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Social Support Saiyo Sakato Culture in the Management of Hypertension in Minangkabau Ethnic Group

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ABSTRACT

Introduction: Hypertension is a major risk factor for mortality globally, nationally, and locally. Bukittinggi is one of the cities in West Sumatra that has experienced significant growth every year. Despite the high and increasing prevalence of hypertension, hypertension control remains very low due to non-compliance with treatment. One factor that influences compliance is social support, but locally-based support is still rare and limited of research. This is the basis for researcher to conduct research on social support integrated with saiyo sakato culture in the management of hypertension. **Objective:** to examine the correlation between saiyo sakato social support and hypertension management. **Method:** The study used a correlational design with a cross-sectional approach involving 38 respondents using a questionnaire that had been tested for validity and reliability, which was analyzed using Spearman's rho correlation test. **Result:** The showed no significant relationship between saiyo sakato-based social support with hypertension management, as evidenced by a correlation coefficient of 0.288 and a sig. (2-tailed) of 0.079. **Conclusion :** This was because the majority of respondents were elderly and did not have a spouse so that the assessment of nuclear family members is low. This proves that family support is very important in the management of hypertension.

INTRODUCTION

This Hypertension is a major risk factor for death worldwide World Health Organization, (2023). In Indonesia, hypertension is a health problem that continues to increase every year [1]. West Sumatra is one of the provinces with a high prevalence of hypertension. According to the 2023 Indonesian Health Survey, the prevalence in West Sumatra stands at 22.6 percentage, based on blood pressure measurements [24]. Bukittinggi is one of the cities in West Sumatra that has experienced a significant increase in hypertension, where BPS data reports that throughout 2023, the number reached 6,083 patients [2]. This is due to the Minangkabau cultural pattern of consumption, which involves eating dishes with thick coconut milk that

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are often reheated and high in salt. [3]. In line with the research conducted [4] the barriers to hypertension treatment among the Minangkabau tribe include: lack of self-motivation, non-compliance with hypertension management, the Minangkabau ethnic group's dietary culture, lack of social support in hypertension management, and excessive stress and anxiety.

Despite the high and increasing prevalence of hypertension, control of hypertension remains very low due to non-compliance with treatment. Compliance is considered the most important factor in controlling hypertension [5]. One factor that influences compliance behavior is factors related to social and economic conditions [6]. Research shows that adherence to hypertension treatment is closely related to the social support provided to hypertensive patients. [7] One form of social support that is greatly needed by patients is support from their immediate family, in order to motivate them to undergo treatment at home [8].

The American Psychological Association explains that social support arises from interpersonal relationships involving family members, friends, neighbors, religious institutions, colleagues, caregivers, or support groups [9]. Much research has been conducted on social support [10]. Numerous studies have established a correlation between social support and the management of hypertension [7], [10],[26]. However research based on local culture is still rare and limited. This is the basis for researchers to conduct research on social support integrated with the Minangkabau *saiyo sakato* culture. Previously, researchers had carried out several studies on the management of hypertension, including: [4], [8], [22], [23]. One of these studies, which examined the correlation between family support and self-management in patients with hypertension, found that there is a link and that the family plays a very important role in the self-management of patients with hypertension [8].

The *saiyo sakato* culture is an attitude and behavior of mutual assistance, cooperation, shared values, harmony, and mutual assistance. These *saiyo sakato* cultural values can be integrated with social support from the immediate family, traditional leaders, and health workers who can help patients stay motivated and compliant in managing their hypertension. Based on the above phenomenon, the renewal in the research to be conducted is that none of the previous studies have integrated social support with local cultural wisdom in the management of hypertension. The research findings take the form of a booklet *sosial support saiyo sakto* culture, a form of social support rooted in Minangkabau culture, in the management of hypertension, which can be developed for use in the nursing care of patients with hypertension. Based on the above description, the researcher is interested in conducting this study on the relationship between Minangkabau *Saiyo Sakato*-based social support and hypertension management in the city of Bukittinggi.

METHOD

Research Design

This study employed a quantitative research design with approach used was cross-sectional.

Population and Sample

The population in this study consisted of 351 patients hypertension. Data collection employed sampling technique using purposive sampling method. The sample size was calculated using sample size formula in correlation analysis research, resulting in a minimum required sample of 38 participants. The inclusion criteria were: patients minangkabau people aged ≥ 18 years, willing to participate, and suffering from hypertension for more than 5 years and without complications from other diseases.

Instrument

The instrument used a questionnaire consisting of 12 questions about social support *saiyo sakato* culture, which was created independently, validated by experts in the field, and tested for validity with a value of 0.8 and The Hypertension Self Management Behavioral Questionnaire (HSMBQ) consists of 40 questions adopted from previous studies with a validity test a value of 0.9.

Research Procedure

This section explains the procedure of data collection, how you conduct a survey or intervention, how long participants have to respond. In quantitative research, for valid generalizable results, you should describe research procedure in detail for another researcher to replicate your study.

Data Analysis

Data on the characteristics of hypertensive patients, social support *saiyo sakato* culture, and hypertension management were processed through editing, coding, entry, cleaning, and tabulation. Data analysis included both univariate and bivariate approaches. The Spearman's rho correlation test was used to analyze relationships among the variables. Data analysis was performed using SPSS software with Spearman's rho correlation test.

Ethical Clearance

Before conducting the study, the researchers conducted an ethical review at the Faculty of Nursing, Universitas Indonesia, with ethical review approval letter No. KET-232/UN2.F12.D1.2.1/PPM.00.02/2025.

RESULT AND DISCUSSION

Table 1. Frequency Distribution of Characteristics Respondents at Bukittinggi City Community Health Centres (n=38)

Characteristics	Frequency (f)	Percentage (%)
Age		
26-35 (Early Adulthood)	1	2,6
36-45 (Late Adulthood)	3	7,9
46-55 (Early Old Age)	3	7,9
>56 (Late Old Age)	31	81,6
Gender		
Male	3	7,9
Female	35	92,1
Education		
Elementary	13	34,2
Junior High	10	26,3
High School	15	39,5
College	0	0
Occupation		
Housewife	29	76,3

Farmer	0	0
Private sector	0	0
Civil servant/military/police/retired	0	0
and others	9	23,7

Based on Table 1, the distribution of respondent characteristics shows that of the 38 respondents, based on age, most were aged >56 (late elderly) at 31 people (81.6%), while the highest percentage of respondents based on gender was among respondents There were 35 female respondents (92.1%). Based on education level, the percentage of respondents was slightly higher at the high school, with 15 respondents (39.5%). Based on occupation, the percentage of respondents was higher among those who were housewives, with 29 respondents (76.3%).

Table 2. Frequency Distribution of Social Support Saiyo Sakato Culture at Bukittinggi City Community Health Centres (N=38)

Variable	Frequency (f)	Percentage (%)
Social support saiyo sakato culture		
Low	4	10,5
Medium	34	89,5
High	0	0
Total	38	100

Based on Table 2, the results of the frequency distribution of social support saiyo sakato culture show that there are more respondents in the moderate category, namely 34 respondents (89.5%), and in the low category, namely 4 respondents (10.5%).

Table 3. Frequency distribution of hypertension management at Bukittinggi City Community Health Centres (n=38)

Variable	Frequency (f)	Percentage (%)
Hypertension management		
less	2	5,3
enough	10	26,3
Good	26	68,4
Total	38	100

Based on Table 3, the results of the frequency distribution study on hypertension management showed that most respondents were in the good category, with 26 respondents (68.4%), followed by 10 respondents (26.3%) in the enough category, and 2 respondents (5.3%) in the less category.

Table 4. The relationship between social support saiyo sakato culture and hypertension management at Bukittinggi City Community Health Centres (n=38)

Spearman's rho correlation test results			
Variable	Correlation Coefficient	Sig. (2-tailed)	Interpretasi
Social support saiyo sakato culture	.288	.079	Very weak correlation
Hypertension management			

Based on Spearman's rho correlation test, there is no significant relationship between Minangkabau social support saiyo sakato cultural and hypertension management, as evidenced by a correlation coefficient value of 0.288 and a sig. (2-tailed) value of 0.079, which is positive but has a very weak

correlation. It can be concluded that there is no significant relationship between Minangkabau social support *saiyo sakato* cultural and hypertension management in the city of Bukittinggi.

DISCUSSION

Respondent Characteristics

Age

Based on the results of the study, the highest incidence of hypertension was found in respondents aged >56 (late elderly), with 31 respondents (81.6%), followed by respondents aged 46-55 (early elderly) and 36-45 (late adult), with 3 respondents each (7.9%), and 1 respondent (2.6%) in the 26-35 age group (early adulthood). According to [11], the prevalence of hypertension in adults aged 18 years and above is mostly found in those aged 60 years and above, with a percentage of 74.5%. The older the age, the greater the risk of developed hypertension, so the prevalence of hypertension in the elderly is quite high. This is in line with the results of the Indonesian health survey 2023. Based on the results of measurements, hypertension occurs in people aged 55 years and above. According to the results of research by [12], the majority of hypertension cases occur in people aged 56 years and above. It can be concluded, based on the researchers' assumptions, that the occurrence of hypertension in older adults is caused by physiological changes in the heart and the elasticity of blood vessels, which cause blood pressure to increase. Thus, as age increases, the cardiovascular system experiencing a decline in function.

Gender

Based on the results of the study, the most common gender was female, with 35 people (92.1%). According to [13], the prevalence of hypertension can occur in men and women in equal proportions. In people under 45 years of age, the prevalence of hypertension is higher in men, while in people over 65 years of age, the prevalence is higher in women. This is in line with the results of the Indonesian health survey [14] which found that the majority of hypertension cases occur in women compared to men over 55 years of age. Meanwhile, [15] explain that hypertension occurs in adulthood, predominantly in men compared to women. According to the researchers' assumptions, they conclude that hypertension occurs predominantly in women because at the time of the study, the respondents who met the inclusion criteria and were most frequently encountered were women, and the most diligent in checking their blood pressure and many attend health centres for elderly women

Education Level

The results of the study show that the highest level of education is high school, with 15 respondents (39.5%), followed by elementary school with 13 respondents (34.25%), and junior high school with 10 respondents (26.3%). These research results are in line with the research conducted by [12], in which the majority of respondents with hypertension had a high school education level. According [14]research, educational inequality in hypertension is related to self-awareness and the efficacy of hypertension treatment, which underlies the mindset of people with hypertension. Researchers assume that the level of

education greatly influences a person's mindset in receiving information, especially about health in the management of hypertension. This is evident from the results of research conducted at the high level and elementary school.

Occupation

The results of the study show that most of the respondents were housewives, with 29 respondents (76.3%), followed by other occupations such as farmers, private sector employees, civil servants, military personnel, police officers, and retirees, with 9 respondents (23.7%). Based on the results of research by [16], there is a significant and positive relationship between working hours and the risk of hypertension. According to researchers' assumptions based on research results and theory, a person's job affects the process of stress occurrence. The heavier the workload and working hours, the more likely it is to trigger stress, which can alter blood pressure-regulating hormones that cannot be controlled, thereby causing blood pressure to rise. At the time of the study, the majority of respondents were women who were housewives with unlimited working hours, which could trigger the risk of hypertension.

Social support saiyo sakato culture for hypertensive patients at the community health centre in Bukittinggi

Based on the results of the frequency distribution study, social support saiyo sakato culture was more prevalent in the moderate category, with 34 respondents (89.5%), and in the low category, with only 4 respondents (10.5%).

According to the theories of [17] and [18], the Minangkabau people have a distinctive characteristic as a sakato society, one of which is the saiyo sakato society that always prioritizes deliberation to find a solution to a problem. The results of this deliberation were agreed upon unanimously. This is reflected in the social support of the Minangkabau saiyo sakato community for hypertension management, where families, cultural leaders, and health workers work together to improve hypertension management efforts. The saiyo sakato culture is an attitude and behavior of mutual assistance, cooperation, shared values, harmony, and mutual assistance. These saiyo sakato cultural values can be integrated with social support from the immediate family, traditional leaders, and health workers who can help patients stay motivated and compliant in managing their hypertension.

According to research by [10], social support has a strong and positive relationship with adherence to hypertension treatment, especially support from the immediate family, namely spouses and children. In line with the research conducted by [8], which revealed that family support in hypertension management had an OR of 18.9, meaning that family support had an 18.9 times greater chance of managing hypertension well. This is also supported by research by [19], which states that social support, especially from family members living with hypertensive patients, has the greatest impact on controlling hypertension. Social support is closely linked to blood pressure control. Maximising social support plays a vital role in controlling blood pressure and preventing complications associated with hypertension [20].

According to the researchers' assumptions, it can be concluded that the social support of the Saiyo Sakato community is a community that prioritizes togetherness and deliberation in seeking consensus to find solutions to health problems. Many factors influence social support for saiyo sakato, including social support from the families of hypertensive patients who do not have parents or immediate family members such as spouses and children living with them. As a result, none of the respondents had high-level social support, with the majority falling into the medium category.

Management of hypertension at the community health centre in Bukittinggi

Based on the results of the study, hypertension management majority was good category with 26 respondents (68.4%), followed by the enough category with 10 respondents (26.3%), and less category with 2 respondents (5.3%). Nursing management in the treatment of hypertension involves educating patients about the importance of a healthy diet for hypertension by limiting sodium intake, engaging in physical activity, and taking medication regularly by providing health education [21]. The success of blood pressure management strategies depends on patients' self-care management or their ability and willingness to change and maintain certain behaviors. Based on the results of research by [22], it was found that the habits of respondents who performed light and moderate activities every day and the education provided by community health centers had a significant influence on respondents' habits of exercising regularly and eating healthily in their daily lives.

In addition to providing education, complementary therapies can also be used in the management of hypertension; according to [23]. research, there is an effect on lowering blood pressure in patients with hypertension who have been given the spiritual emotional freedom technique as a complementary therapy. In reality, the management of hypertension among the Minangkabau people faces obstacles. According to research by [4], there are five themes that explain the obstacles in the treatment of hypertension among the Minangkabau tribe: lack of self-motivation in managing hypertension, non-compliance in managing hypertension, the Minangkabau ethnic group's food intake culture, lack of social support in managing hypertension, and excessive stress and anxiety.

According to the researcher assumptions, it can be concluded that hypertension management can be carried out effectively if patients have the ability and willingness to adopt a healthy lifestyle. The results of the study show that the majority of respondents have good hypertension management, but there are still some who have adequate or poor management. This is due to obstacles such as a lack of self-motivation, resulting in some respondents not complying with hypertension management, as well as the Minangkabau community's dietary culture, which is not in line with hypertension management.

The relationship between social support saiyo sakato culture and hypertension management at Bukittinggi City Community Health Centres

Based on the results of the study on the relationship between social support saiyo sakato culture and hypertension management, Spearman's rho correlation test was used, which showed no significant

relationship between social support *saiyo sakato* culture and hypertension management, as evidenced by a correlation coefficient value of 0.288 and a sig. (2-tailed) of 0.079, which is positive but indicates a very weak correlation. It can be concluded that there is no significant relationship between social support *saiyo sakato* culture and hypertension management in the city of Bukittinggi.

In line with the research conducted by [25], which explains that the role of perceived social support in adherence to hypertension treatment found that 914 (73%) individuals received moderate to high social support. Participants who received high social support had a lower proportion of controlled hypertension (51%), but this was not statistically significant. There was no significant relationship between overall social support from family, friends, and health workers and controlled hypertension and adherence to hypertension treatment. According to the results of research by Hanifah, Winahyu, and [26], the success of hypertension management can be correlated with the social support felt by patients. Hypertension patients who feel greater social support tend to be more compliant with their hypertension diet. These results show that healthcare providers need to facilitate support from patients' friends, family, and loved ones to achieve optimal compliance with the hypertension diet. Furthermore, family support during the treatment of patients with hypertension is a measure that can reduce disability and mortality rates associated with stroke [27]. This is also supported by research conducted [28], which found that having good family social support can double adherence to hypertension treatment compared with low family social support.

According to a systematic review conducted [29], support from family members or fellow patients can improve adherence among certain groups of patients undergoing treatment for hypertension. In line with research conducted by [30], an increase in the social support received by patients with hypertension also improves adherence to treatment for hypertension.

According to the researcher assumption, social support *saiyo sakato* culture should have a positive impact on hypertension management. However, the results of the study showed that *saiyo sakato* support was only enough and less, which was influenced by many factors. One of these factors was that during our study, we found that the majority of hypertension patients were elderly people who did not have parents or spouses, which would certainly have an impact on social support from their families, resulting in unsupportive outcomes. Meanwhile, social support from traditional leaders, namely *bundo kundang*, and health workers, namely nurses and midwives, provided full support so that hypertension management was categorized as good. This proves that, in line with research, full social support will have an impact on good hypertension management.

CONCLUSION

The research findings indicate that family support in the management of hypertension falls into the high category. This demonstrates that family provides a vital source of support in the management of

hypertension, compared with support from healthcare professionals and the traditional leader is Bundo Kandang.

AUTHOR CONTRIBUTIONS

VK and MP contributed to the research design, conceptualization, methodology, formal analysis, assisted with data interpretation and review & editing. All authors contributed in writing this research.

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