family support and family function. Harahap (2016)

According to the researcher's assumption, the existence of good family social support can improve the quality of life of the elderly with hypertension because the support received by the elderly will play an important and meaningful role in the life that the elderly live to get a good quality of life in old age. Researchers argue that the elderly who get good family social support have a good quality of life because with the family social support that the elderly receive in the form of emotional support. The award will improve the quality of life of the elderly in terms of physical and emotional health.

Bivariate Analysis

Relationship between Family Social Support and Quality of Life for Hypertensive Elderly in Tenggela Village, Tilango District

The results showed that data analysis using the chi square test obtained a p value of 0.001 with < 0.05 , it can be concluded that there is a relationship between family social support and the quality of life of hypertensive elderly in Tenggela Village, Tilango District. This study shows that respondents who received good family social support had a good quality of life, while the elderly who received less family social support had a poor quality of life. In the category of good family support, there are 51 respondents (87.9%) with poor quality of life. While the category of family support is lacking, there are 6 respondents (8.62%) who have poor quality of life. In this study there was 1 respondent (1.72%) who received less family support but had a good quality of life, this was because the respondent had lived alone for a long time so that he could maintain his quality of life independently.

This is in line with the Andalas research (2016) the results of the study show that there is a significant positive relationship between family social support and the quality of life of the elderly with hypertension with a very strong correlation value where the p

value = 0.00 and the correlation value $r = 0.844$ elderly with hypertension who have social support High families need counseling about the impact of high family social support having a high quality of life. In line with Sri Damayanti's research (2018), the results of the study show that there is a positive relationship between family social support and the quality of life of older people with hypertension using the Kendalls tau analysis test and obtaining results with a significant value of 0.000 which means less than 0.05, so it can be said that there is a relationship between family support and the quality of life of the elderly with hypertension with a coefficient value of 0.972 where the higher the family support provided, the better the quality of life of the elderly.

This is in line with the theory according to Friedman (2016) Family support is an attitude, act of family acceptance of family members in the form of information support, appreciation, instrumental and emotional support so family support is a form of interpersonal relationship which includes attitudes, actions and acceptance of family members, so that Family members feel that someone cares for people who are in a supportive social environment generally have better conditions than their peers without this advantage, because family support is thought to reduce or buffer the effects of an individual's mental health. reinforced by the theory of Sarafino and Smith (2016) family social support is a form of acceptance from a person or group of people towards an individual that creates a self-perception that he is loved, cared for, helped and loved. Wahrof Hearawati and Lestari (2016) who say that there is a relationship between family support and the quality of life of the elderly, with family support it can provide good support for the elderly who have hypertension so that the quality of life of the elderly will be good too.

The existence of a relationship between family social support and the quality of life of the elderly with hypertension is caused by the existence of good family support provided by the family, namely in the form of emotional, appreciation, instrumental and information. where in the form of emotional support the family maintains the feelings of the elderly by still loving the elderly even though they are in a slump, staying by the side of the elderly in old age taking care of and caring for the elderly so that the elderly feel loved, in the form of appreciation the elderly still feel given praise, and still provide opinions or input in family problems they are still heard, families continue to ask for the opinion of the elderly in decision-making in elderly health problems, in instrumental support the elderly still feel that the family is prioritized in terms of paying for the treatment of the elderly, which prepares special funds for elderly health costs, in the form of information the family is very concerned about health namely providing more knowledge about the importance of consuming foods that are low in salt and diligently controlling blood pressure which plays an important role in improving the quality of life of the elderly.

According to researchers, the existence of social support for elderly families who suffer from hypertension can improve their quality of life because the elderly who receive support in the form of information provide knowledge about their disease, appreciate it, which is still involving the elderly in family decision making, making the elderly feel loved and expected in the family. The life of the elderly with hypertension increases because their mental health or psychology is good

CONCLUSION

Based on the results of research and discussion of the relationship between family social support and the quality of life of the elderly with hypertension in Tenggela Village,

Tilango District. of the 2 parameters, namely family social support with the quality of life of the elderly with hypertension as follows; (1) Family social support for the elderly with hypertension in Tenggela Village, Tilango District, received good family support as many as 51 respondents (87.9%) and less family social support as many as 7 respondents (12.1%); (2) Quality of life of hypertensive elderly in Tenggela Village, Tilango District, 52 respondents (87.9%) had good quality of life and 6 (10.3%) poor quality of life; (3) The relationship between family social support and the quality of life of the hypertensive elderly in Tenggela Village. From the results of the study, using the Chi-square test, the p value was 0.001 because the p value was > 0.005.

REFERENCES

- Aminah, S., Hartati, H., & Abbas, I. A. (2019). Hubungan Antara Diabetes Melitus Tipe 2 Dengan Tingkat Depresi Dan Kualitas Hidup Pasien Di Rsud Daya Kota Makassar. *Media Keperawatan: Politeknik Kesehatan Makassar*, 10(2), 55. <https://doi.org/10.32382/jmk.v10i2.1041>
- Andesty, D., & Syahru, F. (2018). Lansia Di Unit Pelayanan Terpadu (Uptd) Griya Werdha Kota Suraba ... *The Indonesian Journal of Public Health*, 13(2), 169–180. <https://doi.org/10.20473/ijph.vl13il.2018.169-180>
- Drs. Sunaryo, M. K., Hj. Rahayu Wijayanti, S. K. M. K. S. K., Maisje Marlyn Kuhu, S. K. M. M. P. H., Ns. Taat Sumedi, S. K. M. H., Esti Dwi Widayanti, S. K. N. M. K., Ulfah Agus Sukrillah, S. K. M. H., Ns. Sugeng Riyadi, S. K. M. S., Ani Kuswati, S. K. N. M. H., & Semarang, P. K. (2015). *Asuhan Keperawatan Gerontik*. Penerbit Andi. <https://books.google.co.id/books?id=58gFDgAAQBAJ>
- Ekasari, M. F., Riasmini, N. M., & Hartini, T. (2019). *MENINGKATKAN KUALITAS HIDUP LANSIA KONSEP DAN BERBAGAI INTERVENSI*.
- Falabiba, N. E. (2019). *Dukungan Keluarga terhadap penyakit hipertensi*. 8–22
- Harahap, D. A. (2016). Hubungan Dukungan Sosial Dengan Kualitas Hidup Pada Lansia Di Dusun II, Desa Sei Alim Ulu, Kec. Air Batu Asahan. *Skripsi Fakultas Psikologi Universitas Medan Area Medan*. <http://repository.uma.ac.id/handle/123456789/12>
- Imron, I. (2019). Analisa Pengaruh Kualitas Produk Terhadap Kepuasan Konsumen Menggunakan Metode Kuantitatif Pada CV. Meubele Berkah Tangerang. *Indonesian Journal on Software Engineering (IJSE)*, 5(1), 19– 28. <https://doi.org/10.31294/ijse.v5i1.5861>
- Indrayani, & Ronoatmojo, S. (2018). Faktor-faktor yang berhubungan dengan kualitas hidup lansia di Desa Cipasung Kabupaten Kuningan Tahun 2017. *Jurnal Kesehatan Reproduksi*, 9(1), 69–78. <https://doi.org/10.22435/kespro.v9i1.892.69-78>
- Kiik, S. M., Sahar, J., & Permatasari, H. (2018). Peningkatan Kualitas Hidup Lanjut Usia (Lansia) Di Kota Depok Dengan Latihan Keseimbangan. *Jurnal Keperawatan Indonesia*, 21(2), 109–116. <https://doi.org/10.7454/jki.v21i2.584>
- Kumalasari, F., Pengajar, S., & Psikologi, F. (2016). *Hubungan Antara Dukungan Sosial Dengan Penyesuaian Diri Remaja Di Panti Asuhan Latifah Nur Ahyani*. 1(1).
- Maryam, S. (2017). *Mengenal usia lanjut dan perawatannya (ke-1)*.
- Mufidah, A, C. (2017). BIDIKMISI DENGAN MEDIASI EFIKASI DIRI Alaiya Choiril

- Mufidah Fakultas Psikologi , Universitas Muhammadiyah Malang , aalaya228@gmail.com Abstrak. *Jurnal Sains Psikologi*, 6, 68–74.
- Mufidah, A. C. (2017). Hubungan Antara Dukungan Sosial Terhadap Resiliensi Mahasiswa Bidikmisi Dengan Mediasi Efikasi Diri. *Jurnal Sains Psikologi*, 6(2), 69–75. <https://doi.org/10.17977/um023v6i22017p069>
- Marwanti. (2018). Hubungan support system keluarga dan kondisi fisik dengan tingkat depresi lansia di desa randulanang jatinom klaten. *Jurnal Psikologi*.
- Nugraha, S. (2020). Prediktor Faktor Lingkungan Sosial untuk Kualitas Hidup Lansia di Wilayah Rural dan Urban. *Jurnal Untuk Masyarakat Sehat (JUKMAS)*, 4(1), 81–89. <https://doi.org/10.52643/jukmas.v4i1.803>
- Nurhastuti. (2019). *Hubungan Dukungan Sosial dengan Kualitas Hidup Lan. 17*(2), 11–18.
- Pratiwi, Y. (2016). *Pengaruh Dukungan Sosial Terhadap Kualitas Hidup Lanjut Usia Di Pusat Santunan Keluarga(PUSTAKA) Kecamatan Pancoran Jakarta Selatan*. 1–27.
- Rizky Wicaksono. (2016). *Hubungan Antara Dukungan Sosial Dengan Kecemasan dalam menghadapi dunia kerja pada siswa Smk. III*(2), 2016.
- Rohmah, A. I. N., Purwaningsih, & Bariyah, K. (2012). *Kualitas Hidup Lanjut Usia Quality of Life Elderly*. 120–132.
- Ridho, R. H. (2018). Upaya Meningkatkan Dukungan Keluarga Dalam Menentukan Studi Lanjut Siswa Kelas IX SMP Negeri 6 Sukoharjo. *Jurnal Education and Economics*, 1(3), 155–160.
- Sampe, L. F., Kandou, G. D., & Sekeon, S. A. S. (2017). Hubungan Dukungan Sosial dengan Kualitas Hidup pada Penduduk di Kelurahan Kinilow Kecamatan Tomohon Utara Kota Tomohon. *Jurnal Kesehatan Masyarakat*, 1–7.
- Samper, T., Pinontoan, O., & Katuuk, M. (2017). Hubungan Interaksi Sosial Dengan Kualitas Hidup Lansia Di Bplu Senja Cerah Provinsi Sulawesi Utara. *Jurnal Keperawatan UNSRAT*, 5(1), 112291.
- Santoso, M. D. Y. (2019). Dukungan Sosial Meningkatkan Kualitas Hidup Lansia :Review Article. *Jurnal Kesehatan Mesencephalon*, 5(1), 33–41. <https://doi.org/10.36053/mesencephalon.v5i1.104>
- Shellyna, R. N. (2018). *Hubungan dukungan sosial dan kualitas hidup pada individu disabilitas fisik*. 79.
- Siyoto, S. (2016). *Pendidikan Keperawatan Gerontik (ke-1)*.
- Sofia Rhosma Dewi, S. K. N. (2016). *Buku Ajar Keperawatan Gerontik*. Deepublish. <https://books.google.co.id/books?id=3FmACAAAQBAI>
- Sosial, P., Lingkungan, D. I., & Dan, S. (2016). Studi Tentang Hubungan Dukungan Sosial, Penyesuaian Sosial Di Lingkungan Sekolah Dan Prestasi Akademik Siswa Smpit Assyfa Boarding School Subang Jawa Barat. *Jurnal Psikologi*, 10(2), 103–114. <https://doi.org/10.14710/jpu.10.2.103-114>
- Suryani, C. (2017). Dukungan Sosial di Media Sosial. *Bunga Rampai Komunikasi Indonesia*, 251–261. <http://repository.uksw.edu/handle/123456789/13386>
- Seftiani, L. (2017). Hubungan Kualitas Hidup Lansia Dengan Hipertensi Diwilayah Kerja

Puskesmas Perumnas Ii Kelurahan Sungai Beliung Kecamatan Pontianak Barat.
Journal of Physics A: Mathematical and Theoretical, 44(8), 1–8.
<https://doi.org/10.1088/1751-8113/44/8/085201>

Sumakul, G. T. (2017). *Hubungan Antara Hipertensi Dengan Kualitas Hidup Pada Penduduk Di Kelurahan Kolongan Kecamatan Tomohon Tengah KotaTomohon*. 1–8.