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Gender, hypertension duration, and self-management behavior in adult patients

Ayuk Cucuk Iskandar*, Fitriani

Fakultas Ilmu Kesehatan, Universitas Borneo Tarakan
Corresponding author: *E-mail: ayuk.c.iskandar@borneo.ac.id

Abstract

Background: Self-management behavior plays an important role in controlling hypertension and preventing complications. Evidence in the adult population still needs to be strengthened regarding sociodemographic factors such as gender and the duration of having hypertension in influencing variations in self-management behavior.
Purpose: To analyze the correlation between gender and duration of hypertension with self-management behavior in adult patients with hypertension.
Method: This quantitative study uses a cross-sectional analytical approach, involving 287 adult patients with hypertension registered at six primary healthcare facilities on Tarakan Island, using quota sampling techniques. Data on respondent characteristics, including age, gender, and duration of hypertension, were collected using a general demographic characteristics questionnaire, while self-management behavior was measured using the Hypertension Self-Management Behaviors Questionnaire. Data analysis to determine correlation using the chi-square statistical test, with a significance level of $p<0.05$.
Results: The majority of respondents are female, and more than half have had hypertension $\leq$ 3 years. There is a significant correlation between gender and self-management behavior ($p=<0.001$), with the majority of women exhibiting moderate self-management behavior. Conversely, no significant relationship was identified between the duration of hypertension and self-management behavior ($p=0.150$).
Conclusions: There is a significant relationship between gender and self-management behavior, indicating that gender differences contribute to chronic disease management behavior, particularly in hypertension. Furthermore, the non-significance of the duration of hypertension indicates that the length of illness is not always accompanied by improved self-management behaviors. Nurses and other health professionals need to consider gender differences when designing education and support programs to optimize self-management behaviors in adult patients with hypertension.

Keywords: Adult; Chronic Disease; Hypertension; Self-management.

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INTRODUCTION

Hypertension, one of the non-communicable diseases, remains a global health problem. A total of 1.28 billion adults worldwide, aged 30 to 79, have hypertension, with two-thirds of them living in low- and middle-income countries (World Health Organization, 2023). The Indonesian Health Survey/*Survei Kesehatan Indonesia* (SKI) reveals that the prevalence of hypertension among adults aged 18 and older in Indonesia is 30.8%, with North Kalimantan positioned 12th nationally (Ministry of Health of the Republic of Indonesia, 2024). According to data from the Tarakan City Health Office, the number of hypertensive patients of productive age increased from 9,237 in 2022 to 12,238 in 2023, with an average of 1,020 cases per month.

The achievement of hypertension control depends, among others, on self-care management behaviors, including medication adherence, dietary regulation, physical activity, blood pressure monitoring, and adopting a healthy lifestyle. Key self-care behaviors, such as a low-salt diet, regular physical activity, and self-blood pressure monitoring, play an important role in achieving optimal blood pressure control and preventing cardiovascular complications (Faqih, Munir, Hakim, & Putri, 2025). This behavior is extremely helpful for maintaining disease stability and preventing complications, however, many factors influence the performance of this behavior.

Self-care management behavior in hypertensive patients is influenced by the interaction of various internal and external factors, including age, the presence of comorbidities, self-efficacy, perception, health literacy, and disease duration (Asseggaf, Zakiah, Ulfah, Putri, Len, & Qatrunnada, 2025). Furthermore, sociodemographic factors, particularly gender and disease duration, have a significant relationship with adherence to self-care management behaviors (Xie, Xie, Liu, Or, Chen, Yan, & Wang, 2020). In addition to self-efficacy, gender also plays an important role in shaping patients' self-care behaviors (Sarfika, Afriyanti, & Saifudin,, 2023). Female patients tend to have better self-care management than males (Orach, Adhikari, & Dev, 2025).

The conceptual framework can be explained through an understanding of gender, which shapes social roles, norms, and expectations that subsequently influence health-seeking behavior, including the frequency and pursuit of health information. Women are more likely to be proactive in engaging in self-care and pursuing professional care and health information compared to men, resulting in increased access to education, support, and empowerment for the self-management of chronic diseases (Lim, Lim, Tong, & Sivasampu, 2019; Llubes-Arrià, Briones-Vozmediano, Mateos, Sol-Cullere, Gea-Sánchez, & Rubinat-Arnaldo, 2025; Orach et al., 2025). Thus, gender may indirectly affect self-management by shaping patterns of health-seeking behavior.

Beside gender, the duration of hypertension can potentially affect a patient's ability to implement self-care behaviors, with individuals who have had the disease for a longer duration tending to exhibit better self-care practices. This is related to increased experience in managing the disease, older age, repeated exposure to hypertensive conditions, and better knowledge levels, all of which contribute to optimal hypertension self-care behavior (Azmiardi, Widiyanto, Atmojo, Anasulfalah, Mubarok, & Iswahyuni, 2023). A study in the city of Unaizah, Saudi Arabia, discovered that patients with a hypertension diagnosis duration of more than five years were more likely to implement better self-care practices, including medication adherence and self-monitoring of blood pressure (Siam, Aldakeel, Alrasheeday, Alsaqri, Alshammari, & Alshammari, 2024).

The duration of the disease is considered to influence self-management through an experiential learning process. As the duration of the disease increases, patients accumulate experiences that enhance their understanding of the condition. This accumulation of experiences contributes to improved health literacy and self-efficacy, which are associated with effective self-management behaviors (Chen, Wang, Liu, Zhang, Zhu, & Liu, 2025; Gebremichael, Berhe, Beyene, & Gebrekidan, 2019; Sinaga, Ari, & Triastuti, 2025). This conceptual framework suggests that an extended duration may enhance knowledge and improve self-management.

Ayuk Cucuk Iskandar*, Fitriani

Fakultas Ilmu Kesehatan, Universitas Borneo Tarakan
Corresponding author: *E-mail: ayuk.c.iskandar@borneo.ac.id

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Variations in self-management behavior suggest that individual characteristics, such as gender and duration of hypertension, are important variables that influence patients' self-care management abilities to independently manage their disease (Eldawati, Said, & Umar, 2022). Therefore, researchers are interested in analyzing the correlation between gender and the duration of hypertension with self-management behavior in adult patients with hypertension.

RESEARCH METHOD

This quantitative study uses a cross-sectional analytical approach, with the aim of analyzing the relationship between gender and duration of hypertension with self-management behavior in adult hypertension patients living on Tarakan Island. Respondents for this study were recruited from six Primary Health Care or Community Health Centers on Tarakan Island. The sample calculation using Slovin's formula with a margin of error of 0.05 for a confidence level of 95% generated 287 respondents from a population of 1020. After that, proportional calculations were performed to determine the sample size taken at each Community Health Centers, and quota sampling techniques were applied.

This study recruited patients with hypertension who came for follow-up at the Primary Health Center as respondents using the quota sampling technique, Wang and Cheng (2020) stated that the sample is adjusted to be proportional to some characteristics or properties of the population. This study used several inclusion criteria, including adult hypertensive patients aged 19 to 59 years, a history of residing in Tarakan for at least six months, and no history of speech or mental disorders. Before participating in the study, adult patients with hypertension were provided with detailed information about the research and asked to sign an informed consent form if they agreed to participate. This research has obtained ethical approval with the number No. 084/KEPK-FIKES UBT/VIII/2024. A total of 287 adult patients with hypertension who met the criteria were recruited, and all participants (100%) completed the questionnaire, enabling complete data analysis. Any potential respondents who declined were immediately substituted with other patients who had similar characteristics until the quota was achieved.

Data was collected from June to August 2024, with respondent characteristic data, including age, gender, and duration of hypertension, collected through a general demographic characteristic data questionnaire. Self-management behavior data was collected using the Hypertension Self-Management Behaviors Questionnaire (HSMBQ) with a Likert scale, which was modified by Akhter (2010) from the Diabetes Self-Management Instrument developed by Lin et al. (2008). This questionnaire consists of 40 positive statements with five self-management components, including thirteen items related to self-regulation, nine items related to self-integration, nine items related to interaction with professional healthcare providers, four items related to blood pressure monitoring, and five items related to adherence to recommended regulations. The Indonesian version of the HSMBQ was assessed for validity and reliability by Hidayat and Hastuti (2016). The HSMBQ was considered valid with Pearson r values ranging from 0.375 to 0.781 and reliable with a reliability test using Cronbach's Alpha demonstrating a value of 0.949 (Hidayat & Hastuti, 2016; Riyanto, 2022). The total self-management score was determined using cut-off points based on the mean and standard deviation: classified as "high" if the score > mean+SD, "moderate" if the score falls between mean-SD ≤ score ≤ mean+SD, and "low" if the score is < mean-SD (Hidayat & Hastuti, 2016). This study classified self-management as high for scores exceeding 149.5, moderate for scores between 114.5 and 149.5, and low for scores below 114.5.

The research data has been processed and analyzed using JAMOVI (Navarro & Foxcroft, 2025). Data analysis includes univariate analysis using descriptive statistical techniques and bivariate analysis using the Chi-Square test. The Chi-Square test (2 x K) can be used in this study provided the conditions are met, namely that the number of cells with an expected count less than 5 does not exceed 20% of the total cells (Dahlan, 2020). Next, the effect size is calculated using Cramer's V to assess the strength of the relationship between variables. The interpretation of Cramer's V values consists of 0.00-0.10 (negligible), 0.10-0.20 (weak), 0.20-0.40 (moderate), 0.40-0.60 (relatively strong), 0.60-0.80 (strong), and 0.80-1.00 (very strong) (Lee, 2016).

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Fakultas Ilmu Kesehatan, Universitas Borneo Tarakan
Corresponding author: *E-mail: ayuk.c.iskandar@borneo.ac.id

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RESEARCH RESULTS

Table 1. Characteristic of Respondents (N=287)

Variable	Results
Age (Mean±SD)(Range)(Year)	(51.5±6.77)(24-59)
Gender (n/%)	
Female	193/67.2
Male	94/32.8
Duration of Hypertension (n/%)	
≤ 3 years	157/54.7
> 3 years	130/45.3
Self-Management Behavior (n/%)	
Low	53/18.5
Moderate	194/67.6
High	40/13.9

The table above shows that two hundred and eighty-seven adult patients with hypertension were willing to participate as respondents in this study. Their mean age was 51.5 years. More than half of the respondents were female (67.2%), and most respondents had hypertension for 3 years or more (54.7%). Furthermore, most of the respondents exhibited moderate self-management behavior (67.6%).

Table 2. Correlation Between Gender and Duration of Hypertension with Self-Management Behavior

Variables	Self-Management Behavior			p-value	Cramer's V
	Low (n=53)	Moderate (n=194)	High (n=40)		
Gender (n/%)					
Male	30/56.6	54/27.8	10/25.0	< 0.001	0.243
Female	23/43.4	140/72.2	30/75.0		
Duration of hypertension (n/%)					
≤ 3 years	23/43.4	113/58.2	21/52.5	0.150	0.115
> 3 years	30/56.6	81/41.8	19/47.5		

The results of the data analysis to determine the correlation between gender and the duration of having hypertension with self-management behavior were obtained using the Chi-square test (Table 2), with a significance level of p<0.05. Gender was significantly associated with self-management behavior (p-value <0.001), while the duration of having hypertension was not significantly associated with self-management behavior (p-value 0.150). The Cramer's V value of 0.243 suggests a moderate strength of the relationship between gender and self-management behavior.

DISCUSSION

The average age of the respondents in this study was 51.5 years, with an age range of 24-59 years from a total of 287 respondents. The majority were female, and over half of the total number of patients had hypertension for ≤3 years. Overall, the distribution of self-care management behaviors was dominated by the moderate category, followed by the low category, and the fewest were in the high category. Self-care management is an important component in managing hypertension, as it involves an individual's ability to regulate their lifestyle, control

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Fakultas Ilmu Kesehatan, Universitas Borneo Tarakan
Corresponding author: *E-mail: ayuk.c.iskandar@borneo.ac.id

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symptoms, adhere to treatment, and maintain overall health status. Adequate self-care management can prevent complications such as stroke, heart disease, and kidney failure. Conversely, poor self-care management can lead to uncontrolled blood pressure and an increased risk of morbidity. Some studies have emphasized that self-care management behavior is an important contributing factor in controlling blood pressure in hypertensive patients to prevent complications (Ramadhan, Kusmiran, & Istianah, 2025; Sari, Mirwanti, Herliani, & Pratiwi, 2025; Truong, Apriliyasari, Lin, Chiu, & Tsai, 2021). Therefore, identifying factors that are likely related to self-care management behavior, particularly gender and the duration of hypertension, is important for strengthening knowledge in this area.

Statistical analysis reveals that gender is significantly associated with self-care management behavior in hypertensive patients, with a p-value of <0.001 (p-value < 0.05). The research results indicate that the majority of female respondents exhibit moderate self-care management behavior, followed by high self-care management behavior, while the majority of male respondents also exhibit moderate self-care management behavior, followed by low self-care management behavior. A study in Padang, Indonesia, although there was no significant difference, discovered that women had a higher mean rank in self-care behavior than men (Sarfika et al., 2023). Furthermore, a study in the north-eastern part of the Netherlands, explained that although men were engaging in self-care, they did as well on a smaller scale than women (Wesseldijk, van Reemst, Ter Horst, Knol-de Vries, & Blanker, 2024). The higher likelihood of consistently seeking community healthcare services occurs in one direction, which is that women report higher healthcare-seeking behavior than men for health issues indicating gender differences (Lim et al., 2019). Women are more initiative and proactive in efforts to prevent complications and follow treatment guidelines (Llubes-Arrià et al., 2025); furthermore, awareness of high blood pressure and visits to healthcare providers are higher in women than in men (Jalo, Bamgboye, Salawu, Akinyemi, Uja, Ogah, Oyewole, Salisu, Sani, & Ajayi, 2025). Conversely, men are generally more dependent on others, have lower involvement in monitoring and medication adherence, and tend to seek less help (Llubes-Arrià et al., 2025). Additionally, social pressures, including traditional masculinity norms and the stigma associated with seeking help, often lead men to neglect preventive care and delay treatment until conditions become severe (Mohan, Jawahir, Manual, Mutalib, Noh, Ab Rahim, Ab Hamid, & Nordin, 2025). Therefore, gender factors play an important role in shaping self-care management behaviors, which are crucial for managing their health independently and sustainably in controlling hypertension.

Unlike gender, the results of the statistical analysis demonstrated no significant relationship between the duration of having hypertension and self-care management behavior, with a p-value of 0.150 (p-value > 0.05). The absence of a significant relationship indicates that the length of time a person has been diagnosed with hypertension does not always determine the level of their self-care management behavior. The study reveals a significant correlation between the duration of hypertension and self-management behavior, although another study does not support this relationship (Sari et al., 2025; Sinaga et al., 2025). A study in West Java, Indonesia, indicated that the level of self-care in hypertensive patients was generally inadequate, even though the average duration of having hypertension was 7.38 years (Eldawati et al., 2022). This situation illustrates the non-linear progression of chronic diseases, wherein certain patients enhance their skills over time, while others encounter treatment fatigue, particularly in the context of multi morbidity (Baah-Nyarkoh, Alhassan, Dwomoh, & Kretchy, 2023). A greater medication burden is associated with reduced self-care ability and inadequate blood pressure control (Jia, Niu, Xie, Su, Wang, Hernandez, Li, & Wang, 2025; Lee & Lee, 2025). In addition, this may be influenced by other determining factors that have a greater impact on self-management behavior; specifically, it has been found that motivation and self-confidence are the primary determinants of self-care behavior among adult patients with hypertension (Upoyo, Sari, Sutrisna, Taufik, & Han, 2025).

Although no significant relationship was found, the longer an individual has had hypertension, the more information they receive and reiterate from their surroundings and healthcare professionals, which is associated with their understanding of complications, the importance of routine check-ups,

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Fakultas Ilmu Kesehatan, Universitas Borneo Tarakan
Corresponding author: *E-mail: ayuk.c.iskandar@borneo.ac.id

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diet, physical activity, and other risk factors. However, this is highly dependent on efforts to seek healthcare services and efforts to follow treatment and medication for hypertensive patients, which differs between women and men. Gender appears to play a more dominant role than disease duration in influencing self-care management behavior in this study. Greater female involvement in self-management activities highlights the need for the development of mature and adequate educational programs, as well as support in efforts to optimize self-management behaviors tailored to gender characteristics.

This study employs quota sampling methods, which have limitations in generalizing results to the population and may induce selection bias. In this study, adult hypertensive patients who visited the primary health center or Community Health Centers and were willing to participate in the recruitment process may differ from those who were unwilling and those who did not attend during data collection. Thus, this study's results apply only to the sample population and those with similar characteristics, not all people with hypertension. Future research can use a longitudinal approach to observe changes in self-management over time. Additionally, qualitative research can also be conducted in the future to gain a deeper understanding of self-management behaviors in each gender and various durations of having hypertension.

CONCLUSION

In this study, gender is related to self-management behavior in adult hypertensive patients, with the majority of respondents being female and their self-management behavior falling into the moderate category. Meanwhile, the duration of having hypertension did not appear to be related to patients' self-management behavior. This finding reinforces the need for nurses and other healthcare professionals to consider gender-based differences in needs and characteristics when providing education and support for self-management behaviors in chronic disease management, particularly hypertension, rather than focusing just on the duration of illness. A more personalized approach is expected to help improve the control of hypertension.

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REFERENCES

Akhter, N. (2010). *Self-management among patients with hypertension in bangladesh. Prince of Songkla University* (Doctoral dissertation, Thesis, Master of Nursing Science (International Program). Songkhla: Prince of Songkla University. http://kb. psu. ac. th/psukb/bitstream/2010/8492/1/340992. pdf).

Asseggaf, S. N. Y. R. S., Zakiah, M., Ulfah, R., Putri, T. H., Len, J. F., & Qatrunnada, A. (2025). The influence of self-care management on blood pressure control in hypertensive patients: A literature review. *Healthy Tadulako Journal (Jurnal Kesehatan Tadulako),* 11(2), 169-178.

Azmiardi, A., Widiyanto, A., Atmojo, J. T., Anasulfalah, H., Mubarok, A. S., & Iswahyuni, S. (2023). Hypertension self-care behavior and its associated factors among patients with hypertension. *Indonesian Journal of Medicine*, 08(03), 249-257.

Baah-Nyarkoh, E., Alhassan, Y., Dwomoh, A. K., & Kretchy, I. A. (2023). Medicated-related burden and adherence in patients with co-morbid type 2 diabetes mellitus and hypertension. *Heliyon*, 9(4).

Chen, S., Wang, Y., Liu, W., Zhang, D., Zhu, J., & Liu, G. (2025). Mechanism of health literacy impact on self-management behaviors in patients with chronic disease: a self-efficacy mediated model moderated by disease duration. *Frontiers in Public Health*, 13, 1673723.

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Corresponding author: *E-mail: ayuk.c.iskandar@borneo.ac.id

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Dahlan, M. S. (2020). *Statistik untuk kedokteran dan kesehatan: deskriptif, bivariat, dan multivariat, dilengkapi aplikasi menggunakan SPSS (6 ed.)*. Epidemiologi Indonesia.

Eldawati, E., Said, F. M., & Umar, N. S. (2022). Self-Care in Patients With Hypertension in Indonesia. *KnE Life Sciences*, 7(2), 488–496.

Faqih, M. U., Munir, M., Hakim, L., & Putri, B. M. F. (2025). The Impact of Self-Care Management on Systolic Blood Pressure Control in Hypertensive Patients. *Journal of Pubnursing Sciences,* 3(01), 6-12.

Gebremichael, G., Berhe, K., Beyene, B., & Gebrekidan, K. (2019). Self-car e practices and associated factors among adult hypertensive patients in Ayde r Comprehensive Specialized Hospital, Tigray, Ethiopia, 2018. *BMC Research Notes*, 12(1), 489.

Hidayat, I. R. A., & Hastuti, Y. D. (2016*). Gambaran self care management klien hipertensi di kelurahan pudak payung Semarang Universitas Diponegoro]. Semarang*. https://eprints.undip.ac.id/49618/

Jalo, R. I., Bamgboye, E. A., Salawu, M. M., Akinyemi, J. O., Uja, U., Ogah, O. S., Oyewole, O. E., Salisu, O., Sani, M. U., & Ajayi, I. O. (2025). Gender disparities in hypertension prevalence, awareness and healthcare seeking behaviour among young adults in Nigeria. *BMC Cardiovascular Disorders*, 25(1), 151.

Jia, Z., Niu, Z., Xie, Y. J., Su, Z., Wang, J. J., Hernandez, J., Li, Y. T., & Wang, H. H. (2025). Temporal Relationship Between Treatment Burden and Self-Care and Its Impact on Systolic Blood Pressure and Hypertension Control. *International Journal of General Medicine*, 3597-3607.

Lee, D. K. (2016). Alternatives to P value: confidence interval and effect size. *Korean journal of anesthesiology*, 69(6), 555.

Lee, K. S., & Lee, J. (2025). The complex relationship between treatment burden of multimorbidity and self-care in multimorbid patients with hypertension. *BMC Primary Care*, 26(1), 219.

Lim, M. T., Lim, Y. M. F., Tong, S. F., & Sivasampu, S. (2019). Age, sex and primary care setting differences in patients' perception of community healthcare seeking behaviour towards health services. *PloS one*, 14(10), e0224260.

Lin, C. C., Anderson, R. M., Chang, C. S., Hagerty, B. M., & Loveland-Cherry, C. J. (2008). Development and testing of the diabetes self-management instrument: A confirmatory analysis. *Research in Nursing & Health*, 31(4), 370-380.

Llubes-Arrià, L., Briones-Vozmediano, E., Mateos, J. T., Sol-Cullere, J., Gea-Sánchez, M., & Rubinat-Arnaldo, E. (2025). Gender differences in self-management activation among patients with multiple chronic diseases: a qualitative study. Archives of Public Health, 83(1), 200.

Ministry of Health of the Republic of Indonesia. (2024). *Laporan tematik survei kesehatan Indonesia (SKI) Tahun 2023: Badan Kebijakan Pembangunan Kesehatan.* Accessed from: https://www.badankebijakan.kemkes.go.id/laporan-tematik-ski/

Mohan, D. S. R., Jawahir, S., Manual, A., Mutalib, N. E. A., Noh, S. N. M., Ab Rahim, I., Ab Hamid, J., & Nordin, A. A. (2025). Gender differences in health-seeking behaviour: insights from the National Health and Morbidity Survey 2019. *BMC Health Services Research*, 25(1), 900.

Navarro, D., & Foxcroft, D. (2025). Learning statistics with Jamovi: A tutorial for beginners in statistical analysis. Open Book Publishers.

Orach, J., Adhikari, S. P., & Dev, R. (2025). Influence of Sex and Gender on Adherence to Self-care Behaviors for Cardiovascular Disease Risk Management in the Global Context: A Systematic Review. *Journal of Cardiovascular Nursing*, 40(6), E437-E451.

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Corresponding author: *E-mail: ayuk.c.iskandar@borneo.ac.id

DOI: https://doi.org/10.33024/minh.v9i1.2462

Ramadhan, M. D., Kusmiran, E., & Istianah, I. (2025). Self-Care and Treatment Adherence for Blood Pressure Control among Patients with Hypertension: a Cross-sectional Study. *Jurnal Ilmiah STIKES Yarsi Mataram*, 15(2), 116-128.

Riyanto, A. (2022). *Aplikasi metodologi penelitian kesehatan*. Nuha Medika.

Sarfika, R., Afriyanti, E., & Saifudin, I. M. M. Y. (2023). Self-care behavior among adult patients with hypertension in Padang, West Sumatra, Indonesia: a cross-sectional study. *Belitung Nursing Journal*, 9(6), 595-602.

Sari, E. A., Mirwanti, R., Herliani, Y. K., & Pratiwi, S. H. (2025). Self-care behavior based on knowledge of patients with hypertension: a cross-sectional study. *Vascular Health and Risk Management*, 21, 17-24.

Siam, B. G. A. E.-R., Aldakeel, H. K., Alrasheeday, A. M., Alsaqri, S. H., Alshammari, B., & Alshammari, F. (2024). Self-care practices among hypertensive patients at the primary health care centers in Unaizah city, Saudi Arabia [Original Research]. *Frontiers in Medicine*, 11, 01-08.

Sinaga, F., Ari, E., & Triastuti, L. (2025). Determinants of Self-Management Behavior in Individuals with Hypertension: A Cross-Sectional Analysis. Open Access Health Scientific Journal, 6(1), 166-170.

Truong, P. V., Apriliyasari, R. W., Lin, M. Y., Chiu, H. Y., & Tsai, P. S. (2021). Effects of self-management programs on blood pressure, self-efficacy, medication adherence and body mass index in older adults with hypertension: Meta-analysis of randomized controlled trials. *International journal of nursing practice*, 27(2), e12920.

Upoyo, A. S., Sari, Y., Sutrisna, E., Taufik, A., & Han, H.-R. (2025). Motivation and self-efficacy as key factors influencing self-care in hypertensive adults: A cross-sectional study in Indonesia. Jurnal Keperawatan Padjadjaran, 13(2), 182-190.

Wang, X., & Cheng, Z. (2020). Cross-sectional studies: strengths, weaknesses, and recommendations. *Chest*, 158(1), S65-S71.

Wesseldijk, K. G., van Reemst, H. E., Ter Horst, E., Knol-de Vries, G. E., & Blanker, M. H. (2024). Differences in help-seeking behaviour between males and females with multiple pelvic floor symptoms: A qualitative study. Heliyon, 10(7).

World Health Organization. (2023). *Hypertension.* Accessed from: https://www.who.int/news-room/fact-sheets/detail/hypertension#:~:text=Hypertension%20(high%20blood%20pressure)%20is,get%20your%20blood%20pressure%20checked.

Xie, Z., Liu, K., Or, C., Chen, J., Yan, M., & Wang, H. (2020). An examination of the socio-demographic correlates of patient adherence to self-management behaviors and the mediating roles of health attitudes and self-efficacy among patients with coexisting type 2 diabetes and hypertension. *BMC Public Health*, 20(1), 1227.

Ayuk Cucuk Iskandar*, Fitriani

Fakultas Ilmu Kesehatan, Universitas Borneo Tarakan
Corresponding author: *E-mail: ayuk.c.iskandar@borneo.ac.id

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