

INFORMASI ARTIKEL

Received: January, 24, 2026

Revised: February, 18, 2026

Available online: February, 24, 2026

at: <https://e-jurnal.ipphorr.com/index.php/mhc>

Quality of life among elderly individuals with hypertension in Indonesia

Nabilla Rahmaningtia*, Iskim Luthfa, Mochammad Aspihan

Fakultas Keperawatan, Universitas Islam Sultan Agung Semarang

Corresponding author: *Email: ningtyanabellarahma23@gmail.com

Abstract

Background: Hypertension is a chronic disease that often affects older adults due to the aging process and can reduce physical, psychological, social, and environmental functioning, thereby impacting quality of life.

Purpose: To determine the quality of life of elderly people with hypertension in the working area of the Bangetayu Community Health Centre in Semarang.

Method: The study used a quantitative descriptive design with a cross-sectional approach involving 132 elderly people with hypertension who were selected using total sampling techniques. Data collection was conducted using the WHOQOL-BREF questionnaire, then analysed descriptively to describe the quality of life in the physical, psychological, social, and environmental domains.

Results: The results showed that most elderly people with hypertension had a relatively good quality of life in all domains measured, although physical limitations due to the aging process were still found.

Conclusion: This study shows that the quality of life of elderly people with hypertension in the Bangetayu Community Health Centre working area is relatively good and needs to be maintained through physical health maintenance efforts, psychosocial support, and empowerment of the elderly in social activities.

Keywords: Elderly; Hypertension; Quality of Life.

INTRODUCTION

Hypertension is one of the most common chronic diseases experienced by the elderly and has a significant impact on their quality of life (Lakhsmi & Yudyawati, 2021). Elderly people who experience high blood pressure continuously generally experience various physical complaints such as fatigue, dizziness, headaches, and sleep disorders. Additionally, psychological complaints such as anxiety about the possibility of serious complications are not uncommon, which can lead to a decline in social and emotional functioning (Agustina, Maulanza, Fuadi, & Ilham, 2020). Elderly people with hypertension often experience limitations in carrying out daily activities, loss of independence, and feel less productive, which

ultimately has an impact on a decline in overall quality of life, both physically, psychologically, socially, and environmentally (Susanti & Nurwiyeni, 2021). This issue is quite alarming considering data from the World Health Organization (WHO) states that approximately 1.28 billion adults aged 30 to 79 years worldwide suffer from hypertension. This figure shows that nearly one in three adults has high blood pressure. The prevalence of hypertension tends to be higher in low- and middle-income countries. In terms of age group, hypertension is most prevalent among adults aged 30 to 79 years. Based on gender, the prevalence of hypertension is slightly higher in men than in women under the age of 50, while in those over 50 years of age, the

Quality of life among elderly individuals with hypertension in Indonesia

incidence of hypertension is almost the same between men and women (American Heart Association, 2017).

The WHO also notes that cases of hypertension have increased significantly in recent decades, with the number of sufferers doubling between 1990 and 2019. Even more worrying is that nearly half of hypertension sufferers worldwide are unaware that they have the disease, which means they do not receive a timely diagnosis or treatment (World Health Organization, 2020). In Indonesia, hypertension is one of the major health issues that continues to increase every year. Based on data from the 2018 Basic Health Research (BHR), the prevalence of hypertension among people aged ≥ 18 years reached 34.1%, indicating that more than a third of adults in Indonesia have high blood pressure (Al Farizabad, Pratama, & Fauziah, 2023). This figure increases significantly in the elderly population, making hypertension one of the most common chronic diseases among the elderly, especially in health care facilities such as community health centers and hospitals (Ministry of Health of the Republic of Indonesia, 2020). This condition is exacerbated by the fact that many cases of hypertension in the elderly are not detected early due to the lack of symptoms, so that it is often only discovered after complications arise. This emphasizes the importance of promotional, preventive, and routine screening efforts for the elderly to effectively detect and control hypertension, in order to prevent more serious impacts on their quality of life. The Central Statistics Agency (CSA) noted that in 2023, the percentage of elderly people in Indonesia reached 11.75%, an increase of 1.27 percentage points compared to the previous year's figure of 10.48%. This increase has also pushed the elderly dependency ratio to 17.08, which means that for every 100 productive-age people, there are 17 elderly people. The majority of elderly people are in the 60-69 age group (63.59%), followed by those aged 70-79 (26.76%), and those aged 80 and above (8.65%). In terms of gender, the number of elderly women (52.28%) is higher than that of men (47.72%) (Badan Pusat Statistik, 2023). Most provinces in Indonesia have a percentage of elderly people above 6%, with eight provinces

exceeding 10%. The Special Region of Yogyakarta has the highest percentage of elderly people at 16.02%, followed by East Java and Central Java (Health Research and Development Agency, 2020).

As the number of elderly people in Indonesia increases, attention to their quality of life becomes increasingly important. Quality of life is a multidimensional concept that encompasses physical, psychological, social, and environmental aspects (Siswanto, 2024). The World Health Organization (WHO) defines quality of life as an individual's perception of their position in life, in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns (World Health Organization, 2020). Chronologically, hypertension in the elderly can be caused by various factors, ranging from degenerative processes, decreased blood vessel elasticity, unhealthy lifestyles, excessive salt consumption, lack of physical activity, to psychological stress due to changes in social roles or the loss of a spouse (Falo, Ludiana, & Ayubbana, 2023). The combination of these factors increases the risk of persistent and difficult-to-control high blood pressure, thereby worsening the quality of life of the elderly if not treated comprehensively (Ghozali, 2021).

The decline in quality of life in elderly people with hypertension can be caused by various factors, such as limited physical activity, anxiety about health conditions, and lack of social support. Employment status, comorbidity, physical activity, and medication adherence were significantly associated with the quality of life of elderly people with hypertension (Prastika & Siyam, 2021). Most elderly people with hypertension have a low quality of life, especially in physical and psychological aspects. These findings indicate that hypertension has a negative impact on various aspects of the elderly's lives (Luhath, Djoar, & Prastyawati, 2024). The Bangetayu Community Health Centre in Semarang City is one of the health centres that is active in treating hypertension in the elderly. Based on patient visit data, it was recorded that the number of visits by patients with hypertension from January to December 2024 reached 4.313 cases, and from January to April 2025, there were 623

Nabilla Rahmaningtia*, Iskim Luthfa, Mochammad Aspihan

Fakultas Keperawatan, Universitas Islam Sultan Agung Semarang
Corresponding author: *Email: ningtyanabellarahma23@gmail.com

Doi: 10.56922/mhc.v4i6.2398

cases, bringing the total number of visits during that period to 4.936 cases. This figure shows the high burden of health services related to hypertension in working area. The high number of visits indicates the need for special attention to the quality of life of elderly people with hypertension in the area (Kamaruddin, Djohansah, Ardian, Parisa, Rafael, Septiyani, & Nabilah, 2024).

RESEARCH METHOD

This study used a descriptive design conducted among elderly people with hypertension registered in the working area of the Bangetayu Community Health Centre, Semarang, in April 2025, with a population of 196 individuals. The sample size was determined using the Slovin formula, resulting in 132 respondents who met inclusion criteria (aged ≥ 60 years, diagnosed with hypertension, able to communicate, willing to participate, and residing in the study area), while those with severe cognitive impairment, critical illness, hospitalization, or refusal to participate were excluded. The main variable was quality of life, measured using the WHOQOL-BREF questionnaire developed by the World Health Organization, covering physical, psychological, social, and environmental domains, with scores categorized as good, moderate, or poor. Additional variables included age, gender, duration of hypertension, stress level, regular health checkups, and medication adherence. Instrument validity was tested using Pearson Product Moment correlation, and reliability was assessed with Cronbach's Alpha (>0.60 considered reliable). Data were analysed using univariate descriptive statistics to present frequencies, percentages, and measures of central tendency to describe respondent characteristics and quality of life.

This study examined several variables, including quality of life, age, gender, duration of hypertension, stress level, regular health checkups, and medication adherence. Quality of life in elderly people with hypertension was defined as an individual's perception of well-being covering physical, psychological, social, and environmental aspects, based on the World Health Organization definition of elderly individuals aged 60 years and above, and was measured using the WHOQOL-BREF questionnaire with score classifications of good (96–130), moderate (61–95), and poor (26–60) on an ordinal scale. Age was calculated in years from birth until the time of questionnaire completion and categorized into 60–69 years, 70–79 years, and ≥ 80 years (ordinal scale), while gender referred to biological sex (male or female) measured using respondent biodata (nominal scale). The duration of hypertension was defined as the length of time since respondents were diagnosed by medical personnel and categorized into <5 years and ≥ 5 years (nominal scale). Stress level referred to the psychological stress experienced by the elderly due to hypertension or other factors, measured using a stress questionnaire with categories of low, medium, and high (ordinal scale). Regular health checkups were defined as the frequency of routine examinations at health facilities, categorized as routine (≥ 1 time/month) and irregular (<1 time/month) (nominal scale). Medication adherence described the level of discipline in taking hypertension medication as recommended, measured using closed questions or a Likert-based adherence scale and categorized as adherent and non-adherent (nominal scale).

Nabilla Rahmaningtia*, Iskim Luthfa, Mochammad Aspihan

Fakultas Keperawatan, Universitas Islam Sultan Agung Semarang
Corresponding author: *Email: ningtyanabellarahma23@gmail.com

Doi: 10.56922/mhc.v4i6.2398

RESEARCH RESULTS**Table. Frequency Distribution of Respondents (N=132)**

Variable	Results
Age (n/%) (Mean±SD) (Range) (Year)	(69.0±5.3) (60-85)
60-69	75/56.8
70-79	54/40.9
≥80	3/2.3
Gender (n/%)	
Male	50/37.9
Female	82/62.1
Duration of Diagnosed Hypertension (n/%)	
< 5 year	53/40.2
≥5 year	79/59.8
General Health Checkup Status (n/%)	
Regular	113/85.6
Irregular	19/14.4
Taking antihypertensive medication (n/%)	
always	123/93.2
sometimes	9/6.8
Stress Level (n/%)	
Low	89/67.4
Moderate	33/25.0
High	10/7.6
Quality of Life (n/%)	
Good	100/75.8
Moderate	26/19.7
Poor	6/4.5

Based on table, the characteristics of respondents and the main study variables. The mean age of respondents was 69.0±5.3 years (range 60–85 years), with most elderly participants aged 60–69 years (56.8%). The majority of respondents were female (62.1%) and had been suffering from hypertension for ≥5 years (59.8%). Most elderly individuals reported regular health checkups (85.6%) and were compliant with medication (93.2%). In terms of psychological condition, the majority experienced low stress levels (67.4%). Regarding the main outcome, most respondents had a good quality of life (75.8%), while 19.7% had moderate quality of life and 4.5% had poor quality of life. These findings indicate that the elderly with hypertension in this study generally demonstrated good treatment adherence and relatively favorable quality of life.

DISCUSSION

Based on age characteristics, it was found that of the 132 respondents, who were patients suffering from hypertension, the largest percentage was in the 60–69 age group, with 75 respondents (56.8%). Meanwhile, the 70–79 age group had 54 respondents (40.9%), and the 80 years and above age group had 3 respondents (2.3%). This shows that the majority of patients were in the early elderly

age group, namely 60–69 years. The results of this study based on the phenomena that occur can be explained because in old age, especially after the age of 60, physiological changes occur in the cardiovascular system, such as a decrease in blood vessel elasticity and an increase in peripheral resistance, which causes blood pressure to tend to increase. In addition, an inactive lifestyle, a high-salt

Quality of life among elderly individuals with hypertension in Indonesia

diet, stress, and a family history of disease also increase the risk of hypertension in this age group. Inevitable degenerative factors also contribute to the increased prevalence of hypertension in the elderly. The prevalence of hypertension increases with age, especially in the 55+ age group. Individual age differences affect what is considered important in various aspects of life. In general, as a person ages, the likelihood of developing hypertension also increases. Hypertension is a disease that arises due to physiological changes in the cardiovascular system (Rachmawati, Rahmadhani, Ananda, Salsabillah, & Pradana, 2021; Rahmadhani, 2021).

Based on gender characteristics, it is explained that of the 132 respondents, the largest percentage in terms of gender was female, as can be seen from the number of respondents, which was dominant at 82 respondents (62.1%). Meanwhile, the smallest number of respondents were male, totalling 50 respondents (37.9%). This means that on average, patients who suffer from hypertension are female. The high prevalence of hypertension in women can be attributed to several biological and lifestyle factors (Ekawati, Zahroh, Munjidah, Afridah, Noventi, & Winoto, 2020). Physiologically, women who have entered menopause experience a decrease in estrogen levels, which play an important role in maintaining blood vessel elasticity and regulating blood pressure. As a result, the risk of hypertension in women increases after menopause. In addition, factors such as stress, lack of physical activity, and unhealthy eating habits also contribute to increased blood pressure (Sutria, Fitriani, & Hafid, 2022). The prevalence of hypertension in women tends to be higher than in men in the over-50 age group, due to hormonal changes and lifestyle factors that affect the cardiovascular system. Men and women have different roles, access, and control over various resources. This leads to differences in aspects of life that affect their quality of life. The well-being of men and women is not much different, but women tend to focus more on positive social relationships, while men are more connected to factors such as education and work. In general, men are more prone to hypertension than women. This is due to various triggering factors, such as fatigue, work-

related stress, unemployment, and irregular eating patterns. Meanwhile, in women, the risk of hypertension tends to increase after entering menopause (Raudhoh & Pramudiani, 2021).

Based on the characteristics of Duration of Hypertension, it can be explained that based on 132 respondents, the largest percentage in terms of Duration of Hypertension is > 5 Years, which can be seen from the number of respondents that is more dominant, namely 79 respondents (59.8%). Meanwhile, the smallest number of respondents had suffered from hypertension for < 5 years, namely 53 respondents (40.2%). This means that the average patient who suffered from hypertension had done so for > 5 years. This condition illustrates that hypertension is a chronic disease that tends to last a long time and requires ongoing management. The longer a person suffers from hypertension, the greater the risk of complications such as heart disease, stroke, and kidney disorders if blood pressure is not well controlled. The long duration of the disease can also be caused by low patient compliance in undergoing treatment, unhealthy lifestyles, and a lack of regular check-ups at health facilities. These results are in line with supporting research, which states that most hypertensive patients in Indonesia have had the disease for more than five years, indicating the need for efforts to increase awareness and self-management of hypertension on an ongoing basis (Rahmawan, 2023).

Based on the characteristics of routine health checkups, it can be explained that based on 132 respondents, the largest percentage in terms of routine health checkups is routine (more than 1 checkup per month), which can be seen from the number of respondents that is more dominant, namely 113 respondents (86.6%). Meanwhile, the smallest number of respondents underwent infrequent health checkups (less than once a month), namely 19 respondents (14.4%). This means that on average, patients who suffer from hypertension undergo frequent health checkups (more than once a month). The high rate of routine health check-ups among hypertensive patients indicates public awareness and concern about blood pressure control and the prevention of

Nabilla Rahmaningtia*, Iskim Luthfa, Mochammad Aspihan

Fakultas Keperawatan, Universitas Islam Sultan Agung Semarang
Corresponding author: *Email: ningtyanabellarahma23@gmail.com

Doi: 10.56922/mhc.v4i6.2398

complications. Regular check-ups enable early detection of changes in blood pressure and evaluation of the effectiveness of the treatment being undertaken. In addition, factors such as ease of access to health services, education provided by medical personnel, and promotive-preventive programs run by the health centre also play a role in increasing patient compliance with routine check-ups. Emphasize the importance of blood pressure checks at least once a month for people with hypertension to monitor their health and prevent the risk of serious complications (Novia, 2021).

Based on the characteristics of medication adherence, it can be explained that based on 132 respondents, the largest percentage in terms of medication adherence was compliant, as seen from the dominant number of respondents, namely 123 respondents (93.2%). Meanwhile, the lowest percentage of medication adherence was found among the non-compliant group, with 9 respondents (6.8%). This indicates that, on average, patients who suffer from hypertension demonstrate compliant medication adherence. This high level of compliance may reflect patients' awareness of the importance of regular treatment in controlling blood pressure and preventing complications of hypertension such as stroke or heart disease. In addition, this may also indicate the success of health workers in providing education, assistance, and supervision to patients with hypertension. However, the presence of a small number of non-compliant patients indicates the need for further efforts, such as improving individual counselling, providing medication reminders, and family support to optimize compliance (Malau & Silitonga, 2023).

Based on the characteristics of Stress Levels, it can be explained that based on 132 respondents, the largest percentage in terms of Stress Levels is Low, which can be seen from the number of respondents that is more dominant, namely 89 respondents (67.4%). Meanwhile, 33 respondents (25.0%) had a moderate stress level, and the smallest number of respondents had a high stress level, namely 10 respondents (7.6%). This means that on average, who have hypertension have a low stress level. The low stress level in most patients may indicate that they have good coping

mechanisms in dealing with their illness and adequate social support from their families and surrounding environment. In addition, this may also reflect the effectiveness of health programs at the health centre, such as counselling activities that help patients understand the importance of stress management in controlling hypertension. However, there are still some patients with moderate to high stress levels who need special attention, for example through psychological counselling, relaxation activities, and education related to healthy lifestyles to help reduce stress levels and prevent an increase in blood pressure (Mongdong, Bangkut, & Aotama, 2023).

The results of the study show that most elderly people with hypertension in the working area have a good quality of life in terms of physical, psychological, social, and environmental aspects. Quality of life is influenced by an individual's ability to adapt to their health condition, the social support they receive, and a supportive living environment (Widyakusuma, 2025). The elderly in this study were generally still able to carry out their daily activities, were compliant with medication and routine health check-ups, and showed low levels of stress, thereby supporting an optimal quality of life. These findings are also supported by previous studies stating that the quality of life of older adults is determined by physical, psychological, social, and environmental dimensions, in which health stability and family support play an important role in maintaining the well-being of older adults (Yuliana, Setiadi, & Paramita, 2019).

However, there are still a small number of elderly people who experience physical limitations, negative feelings, and environmental constraints due to the aging process, changes in social roles, and economic conditions (Febriyona, Sudirman, Dakio, & Hippy, 2025). Nevertheless, good social relationships, family support, and a relatively safe and conducive environment help the elderly feel comfortable and able to adapt to the chronic diseases they experience. These findings indicate that the quality of life of elderly people with hypertension is not only influenced by medical aspects but also heavily dependent on emotional, social, and environmental support. Therefore,

Nabilla Rahmaningtia*, Iskim Luthfa, Mochammad Aspihan

Fakultas Keperawatan, Universitas Islam Sultan Agung Semarang
Corresponding author: *Email: ningtyanabellarahma23@gmail.com

Doi: 10.56922/mhc.v4i6.2398

Quality of life among elderly individuals with hypertension in Indonesia

efforts to improve the quality of life of the elderly need to be focused holistically through strengthening the role of families, communities, and health services in creating an environment that is friendly and supportive of the well-being of the elderly (Yulitasari, Maryadi, & Anggraini, 2021).

CONCLUSION

Most respondents were aged 60–69 years, male, had suffered from hypertension for more than five years, and demonstrated good health behaviours, as indicated by regular health checkups more than once a month, high medication adherence, and low stress levels. These conditions contribute to the generally good quality of life of elderly people with hypertension. This study has several limitations, including the use of a descriptive design that can only describe the quality of life of elderly people with hypertension without explaining the causal relationship between variables, the scope of the study being limited to one community health centre so that the results cannot be generalized to other areas with different social and cultural characteristics, and the use of self-report questionnaires that have the potential to cause respondent subjectivity bias. In addition, there are other factors such as family support, treatment compliance, nutritional status, and psychological conditions that have not been analysed in depth.

REFERENCES

- Agustina, S., Maulanza, H., Fuadi, I. M., & Ilham, M. (2020). Kualitas Hidup Jamaah Shalat Subuh di Kota Banda Aceh. *Jukema (Jurnal Kesehatan Masyarakat Aceh)*, 6(1), 66-75.
- Al Farizabad, B., Pratama, P., & Fauziah, I. F. (2023). Kenali faktor risiko hipertensi esensial pada masyarakat wilayah puskesmas ngulankulon. *CoMPHI Journal: Community Medicine and Public Health of Indonesia Journal*, 4(2).
- American Heart Association. (2017). American Heart Association. *Cardiology*, 30(4), 279–285.
- Central Bureau of Statistics. (2023). *Statistik Penduduk Lanjut Usia 2023*. Badan Pusat Statistik. Retrieved From: <https://www.bps.go.id/id/publication/2023/12/29/5d308763ac29278dd5860fad/statistics-of-aging-population-2023.html>
- Ekawati, L., Zahroh, C., Munjidah, A., Afridah, W., Noventi, I., & Winoto, P. M. P. (2020). Quality of Life pada Lansia. *Jurnal Ilmiah Keperawatan (Scientific Journal of Nursing)*, 6(2), 248-251.
- Falo, A., Ludiana, L., & Ayubbana, S. (2023). Penerapan Relaksasi Nafas Dalam Terhadap Tekanan Darah Pasien Hipertensi Di Wilayah Kerja UPTD Puskesmas Rawat Inap Banjarsari Kota Metro. *Jurnal Cendikia Muda*, 3(1), 32-40.
- Febriyona, R., Sudirman, A. N. A., Dakio, F., & Hippy, R. H. (2025). Kualitas Hidup Dengan Komplikasi Pada Penderita Hipertensi Tidak Terkontrol Di Wilayah Kerja Puskesmas Limboto Barat. *The Shine Cahaya Dunia S-1 Keperawatan*, 10(02).
- Ghozali, I. (2021). Aplikasi analisis multivariatel dengan program IBM SPSS 26 (10th ed.). *Badan Pelnelbit Univelrsitas Diponegoro*.
- Kamaruddin, M. J., Djohansah, V., Ardian, K. D., Parisa, R., Rafael, R., Septiyani, A., & Nabilah, M. S. (2024). Peningkatan Kualitas Hidup Penderita Hipertensi Melalui Program Pendidikan Kesehatan Sebagai Upaya Preventif Dan Kuratif Di Jawa Timur. *Midang*, 2(2), 85-89.
- Lakhsmi, B. S., & Yudyawati, A. I. (2021). Hipertensi Masa Kini dalam Perspektif Kesehatan Masyarakat. *Sanus Medical Journal*, 1, 22-25.
- Luhath, B. J. T., Djoar, R. K., & Prastyawati, I. Y. (2024). Kualitas hidup pada lansia dengan hipertensi. *JPK: Jurnal Penelitian Kesehatan*, 14(1), 37-43.

Nabilla Rahmaningtia*, Iskim Luthfa, Mochammad Aspihan

Fakultas Keperawatan, Universitas Islam Sultan Agung Semarang
Corresponding author: *Email: ningtyanabellarahma23@gmail.com

Doi: 10.56922/mhc.v4i6.2398

Quality of life among elderly individuals with hypertension in Indonesia

- Malau, T. F. B., & Silitonga, S. (2023). Penyuluhan terhadap lansia: Mengenal karakteristik para lansia. *ELETTRA: Jurnal Prodi Pendidikan Penyuluh Agama Kristen*, 1(01), 47-56.
- Ministry of Health of the Republic of Indonesia. (2020). *Kelompok Usia*. Kementerian Kesehatan Republik Indonesia. Retrived From: <https://ayosehat.kemkes.go.id/kategori-usia/lansia>
- Mongdong, Y., Bangkut, M., & Aotama, R. (2023). Faktor-Faktor Yang Berhubungan Dengan Kualitas Hidup Pada Lansia Di Kelurahan Kakaskasen. *Dharma Medika Упредумелу: Universitas Sariputra Indonesia Tomohon*, 3(1), 13-19.
- Novia, N. (2021). Manajemen Asuhan Keperawatan Psikososial Dengan Masalah Kecemasan Pada Penderita Hipertensi di Subulussalam.
- Prastika, Y. D., & Siyam, N. (2021). Faktor risiko kualitas hidup lansia penderita hipertensi. *Indonesian Journal of Public Health and Nutrition*, 1(3), 407-419.
- Rachmawati, E., Rahmadhani, F., Ananda, M. R., Salsabillah, S., & Pradana, A. A. (2021). Faktor-Faktor Yang Mempengaruhi Pengetahuan Keluarga Terhadap Penyakit Hipertensi: Telaah Naratif. *Jurnal Mitra Kesehatan*, 4(1), 14-19.
- Rahmadhani, M. (2021). Faktor-faktor yang mempengaruhi terjadinya hipertensi pada masyarakat di Kampung Bedagai Kota Pinang. *Jurnal Kedokteran STM (Sains Dan Teknologi Medik)*, 4(1), 52-62.
- Rahmawan, B. T. (2023). *Asuhan Keperawatan Pada Tn. N Dengan Cedera Kepala Ringan Di Ruang Baitussalam 1 Rsi Sultan Agung Semarang* (Doctoral Dissertation, Universitas Islam Sultan Agung).
- Raudhoh, S., & Pramudiani, D. (2021). Lansia asik, lansia aktif, lansia poduktif. *Medical Dedication (Medic): Jurnal Pengabdian Kepada Masyarakat FKIK UNJA*, 4(1), 126-130.
- Siswanto, K. (2024). Peningkatan Kualitas Hidup Manusia dalam Perspektif Teologi dan Pendidikan Kristen. In *Proceeding National Conference of Christian Education and Theology* (Vol. 2, No. 2, pp. 1-27).
- Susanti, M., & Nurwiye, N. (2021). Edukasi Hipertensi dan Pencegahan Komplikasi Hipertensi pada Pasien Puskesmas Dadok Tunggul Hitam. *Jurnal Abdimas Saintika*, 3(2), 153-157.
- Sutria, E., Fitriani, F., & Hafid, M. A. (2022). Hubungan Tingkat Kemandirian Dengan Kualitas Hidup Lansia Yang Menderita Hipertensi Di Wilayah Kerja Puskesmas Bajeng Kabupaten Gowa. *Alauddin Scientific Journal of Nursing*, 3(2), 120-130.
- Widyakusuma, K. L. P. (2025). *Peran Wisma Lansia Harapan Asri Di Kota Semarang Dalam Pemenuhan Hak Atas Pelayanan Kesehatan Bagi Orang Lanjut Usia* (Doctoral Dissertation, Universitas Katolik Soegijapranata).
- World Health Organization. (2020). *WHOQOL: Measuring Quality of Life*. World Health Organization. Retrieved From: <https://www.who.int/tools/whoqol>
- Yuliana, V., Setiadi, A. A. P., & Paramita, J. (2019). Validitas kuesioner WHOQOL-BREF dalam menilai kualitas hidup penderita skizofrenia rawat jalan.
- Yulitasari, B. I., Maryadi, M., & Anggraini, A. N. (2021). Kualitas hidup penderita hipertensi di puskesmas sedayu ii bantul, yogyakarta. *Faletehan Health Journal*, 8(02), 77-83.

Nabilla Rahmaningtia*, Iskim Luthfa, Mochammad Aspihan

Fakultas Keperawatan, Universitas Islam Sultan Agung Semarang
Corresponding author: *Email: ningtyanabellarahma23@gmail.com

Doi: 10.56922/mhc.v4i6.2398