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Assessing The Factors Associated With Self-Management In Hypertension Patiens: Implementations For Healthcare Strategies

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Hipertensi merupakan salah satu penyakit paling umum di dunia. Pengobatannya tidak hanya bergantung pada terapi medis, tetapi juga memerlukan kemampuan pasien untuk melakukan pengelolaan diri yang efektif. Studi ini bertujuan untuk mengidentifikasi faktor-faktor yang terkait dengan pengelolaan diri pada individu dengan hipertensi. Desain kuantitatif cross-sectional digunakan. Sampling purposif digunakan, menghasilkan 93 responden berdasarkan perhitungan G*Power, termasuk individu dengan tekanan darah ≥140/90 mmHg atau <140/90 mmHg dengan riwayat hipertensi. Analisis bivariat dilakukan menggunakan uji chi-square, sementara analisis multivariat menggunakan regresi logistik. Hasil uji chi-square menunjukkan hubungan yang signifikan antara pengelolaan diri dan lama penyakit (p=0.011), tingkat pengetahuan (p=0.009), dan dukungan sosial (p=0.021). Di sisi lain, usia (p=0.218) dan tingkat pendidikan (p=0.346) tidak terkait secara signifikan dengan pengelolaan diri. Analisis regresi logistik menunjukkan bahwa durasi penyakit (p=0.009; Exp(B)=4.467) dan dukungan sosial (p=0.006; Exp(B)=2.835) merupakan faktor signifikan yang mempengaruhi pengelolaan hipertensi secara mandiri. Studi ini menyimpulkan bahwa lama penyakit, pengetahuan, dan dukungan sosial terkait dengan pengelolaan hipertensi secara mandiri, sedangkan usia dan pendidikan tidak. Petugas kesehatan masyarakat didorong untuk melibatkan keluarga, lingkungan sosial dan mengembangkan program pendidikan kesehatan yang terstruktur dan berfokus pada pengelolaan mandiri. Penelitian lebih lanjut menggunakan metode observasional dan variabel tambahan direkomendasikan.

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Assessing The Factors Associated With Self-Management In Hypertension Patiens: Implementations For Healthcare Strategies

Hypertension is one of the most common diseases worldwide. Its treatment does not rely solely on medical therapy but also requires patients' ability to perform effective self-management. This study aimed to identify factors associated with self-management among individuals with hypertension. A quantitative cross-sectional design was employed. Purposive sampling was used, resulting in 93 respondents based on G*Power calculations, including individuals with blood pressure ≥140/90 mmHg or <140/90 mmHg with a history of hypertension. Bivariate analysis was conducted using the chi-square test, while multivariate analysis used logistic regression. The results of the chi-square test showed significant relationships between self-management and duration of illness (p=0.011), level of knowledge (p=0.009), and social support (p=0.021). In contrast, age (p=0.218) and education level (p=0.346) were not significantly associated with self-management. Logistic regression analysis indicated that duration of illness (p=0.009; Exp(B)=4.467) and social support (p=0.006; Exp(B)=2.835) were significant factors influencing hypertension self-management. This study concludes that duration of illness, knowledge, and social support are related to hypertension self-management, whereas age and education are not. Community health workers are encouraged to involve families, social environment and develop structured self-management-focused health education programs. Further research using observational methods and additional variables is recommended.

Introduction

The condition with the highest risk of causing stroke and several other cardiovascular illnesses is hypertension. The heart has to work harder than usual to pump blood through the arteries when blood pressure rises (Ulfa et al., 2022). According to the Ministry of Health (Kemenkes, 2021), hypertension is characterized as a rise in systolic blood pressure of 140 mmHg or higher and diastolic blood pressure of 90 mmHg or higher. Between 1990 and 2019, it is thought that the number of adults between the ages of 30 and 79 who have hypertension increased twofold, from about 650 million to 1.28 billion (WHO, 2022). About 33% of the world's population, or one in three individuals, has hypertension, according to a 2023 research by the World Health Organization (WHO). Hypertension is becoming more common and is predicted to affect 1.5 billion people by 2025, with hypertension and its consequences causing around 10.44 million deaths yearly (WHO, 2023). It is estimated that there are over 245 million individuals with hypertension in Southeast Asia who are over 30 years old. About a third of them are receiving treatment, but about half of them are unaware that they have hypertension, which can raise the chance of stroke, heart attack, kidney failure, and other organ damage (Singh, 2023).

In developing countries, hypertension is increasing rapidly (80% worldwide), and hypertension remains a difficult disease to treat. Hypertension also contributes to an increase in cases of cardiovascular disease (CVD). Approximately 8 million people die each year from hypertension, with 1.5 million deaths in Southeast Asia. According to the 2018 Basic Health Research (Riskesdas), the prevalence of hypertension in Indonesia has increased to 34.1% of the total population of 260 million, up from 25.8% in the 2013 Riskesdas. Data shows that only 0.7% of people with hypertension are diagnosed and using antihypertensive drugs, and the number of identified cases in Indonesia is estimated to be only a quarter of the actual number (Kemenkes, 2021). In East Java Province, there are approximately 11,702,478 residents over the age of 15 who suffer from hypertension, with 48.8% being men and 51.2% being women. Of this number, 73.8% or 8,632,039 people receive medical treatment (Timur, 2023).

Hypertension is influenced by risk factors that are divided into two categories, namely primary factors that cannot be controlled (genetics, race, gender, age) and secondary factors that can be controlled (lack of physical activity, smoking, mindset, obesity, coffee and

alcohol consumption, diet, and stress)) (Fauziah et al., 2021). The risk of complications from hypertension, such as stroke, heart disease, diabetes mellitus, and kidney disease, will increase if hypertension is not treated and adequately controlled (Munthe et al., 2025). To prevent complications from hypertension, patients need to have good self-management, both internally and externally (Novitarum et al., 2022).

Self-management is an individual's behavior and ability to effectively control their health condition. This concept also refers to a person's ability to manage their chronic illness, including physical and psychosocial aspects, as well as necessary lifestyle adjustments (Kurnia, 2021). Effective self-care management in hypertensive patients can improve patient satisfaction, increase patient confidence and independence, and can prevent, control, and even significantly lower blood pressure (Novitarum et al., 2022). Hypertension patients are expected to practice self-management in terms of modifying their fat intake, exercising, limiting alcohol consumption, limiting caffeine intake, practicing relaxation techniques, quitting smoking, and taking potassium supplements (Black & Hawks, 2014). When a person with hypertension has good self-management skills, they can better control their condition and prevent it from worsening (Tursina et al., 2022).

Numerous factors, such as age, education level, social support, length of disease, and knowledge, have an impact on self-management of hypertension. According to a study by (Tursina et al., 2022), self-management of hypertension patients is correlated with age and length of disease. In a similar vein, prior research has demonstrated a strong correlation between social support and hypertension patients' self-care management (Mahfud et al., 2019). According to research by (Sakinah et al., 2020), there is a connection between hypertension patients' self-management skills and their educational attainment.

In addition to the above factors, access to health services also affects medication adherence, which is part of self-management in hypertensive patients (Siregar et al., 2025). Previous research has indicated that many factors cause differences in self-management among hypertensive patients, one of which is cultural background (Sarfika, 2025). Similar research conducted in rural China showed that there is a social relationship with self-management among hypertensive patients (Zhang & Wang, 2025). Previous research conducted in Sumber Rejo, Batu City, showed that 26% of hypertensive patients had poor self-management, 69% had

adequate self-management, and 0% had good self-management (Jannah et al., 2025), indicating the need for good self-management in hypertensive patients.

In an initial study in the GKJW Sitiarjo congregation in Malang Regency, East Java, it was found that the local community has a habit of consuming salted fish, which is influenced by the location of the area on the coast. Consuming foods with high salt content will cause blood pressure to increase in people with hypertension. In addition, the community's access to health facilities is relatively limited, making this condition one of the factors that needs to be considered in public health studies in the area. Based on preliminary data, it is known that some hypertensive patients still lack knowledge about proper hypertension management. Management is generally focused only on medication consumption. In fact, in certain conditions, antihypertensive drugs are not consumed because supplies have run out and cannot be immediately replenished due to limited access to health care facilities that are located far away. Self-management of hypertension can take the form of self-management in terms of diet, medication adherence, physical activity, monitoring of health services, and blood pressure monitoring. Given the foregoing context, the researcher was motivated to investigate self-management-related aspects in hypertension patients at the GKJW Sitiarjo congregation in Malang Regency, East Java.

Method

In order to ascertain the variables (age, education level, social support, length of suffering, and knowledge) connected to self-management in patients with hypertension, this study used a quantitative approach with a cross-sectional design. All of the hypertensive patients at GKJW Sitiarjo in Malang Regency, East Java, made up the study's population. Purposive sampling approaches combined with non-probability sampling techniques will be used in this investigation. Patients with blood pressure ≥140/90 mmHg or those with blood pressure <140/90 mmHg but a history of hypertension, who are willing to participate in the survey, who are at least 20 years old, who belong to the GKJW Sitiarjo congregation in Malang Regency, East Java, and who have good communication skills are the inclusion criteria. The exclusion criteria consist of: currently experiencing severe complications and hearing impairment. With a correlation of 0.30, an error rate (α) of 0.05, and a test power of 0.80, the G-Power application

was used to calculate the sample size for this investigation. These computations indicated that 84 responders was the minimum sample size. This figure was increased by 10% to account for the potential for respondent dropouts. Thus, 93 respondents made up the entire sample employed in this investigation. Age, education level, social support, length of illness, and knowledge were the independent variables. Patients' self-management of their hypertension was the dependent variable. Questionnaires and demographic information were employed as data collection methods. The Hypertension Knowledge-Level Scale (HK-LS) questionnaire was used for knowledge, the Multidimensional Scale of Perceived Social Support (MPSS) questionnaire was used for social support, and the Hypertension Self-Management Behaviors Questionnaire (HSMBQ) was used for self-management. The chi-square test was employed for bivariate data analysis, and logistic regression was used for multivariate data analysis. The Ethics Committee of the Faculty of Medicine at Universitas Pelita Harapan has approved this study under the number 241/K-LKJ/ETIK/VII/2025.

Research Results

Table 1. Respondent Characteristics

No.	Karakteristik	n	%
1.	Age		
	Elderly	25	26.9
	Late elderly	44	47.3
	Early elderly	16	17.2
	Late adulthood	8	8.6
2.	Education		
	Primary	34	36.6
	Secondary	45	48.4
	Tertiary	14	36.6
3.	Long suffering		
	≥ 5 years	49	52.7
	< 5 years	44	47.3
4	Level of Knowledge		
	Low	24	25.8
	High	69	74.2
5	Social support		
	Low	9	9.7
	Medium	18	19.4
	High	66	71
6	*Self management*		
	Less	24	25.8
	Good	69	74.2
	Total	93	100

Table 1 shows that of the 93 respondents, the majority were elderly, with 44 respondents (47.3%) being elderly, 45 respondents (48.4%) having a secondary education, had suffered for ≥ 5 years (49 or 52.7%), had high knowledge (69 or 74.2%), had high social support (66 or 74.2%), and had good self-management (69 or 74.2%).

Table 2. Factors associated with self-management of hypertension

No	Variable	*Self Management*				Total		*P-Value*
		Less		Good				
		n	%	*n*	%	*n*	%	
1	Age							
	Elderly	4	16	21	84	25	100	0.218
	Late elderly	13	29.5	31	70.5	44	100	
	Early elderly	3	18.8	13	81.3	16	100	
	Late adulthood	4	50	4	50	8	100	
2	Education							
	Primary	6	17.6	28	82.4	34	100	0.346
	Secondary	13	28.9	32	71.1	45	100	
	Tertiary	5	35.7	9	64.3	14	100	
3	Long suffering							
	≥ 5 years	18	36.7	31	63.3	49	100	
	< 5 years	6	13.6	38	86.4	44	100	0,011
4	Level of Knowledge							
	Low	11	45.8	13	54.2	24	100	0,009
	High	13	18.8	56	81.2	69	100	
5	Social support							
	Low	5	55.6	4	44.4	9	100	0,021
	Medium	7	38.9	11	61.1	18	100	
	High	12	18.2	54	81.8	66	100	

Table 2 shows that there is a relationship between duration of illness (p=0.011), knowledge (p=0.009), and social support with self-management (0.021). The variable of age has no relationship with self-management (p=0.218), and education also has no correlation with self-management in hypertensive patients (p=0.346).

Table 3. Multivariate Logistic Regression of the Relationship Between Duration of Illness, Knowledge, Social Support, and Self-Management

							95% C.I.for EXP(B)	
		B	S.E.	Wald	Sig.	Exp(B)	Lower	Upper
Step 1[a]	Long suffering	1.317	.582	5.125	.024	3.732	1.193	11.673
	Level of Knowledge	.888	.563	2.489	.115	2.430	.806	7.320
	Social support	.960	.385	6.214	.013	2.612	1.228	5.556
	Constant	-4.721	1.565	9.101	.003	.009		
Step 2[a]	Long suffering	1.497	.572	6.836	.009	4.467	1.455	13.716
	Social support	1.042	.376	7.687	.006	2.835	1.357	5.924
	Constant	-3.672	1.365	7.238	.007	.025		

Table 3 logistic regression shows that there are two variables that significantly affect self-management of hypertension patients, namely duration of hypertension and social support. The variable duration of hypertension has a p-value of 0.009 with Exp(B) = 4.467, which means that respondents who have had hypertension for a longer period of time are approximately 4.4 times more likely to have good self-management compared to those who have had it for a shorter period of time. Meanwhile, social support also had a significant effect (p = 0.006) with Exp(B) = 2.835, indicating that respondents who received better social support were almost three times more likely to practice optimal self-management. Furthermore, the confidence interval range for each variable does not cross the number 1, thus reinforcing that both variables are consistent and meaningful predictors in influencing self-management in patients with hypertension.

Discussion

The majority of respondents were elderly, according to the results. According to research by (Tursina et al., 2022) the majority of respondents were older, while other studies show that the majority of respondents are pre-elderly (Tarisa et al., 2025). The risk of having hypertension increases with age. A decrease in blood vessel flexibility and organ function may be the cause of this (Tursina et al., 2022). Additionally, the majority of responders to this study had completed high school. The findings of this study are consistent with those of a study by (Sakit & Rini, 2023), which found that most respondents had completed high school. A person's ability to accept health information, especially knowledge on hypertension, increases with their level of education. According to (Pikir et al., 2015), this also makes it simpler for individuals with

hypertension to adopt a healthy lifestyle that includes eating a balanced diet, exercising, and reaching their goal weight.

According to the study's findings, the majority of participants have experienced hypertension for at least five years. This result is in line with earlier research at Abepura Community Health Center and Jayapura Regional General Hospital, which similarly found that most participants had a history of hypertension for at least five years (Fitriani et al., 2024). Age-related degenerative processes in the body's systems, such as a reduction in blood vessel flexibility, tend to raise blood pressure. According to (Suciana et al., 2025), this condition raises a person's likelihood of getting long-term hypertension, increasing the number of persons with hypertension lasting more than five years. A longer duration of hypertension allows individuals to adapt more optimally and improve their experience in managing hypertension.

The majority of the study's respondents had high levels of knowledge. The majority of respondents exhibited good expertise, according to earlier research by (Sari et al., 2025), which is consistent with the findings of this study. Patients who are well-informed are better able to make decisions about managing their hypertension, including taking their medications as prescribed, eating a low-salt diet, changing their lifestyle, exercising, and getting frequent blood pressure checks. According to the study's findings, most respondents had a high degree of social support. These results are in line with earlier research by (Susanti et al., 2024), which demonstrates that individuals with hypertension typically have strong social support. Emotional support, such as reminding patients to take their medication on time, paying attention to them, demonstrating affection, and taking care of their condition, can be a type of social support for those with hypertension.

The majority of respondents in this survey demonstrated effective self-management, which is consistent with research by (Bar, 2022), the ability of people to autonomously manage their health condition through lifestyle modification, blood pressure monitoring, medication adherence, and stress management is known as self-management in hypertension patients. Self-management is an activity carried out by an individual in performing an action based on their own desires with the aim of managing their illness. Everyone is expected to have optimal self-management, whether they have a history of illness or not (Simarmata & Prabawati, 2024). The study's findings indicated that age and self-management of hypertension were unrelated. This is

in contrast to the findings of a prior study by (Tursina et al., 2022), which indicated a connection between self-management and age. Age has a significant impact on the self-management of hypertensive patients in addition to variables like gender, occupation, knowledge level, self-efficacy, and social support. Age will determine whether a person's self-management improves or even deteriorates (Lestari & Saraswati, 2023). These differences can be attributed to the socio-cultural factors of the local community, particularly the habit of consuming foods high in salt, which has become customary and has the potential to influence hypertension management behavior.

The study's findings show that self-management in hypertension patients is unrelated to educational attainment. Previous studies that found no connection between education level and self-management support these conclusions (Fitriani et al., 2024). Education level does not always correspond with self-management in hypertension patients, despite the fact that higher education often increases health literacy. This is because self-management is influenced not only by education, but also by motivation, social support, length of suffering, and individual habits. This study also discovered a connection between the length of suffering and hypertension self-management. Research (Sinaga et al., 2025) that demonstrates a connection between the length of suffering and self-management of hypertension supports the findings of this study. In a similar vein, study by (Tursina et al., 2022) demonstrates that one of the variables influencing self-management in hypertension patients is the length of suffering. The longer a person suffers from hypertension, the greater their chances of developing experience, knowledge, and habits in managing their health condition, such as adherence to medication, diet management, and blood pressure monitoring. However, sometimes the prolonged duration of the disease can also be a risk factor for decreased motivation due to boredom with the therapy being undergone. The uniqueness of this study lies in the discovery of a relationship between the duration of hypertension and self-management. These findings indicate that the length of time suffering from the disease is a factor related to self-management ability. These results emphasize the importance of considering clinical factors, such as disease duration, along with sociodemographic factors in the analysis of self-management in hypertensive patients.

According to the findings of this study, patients with hypertension have a relationship between knowledge and self-management, which is consistent with research by (Arianti &

Sudaryanto, 2025). According to the study's findings, there is a connection between older hypertensive patients' self-care management and their level of knowledge. Additionally, prior research demonstrating the connection between knowledge and hypertension patients' self-management practices supports this study (Ningsih et al., 2024). Knowledge is a very important aspect in shaping a person's behavior. In hypertensive patients, the knowledge that needs to be possessed includes an understanding of the definition of hypertension, its causes, common symptoms, the importance of undergoing regular and continuous treatment in the long term, and the complications that can arise if self-management is not optimal (Meli et al., 2025).

This study discovered a connection between hypertension patients' self-management and social support. The findings of this study are consistent with earlier research by (Cahyani et al., 2025), which demonstrated a connection between patients with hypertension's capacity for self-care and social support. Previous research, which demonstrated a strong correlation between social support and self-management behavior in the areas of food intake and weight management, supports this study as well (Khomsatun & Sari, 2021). One of the elements influencing self-management behavior is social support. Because different illnesses have an impact on this type of support, managing health issues also necessitates a multifaceted strategy. Family, friends, neighbors, groups, and organizations can all provide social support (Khomsatun & Sari, 2021). A person with hypertension really needs social support, and it is believed that this would help the patient manage their condition better.

Logistic regression tests revealed that the duration of hypertension and social support have a substantial impact on self-management in hypertensive patients. This is consistent with research by (Harlisa et al., 2024), which found that one of the variables linked to hypertension patients' self-care management is the length of their illness. Individuals who have experienced hypertension for a longer duration are more likely to develop good self-management behaviors, possibly because they have gone through a process of adaptation to the disease, gained experience in managing symptoms, and had more time to understand their own care needs. In addition to the duration of suffering, social support has also been proven to be an important factor in improving the success of self-management. This is in line with research (Gelaw et al., 2025) which shows that social support is related to self-care in people with hypertension. People

with hypertension who receive a high level of social support are more likely to comply with treatment, adopt a healthy lifestyle, and maintain blood pressure control.

Conclusion

There is a relationship between duration of illness, knowledge, and social support with self-management of hypertension in the GKJW Sitiarjo congregation in Malang Regency, East Java, while age and education are not correlated with self-management of hypertension. Based on logistic regression, duration of illness and social support are related to self-management of hypertension. Health workers in the community also need to be more actively involved in assisting hypertensive patients with self-management. The results of this study indicate the need to strengthen ongoing self-management education programs at community health centers, such as regular counseling, periodic blood pressure monitoring, and the formation of support groups for hypertensive patients. Theoretically, these findings reinforce the perspective of health behavior theory that self-management is influenced by the interaction of individual, clinical, and contextual factors. In addition, further research is expected to use observational methods and include other factors to obtain a more comprehensive picture, and conducting longitudinal research to observe changes in self-management among hypertensive patients over time.

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