

## QUALITY OF LIFE OF WOMEN IN REPRODUCTIVE AGE WITH HYPERTENSION

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### Abstract

The rate of hypertension cases in women is higher than in men. Women with reproductive age riskier because of hormonal contraception. Hypertension would cause complications and decreasing the quality of life. The purpose of this study was to determine the quality of life of women with hypertension at Cipanas Garut Health Center. Method: This type of study was quantitative descriptive research. The number of samples was 70 respondents, that chosen using a purposive sampling technique. The instrument in this study was the Indonesian version of the WHOQOLBREF instrument consisting of 26 questions about the quality of life including physical, psychological, social and environmental domains. The data were analyzed as a percentage. This study found that more than half of the respondents' quality of life was in the moderate category (55.8%). The quality of life of women with hypertension was in the moderate category, which means that the quality of life was not good and not bad. However, moral support and health education are needed from health workers about a good lifestyle, regular consumption of antihypertensive drugs, so that blood pressure is controlled so that women have a good quality of life.

**Keywords:** Hypertension, Quality of Life, women of reproductive age.

### INTRODUCTION

Hypertension is a health problem that would attack and endanger everyone's survival. Basic Health Research (RISKESDAS) in 2018 shows that the incidence of hypertension is still high, (34.11%) of the population in Indonesia experiencing this disease. According to (Ministry of Health, 2019) the incidence of hypertension in West Java was ranked first, (39.60%). Hypertension patients in the PHC Cipanas Puskesmas were 3,485 people consisting of 831 men and 2,654 women, from the total patient 170 were women in reproductive age (Dinkes, 2018), the data showed the incidence of hypertension was higher in women the PHC Cipanas, Garut, and not only attacks old women, but also women in reproductive age.

Women of reproductive age are women aged 15-49 years, at this age women can get pregnant, and prevent or control pregnancy usually, they have contraception, commonly hormonal contraception. Women with hormonal

contraception have 3,458 times of incidence of hypertension compared to non-hormonal contraception (Pangaribuan & Lolong, 2015). In addition, hormonal contraception also contains ethinylestradiol which is a cause of hypertension (Pangaribuan & Lolong, 2015). Hypertension is an increase in systolic blood pressure above 130 mmHg and diastolic pressure above 80 mmHg (Association, 2017). Hypertension in women of reproductive age would accelerate the occurrence of cardiovascular complications such as stroke, heart attack, eye damage, kidney failure and impact during pregnancy (Imelia, 2017). During pregnancy, women with hypertension are at risk of preeclampsia, which is a contributory factor for MMR and IMR (Iqomatulhaq, Ermiati, & Solehati, 2019). The condition of hypertensive women with or without complications would cause discomfort and affect the quality of life. Good quality of life would improve a person's status of health, and prevent complications where they do routine control and treatment. This study aims to determine the Quality of Life of Women in reproductive age with Hypertension in the PHC Cipanas, Garut.

## **METHODS**

This type of research was quantitative descriptive. The population in this study was women in reproductive age with hypertension which is 170 women. The sampling technique was non-probability with purposive sampling. The number of respondents calculated using the Slovin formula, finally 70 respondents involved in this study. Data were collected using the WHOQOL-BREF standard questionnaire, to access participants the researcher did door to door to the respondent's house, The researchers explained the purpose of the study, the respondent signed the informed consent and filled out the questionnaire for 30 minutes. The instrument consisted of 26 questions asking the quality of life physically, psychologically, socially and environmentally. Analysis of the data used percentage and data presented in the form of the frequency distribution. The categories of results including very good, good, moderate, bad and very bad quality of life.

## RESULTS

In this section, the results of the study were divided into 3 sections, namely the characteristics of respondents, indicators of quality of life, and the respondents' domain of quality of life.

**Table 1. Characteristics of Respondents (n = 70)**

Characteristics of	Frequency	Percentage (%)
<b>Age Categories</b>		
Early-Teen: 12-16	0	0
Late Teenager: 17-25	10	14.1
Early Adult: 26-35	19	27.1
Late Adult: 36-45	21	30.0
Early Elderly: 46-55	22	28.6
<b>Blood pressure</b>		
Hypertension stage I	28	40.0%
hypertension stage II	42	60.0%
<b>Earnings</b>		
≤UMR	45	64.3%
≥UMR	25	35.7%
<b>Education</b>		
Primary	54	77, 2%
Secondary	10	14.3%
high	6	8.6%
<b>Employment</b>		
	63	90.0%
Employee	3	4.3%
Master	3	4.3%
Midwives	1	1.4%
<b>Marital Status</b>		
Married	69	98.6 %
Widow	1	1.4%
<b>Use of contraception</b>		
Injections	41	58.6%
Pill	20	28.6%
Iud	6	8.6%
Implant	3	4.3%

Based on table 1, it can be seen that the most respondents aged 36-45 years (30.0%), grade II hypertension (60.0%), basic education (77.2%), the status of housewives (90.0%), married (98.6%), and the use of contraceptives in women of

reproductive age hypertension mostly using injection contraception as much as (58.6%).

**Table 2 Indicators of Quality of Life**

Variable	Very Good		Good		Moderate		Poor		Very Bad	
	F	%	F	%	F	%	F	%	F	%
<b>Respondents' Perceptions of</b>										
1. Quality of Life	2	2.9	31	44.3	36	51.4	1	1.9	0	0
2. Satisfaction with Health	3	4.3	14	20.0	47	67.1	6	8.6	0	0
<b>Physical Domain Physical</b>										
3. Pain Activity Activity	4	5.7	18	25.7	48	68.6	0	0	0	0
4. Therapy Needs	11	15.7	21	30.0	34	48.6	4	5,7	0	0
5. Vitality Conditions Activity	1	1.4	12	17,1	40	57.1	17	24.3	0	0
6. Ability Mobility	12	17.1	27	38.6	27	38.6	4	5,7	0	0
7. Sleep Quality	2	2.9	13	18.6	49	70.0	6	8,6	0	0
8. The ability of Daily Activities	7	10.0	10	14.3	53	75.7	0	0	0	0
9. WorkAbility	3	4.3	18	25.7	46	65.7	3	4,3	0	0
<b>Psychological Domains</b>										
10. Enjoy Life	0	0	13	18.6	50	71.4				
11. Self-Esteem	8	11.4	15	21.4	41	58,				
12. Ability Concentrate	2	2.9	25	35.7	28		6			
13. Self-Appearance							40.0			
14. Positive	16	22.9	17	24.3	31		44.3			
15. Feelings Negative Feelings	10	14.3	26	37.1	27		38.6			
	3	4.3	33	47.1	31		44.3			0
							7 6			
							14			
<b>Social Domain</b>										
16. Relationships With Others	1	1.4	20	28.6	49	70.0	0	0	0	0
17. Sexual Activity										
18. Social Support	8	11.4	17	24.3	42	60.0	3	4.3	0	0
	8	11.4	19	27.1	34	48.6	9	12.9	0	0
<b>Domain Domain Environment</b>										
19. Condition Safe				22.9	40	57.1				
20. Condition Circle Ungarn Housing				31.4	42	60.0				
21. Finance Resource				7.1	39	55.7				
22. Availability Obtaining Information				31.4	42	60.0				
23. recreational opportunities				31.4	19	27.1	4			
24. EnvironmentHome				27.1	29	41,	38.6			
25. Health Care Access				40.0	27		17.1			
26. Transport Access							14 6			
	0 0 0		40	57.1	12		26 1			0
	5 7						22			
	17 15									
	18									

Table 2 is obtained by the respondent's perceptions of quality of life in the middle category as many (51.4%), and satisfaction with the health of as many (67.1%). In the physical domain with physical activity indicators (68.6%), activity vitality (57.1%), sleep quality (70%), daily activity ability (75.7%), and ability to work (65.7%). In the most dominant psychological domain, there is a medium category, namely the indicators of enjoying life for (71.4%), self-esteem (58.6%). In the social domain indicators of relationships with others with a percentage (70%), sexual activity with a percentage (60.0%). Environmental domain in the indicator of safe conditions as much as (57.1%), environmental conditions as much as living (60%), financial resources are in the moderate category (55.7%), the opportunity to get information is in the moderate category as much as (60.0%), and transportation access indicators are in a good category (57.1%).

## **DISCUSSION**

### **Indicators of Quality of Life for Women with Hypertension**

This study obtained that the quality of life and satisfaction of women are predominantly in the medium category, this means showing women's in the middle condition, They are not too good because they experience symptoms of hypertension.

### **Physical Domain**

From the results, the most dominant physical domain is in the medium category on the indicator of physical pain during activity, daily activities and the condition of the vitality. Women feel symptoms such as headaches, dizziness, and weakness, but they said that perceived pain would disappear when resting. They still do their daily activities independently. Women can do daily activities such as eating, drinking and even household activities, this is because they are in moderate, and no severe symptoms. According to (Theodorou et al., 2011) hypertension would affect a person's quality of life in various dimensions, especially physical pain, but mobility including position, sitting, standing, getting up and moving without assistance is fine, only a few problems in moving.

In the indicator of the need for therapy hypertension, most of them in the medium category, this may occur because seen in the socioeconomic data in this study there are below the limit. According to (Pratiwi & Perwitasari, 2017) that one of the factors influencing the level of compliance in treatment is income, where income will affect the ability to meet the needs in improving health.

Indicators of sleep and rest quality in this study are mostly in the medium category, where some respondents said that they sometimes wake up at night, but for them, it does not really disturb their sleep quality. Whereas moderate sleep quality is someone's dissatisfaction with sleep due to disturbance such as noise, hot room temperature and mosquito bites (Keswara, Ludiana & Mutiara, 2018).

### **Psychological Domain.**

From the psychological domain found they are the medium category, this is because respondents in this study had confidence that his illness was a destiny given by Allah SWT. According to (Dewi, 2016) individuals who can enjoy life well are able to lower or stabilize blood pressure, in people with hypertension. The self-esteem indicator in this study is mostly in the medium category. According to Coopersmith's theory, a person who has self-esteem is having the characteristics of nature and the way they act has similarities with individuals who have a high level of self-esteem. The difference only in the intensity of self-confidence, they are somewhat less confident in assessing their personal self and they are somewhat dependent on the social acceptance of the environment in which they are.

The most concentrated indicators are in the moderate category as much, in concentrating on this study WUS with hypertension can still concentrate well enough but cognitive problems in WUS who have hypertension must be trained early so that these problems need to be addressed so as not to affect the quality of life that can be done with hypertension gymnastics which is a form of exercise or structured exercise that can provide relaxation so that wus can concentrate well (Lestari, Udiyono, Saraswati, & Adi, 2018).

The most positive indicators of feeling are in the medium category and in the good category, this is because in this study of women with hypertension have good enough confidence so that the coping mechanism will be better so that was able to think positively and be able to solve problems in his life. The most negative indicators of feeling are in as many rare categories and as quite frequently. In this study, some women with hypertension feel anxiety and depression because hypertension is a lifelong disease and requires long-term therapy. Every negative feeling is a very strong influence on a person's immune system and will release hormones in the body which in its development and can trigger an illness when hypertensive sufferers feel anxiety, stress, feeling depressed, sad and angry (Trevisol, Moreira, Kerkhoff, Fuchs, & Fuchs, 2011).

### **Social Relations Domains**

The results of the study found that the most dominant social relations domains are in the medium category. Social relations in patients with hypertension can be emotional relationships such as reminding patients to always take medicine, sufferers get attention, affection, and care from people around them (Utami & Raudatussalamah, 2016).

The most indicator of sexual activity is in the normal and satisfying categories. This can be seen from the data characteristics of the dominant status of married and living with a husband. These conditions make women with hypertension have good sexual activity obtained from her husband. The most indicators of social support are in the medium and satisfactory categories. The satisfaction of overall social support is very significantly related to all aspects of a person's quality of life (Anbori, Ghani, Yadav, Daher, & Su, 2010). Although the domain of social relations is in the moderate category the condition of hypertension can be at risk of causing a decrease in the domain of social relations due to hypertension which makes the women have to rest.

### **Environmental Domain**

From the results of research on the environmental domain on the indicator of safe conditions, most are in the medium category because it can still do activities without having to be helped by the family. In the indicator of financial resources are in the medium category, and a little, this is because it is seen in demographics data the average income of women with hypertension is less than the monthly UMR even sometimes uncertain, people who have high economic status will easily meet the needs of healthy food and have costs for treatment.

The recreation indicator is in the frequent category because according to the respondent, recreation does not have to go to a beautiful place and far away, the respondent feels that enough to gather with family and friends is like recreation. The most common house environmental indicators are in the medium category, this is because some was live in urban areas where there is pollution from vehicles and noise because it is close to recreation areas in Cipanas, and there are was who feel as much satisfaction, this is because there are several was living in the village with the atmosphere of a still calm environment. Indicators of access to health services are in the medium category, this is because some residential areas with hypertension are close to health care centers, and some are far from health services, so women rarely check their condition and feel normal about health service indicators. The transportation indicators are in the medium category, where respondents said that transportation today is very easy because they can use public transportation, motorcycle, even on foot.

## **CONCLUSIONS**

It can be concluded that the quality of life of women in reproductive age at with hypertension at the Cipanas Garut Health Center is in the moderate category which means that women with hypertension have decreased quality of life in the physical, psychological, social and environmental relations. moral support and health education are needed from health workers about a good lifestyle, regular consumption of antihypertensive drugs, so that blood pressure is controlled so that women have a good quality of life.



## REFERENCES

- Anbori, A., Ghani, SN, Yadav, H., Daher, AM, & Su, TT (2010). Patient satisfaction and loyalty to the private hospitals in Sana'a, Yemen. *International Journal for Quality in Health Care*, 22(4), 5. doi: 10.1093 / intqhc / mzq029
- Association, AH (2017). *Cardiovascular Disease: A Costly Burden for America Projections Through 2035* .. Washington DC: The American Heart Association Office of the Federal Advocacy
- Goddess, SR (2016). Spiritual and health perceptions of elderly with hypertension in the working area of the Mayang Jember Community Health Center. *The Indonesian Journal of Health Science*, 6(2).
- DHO. (2018). *Health Profile of Regency of Garut 2018*. Garut: Garut City Health Service.
- Imelia, I. (2017). *Risk factors for hypertension in women of reproductive age in the working area of the Andalas Public Health Center in Padang, 2016*. (Doctoral Dissertation). Andalas University
- Iqomatulhaq, H., Ermiami, & Solehati, T. (2019). Healthy Life Behavior In Pregnant Women With Risk Of Preeclampsia In The Phc Of Ciparay Bandung District. *Journal of Maternity Care and Reproductive Health*, 2(1), 11.
- Ministry of Health. (2019). *2018 Riskesdas Report*. Jakarta: Publisher Institute Research and Development Institute.
- Keswara, UR, Ludiana, L., & Mutiara, S. (2018). Relationship between Sleep Quality and Blood Pressure in Patients with Hypertension in the Work Area of Purwosari Metro Utara Health Center in 2017. *Holistic Journal of Health*, 12(2).
- Lestari, D., Udiyono, A., Saraswati, LD, & Adi, MS (2018). Description of Cognitive Function in Patients with Age 45-59 Years of Hypertension in Puskesmas Tlogosari Wetan, Semarang. *Journal of Public Health*, 6(1).
- Pangaribuan, L., & Lolong, DB (2015). The Relationship Between Usage of Pill Contraception and the Occurrence of Hypertension in Women Aged 15-49 Years in Indonesia in 2013. *Media Litbangkes*, 25(2), 8.
- Pratiwi, RI, & Perwitasari, M. (2017). *Analysis of Factors Affecting Hypertension Patient Compliance in Drug Use at Kardinah District Hospital*. Paper presented at the 2nd National Seminar on Applied Science and Technology, Tegal - Indonesia.

Theodorou, M., Kaitelindou, D., Galanis, P., Middleton, N., Theodorou, P., Stafylas, P., & Maniadaikin, N. (2011). Quality of Life Measurements in Patients with Hypertension in Cyprus. *Hellenic J Journal of*

Trevisol, DJ, Moreira, LB, Kerkhoff, A., Fuchs, SC, & Fuchs, FD (2011). Health-related Quality of Life and Hypertension: A Systematic Review and Meta-Analysis of Observational Studies. *Journal of Hypertension*, 29(2), 10. doi: 10.1097 / HJH.0b013e328340d76f

Utami, RS, & Raudatussalamah, R. (2016). Relationship of Family Social Support with Compliance with Medication for Patients with Hypertension in Tualang Health Center. *Journal of Psychology*, 12(2), 8.