Contribution of Social Support to Health Belief in Patients with Chronic Renal Failure

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Abstract: The number of patients with chronic renal failure is increasing every year. Various therapeutic treatments that must be undertaken and the risk if not doing treatment can cause stress for patients. Patients with chronic renal failure are required to comply with doctor's advice and can develop confidence that they will be healthy or in other words have health beliefs. One factor that contributes to one's health beliefs is social support. The purpose of this research was to determine the contribution of social support to health belief in patients with chronic renal failure. The design of this research is quantitative correlational, with a purposive sampling technique. The sample of this research were 100 patients with chronic renal failure. Social support was measured with 36 valid items and the reliability coefficient (α) = 0.920 and the health belief were measured with 25 items and the reliability coefficient (α) = 0.848. The results showed that social support had a positive significant influence on health belief with a sig (p) = 0,000 (p <0.05). Social support contributed 16.4% to health belief. Patients with chronic renal failure had more negative health beliefs (51%). Male patients have higher health beliefs than females.

1 INTRODUCTION

Currently, health issues are a concern in Indonesia. Based on the 2018 Rikesdas data, Indonesia has experienced an increase in the development of non-communicable diseases caused by the lifestyle adopted by the community (Rossa, 2018). According to AIA Healthy Living Index research in 2018, healthy living activities undertaken by the Indonesian people in 2016 were 4.0% and decreased in 2018 by 3.6%. In his research explained that the most influential lifestyle is the lack of a person doing physical movements such as sports and also consume healthy food because it is considered complicated, expensive and also a waste of time ("Research: Indonesia's Lowest Healthy Life Index in the Asia Pacific, "2018). This causes an increase in the development of non-communicable diseases one of which decreases kidney function. According to data from the Ministry of Health 2018, chronic renal failure ranks second as a disease that incurs a lot of costs and life-threatening in Indonesia with growth of almost 100% within a year, this development is greater than other non-communicable diseases ("Potret Sehat Indonesia dari Riskesdas 2018", 2018). In 2018 there were 43,000,000 patients with chronic renal failure ("Potret Sehat Indonesia dari Riskesdas 2018", 2018).

The chronic renal failure for the body, among others, as a regulator of blood volume and composition, formation of red blood cells, helps maintain acid-base balance, regulates blood pressure, expulsion of foreign components and regulates the number of electrolyte concentrations in extracellular fluid (Zurmeli, Bayhakki and Utami, 2006). Meanwhile, along with increasing age and doing unhealthy lifestyles, such as having a diet that is high in fat and carbohydrates, lack of drinking and not doing exercise can cause decreased organ function in the body including kidney function (Alam, S., & Hadibroto, I., 2007).

The chronic renal failure is a condition where the body fails to maintain metabolism and fluid and electrolyte balance, causing uremia (Zurmeli, Bayhakki, & Utami, 2006). chronic renal failure is usually caused by several diseases both from kidney disease itself and other diseases such as diabetes and hypertension (Tandra, 2018). In Tandra (2018), chronic renal failure can occur gradually and also occur suddenly. chronic renal failure that occurs gradually usually has unclear initial symptoms so that patients feel it when it is said to be the final stage

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(Alam, S., & Hadibroto, I., 2007). In Tandra (2018), when it is in its final stages that the kidneys have a GFR below 15ml / min of normal function, actions such as hemodialysis or kidney transplantation will be performed. But if kidney function is still in stages 1 to 4, the condition of the kidney can be prevented by severing lifestyle changes such as electrical imbalance control, control of hypertension and on a high-calorie, low-protein diet that is scheduled by the doctor and also sports (Tandra, 2018).

According to Tandra (2018) said that there are still patients with chronic renal failure who do not follow the doctor's recommendations, especially in undergoing diet and exercise. This was also stated by a specialist consultant kidney, Aida Lydia who said that many patients also do not take medication and control to the doctor routinely so that it can trigger complications and dialysis (Purba, 2019). Whether or not the patient follows the doctor's recommendations such as a control to the doctor routinely, does not undergo diet and exercise and does not take medication regularly is thought to be caused because the patient has a negative health belief.

According to Rosenstock (Janz & Becker, 1984) said that health belief is a belief or assessment of behavior related to health. Assessments are obtained through a cognitive process from information obtained through the environment or through an assessment process through individual experiences. In the results of Nugraha & Nurhayati's research (2011), stated that patients with chronic renal failure in Al Ihsan Regional Hospital have negative health beliefs that are characterized by irregularity in taking medication and inconsistent dieting. The results of interviews with patients who are suspected of having positive health beliefs are subject M, a 60-year-old female patient who has chronic renal failure and has a history of diabetes. The subject said that following the doctor's advice was not easy especially for dieting but the subject continued to follow the doctor's advice because he was sure his condition would improve besides the subject was also afraid if not following the doctor's advice his condition worsened because the subject knew his illness was quite severe. Unlike the 56-year-old subject L, a patient who experienced chronic renal failure and had a history of diabetes. He does not have confidence that the existing treatment can make it better. In addition, children from the subject also do not support to follow the advice of doctors. The subject did not get support so that made the subject less motivated to carry out the treatment. According to Rosenstock (Janz & Becker, 1984) and based on interviews above one of the factors that influence health beliefs are supported.

Sarafino (2002), states that social support refers to providing comfort to others, caring for them or appreciating them. Sarafino (2002), also said that social support can make a patient not stressed in dealing with his illness, makes someone able to overcome the problem and can see the good side of the problem he is facing. In addition, social support makes a person stronger, more able to live a healthy lifestyle and make others feel cared for and needed so that someone will be encouraged to exercise, eat healthy, not smoke and not drink alcohol. In Smet (1994), when someone is supported by the environment, everything will feel easier. If someone gets social support from the environment it will make the individual feel calm, cared for, loved, self-confidence and competence arise (Smet, 1994). Thus high social support is characterized by getting attention and care coming from people around, there are other people who support in any condition, there is help in the form of material, physical or psychological coming from people around, directed about treatment, advised to follow doctor's advice, have a place to tell stories, accompanied when going to the hospital, have someone who can be trusted to give advice or advice, and have a group of friends who can provide a sense of togetherness among group members. With the high social support from the surrounding environment can make patients chronic renal failure feel stronger, more excited, more motivated to carry out treatment, patients feel cared for, given affection from the surrounding environment, facilitated to follow treatment because it is facilitated, patients get the right information both from medical personnel or the surrounding environment, there are always other people who always provide assistance and this is thought to make patients feel happy, happy because someone who supports it encourages patients to believe whatever is said by others including doctors and families if patients follow the advice given will be healthier and ready to follow the recommended treatment such as taking medication regularly, consistent in diet, doing exercise and control to the doctor regularly. Meanwhile, low social support will make patients chronic renal failure feel uninspired, not motivated to carry out treatment, feel less cared for and given affection from the surrounding environment, it is difficult to follow a healthy lifestyle because there are no supporting facilities, also feel alone This is thought to cause the patient to be unsure of the advice given by the doctor and not follow it because he feels it will not make him healthier.

From Nugraha and Nurhayati's (2011) research on the correlations between health belief and compliance behavior in patients with chronic renal failure in Al

Ihsan Regional Hospital, which says that there is a low relationship between health belief and compliance behavior, which means that the more the patient is convinced of his illness, the more the patient's adherence to the doctor's recommendations was also high. In addition, Khotimah Research (2014) states that there is a correlation between family support and health care provider support for adherence to ARV therapy. Patients who get low family support are proven to have a 6 times greater risk for undisciplined taking medication than those who get high family support. Based on the description above, is there any influence of social support on the health beliefs of patients with chronic renal failure

2 METHODS

This study uses quantitative research methods that are non-experimental. This study is included in a causal-comparative study with simple linear regression with the aim of the study to determine the effect of social support on health beliefs. The sample in this study amounted to 100 patients with chronic renal failure in Jakarta with the characteristics of a sample having a partner, living with family and not having dialysis. Retrieval of data in this study using a questionnaire using a Likert scale.

Social support measurement tools are adapted based on measuring tools made by Gidion (2010) based on Sarafino (2002) theory. Researchers made modifications by adding 10 items so that the initial number of items was 60 items. After the validity test, 26 items have been dropped so that they have a total of 34 items. The reliability in this item amounted to 0.920. While the measure of health belief is adapted from Widyaningsih (2018) based on Rosentrock's theory (in Janz & Becker, 1984). Researchers made modifications by adding 12 items so that the initial number of items was 40 items. After the validity test, 15 items have been dropped so that they have a total of 25 items. The reliability in this item amounted to 0.848.

3 RESULT

Table 1: Description of gender.

Age	Frequency	Precentage (%)
Early Adulthood	24	24%
Middle Adulthood	40	40%
Late Adulthood	36	36%
Total	100	100%

Most of the respondents were male, 53% and female were 47%.

Table 2: Description of age's respondents.

Gender	Frequency	Percentage(%)
Male	53	53%
Female	47	47%
Total	100	100%

Most of the respondents were middle adulthood 40%, early adulthood 24% and late adulthood 36%.

Table 3: Normality Test Result.

Variable	Kolmogorof-Smirnov
Social Support	0,103
Health Belief	0,127

Kolmogorov-Smirnov One-Sample normality test results obtained the probability of social support 0.103 and health belief 0.127.

Table 4: Simple Linear Regression.

Score Social Support and Health Belief	
Konstanta B	+0,308
Sig. (2-tailed)	0,000
N	100

The results of simple linear regression tests that have been carried out in table 4 of the ANOVA results can be seen that the value of sig. (p) 0,000 ($p < 0.05$), which means that there is an influence of social support for health belief in patients with chronic renal failure. Besides that, the constant value of B is +0.308, which means that social support has a positive influence on health belief, so the hypothesis in this study is accepted. If social support is high, it will be followed by high health beliefs.

Table 5: Categorization of Social Support.

Score	Category	Frequency	Percentage
X ≥ 105,02	High	51	51%
X < 105,02	Low	49	49%
Total		100	100%

Most respondents who have high social support as much as 51% and low social support are 49%.

Table 6: Categorization of Health Belief.

Score	Category	Frequency	Percentage
X ≥ 77,59	Positif	49	49%
X < 77,59	Negatif	51	51%
Total		100	100%

Most respondents who have negative health beliefs of 51% and positive health beliefs are 49%.

Table 7: Description of Health Belief base on Gender.

Gender	Negative	Positive	Total
Male	26	27	53
Female	25	22	47
Total	51	49	100
Asymp. Sig. (2-tailed) Pearson Chi-Square			0,680

Male respondents more have positive health beliefs and female have negative health beliefs. But Chi-Square results obtained sig = 0.680 (p> 0.05) which means there are no correlations between health beliefs with the sex of the respondent.

Table 8: Description of Health Belief Base on Age.

Age	Negative	Positive	Total
Early Adulthood	13	11	24
Middle Adulthood	21	19	40
Late Adulthood	17	19	36
Total	51	49	100
Asymp. Sig. (2-tailed) Pearson Chi-Square			0,573

Respondents of late adulthood more have positive health and early adulthood and middle adulthood more have low health beliefs. Chi-Square results obtained sig = 0.573 (p> 0.05) which means there are no correlations between health beliefs with the age of the respondent.

4 DISCUSSION

In this study statistical tests with simple linear regression obtained sig values. (p) 0,000 (p <0.05) and the regression coefficient is +0.308 which means the hypothesis is accepted. These results indicate that there is a positive influence of social support on health belief in patients with chronic renal failure. Based on the value (R2) shows a result of 0.164 which means that social support has a significant influence that is 16.4%, while the rest is influenced by other factors. The results of the linear regression equation show the value of Y = 45.195 + 0.308x, meaning that when social support increases by 1 then health belief will also increase by 0.308, and vice versa if social support decreases then health belief also decreases by the same amount.

The results of this research are in line with research previously conducted by Maulana (2015), whose research results say that there is a positive and significant influence of social support with healthy dietary behavior in early adult women, which means that the higher the social support, the higher the score for healthy diet behavior. Other research was also carried out by Irnawati, Siagian, & Ottay (2016), the results of his study showed that social support had a positive influence on medication adherence for tuberculosis patients. The results of the study show that social support influences healthy dietary behavior and medication adherence including health belief behavior.

A patient with chronic renal failure who gets high social support will feel cared for, get affection, get the right information about his illness so that makes the patient feel happy and happy because he is taken care of so that he is more motivated and enthusiastic in undergoing his treatment, the patient also does not feel alone and is stronger in fighting the disease. So that patients have confidence that the benefits obtained when doing treatment, believe the risks if not doing treatment, know that the disease will be more severe, believe the treatment can make health conditions improve, adhere to treatment such as regularly taking medication and a healthy diet, and seeking information regarding his illness. Conversely, if a patient with chronic renal failure gets low social support, he will feel alone in dealing with his illness, feel alienated from his environment, feel sad so that he is not motivated and enthusiastic about taking medication because there is no support from his environment, and makes patients less confident about their healthy development, they are not sure that they will be healthier if they take medication, they are not sure of the risks that will occur if they do not take medication, and they are not ready to take advice from their doctor, do not regularly take medication and do not comply with the doctor's recommended diet.

Sarafino (2011), said that social support can make patients not stressed in dealing with their illnesses, make someone able to overcome their problems, make someone see the good side of the problem he is facing, besides social support, makes a person stronger, more lead a lifestyle healthy and make others feel cared for and needed so that someone will be encouraged to exercise, eat healthy, no smoke and

no drink alcohol or in other words believe in a healthy lifestyle.

Based on the results of health belief categorization, there are 51 people in the negative category. Patients who have negative health beliefs will be less sure of the risk of the disease, not ready to face treatment and do not believe in the benefits of treatment. In Nugraha & Nurhayati's (2011) research results, it was stated that kidney failure patients in Al Ihsan Regional Hospital had negative health beliefs marked by not believing that kidney failure was a dangerous disease, lacking confidence that patients were able to follow the doctor's recommendations, and lacking confidence that the disease can pose medical risks. Health belief in Rosenstock (1974), makes patients think that they have a serious illness and must be cured, makes a person motivated that he can live healthily, make someone try to avoid the disease. Other than that. In addition, Sarafino (2011) also said that individuals who were convinced of the consequences of their illness, both medically, psychologically and socially, the greater the belief that the threat of these consequences would approach them. This belief makes individuals encouraged to make health recommendations such as a healthy diet because of the many benefits gained.

One that affects one's health belief according to Rosentrock is gender. The results of cross-tabulation between sex and health beliefs showed a sig of 0.680 which means that there was no influence of health beliefs with the gender of the patient chronic renal failure. This is in line with research Hayati (2011), which says that sex does not indicate compliance with taking medication in pulmonary tuberculosis patients. From cross-tabulation data with health beliefs, it is stated that more women have negative health beliefs than men. According to Korin, et al (2017), women pay more attention to their health before being exposed to the disease, while men pay more attention to their health after being exposed to the disease. This is because women's mindsets that change after living a healthy lifestyle remain affected by the disease. The results of Ulum, Widyawati, & Kusnanto (2014) stated that men were more obedient to undergo diabetes treatment of diabetes 2 because the number of respondents in the study was more dominant.

Besides gender, according to Rosenstock (1974), another demographic factor that affects health beliefs is age. The cross-tabulation between age and health belief shows sig. (p) as much as 0.573 (p> 0.05) which means that there is no relationship between age and health beliefs of patients with chronic renal failure. According to WHO (2003), said that age and sex have no relationship with patient compliance following the doctor's advice in several places. In addition, Hayati (2011) also said that there was no relationship between age and adherence to the taking of tuberculosis patients in pulmonary tuberculosis patients. From cross-tabulation data between age and health belief shows that in the early adult and middle age groups more negative health beliefs and in the late adult group more patients who have positive health beliefs. This is in line with the statements of Budiman, Khambri & Bachtiar (2013), who said that age can affect one's motivation to adopt a healthy lifestyle, the more age the higher the level of one's compliance with medication or therapy.

The findings in this study are social support in this study is high but patients have low health beliefs, it is allegedly because it is influenced by the age factor of the respondents. Where respondents in this study more middle adulthood, which in theory (Hurlock, 2003), said that in middle adulthood both men and women are having an increasingly warm relationship with their environment but this period is also a transition period from middle adulthood to old age and at that time physical health began to decline but someone has not been able to accept it.

5 CONCLUSION

Based on research that has been done, it can be concluded that there is an influence of social support on health belief in patients with chronic renal failure with sig (p). 0,000 (p <0.05). With the results of the linear regression equation, Y = 45.195 + 0.308x shows the coefficient of variable (x) of +0.308 which means that social support has a positive effect on health belief which means the hypothesis is accepted. It states that the higher the social support the more positive the patient's health beliefs chronic renal failure, and vice versa the lower the social support, the lower the health beliefs owned by the patient's chronic renal failure. Based on the R2 value shows a result of 0.164 or 16.4%, which means social support has an influence of 16.4% on the patient's health belief in chronic renal failure.

From the results of this study more patients chronic renal failure who had negative health beliefs by 51% compared to positive. From the results of the cross-tabulation shows that there is no relationship between sex on one's health belief, but the data shows that men have more positive health beliefs because the number of respondents in this study is dominated by men. This research also shows that age has no correlations with the health beliefs of patients with chronic renal failure

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