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Analysis of Self-Care Behavior Factors Among Patients with Hypertension at the Rasau Jaya Community Health Center in 2025

Dedi Alamsyah[1]*, Selviana[1], Linda Suwarni[1]

[1] Faculty of Public Health and Psychology, Muhammadiyah University of Pontianak, Pontianak City, West Kalimantan, Indonesia

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*Corresponding author
Email:
dedialamsyah@unmuhpnk.ac.id

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ABSTRACT
Hypertension, known as "The Silent Killer," is a global health challenge with an ever-increasing prevalence. In the service area of the Rasau Jaya Community Health Center, 5,662 cases were recorded from January through October 2025. Management of this chronic disease relies heavily on self-care behavior. This study aims to analyze factors associated with self-care behavior among patients with hypertension at the Rasau Jaya Community Health Center in 2025. A quantitative analytical study with a cross-sectional design was conducted from June to October 2025. A sample of 252 respondents was selected using purposive sampling from the population of patients with hypertension. Data were analyzed univariately and bivariately using the Chi-Square test (α=0.05; CI=95%). The results showed that the majority of respondents with good self-care behaviors were in the 31–44 age group (94.7%), male (78.3%), highly educated (93.7%), had a family history (82.9%), and had been living with the condition for >5 years (89.1%). However, the majority of respondents had knowledge and self-efficacy levels in the "poor" category (83.3%). Bivariate analysis showed a significant association between family history (p=0.009; PR=1.20) and duration of hypertension (p=0.026; PR=2.41) with self-care behavior. The variables of age, gender, educational level, knowledge level, and self-efficacy did not show statistically significant associations. In conclusion, family history and duration of hypertension are factors associated with self-care behavior in patients with hypertension. Patients are recommended to improve self-management through family support for home care and by regularly participating in the Prolanis program at community health centers to maintain long-term treatment motivation.

Keywords: Hypertension, Self-Care Behaviors, Family History, Duration of Illness.

ABSTRAK
Hipertensi, yang dikenal sebagai "The Silent Killer", merupakan tantangan kesehatan global dengan prevalensi yang terus meningkat. Di wilayah kerja Puskesmas Rasau Jaya, tercatat sebanyak 5.662 kasus hipertensi selama periode Januari hingga Oktober 2025. Penatalaksanaan penyakit kronis ini sangat bergantung pada perilaku perawatan diri (self-care). Penelitian ini bertujuan untuk menganalisis faktor-faktor yang berhubungan dengan perilaku self-care pada pasien hipertensi di Puskesmas Rasau Jaya tahun 2025. Penelitian ini menggunakan pendekatan kuantitatif analitik dengan desain cross-sectional yang dilaksanakan pada Juni hingga Oktober 2025. Sampel penelitian berjumlah 252 responden yang dipilih menggunakan teknik purposive sampling dari populasi pasien hipertensi. Data dianalisis secara univariat dan bivariat menggunakan uji Chi-Square (α=0,05; CI=95%). Hasil penelitian menunjukkan sebagian besar responden dengan perilaku self-care yang baik berada pada kelompok usia 31–44 tahun (94,7%), berjenis kelamin laki-laki (78,3%), berpendidikan tinggi (93,7%), memiliki riwayat keluarga hipertensi (82,9%), dan telah menderita hipertensi selama >5 tahun (89,1%). Namun, mayoritas responden memiliki tingkat pengetahuan dan efikasi diri pada kategori rendah (83,3%). Analisis bivariat menunjukkan adanya hubungan yang bermakna antara riwayat keluarga (p=0,009; PR=1,20) dan lama menderita hipertensi (p=0,026; PR=2,41) dengan perilaku self-care. Sementara itu, variabel usia, jenis kelamin, tingkat pendidikan, tingkat pengetahuan, dan efikasi diri tidak menunjukkan hubungan yang bermakna secara statistik. Kesimpulannya, riwayat keluarga dan lama menderita hipertensi merupakan faktor yang berhubungan dengan perilaku self-care pada pasien hipertensi. Pasien disarankan untuk meningkatkan kemampuan pengelolaan diri melalui dukungan keluarga dalam perawatan di rumah serta mengikuti Program Pengelolaan Penyakit Kronis (Prolanis) secara rutin di puskesmas guna mempertahankan motivasi dalam menjalani pengobatan jangka panjang.

Kata Kunci: Hipertensi, Perilaku *Self-Care*, Riwayat Keluarga, Durasi Penyakit.

INTRODUCTION

Hypertension remains a major global public health challenge, often referred to as "The Silent Killer" due to its asymptomatic yet deadly nature. Globally, the prevalence of cardiovascular disease continues to rise. According to the Global Report on Hypertension (WHO, 2023), the prevalence of hypertension among adults aged 30–79 years reached 1.28 billion cases globally in 2019, projected to rise to 1.56 billion by 2025, with only 42% detected, 21% treated, and 10% controlled. In Indonesia, the prevalence of hypertension in 2013 was 25.8%, rising to 34.11% in 2018 and to 30.8% in 2023. In West Kalimantan alone, the prevalence of hypertension among residents aged ≥ 18 years was 30.9% (Kementerian Kesehatan Republik Indonesia, 2023). The incidence of hypertension in Kubu Raya Regency in 2020 increased to 44,448 cases (Dinas Provinsi Kalimantan Barat, 2020). In the service area of the Rasau Jaya Community Health Center, Kubu Raya Regency, hypertension continues to rank among the top diseases in terms of patient visits, with 5,662 hypertension cases recorded during the January–October 2025 period (Pratiwi, Alamsyah, D., & Nolia, 2025). The challenges of managing this disease have become increasingly complex alongside changes in the community's lifestyle. Although access to treatment is available, cases of complications resulting from unstable blood pressure are still being reported, indicating that disease management at the patient level remains suboptimal.

As a chronic noncommunicable disease, the success of hypertension management depends not only on pharmacological therapy but also heavily on self-care behaviors. The JNC 7 National Committee recommends six self-care behaviors to control hypertension: medication adherence, physical activity, a low-fat/low-sodium DASH diet, maintaining an ideal body weight, reducing alcohol consumption, and avoiding tobacco (Gusty & Merdawati, 2020). Without good self-care behaviors, medical treatment will not be effective, and the risk of complications will remain high.

The emergence of appropriate self-care behaviors is influenced by various interrelated biological and demographic factors. The risk of hypertension is directly proportional to increasing age (Riyada et al., 2024), with age itself being one of the contributing factors to hypertension (Syarli & Arini, 2021). Clinically, age is a determining factor in the physical and psychological condition of older adults, calculated based on the length of life from birth to the present (Amri et al., 2026). The older a person with hypertension is, the greater the demands on self-care that must be met, although the aging process itself often poses a barrier to maintaining consistency in self-care (Surani et al., 2022). Regarding gender, postmenopausal women face a higher risk of hypertension due to hormonal factors and lipid profiles, although prevalence among men is also high. This leads to better self-care awareness, as explained in the study "Self-care and Related Factors in Hypertensive Patients," which found that women tend to be more compliant with physical activity than men (Rozani, 2020; Yunus et al., 2021). On the other hand, educational level is closely linked to knowledge levels that contribute to health outcomes; higher education enhances patients' understanding of hypertension's impacts, which directly promotes medication adherence and the adoption of self-care behaviors (Satiyem et al., 2024; Warnidah et al., 2021). In addition to biological factors, genetic factors through family history can increase the risk of hypertension by 2–5 times (even 2 times if one parent is affected), with 70–80% of essential cases having a genetic origin, primarily through increased intracellular sodium and a low K+/Na+ ratio (Setiandari et al., 2020). The duration of hypertension also has a dual impact; on one hand, it can improve self-care behavior, but on the other hand, it risks reducing motivation and adherence due to treatment fatigue (Eghbali et al., 2022).

Conceptually, all of the biological, demographic, and clinical factors mentioned above interact with one another to shape patients' cognitive and psychological aspects. A patient's educational level underpins their level of knowledge about the disease. However, sound knowledge will not automatically translate into action without internal conviction. This knowledge must first foster the patient's self-efficacy. Therefore, strengthening self-efficacy as a form of self-confidence is essential to encourage self-management and healthy lifestyle habits, thereby minimizing the risk of complications (Wahyudi & Mustika, 2024). Through this conceptual framework, an adequate level of knowledge supports patients' self-efficacy, and it is this high

level of self-efficacy that serves as the primary driver for patients to adopt self-care behaviors consistently and sustainably.

Although the relationships among these variables have been extensively studied, there remains an empirical research gap in the service area of the Rasau Jaya Community Health Center. Given the high number of visits totaling 5,662 cases it remains unclear whether the primary barriers to self-care behaviors in this suburban community are predominantly due to low internal cognitive factors (knowledge and self-efficacy) or to clinical fatigue (duration of illness) and genetic factors. An in-depth evaluation of these locally specific determinants is crucial to fill this information gap in order to develop targeted intervention strategies. Therefore, this study aims to analyze the factors influencing self-care behavior among patients with hypertension in the service area of the Rasau Jaya Community Health Center in 2025.

RESEARCH METHODS

A quantitative analytical study using a cross-sectional approach was conducted in the service area of the Rasau Jaya Community Health Center in Kubu Raya Regency from June to October 2025. The study population consisted of 693 patients with hypertension ranging from those of working age to the elderly at the Rasau Jaya Community Health Center in Kubu Raya Regency. The sample size was calculated using the Lameshow formula (α = 0.05) with a 95% confidence level, resulting in a sample size of 252. Sampling was performed using purposive sampling. The dependent variable was self-care behavior among patients with hypertension, measured using the Hypertension Self-Care Activity Level Effects (H-SCALE) instrument. Meanwhile, the independent variables Age, Gender, Educational Level, and Knowledge Level were measured using a questionnaire adapted from the assessment standards of previous studies, with categorization based on the total scores from those studies; Family History, Duration of Hypertension, and Self-Efficacy were measured using the General Self-Efficacy Questionnaire: 1. Magnitude Level 2. Strength 3. Behavioral Scope. The data were analyzed univariately and bivariately using the Chi-Square statistical test with a 95% confidence interval (CI) (α = 0.05) to determine the relationships between the independent and dependent variables. This study obtained ethical approval from Muhammadiyah University of Pontianak (No. 008/KEPK-FIKES/UM PONTIANAK/2024) and adhered to ethical principles, including anonymity, confidentiality, and informed consent from all respondents.

RESULTS

Table 1. Univariate and bivariate analysis of self-care behavior factors among patients with hypertension at the Rasau Jaya community health center in 2025.

Independent Variable	Self Care Behaviour		p-value	PR
	Not So Good	Good		
Age				
Ages 18-30	11.1	88.9	0.262	0.056 (1.103-0.312)
Ages 31-44	5.3	94.7		
Ages 45-54	26.8	73.2		
Ages 55-64	26.8	73.2		
Ages > 65	22.5	77.5		
Gender				
Male	21.7	78.3	0.178	0.69 (0.421-1.159)
Female	31.1	68.9		
Level of Education				
Low	24.6	75.4	0.094	3.93 (0.582-26.577)
High	6.3	93.7		
Level of Knowledge				
Not So Good	16.7	83.3	0.274	1.31 (0.801-2.141)
Good	23.8	76.3		
Familly History				
Yes	17.1	82.9	0.009	1.20

No	31.3	68.7		(1.042-1.394)
Duration of Hypertension				
Recent (≤ 5 years)	26.2	73.8	0.026	2.41
Long-Term (> 5 years)	10.9	89.1		(1.022-5.691)
Self Efficacy				
Not So Good	16.7	83.3	0.572	0.72
Good	23.8	76.3		(0.194-2.537)

Table 1 shows that the majority of respondents with good self-care behavior were in the 31–44 age group (94.7%), male (78.3%), and had a high level of education (93.7%). They had a family history of hypertension (82.9%) and had suffered from hypertension for > 5 years (89.1%). However, it was also found that their levels of knowledge and self-efficacy were in the poor category (83.3% each).

Based on the results of statistical tests, several variables were found to have a significant association with self-care behavior in hypertensive patients, namely Family History (p = 0.009; PR = 1.20) and Duration of Hypertension (p = 0.026; PR = 2.41). Meanwhile, variables that did not show a significant association included Age (p = 0.262), Gender (p = 0.178; PR = 0.69), Educational Level (p = 0.094; PR = 3.93), Knowledge Level (p = 0.274; PR = 1.31), and Self-Efficacy (p = 0.572; PR = 0.72).

DISCUSSION

The results of the bivariate analysis showed that there was no significant association between age and self-care behavior among patients with hypertension (p = 0.262). This is consistent with a study that found no effect of age on self-care management (Harlisa et al., 2024). This can be attributed to field findings indicating that the majority of respondents were in the 31–44 age group, and within that age group, self-care levels were already considered good. As a person ages, their level of maturity and emotional development increases, enabling hypertensive patients to think rationally about the benefits of self-care management in daily life. Adult patients in this age range possess adequate knowledge regarding the disease process, the role of medication, and care plans, which are essential for improving self-management capabilities in individuals with hypertension (Sari et al., 2025).

Based on the results of the bivariate analysis, no significant association was found between gender and self-care behavior in hypertensive patients (p = 0.178). This aligns with research indicating that gender does not influence self-management in hypertensive patients (Sari et al., 2025). These findings suggest that both men and women have equal opportunities to access health information. In today's digital age, education regarding hypertension management such as low-sodium diets, physical activity, and medication adherence is accessible to anyone regardless of gender. This makes the level of knowledge underpinning self-care behavior generally comparable.

Based on the results of the bivariate analysis, there was no significant association between educational level and self-care behavior among patients with hypertension (p = 0.094). In patients with chronic conditions like hypertension, self-care behavior is often driven more by personal illness experiences than by formal educational background. Respondents who have had hypertension for a long time tend to learn from the physical symptoms they experience. They learn that if they do not maintain a healthy diet or take their medication regularly, their bodies will feel uncomfortable. This practical experience has a more direct impact on the development of self-care behavior. This contrasts with studies finding that higher educational levels correlate with better self-care behavior, as higher education enhances an individual's ability to absorb health information, thereby encouraging awareness to seek medical check-ups, understand hypertension prevention methods, and recognize the risks of subsequent complications it may cause (Nirnasari et al., 2023).

Based on the results of the bivariate analysis, it was found that there was no significant relationship between knowledge level and self-care behavior in patients with hypertension (p = 0.274). Knowledge is a crucial domain for the formation of actions. This aligns with research finding no significant association between knowledge and self-care among hypertensive patients, particularly regarding medication adherence (Wulandari et al., 2021). However, the study's

findings reinforce the phenomenon of the knowledge-practice gap (Salih et al., 2025). A person may know that excessive salt consumption is dangerous, but habits formed over many years are often stronger than newly received medical information.

Based on the results of the bivariate analysis, it was found that there is a significant association between family history and self-care behavior in patients with hypertension (p = 0.009), and respondents with a family history of hypertension were 1.2 times more likely to exhibit good self-care behavior compared to respondents without a family history of hypertension (PR = 1.20). These findings indicate that family health background plays a crucial role in shaping how individuals manage their illness. This is because those with a family history of hypertension tend to be more familiar with certain care patterns. For example, if parents are accustomed to limiting salt intake or regularly visiting the community health center for check-ups, these behaviors will be internalized and imitated by respondents as a form of observational learning and support. Consistent with research showing that high levels of family support at Dr. Gondo Suwarno Ungaran General Hospital significantly enhance the motivation of hypertensive patients to engage in self-management, family involvement is therefore crucial for the success of patients' disease management (Wicaksono & Lestari, 2024). This is supported by research stating that the majority of hypertensive patients (72.9%) receive good family support in the form of emotional, instrumental, informational, and appreciative support, where such support serves as the primary motivation for patients to adopt a healthy lifestyle and improve their quality of life to prevent disease recurrence (Winata et al., 2018). This is further reinforced by research findings indicating a link between family support and self-management among individuals with hypertension (Oktaviani et al., 2022). Respondents with a family history of hypertension often exhibit higher perceived susceptibility. They recognize that they possess a genetic predisposition to serious complications such as stroke or heart attack, as evidenced by their family members' experiences. The fear of facing the same fate motivates them to be more compliant in practicing self-care behaviors compared to those without a family history (Solehudin & Lannasari, 2023).

Based on the results of the bivariate analysis, a significant association was found between the Duration of Hypertension and self-care behavior among hypertensive patients (p = 0.026), and respondents who have had hypertension for a long time are 2.4 times more likely to demonstrate good self-care behavior compared to those who have recently developed hypertension (PR = 2.41). These findings suggest that the duration of living with hypertension is directly proportional to an individual's ability to manage self-care independently. This aligns with research indicating a significant association between duration of the condition and quality of life (Aryanti, Setyawati, & Suyanto, 2025). The longer a person has lived with hypertension, the greater their exposure to health information, whether from healthcare professionals or personal experience. Patients who have suffered from hypertension for years tend to have gone through a "trial and error" phase in managing their symptoms. They begin to recognize their own body's signals and understand which actions are most effective (for example, resting when dizzy or reducing salt intake when feeling tense). The duration of hypertension significantly enhances patients' experience and understanding in optimizing self-management and a healthy lifestyle through the integration of medical and family support (Safitri et al., 2024). Patients with hypertension for over 5 years are required to adhere to treatment; a study conducted on hypertensive patients at the Sragen Community Health Center found that the majority of respondents who had been on treatment for less than two years indicated that treatment duration and the breadth of knowledge regarding hypertension significantly contributed to patients' experiences in disease management, increased self-awareness, and adherence to routine treatment to prevent complications (Widayanti & Soleman, 2023). Over time, patients begin to accept their condition; this acceptance fosters the development of more adaptive coping mechanisms, where self-care is no longer viewed as a burden but rather as a routine necessity.

Based on the results of the bivariate analysis, it was found that there was no significant association between self-efficacy and self-care behavior in patients with hypertension (p = 0.572). Theoretically, according to Albert Bandura's Social Cognitive Theory, self-efficacy should act as the primary predictor of behavior. However, in this study, high self-efficacy was not automatically reflected in actual self-care behaviors because other contextual factors underlie the development of an individual's self-efficacy. Based on a study of hypertensive patients in

Mambalan Village aged 41–60 years with a disease duration of more than one year, it was found that their levels of self-efficacy and motivation to adopt a healthy lifestyle were significantly influenced by factors such as declining physical condition, past experiences, and the level of knowledge derived from education (Fatmawati et al., 2021). Conversely, these findings differ from several studies that found a relationship between self-efficacy and self-care, in which high self-efficacy serves as a key factor motivating individuals with hypertension to consistently manage their condition to prevent complications (Aziza et al., 2023; Safitri et al., 2024). This lack of significance can be explained theoretically through the distinction between the cognitive aspect of "feeling capable" and the psychomotor aspect of "actualizing action." Respondents likely had high self-efficacy scores because they felt "theoretically capable" while filling out the questionnaire, but this was not followed by consistent practice due to situational barriers. High self-confidence without adequate support in the form of facilities, time, or a supportive social environment will still not result in positive behavior. For example, patients may cognitively believe that they are capable of exercising regularly, but physical limitations in old age or a lack of free time during their productive years prevent these intentions from being translated into actual behavior.

CONCLUSION

Factors associated with self-care behavior among patients with hypertension at the Rasau Jaya Community Health Center were family history and duration of hypertension, whereas age, gender, educational level, knowledge level, and self-efficacy were not significantly associated. These findings are limited to an associative relationship rather than a causal one due to the limitations of the cross-sectional design, potential recall bias, and the inability to control for confounding variables.

The researchers suggest that future studies employ multivariate analysis (such as logistic regression) to comprehensively account for these confounding variables. Based on these significant factors, individuals with hypertension are recommended to improve self-management by strengthening family support in monitoring home care, as well as regularly participating in the PROLANIS (Chronic Disease Management Program) at community health centers to maintain motivation and prevent burnout from long-term treatment.

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