

## The Relationship Between Self-Awareness and Blood Pressure Control Compliance in Hypertensive Patients

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### ABSTRACT

**Background & Objective:** The level of compliance among hypertensive patients in Indonesia to undergo routine treatment and blood pressure control is still low. Compliance with blood pressure control in hypertensive patients remains a problem faced until now. Self-awareness in hypertensive patients is one of the factors causing low compliance with routine blood pressure control. This study aimed to determine the relationship between self-awareness and compliance with blood pressure control in hypertensive patients at Batu Ketulis Public Health Center, West Lampung. **Method:** This research used a quantitative method with an observational analytic design and a cross-sectional approach. The sampling technique used purposive sampling with a total sample of 76 hypertensive patients at Batu Ketulis Public Health Center. The measuring instruments used were medical record data and the self-awareness of hypertension questionnaire. Bivariate analysis used the Chi-Square test. **Result:** The results showed that most respondents had self-awareness, namely 41 people (53.9%), and most respondents were compliant, namely 39 people (51.3%). The Chi-Square test results obtained  $0.000 < 0.05$  with an odds ratio (OR) value of 51.81. **Conclusion:** The conclusion is that patients with a good level of self-awareness have a 51.81 times greater chance (odds) of complying with blood pressure control compared to patients with low self-awareness. It is expected that Batu Ketulis Public Health Center can develop an innovative reminder program for control schedules through a WhatsApp gateway to improve self-awareness and compliance among hypertensive patients.

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## **Introduction**

Hypertension or high blood pressure is a condition in which the pressure between blood flow and the inner walls of blood vessels exceeds normal limits. Hypertension is defined as systolic blood pressure above or equal to 140 mmHg and/or diastolic blood pressure above or equal to 90 mmHg (WHO, 2022). Hypertension is a non-communicable disease and a major global health problem due to its high prevalence. Hypertension or high blood pressure is a serious medical condition that can increase the risk of heart disease, stroke, kidney disease, and other illnesses (Unger et al., 2020).

World Health Organization (WHO) data in 2022 showed that around 1.13 billion people worldwide suffer from hypertension, meaning 1 in 3 people in the world is diagnosed with hypertension. The number of people with hypertension continues to increase every year. It is estimated that by 2025 there will be 1.5 billion people affected by hypertension, and it is estimated that every year 10.44 million people die due to hypertension and its complications. Currently, it is estimated that as many as 70% of hypertensive clients are uncontrolled (WHO, 2022). The 2018 Basic Health Research stated that more than 63 million Indonesians suffer from hypertension. The estimated number of hypertension cases in Indonesia is 63,309,620 people, while the mortality rate due to hypertension in Indonesia reaches 427,218 deaths. Hypertension occurs in the age group 31–44 years (31.6%), 45–54 years (45.3%), and 55–64 years (55.2%) (Kemenkes RI, 2019b). Based on the Ministry of Health survey in 2023, the highest prevalence of hypertension was in DKI Jakarta at 12.6%, followed by the Special Region of Yogyakarta at 12.3%, and North Sumatra Province at 12.1%. Meanwhile, in Lampung Province in 2024, there was a significant increase, with the number of sufferers reaching 41,647 people, compared to the previous year where the number of hypertension sufferers was 21,797 people (Lampung Provincial Health Office, 2025).

Based on the 2018 RISKESDAS, the first highest prevalence of hypertension by district in Lampung Province was Way Kanan Regency at 25.99%, East Lampung Regency at 20.54%, and West Tulang Bawang Regency at 19.49%. Meanwhile, in West Lampung Regency, the prevalence of hypertension was 12.22%. With 2,337 cases, hypertension ranked first among the ten most common diseases in outpatients in West Lampung Regency, with the highest prevalence in the age group 75 years and over at 27.29%, age group 65–74 years at 28.47%, age group 55–64 years at 22.17%, and age group 45–54 years at 22.27% (West Lampung District Health Office, 2025).

Hypertension or high blood pressure is a chronic (long-term) condition that requires continuous management. Because hypertension rarely causes symptoms in the early stages, many sufferers are unaware that they have it until serious complications occur. When hypertension is uncontrolled, it can trigger heart disease, stroke, kidney disease, retinopathy (retinal damage), peripheral vascular disease, neurological disorders, and several other diseases caused by uncontrolled blood pressure. The higher the blood pressure, the higher the risk of damage to the heart and blood vessels in major organs such as the brain and kidneys (Kemenkes RI, 2019). This disease requires the patient's self-awareness to control their blood pressure. Self-awareness is important because it reflects clarity and understanding of a person's behavior. In general, factors affecting self-awareness include environment and family, information, education, knowledge, and experience (Dharmapatni et al., 2024). Thus, it can be identified that low self-awareness toward hypertension treatment will affect

compliance behavior toward ongoing treatment and may result in several disease complications, one of which is stroke (Kawulusan et al., 2019).

Self-awareness activities in hypertensive patients include all efforts related to patient self-management in maintaining effective behaviors to manage hypertension. It is also important to routinely control blood pressure to monitor it so that health services can be immediately sought when unstable blood pressure is detected (Sapang et al., 2023). Batu Ketulis Public Health Center in West Lampung is one of the public health centers in West Lampung Regency. Based on medical record data from Batu Ketulis Public Health Center, there were 403 hypertension patients in the past year. Meanwhile, in the last 3 months, there were 95 old and new patients, and in the last month, among these 95 people, 30 people sought treatment at the public health center only when complaints occurred.

The compliance level of hypertensive patients in Indonesia in undergoing routine treatment and follow-up visits is still low. The longer a person suffers from hypertension, the greater the likelihood of non-compliance, often caused by treatment fatigue and lack of motivation to continue treatment, leading to suboptimal recovery rates (Listiana et al., 2020). Routine examination is very important to manage hypertension effectively. Non-compliance with treatment can lead to increased blood pressure levels, severe complications, and delayed diagnosis of related conditions. Hypertensive patients should routinely monitor their blood pressure and consistently take prescribed medications to maintain optimal blood pressure targets. Uncontrolled hypertension can cause severe organ damage, including stroke (due to blockage of brain arteries), hypertensive retinopathy (causing blindness), heart failure, myocardial infarction, and kidney dysfunction (Suciana et al., 2020).

Research by Purnawinadi & Lintang (2020), involving 127 respondents, found that 83 respondents (65.4%) showed low compliance with antihypertensive treatment, 40 respondents (31.5%) had moderate compliance, and only 4 respondents (3.1%) showed high compliance. Likewise, Molintao et al. (2019) reported that 78.5% of respondents (67 people) were non-compliant, while 21.5% (26 people) followed their hypertension treatment regimen. Based on Minister of Health Regulation No. 4 of 2019 and PMK No. 6 of 2024, every prospective hypertensive patient (aged  $\geq 15$  years) in the working area of the Public Health Center must receive blood pressure measurement services at least once a month at health facilities, receive education on lifestyle changes such as healthy diet, physical activity, and medication adherence, receive medication for patients with blood pressure  $>140$  mmHg, receive counseling and assistance, and be referred to advanced health facilities if complications occur or if blood pressure cannot be maintained within safe limits.

Based on brief interviews conducted by researchers in March 2025 with 10 hypertensive patients, they stated that they knew and received information about how to control blood pressure from doctors, but among these 10 sufferers, 7 people had not implemented the doctor's recommendations. Hypertensive patients admitted that they rarely checked their health routinely because of the lack of public awareness, especially among hypertensive sufferers, regarding the importance of routine blood pressure control. Based on the background description above, the researchers were interested in conducting research on the relationship between self-awareness and compliance with blood pressure control in hypertensive patients at Batu Ketulis Public Health Center, West Lampung.

## Objective

This study aimed to determine the relationship between self-awareness and compliance with blood pressure control among hypertensive patients at Batu Ketulis Public Health Center, West Lampung.

## Method

This study used a quantitative research method with an observational analytic design and a cross-sectional approach. The sampling technique used purposive sampling with a total sample of 76 hypertensive patients at Batu Ketulis Public Health Center. The instruments used were medical record data and the self-awareness of hypertension questionnaire. Bivariate analysis used the Chi-Square test.

## Results

### Respondent Characteristics

**TABLE 1.** Frequency Distribution of Respondent Characteristics Based on Gender, Age, Education, and Occupation of Hypertensive Patients at Batu Ketulis Public Health Center, West Lampung

Characteristics	Frequency (f)	Percentage (%)
<b>Gender</b>		
Male	36	47,4
Female	40	52,6
<b>Total</b>	<b>76</b>	<b>100</b>
<b>Age</b>		
< 45 th	26	34,2
≥ 45 th	50	65,8
<b>Total</b>	<b>76</b>	<b>100</b>
<b>Education</b>		
Basic (Elementary, Junior High School)	27	35,6
Middle (Senior High School)	34	44,7
Higher (Diploma, Bachelor)	15	19,7
<b>Total</b>	<b>76</b>	<b>100</b>
<b>Occupation</b>		
Housewife, Unemployed	27	35,5
Laborer, Farmer	21	27,6
Private Employee	17	22,4
Entrepreneur	7	9,2
Civil Servant	4	5,3
<b>Total</b>	<b>76</b>	<b>100</b>

Based on Table 1, most respondents were female, namely 40 people (52.6%). Most respondents were aged >45 years, namely 50 people (65.8%). Based on education level, most respondents had secondary education (Senior High School), namely 34 people (44.7%), and based on occupation, most respondents were unemployed or housewives, namely 27 people (35.5%).

### Frequency Distribution of Self-Awareness

**TABLE 2.** Frequency Distribution of Self-Awareness Among Hypertensive Patients at Batu Ketulis Public Health Center, West Lampung

Self-Awareness	Frequency (f)	Percentage (%)
Good	35	46,1
Poor	41	53,9
<b>Total</b>	<b>76</b>	<b>100</b>

Based on Table 2 above, it shows that most hypertensive patients at Batu Ketulis Public Health Center, West Lampung had poor self-awareness, namely 41 people (53.9%), while those with good self-awareness were 35 people (46.1%).

#### Frequency Distribution of Blood Pressure Control Compliance

**TABLE 3.** Frequency Distribution of Blood Pressure Control Compliance Among Hypertensive Patients at Batu Ketulis Public Health Center, West Lampung

Compliance	Frequency (f)	Percentage (%)	Mean
Compliant	39	51,3	
Non-Compliant	37	48,7	2,74
<b>Total</b>	<b>76</b>	<b>100</b>	

Based on Table 3 above, it shows that most respondents were compliant with blood pressure control, namely 39 people (51.3%), while 37 people (48.7%) were non-compliant. With an average visit frequency of 2.74 times (>2 visits), this means compliant.

#### Relationship Between Self-Awareness and Blood Pressure Control Compliance

**TABLE 4.** Cross Tabulation Between Self-Awareness and Blood Pressure Control Compliance Among Hypertensive Patients at Batu Ketulis Public Health Center, West Lampung

Self-Awareness	TD Control Compliance				Total		OR (95 % CI)	P-Value
	Compliant		Non-Compliant					
	(f)	(%)	(f)	(%)	(f)	(%)		
Good	32	91,4	3	8,6	35	100	51.81	0,000
Poor	7	17,1	34	82,9	41	100	(12,32-	
<b>Total</b>	<b>39</b>	<b>51,3</b>	<b>37</b>	<b>48,7</b>	<b>76</b>	<b>100</b>	217,814)	

Based on Table 4 above, it is known that among 76 respondents, 35 people had good self-awareness, of whom 32 people (91.4%) were compliant and 3 people (8.6%) were non-compliant. Meanwhile, among 41 people with poor self-awareness, 7 people (17.1%) were compliant and 34 people (82.9%) were non-compliant.

Based on the results of the Chi-Square statistical test, a p-value of 0.000 ( $p < 0.05$ ) was obtained, meaning that there is a relationship between self-awareness and blood pressure control compliance among hypertensive patients at Batu Ketulis Public Health Center, West Lampung. The Odds Ratio (OR) value obtained was 51.810, indicating that respondents with a good level of self-awareness had a 51 times greater likelihood of complying with blood pressure control compared to those with poor self-awareness.

## Discussion

### Respondent Characteristics

Based on the study results, most respondents were female, namely 40 people (52.6%). This indicates that women experienced hypertension more frequently than men in this study sample. This condition may be caused by several factors, including hormonal changes, lifestyle, stress, and women's tendency to undergo health examinations more frequently, resulting in more hypertension diagnoses.

Women have a higher risk of suffering from hypertension. One of the causes of this pattern is hormonal differences between genders. Estrogen production decreases during menopause, causing women to lose its protective effects, resulting in increased blood pressure. The prevalence of hypertension in men is almost the same as in women, but women are protected from cardiovascular disease before menopause

because estrogen plays a role in increasing High Density Lipoprotein (HDL) levels. High HDL cholesterol levels are protective factors against atherosclerosis. The protective effect of estrogen is considered an explanation for women's immunity during premenopause (Aristoteles, 2018).

Research by Pebrisiana et al. (2022) showed that among 99 respondents (100%), 27 respondents (27.3%) were male, while 72 respondents (72.7%) were female.

Based on the study results, most respondents were aged  $\geq 45$  years, namely 50 people (65.8%). This indicates that hypertension is more commonly experienced by middle-aged and older adults. As age increases, blood vessel elasticity decreases, causing increased blood pressure. In addition, the aging process affects organ functions such as the heart and kidneys, which can trigger hypertension.

According to Potter & Perry (2015), as age increases, the likelihood of hypertension also increases. Elderly individuals often experience isolated systolic hypertension (ISH), a condition where only systolic pressure increases. ISH is likely caused by atherosclerosis in large arteries, resulting in decreased arterial elasticity. Nevertheless, ISH is considered a normal part of the aging process.

Research by Pebrisiana et al. (2022) found that among 99 respondents (100%), 27 respondents (27.3%) were aged  $< 59$  years and 72 respondents (72.7%) were aged  $> 59$  years. Age is highly influential because the older a person becomes, the higher the risk of hypertension. This is often caused by natural bodily changes affecting the heart, blood vessels, and hormones (Nurarif & Kusuma, 2015).

From the educational aspect, the majority of respondents had a secondary education level (Senior High School), namely 34 people (44.7%). A person's education level affects knowledge and understanding regarding health, including self-awareness in managing hypertension. Individuals with secondary education generally have the ability to receive and understand health information, although they may not necessarily apply it consistently in daily life.

According to Notoatmodjo's theory (2018), education level influences how a person receives and understands information and also affects attitudes and behavior. The higher the education level, the better the respondent's ability is expected to apply the acquired knowledge.

Research by Pebrisiana et al. (2022) explained that among 99 respondents (100%), there were 22 respondents (22.2%) with higher education, while 77 respondents (77.8%) had lower education levels.

Meanwhile, based on occupation, most respondents were unemployed or housewives, namely 27 people (35.5%). This condition shows that the unemployed group had a higher proportion of hypertension cases. This may be caused by relatively low physical activity, unhealthy dietary habits, and possible household stress affecting blood pressure. In addition, unemployed individuals may have more limited access to health information compared to those working in formal environments.

Sarwono's theory (2018) states that in countries undergoing post-transition economic and epidemiological changes, higher blood pressure rates and hypertension prevalence are often found among lower socioeconomic groups. Families with unstable employment or low economic levels may face difficulties in helping individuals achieve optimal health. Conversely, when family economic conditions improve, the ability to maintain and improve family health also increases (Notoatmodjo, 2018).

Based on the research results above, the researchers argue that gender, age, education level, and occupation are factors influencing patient compliance in controlling blood pressure. Older age tends to have a higher risk of hypertension, thus requiring good awareness to undergo routine examinations. Education level affects a person's ability to understand health information, while occupation and social roles determine daily activity patterns and lifestyle. In addition, gender differences may also influence the level of concern and behavior in maintaining health, where women are generally more active in seeking and applying health information compared to men.

#### Frequency Distribution of Self-Awareness Among Hypertensive Patients at Batu Ketulis Public Health Center, West Lampung

Based on the results of the study conducted, it showed that most hypertensive patients at Batu Ketulis Public Health Center, West Lampung had poor self-awareness, namely 41 people (53.9%), while those with good self-awareness were 35 people (46.1%). These results indicate that many hypertensive patients still do not have optimal self-awareness regarding their health condition. The causes include lack of patient knowledge about hypertension and its impacts, low motivation to maintain a healthy lifestyle, and lack of support from health workers and family members in reminding patients about the importance of blood pressure control. In addition, habitual factors such as high-salt diets, lack of physical activity, and non-compliance in taking antihypertensive medication also contribute to low self-awareness.

Self-awareness is a person's ability to understand awareness of thoughts, feelings, and self-evaluation so they can recognize their strengths, weaknesses, motivations, and values within themselves and others. Individuals with good self-awareness can read social situations, understand others, and understand others' expectations toward them, enabling them to reflect, observe, and explore experiences, including controlling emotions (Riadi, 2021).

Self-awareness is important because it reflects clarity and understanding of a person's behavior. In general, factors influencing self-awareness include environment and family, information, education, knowledge, and experience (Dharmapatni et al., 2024). Thus, it can be identified that low self-awareness among hypertensive patients toward hypertension treatment will impact treatment compliance behavior and result in disease complications, one of which is stroke (Kawulusan et al., 2019).

Research by Kuannti et al. (2024) showed that among 85 respondents studied, the majority had a moderate level of self-awareness, namely 56 respondents (65.9%). A small proportion had low self-awareness, namely 13 respondents (15.3%). This is in line with research by Sari (2024), which showed that the highest frequency of self-awareness level was moderate self-awareness, namely 14 respondents (46.7%). Meanwhile, the lowest frequency was low self-awareness, with 5 respondents or 16.7%.

According to the researchers, the low self-awareness found among respondents may be caused by several factors, including lack of knowledge about hypertension, low motivation to routinely control blood pressure, and minimal support from family members and health workers in providing education and supervision. In addition, some patients feel accustomed to their hypertensive condition and consider the disease not too dangerous as long as it does not cause symptoms, resulting in low compliance in disease management.

## Frequency Distribution of Blood Pressure Control Compliance Among Hypertensive Patients at Batu Ketulis Public Health Center, West Lampung

Based on the study results, most respondents were compliant, namely 39 people (51.3%), while 37 people (48.7%) were non-compliant. This indicates that the level of compliance among hypertensive patients in the Batu Ketulis Public Health Center area is fairly adequate, although not yet optimal. This means that nearly half of the respondents still did not demonstrate compliant behavior in routinely controlling blood pressure. The causes include low patient self-awareness regarding the importance of blood pressure control, lack of knowledge about the risks and complications of hypertension, and the mistaken perception that hypertension is not dangerous if it does not cause symptoms. In addition, motivational and social support factors also influence compliance, where patients who do not receive support from family or their environment tend to be less motivated to undergo regular examinations.

Compliance is a description related to an individual's response resulting from obeying or disobeying regulations, becoming positive behavior when adhering to established provisions. A person's compliance is influenced by health behavior responses related to illness and disease, health service systems, and the surrounding environment (Anggreni & Safitri, 2020).

Compliance among hypertensive patients is not limited to medication intake but also involves actively adhering to scheduled health examinations. Successful blood pressure control is the result of collaborative efforts between patients and healthcare providers (Aulyah, 2021). Compliance can be defined as the extent to which patients follow clinical recommendations from healthcare providers. This includes routine treatment and blood pressure monitoring, smoking cessation, weight reduction, physical exercise, avoiding alcohol, stress management, and reducing salt intake (Jamaludin, 2019). Routine examinations are very important to control hypertension and prevent complications, which may remain undetected until advanced stages.

Research by Kunanti et al. (2024) showed that among 85 respondents studied, most respondents' blood pressure was categorized as uncontrolled, namely 51 people (60%), while controlled blood pressure was found in 34 people (40%). This was reinforced by research by Sari (2024), which showed that the highest frequency of compliance level was in the compliant category at 60%, while the lowest was in the non-compliant category at 40%.

Based on the study results, the researchers argue that non-compliance in blood pressure control is caused by several factors, including age. Elderly respondents tend to experience decreased memory, thinking ability, and mobility, causing them to forget or be reluctant to undergo routine blood pressure examinations. Meanwhile, younger respondents may feel healthy and asymptomatic, leading them to consider blood pressure control unimportant. Occupational factors also affect patient compliance in controlling blood pressure. Respondents who work often have limited time to visit the Public Health Center, especially when working hours coincide with healthcare service hours. Meanwhile, respondents who are unemployed or housewives may have more free time but sometimes postpone examinations because they feel no physical complaints. Busy daily activities, work stress, and lack of environmental support can also reduce motivation to routinely control blood pressure.

## The Relationship Between Self-Awareness and Blood Pressure Control Compliance Among Hypertensive Patients at Batu Ketulis Public Health Center, West Lampung

Based on the results of the statistical test using Chi-Square, a p-value of 0.028 ( $p < 0.05$ ) was obtained. This indicates that there is a relationship between self-awareness and blood pressure control compliance among hypertensive patients at Batu Ketulis Public Health Center, West Lampung. This means that the higher the patient's level of self-awareness regarding their health condition, the higher the level of compliance in routinely controlling blood pressure.

However, there were still 8.6% of respondents who had good self-awareness but were non-compliant with blood pressure control. This may be caused by several factors, including lack of motivation and social support from family, feelings of boredom or fatigue toward routine health control, and work-related busyness causing respondents to postpone or miss control schedules. In addition, some patients also had the mistaken perception that their health condition had improved, so they felt there was no need for regular examinations.

Meanwhile, 17.1% of respondents had poor self-awareness but remained compliant with blood pressure control. This occurred because compliance is not only influenced by self-awareness but also by external factors such as family support, advice from healthcare workers, and personal experiences related to hypertension symptoms or complications. Several respondents remained compliant because they received strong family support, such as being reminded or accompanied to the Public Health Center.

These results indicate that self-awareness plays an important role in shaping individual health behavior. Patients with good self-awareness better understand the importance of monitoring blood pressure, adhering to treatment, and maintaining healthy lifestyles such as regulating diet, exercising, and avoiding stress. On the other hand, patients with low self-awareness tend to ignore medical advice, fail to control blood pressure regularly, and only visit healthcare facilities when their condition worsens.

Furthermore, based on questionnaire responses distributed to 76 respondents, in the self-awareness section, question number 10 had the lowest correct response rate, with only 16 respondents answering correctly. In contrast, question number 1 had the highest correct response rate, where almost all respondents answered correctly. Meanwhile, in the compliance section regarding visits, all respondents attended the first visit to the Public Health Center, but from the fourth visit data, only 29 respondents returned for follow-up visits.

Routine examinations are very important for effectively managing hypertension. Non-compliance with treatment can lead to increased blood pressure levels, severe complications, and delayed diagnosis of related conditions. Hypertensive patients should routinely monitor their blood pressure and consistently take prescribed medications to maintain optimal blood pressure targets. Uncontrolled hypertension can cause severe organ damage, including stroke (due to blockage of brain arteries), hypertensive retinopathy (causing blindness), heart failure, myocardial infarction, and kidney dysfunction (Suciana et al., 2020). The longer a person suffers from hypertension, the greater the likelihood of non-compliance, often caused by treatment fatigue and lack of motivation to continue treatment, leading to suboptimal recovery outcomes (Listiana et al., 2020).

Research by Purnawinadi & Lintang (2020), involving 127 respondents, found that 83 respondents (65.4%) showed low compliance with antihypertensive treatment, 40 respondents (31.5%) had moderate compliance, and only 4 respondents (3.1%) showed high compliance. Likewise, Molintao et al. (2019) reported that 78.5% of respondents (67 people) were non-compliant, while 21.5% (26 people) adhered to their hypertension treatment regimen. Research by Sari (2024) showed that the bivariate analysis obtained a p-value of 0.003 or  $<0.05$ , meaning  $H_0$  was rejected and  $H_a$  was accepted, indicating a relationship between self-awareness and blood pressure control compliance.

Based on the study results above, the researchers argue that self-awareness has a close relationship with hypertensive patients' compliance in controlling blood pressure. Patients with good self-awareness tend to better understand the importance of maintaining blood pressure stability through routine examinations, medication adherence, and implementation of healthy lifestyles. However, the results also showed that not all patients with good self-awareness automatically behaved compliantly, and vice versa. This indicates that patient compliance is influenced not only by self-awareness but also by various other factors such as family support, personal motivation, socioeconomic conditions, education level, occupation, and the role of healthcare workers in providing education and monitoring.

## Conclusion

There is a relationship between self-awareness level and blood pressure control compliance among hypertensive patients at Batu Ketulis Public Health Center, West Lampung, with a p-value of  $0.000 < 0.05$  and an odds ratio (OR) value of 51.81.

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