

Analysis of Posyandu Elderly Hypertension Patients' Motivation and Culture for Medication Compliance

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ABSTRACT

Uncontrolled blood pressure is primarily caused by noncompliance with hypertension treatment, which also poses a significant risk for other illnesses. This study sought to examine the impact of culture and motivation on hypertension patients' adherence to their drug regimens. With a cross-sectional methodology and a quantitative observational research design, this study aims to analyze how motivation and culture affect hypertension patients' adherence to medication. 38 respondents made up the entire population, and 34 respondents were selected for the sample using the simple random sampling method. The results revealed that 16 respondents, or nearly half of the sample, exhibited low category motivation (47.06%). The majority of those surveyed fell into a culture category of less than 19.

Keywords: compliance, culture, motivation

BACKGROUND

Although there are many medications available to treat hypertension, only around 25% of people with this condition have controlled blood pressure, despite the fact that hypertension is highly prevalent in the general population (Bhagani, 2018). Research (Baran et al., 2017) indicates that a large percentage of patients in Turkey did not take their antihypertensive medications as prescribed due to high compliance with conventional/traditional treatment. Patients with hypertension may find it difficult to stick to their antihypertensive medications, which could further deteriorate their condition. The primary cause of uncontrolled blood pressure and a significant risk factor for various illnesses, including coronary heart disease, cerebral thrombosis, stroke, and chronic kidney failure, is noncompliance with hypertension medication (Al-ramahi, 2014).

The vast majority of hypertension patients who relapse and require inpatient care.

Based on data from the World Health Organization, around 972 million individuals globally, or 26.4% of the population, have hypertension; by 2025, this percentage is projected to rise to 29.2% (Zaenurrohmah et al., 2017). 333 million of the 972 million persons with hypertension live in wealthy nations, whereas 639 million live in developing nations, including Indonesia (Yonata, 2016). According to Riskesdas 2018, the prevalence of hypertension in the country is 29.3%; Bangka Belitung has the highest figure (31.1%), while Papua has the lowest (14.8%). Based on interviews (have you ever had a medical professional diagnose you or prescribed medication for hypertension?), the prevalence of hypertension increased from 9.5 percent in 2013 to 11.3 percent in 2018 (Riskesdas. 2018) based on Basic Health Research Data from 2018.

Based on the findings of an initial study carried out by researchers on February 7, 2022, for ten respondents, it was discovered that seven respondents (or 70%) did not take their prescribed medication for hypertension, which was because they were not very motivated to

get better and avoid getting hypertension. relapsed once more. The respondents also believed that they should only take hypertension medication in response to complaints; if no complaints were received, the respondent stopped taking the medication because they believed it was not suitable for continuous use. It was also discovered that the respondent's family was less supportive of the regimen for taking medication and adhering to a control schedule at a medical facility. Treatment non-adherence.

Individuals with strong motivation have better outcomes from their care than those without it (Yassine et al., 2016). Beliefs about the illness and its treatment, medication forgetfulness, adverse drug reactions, the complexity of treatment, ignorance of the disease and its treatment, financial hardships, psychological challenges, support from friends and family, the doctor-patient relationship, and a low quality of life all have an impact on compliance behavior toward therapy. Al-ramahi (2014). When a patient takes their prescription as directed on a daily basis and uses it on schedule, they are demonstrating compliance with their treatment plan. Medication levels, pharmacy data, patient self-reports, dosage amounts, and medication monitoring devices can all be used to assess medication adherence (Morisky, 2010). With the aforementioned circumstances.

METHODS

In order to investigate the dynamics of the link between risk variables and effects, researchers in this study employed a quantitative analytical design with a cross-sectional method. Specifically, they approached, observed, or collected data at one moment (point time approach), meaning, each subject Measurements are taken of the subject's character status or other factors at the time of the examination, and the research is only observed once. This does not imply that every research subject was watched simultaneously (Soekidjo, 2017). In the Posyandu, hypertension patients' motivation and cultural background will be examined in relation to medication adherence. There were 38 respondents in the entire population, and 34 respondents were sampled using the Simple.

RESULTS

Variable Characteristics

Motivational Characteristics

Table 1. 34 respondents participated in the Posyandu for the Elderly from September 14–26, 2022, and the frequency distribution of respondents was based on respondent motivation.

Criteria	Frequency	Percent (%)
Tall	6	17,65%
Currently	12	35,29%
Low	16	47,06%
Total	34	100,00%

Based on table 1 above, it is known that almost half of the respondents had low category motivation, 16 respondents (47.06%).

Cultural Characteristics

Table 2. 34 respondents participated in the Posyandu for the Elderly from September 14–26, 2022, with a frequency distribution of respondents depending on respondent culture.

Criteria	Frequency	Percent (%)
Good	4	11,76%
Enough	11	32,35%
Not enough	19	55,88%
Total	34	100,00%

Based on table 2 above, it is known that the majority of respondents have a culture category of 19 respondents (55.88%).

Compliance Characteristics

Table 3. 34 respondents participated in the Posyandu for the Elderly from September 14–26, 2022, with the frequency distribution of respondents based on respondent compliance.

Criteria	Frequency	Percent (%)
Obedient	12	35,29%
Not obey	22	64,71%
Total	34	100,00%

Based on table 3 above, it is known that the majority of respondents did not comply with taking hypertension medication, as many as 22 respondents (64.71%).

Statistical Test Results

Table 4. Results of a study conducted on a total of 34 hypertension patients at the Posyandu for the Elderly from September 14–26, 2022, using linear regression analysis of motivation and cultural analysis of medication adherence.

No	Variable	Sig	B	R ²	Sig
1	(Constant)	0,003	2,639		
2	Motivation	0,000	0,946	0.763	0.000
3	Culture	0,004	0,582		

Partial

The Influence of Motivation on Compliance

Based on the results of the Linear Regression analysis, it shows that the p-value is $0.000 < 0.05$, so H1 is accepted so it can be concluded that there is a partial influence of motivation on medication adherence in hypertensive patients.

Cultural Influence on Compliance

Based on the results of Linear Regression analysis, it shows that the p-value is $0.004 < 0.05$, so H0 is rejected and H1 is accepted, so it is concluded that partially there is a cultural influence on medication adherence in hypertensive patients.

Simultaneous

Based on the results of the Multiple Linear Regression analysis, it shows that with a p-value of $0.000 < 0.05$, H1 is accepted so it can be concluded that simultaneously there is an influence of motivation and culture on medication adherence in hypertensive patients at the Posyandu for the Elderly in Munjungan Trenggalek Village with an influence size of 76.3 %.

DISCUSSION

Motivation of Hypertension Patients at the Posyandu for the Elderly

The study's findings revealed that 16 respondents, or nearly half of the sample, exhibited low category motivation (47.06%). In addition, 12 responders (35.29%) fell into the medium group of motivation. Six responders (17.65%) demonstrated a high level of category motivation.

Motivation is what propels and sustains an individual. As stated by Mashlow (2010) in Sunaryo (2013), people are driven to satisfy their wants at the exact moment when they become the most intense. Should it be true that a person's conduct at a given moment is dictated by wants with high strength, then it is critical for managers to understand which needs their subordinates see as being most pressing.

Ngalim Purwanto (2010) asserts that motivation is something that propels someone.

Terry GR, in the meantime, defines motivation as an individual's passion that spurs him to action. Ishak Asep (2013) claims that motivation is a fundamental quality that spurs people to

work.

In the 2013 psychology book for nurses, Sunarya defines motivation as an individual's needs and desires that propel them to meet those needs and steer their conduct in the direction of all their goals. Motivation, as defined by Nancy Stevenson (2011), is any combination of physical, verbal, or psychological cues that elicit a reaction in a person. Furthermore, motivation, according to Suwarno, SW (2010), is the process of movement, encompassing supportive circumstances that emerge from within the person, conduct brought on by the circumstance, and the final objective.

Researchers have shown that motivation can spur people to action; if a person is highly motivated, they would stop at nothing to fulfill their goals. According to the research findings, the majority of respondents showed little interest in treating their hypertension. This was likely because the patients believed that their condition would go away on its own and that they didn't need to worry about it because it wasn't dangerous. The Patients' Cultures with Hypertension at Posyandu for the Elderly According to the study's findings, the majority of respondents (55.88%) fell into the category of less than 19 respondents for their culture. Eleven responders (32.35%) had a suitable culture category other from that.

According to Soerjono (2014), culture is the complex of information, beliefs, morality, laws, practices, and habits practiced by a group of people living in a community. captures all of the community's efforts, emotions, and artistic works. Technology and material culture, also known as physical culture, are products of society's labor and are necessary for humans to learn how to navigate their natural environment and apply their abilities to meet societal demands (Selo, 2013).

According to Ki Hajar Dewantara(1994), culture is the outcome of human battle against two powerful forces, time and nature, and is evidence of the grandeur of human life's ability to overcome a variety of challenges and difficulties in life and livelihood in order to reach.

A group of people create and share a way of life that is passed down from generation to generation and is known as their culture. A culture is made up of a variety of intricate components, such as political and religious structures, language, tools, clothes, architecture, and artistic creations. Like culture, language is so fundamental to the human experience that many mistakenly believe it to be inherited genetically. It is evident that culture may be learnt when an individual attempts to interact with others from diverse cultural backgrounds and adjusts to their differences.

Compliance with Medication in Patients with Hypertension at Posyandu for the Elderly As many as 22 responders (64.71%) did not take their prescribed medicine for hypertension, according to the statistics. In the meantime, 12 responders (35.29%) followed.

Compliance with taking medication for hypertensive sufferers is very important because taking antihypertensive medication regularly can control the blood pressure of hypertensive sufferers. So that in the long term the risk of damage to important body organs such as the heart, kidneys and brain can be reduced. According to a WHO report in 2003, the average patient compliance with long-term therapy for chronic diseases in developed countries was only 50%, while in developing countries, this number was even lower (BPOM, 2016).

Furthermore, Olowookere, et al. (2015) reported that 39% of patients did not adhere to therapy. This figure is lower than WHO data (2013) which states that 50%-80% of hypertensive patients do not comply with therapy. In line with the research above, the results showed that only a small portion of respondents had high compliance (14%), while more than half (59%) showed moderate compliance, in fact there were still those who had low compliance (27%).

WHO (2013) states that non-compliance with therapy is one of the causes of ineffective treatment of hypertension. Approximately 75% of patients who are noncompliant with

therapy experience uncontrolled blood pressure. The impact is an increase in death rates, especially due to complications such as coronary heart problems.

According to researchers, compliance is the degree to which a person carries out activities and behavior that have been recommended or determined. Obedience is a term to explain obedience or submission to predetermined goals. Likewise for hypertensive patients, hypertensive patients should be able to comply with health therapy aimed at alleviating the symptoms of their illness and even curing the hypertension they have been suffering from. However, based on the research results, it was found that the majority of patients did not comply with therapy according to instructions from health workers, where the medicines that had to be consumed in full were in fact often not consumed several times.

The Influence of Motivation on Compliance with Taking Medication in Hypertension Patients

Based on the results of the Linear Regression analysis, it shows that the p-value is $0.000 < 0.05$, so H1 is accepted, so it is concluded that there is a partial influence of motivation on medication adherence in hypertensive patients at the Posyandu for the Elderly.

Hypertension has a high prevalence rate in the general population, despite the wide availability of medication, only around 25% of hypertensive patients have controlled blood pressure (Bhagani, 2018). According to research (Baran et al., 2017) in Turkey there was high compliance with the use of conventional/traditional medicine so that many hypertensive patients did not comply with taking antihypertensive medicine. Hypertensive patients experience difficulties in adherence to antihypertensive treatment which can worsen their health status. Lack of compliance with hypertension medication is the main reason for uncontrolled blood pressure and is a major risk factor for other diseases, such as coronary heart disease, cerebral thrombosis, stroke and chronic kidney failure (Al-ramahi, 2014).

The large number of hypertensive patients who experience relapses and undergo inpatient treatment at the hospital shows that there is still a lack of compliance with treatment. Adherence to treatment is very important in patient care because it can reduce recurrence/recurrent hypertension and is very necessary to achieve controlled blood pressure (Márquez-Contreras et al., 2018). The factors that influence compliance behavior are very complex and varied, one of which is social support (family) and knowledge (Ma and Ph, 2016).

Non-adherence to treatment is one of the greatest public health problems and is considered a major cause of hypertension. Lack of adherence to antihypertensive medications is the main reason for poor hypertension control (Al-ramahi, 2014). Low adherence to antihypertensive medications has also been observed among hypertensive patients, more than half of whom do not achieve controlled blood pressure, thereby succumbing to the disease and reduced quality of life (Ma and Ph, 2016). The progression of hypertension can be reduced by several factors such as motivation and culture.

Patients who have good motivation show improved care than those who do not have motivation (Yassine et al., 2016). Compliance behavior towards therapy is influenced by beliefs about disease and treatment, forgetting to take medication, side effects of medication, complexity of treatment, lack of knowledge about the disease and its treatment, financial, psychological difficulties, social/family support, quality of relationship between patient and doctor and poor quality of life. (Al-ramahi, 2014). Treatment compliance can be seen from the patient diligently taking the medication according to schedule, taking the medication every day, and using the medication on time. Assessment of medication adherence can also be seen in patient self-reports, number of medications, pharmacy records, medication levels and medication monitoring systems (Morisky, 2010).

Non-compliance in taking hypertension medication is caused by the respondent's low motivation to be able to recover and prevent hypertension from recurring. Respondents also

think that they only take hypertension medication if they feel there are complaints and when there are no complaints the respondent stops taking the medication, which is because the respondent feels that This medication is not good for continuous consumption, and it was also found that the respondent's family did not provide support regarding the schedule for taking the medication or the schedule for visits to health facilities.

The Influence of Culture on Compliance with Medication in Hypertension Patients at the Posyandu for the Elderly

Based on the results of the Linear Regression analysis, it shows that the p-value is $0.004 < 0.05$, so H_0 is rejected and H_1 is accepted, so it is concluded that partially there is a cultural influence on adherence to taking medication in hypertensive patients at the Posyandu for the Elderly.

The results of this study are consistent with the results of previous research which suggested that culture or beliefs about the effectiveness of therapy are closely related to good blood pressure management (Kirscht & Rosenstock, Nelson, et al., Ross, et al., in Heckler, et al., 2008).

Convictions about the efficacy of treatment stem from a combination of information that presents disease descriptions and the patient's experiences during the illness. Belief in the efficacy of therapy is one of the five constructs of the personal model that include Lia Mulyati: Examination of Elements Affecting Self-Management Conduct, Volume 1, Issue 2, August 2013 119 From the patient's identity (which is the result of a condition), to the experience of symptoms, the patient's disease and its consequences, the length of the illness, the patient's capacity to manage their treatment, and the efficacy of their current course of treatment (Hagger & Orbel, in Heckler, et al., 2008). This model of personal build is frequently utilized.

CONCLUSION

16 respondents, or nearly half, (47.06%) reported low category motivation. Less than 19 respondents (55.88%) made up the majority of the respondents in the culture category. Twenty-two respondents, or 64.71%, did not take their prescribed medicine for hypertension. In hypertension patients at the Posyandu for the Elderly, motivation has an impact on medication adherence. Patients at the Posyandu for the Elderly with hypertension may not always take their medications as prescribed due to cultural differences.

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