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Self-efficacy and self-care behaviours among adults with antihypertensive medication adherence

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Abstract

Background: Hypertension is a chronic medical condition characterized by persistently elevated systolic and diastolic blood pressure beyond normal thresholds, often termed a "silent killer." Increased self-efficacy and effective self-care management have been shown to positively influence adherence to antihypertensive treatment. However, limited research has examined the relationship between intrinsic factors and medication adherence among patients within the Saigon Community Health Center.
Purpose: To determine the relationship between self-efficacy, self-care management, and medication adherence among individuals with hypertension.
Method: This research employed an analytical observational design with a cross-sectional approach. A total of 100 hypertensive patients participated, assessed using the Morisky Medication Adherence Scale (MMAS-8), the Modified General Perceived Self-Efficacy Scale, and the Hypertension Self-Management Behavior Questionnaire (HSMBQ). Univariate analysis was used to describe respondents' demographic characteristics, while bivariate analysis was performed using Spearman's correlation test.
Results: The findings showed that 87% of respondents demonstrated good self-care management, 85% had high self-efficacy, and 51% adhered to their prescribed medications. Spearman's correlation analysis revealed a significant relationship between self-care management and medication adherence ($p = 0.002$, $r = 0.311$), as well as between self-efficacy and adherence ($p = 0.009$, $r = 0.262$).
Conclusion: Both self-efficacy and self-care management were found to have a significant but weak positive correlation with medication adherence. Strengthening patients' motivation and promoting consistent engagement in hypertension management are essential to reducing related complications.

Keywords: Antihypertension; Medication Adherence; Self-efficacy; Self-care Management.

INTRODUCTION

Hypertension ranks among the top 15 leading causes of death globally, accounting for 9.4 million deaths and contributing to 58% of cardiovascular disease complications annually, according to the Global Burden of Disease (Htet, Bjertness, Oo, Kjøllesdal, Sherpa, Zaw, & Bjertness, 2017; Zhou, Carrillo-Larco, Danaei, Riley, Paciorek, Stevens, & Breckenkamp, 2021). The European Society of Cardiology reported that 20%–24% of the global population suffered from hypertension in 2018 (Williams, Mancia, Spiering, Rosei, Azizi, Burnier, & Desormais, 2019). In Southeast Asia, the prevalence of hypertension reached 33.82% in 2021, while in Indonesia, it was reported at 30.8% based on the 2023 Health Survey, and 30.9% in West Kalimantan (Nawi, Mohammad, Jetly, Abd Razak, Ramli, Wan Ibadullah, & Ahmad, 2021; Ministry of Health of the Republic of Indonesia, 2023)

Pontianak City recorded the highest number of hypertension cases in West Kalimantan, increasing from 7,505 cases in 2018 to 28,797 in 2023. East Pontianak District experienced a 2.5-fold increase, with Saigon Public Health Center reporting 4,736 cases in 2019 (Barabas, 2023; Fauzan, & Fahdi,

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2021; Health Office of Pontianak City, 2023; Ministry of Health of the Republic of Indonesia, 2019). Hypertension is a chronic disease that poses risks of complications and death (Iqbal & Jamal, 2022). Medication adherence is a critical factor in preventing such complications; however, a 2022 study revealed that 62.5% of patients in Pontianak City healthcare facilities were non-adherent to their prescribed antihypertensive medication (Asseggaf & Ulfah, 2022).

Medication adherence refers to the active involvement of patients in following healthcare providers' recommendations without discontinuing treatment and by taking medications as scheduled (Apriliyani & Ramatillah, 2019). In Asia, non-adherence to antihypertensive medication reaches approximately 48%. In several East and Southeast Asian countries—such as China, Hong Kong, Japan, Thailand, Malaysia, Vietnam, and Indonesia—adherence rates remain low, at around 45% (Mahmood, Jalal, Hadi, Khan, Haque, & Shah, 2021). Proper medication adherence can reduce the risk of mortality by 21% and lower healthcare costs by up to 290 billion USD in the United States. For hypertension specifically, the financial burden reaches 370 billion USD, comprising 10% of total healthcare expenditures and 30% of total hospitalizations due to complications (Cutler, Fernandez-Llimos, Frommer, Benrimoj, & Garcia-Cardenas, 2018; Lam, & Fresco, 2015; Mills, Stefanescu, & He, 2020; Walsh, Cahir, Tecklenborg, Byrne, Culbertson, & Bennett, 2019). Therefore, adherence to antihypertensive medication is critically important, with factors such as self-efficacy and self-care management influencing patients' medication-taking behavior.

Self-efficacy and self-care management are internal factors that affect adherence to therapy, particularly among individuals with elevated blood pressure. Self-efficacy refers to an individual's confidence in achieving challenging goals (Abdullah, 2019), while self-care management involves behavior monitoring, self-regulation, interaction with healthcare professionals, and compliance with health recommendations (Mohiuddin, 2019). Previous studies have shown that patients with high self-efficacy and good self-care management tend to be more adherent to their medication regimens (Handayani, Surani, Ajul, & Pranata, 2024; Qodir, 2021). However, other findings indicate that even with low self-efficacy, patients may still exhibit high adherence if self-care management is strong (Rantepadang & Hadibrata, 2023). To date, no study has analyzed the relationship between these two factors and medication adherence in Pontianak City, which has the highest hypertension prevalence in West Kalimantan. Saigon Public Health Center, with its high case numbers and the broader issue of poor medication adherence in Pontianak, underscore the need for this study to address gaps in previous research.

RESEARCH METHOD

This study employed a quantitative analytic observational design using a cross-sectional approach. The research was conducted within the service area of the Saigon Public Health Center, East Pontianak District, between October and November 2024. The study population comprised all registered hypertensive patients aged 30–65 years at the health center. The sample size, determined using Lemeshow's formula, consisted of 100 respondents. Sampling was performed using a non-probability purposive sampling technique. Respondents were selected based on their willingness to participate and the criterion of having attended at least two blood pressure control visits at the Saigon Public Health Center.

Primary data were collected through structured questionnaires. The data collection process began with obtaining informed consent, followed by the completion of demographic forms and the research questionnaires. Data were then processed through several stages, including editing, coding, entry, and tabulation. Statistical analysis was conducted using SPSS version 26.0, employing both univariate and bivariate analyses.

Three standardized instruments were used to collect data: (1) The Indonesian version of the Morisky Medication Adherence Scale (MMAS-8), which measures adherence based on timing, dosage, and frequency. Adherence levels were classified as adherent (score = 8), moderately adherent (score = 6–7), and non-adherent (score < 6). (2) The Modified General Perceived Self-Efficacy Scale, which evaluates the individual's confidence in accomplishing difficult tasks. Scores were categorized as high (≥ 24) and low (< 24) self-

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efficacy. (3) The Hypertension Self-Management Behavior Questionnaire (HSMBQ), which assesses self-care behaviors in managing hypertension, categorized as poor (scores 40–80), moderate (81–121), and good (122–160).

This study received ethical approval from the Faculty of Medicine, Tanjungpura University, with clearance number 13234/UN22.9/PT.01.04/2024, issued on 18 September 2024.

RESEARCH RESULTS

Table Characteristics of the Respondents (N=100)

Variables	Results	p-value	r (Correlation)
Age (n/%)			
Age (Mean±SD)(Range)(Year)	(53.80±8.178)(31-65)		
31–35	1/1.00		
36–40	9/9.00		
41–45	8/8.00		
46–50	14/14.00		
51–55	24/24.00		
56–60	22/22.00		
61–65	22/22.00		
Gender (n/%)			
Male	17/17.00		
Female	83/83.00		
Occupation (n/%)			
Housewife	66/66.00		
Entrepreneur	15/15.00		
Civil Servant	7/7.00		
Teacher	2/.2.00		
Retired	10/10.00		
Education Level (n/%)			
No Formal Education	8/8.00		
Elementary School	22/22.0		
Junior High School	12/12.00		
Senior High School	39/39.00		
Diploma	3/3.00		
Bachelor's Degree	14/14.00		
Master's Degree	2/2.00		
Duration of Treatment (n/%)			
1 year	31/31.00		
2–5 years	40/40.00		
6–10 years	17/17.00		
>10 years	12/12.00		

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Variables	Results	p-value	r (Correlation)
Prescribed Medication (n/%)			
Amlodipine 5 mg	6/6.00		
Amlodipine 10 mg	82/82.00		
Captopril 12.5 mg	4/4.00		
Amlodipine 10 mg + Captopril 12.5 mg	4/4.00		
Amlodipine 10 mg + Captopril 25 mg	1/1.00		
Amlodipine 2.5 mg + Candesartan 8 mg	2/2.00		
Amlodipine 10 mg + Candesartan 16 mg	1/1.00		
Blood Pressure Classification (n/%)			
Normotensive (Normal)	13/13.00		
Prehypertension	14/14.00		
Stage 1 Hypertension	46/46.00		
Stage 2 Hypertension	27/27.00		
Medication Adherence (n/%)			
Non-adherent	38/38.00		
Moderately Adherent	11/11.00		
Adherent	51/51.00		
Self-care Management (n/%)			
Poor	4/4.00		
Moderate	9/9.00	0.002	0.311
Good	87/87.00		
Self-efficacy (n/%)			
Low	15/15.00	0.009	0.262
High	85.00		

The table above shows that the majority of hypertensive cases in this study occurred among female respondents, totaling 83 individuals (83%). Most respondents with hypertension were within the 51–55 year age range, representing 24 respondents (24%). In terms of occupation, housewives made up the largest proportion, with 66 respondents (66%). Regarding educational attainment, the highest proportion had completed senior high school, totaling 39 individuals (39%). Most respondents had been receiving pharmacological treatment for 2–5 years, as reported by 40%. Amlodipine 10 mg was the most frequently prescribed medication, used by 82 respondents (82%). Based on blood pressure classification, the majority were identified as having Stage 1 hypertension, with 46 individuals (46%). The majority of respondents were compliant with medication (51%), good self-care management (87%), and high self-efficacy (85%).

Most hypertensive patients exhibited good medication adherence in conjunction with effective self-care management. This study of 100 hypertensive patients, therefore, confirmed a positive association between self-care management level and medication adherence. The results of the Spearman's rho test showed a p-value of 0.002 and a correlation coefficient (r) of 0.311. These findings indicate a statistically significant positive relationship, although the strength of the correlation is weak

Most hypertensive patients were classified as adherent and exhibited high self-efficacy. The Spearman's rho test yielded a *p*-value of 0.009 with a correlation coefficient (*r*) of 0.262, indicating a statistically significant positive correlation.

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Nonetheless, the strength of this correlation is classified as weak.

DISCUSSION

The present study found that hypertension was more prevalent among women than men, with 83 respondents (83%) being female and only 17 respondents (17%) male. This finding is consistent with the 2023 Indonesian Health Survey, which reported a higher prevalence of hypertension among women (32.8%) compared to men (25.6%) (Ministry of Health of the Republic of Indonesia, 2023). The elevated prevalence in women can be attributed to hormonal changes following menopause. The decline in estrogen levels leads to an increase in inflammatory mediators such as IL-6 and CRP and a reduction in nitric oxide synthesis, resulting in endothelial dysfunction and an increased risk of hypertension (Lukito, Rahajoe, Rilantono, Harimurti, & Soesanto, 2015).

Age also influenced the occurrence of hypertension: most respondents (24 individuals; 24 %) were 51–55 years old. This study was consistent with the WHO's global data showing that, in women, hypertension prevalence reaches 49 % after the age of 50 (World Health Organization, 2024). Advancing age is associated with diminished DNA-repair capacity, impaired cellular replication, decreased responses to cell injury, enhanced apoptosis, and lower rates of HDL-mediated reverse cholesterol transport, all of which favor cholesterol accumulation in the liver and vascular tissues (Lisnawaty, Sularsih, & Fithria, 2022).

The majority of hypertensive patients were housewives (66%), which is in line with findings by a research conducted in 2022, that reported a similar proportion of 71.4% (Mikolajczak & Roskam, 2020). Dual domestic–family roles may lead to burnout, particularly parental burnout. In terms of education, 39 % of patients had completed senior high school. Higher hypertension prevalence among individuals with secondary education or less (47 %) (Ostchega, Fryar, Nwankwo, & Nguyen, 2020). Higher educational attainment is generally associated with better health literacy and self-control.

Regarding treatment duration, 40 % of patients had been on antihypertensive therapy for 1–5 years (Zurli, Jumiyati, & Rizal, 2023). Patients treated for < 5 years were more adherent (59.2 %) (Simon, 2022). However, adherence tends to decline beyond 5 years because of treatment fatigue, a factor cited as the second-largest reason for non-adherence (19.3 %) in the 2023 Indonesian Health Survey (Ministry of Health of the Republic of Indonesia, 2023).

Amlodipine 10 mg was the most frequently prescribed drug, taken by 82 respondents (82%). This result aligns with studies conducted in 2023 which reported amlodipine monotherapy as the preferred regimen in 75% of patients (Salipian & Usviany, 2023). Amlodipine induces arteriolar relaxation and is recommended as single-agent therapy for Stage 1 hypertension with blood pressure < 150 mmhg when lifestyle modification has failed after 6 months (The Indonesian Society of Hypertension, 2019). Non-adherence is partly explained by the concurrent use of herbal medicines. Globally, 75–80 % of the population uses herbal remedies, assuming they are safer and dose-independent (Jonathan, Mohammadnezhad, & Raikanikoda, 2023). Roselle taken with hydrochlorothiazide increases urine volume and alters sodium excretion, while garlic combined with thiazides prolongs the latter's half-life (Azizah, Halimah, Puspitasari, & Hasanah, 2021).

In this study, 46 patients (46 %) had systolic blood pressure > 140 mmHg (Stage 1 hypertension), similar to a study who reported 51.7 % (Tiwi, Dewi, & Cahyaningrum, 2022). Modifiable and non-modifiable determinants influence blood pressure grading. Stress, for instance, activates the hypothalamic–pituitary–adrenal axis, raising CRH and ACTH levels and, via sympathetic activation, elevating blood pressure chronically (Rahmadhani, 2021). Persistent determinants include genetics: Individuals with a family history of hypertension have a markedly higher lifetime risk (Marhabatsar & Sijid, 2021).

The present study also showed that most respondents demonstrated good self-care management and were adherent to antihypertensive medication. Good self-care management was associated with higher adherence ($p < 0.001$) (Sridadi, Swandari, & Utami, 2023). Patients with good self-care management (45 %) had high adherence ($p < 0.001$). Conversely, sub-optimal adherence despite generally good self-care management was noticed ($p = 0.076$; $r = 0.319$) (Handayani et al., 2024). Age and education were additional modifiers of adherence.

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Self-care management encompasses five components: (i) personal integration of healthy lifestyle behaviors (physical activity, balanced diet, stress reduction) (The Indonesian Society of Hypertension, 2019); (ii) self-regulation, recognizing symptoms and triggers to avert complications (Iqbal & Jamal, 2022); (iii) therapeutic interaction, fostering bidirectional communication and trust with healthcare providers, thus improving adherence (Zeng, Gao, Hou, & Liu, 2024); (iv) regular monitoring of blood pressure to guide timely self-care decisions; and (v) compliance with scheduled follow-ups and prescribed dosages (Pae, Maryuti, & Astarini, 2023). Poor self-care management coupled with non-adherence increases mortality risk by 12–25 % (Suratri, Jovina, Andayasari, Edwin, & Ayu, 2020).

More than half of the respondents exhibited high self-efficacy alongside substantial adherence. This study was comparable with a study which reported that 92.4 % of patients with elevated self-efficacy were also adherent ($p < 0.001$) (Kawulusan, Katuuk, & Bataha, 2019). Those with high self-efficacy (57.1 %) were highly adherent ($p = 0.025$; $r = 0.299$) (Qodir, 2021; Sukmaningsih, Putra, Sujadi, & Windi, 2020)

Opposite results were reported, where high self-efficacy coincided with low adherence ($p = 0.155$; $r = –0.143$) (Ariesti, 2018). Bandura's theory suggests that individuals with high self-efficacy perceive unmet goals as challenges requiring greater effort or knowledge rather than as threats (Abdullah, 2019). Negative experiences—such as hypertensive hospitalizations—may raise adherence to avoid recurrence (Iswari, Windyastuti, & Priambodo, 2017)

High self-efficacy enhances confidence, motivation, and autonomy in medication management. Hypertensive patients with good self-efficacy are estimated to be 11 times more likely to adhere to therapy than those with low self-efficacy (Iswari et al., 2017). Self-efficacy mediates the effect of medication literacy (knowledge, behaviors, and skills) on adherence by 28.7 %. There was a significant correlation ($p < 0.001$; $r = 0.408$) between self-efficacy and antihypertensive adherence, underscoring the role of self-efficacy in improving medication literacy and adherence (Shen, Shi, Ding, & Zhong, 2020)

CONCLUSION

A weak but statistically significant positive relationship was identified between self-efficacy, self-care management, and medication adherence. The majority of patients exhibited high self-efficacy, effective self-care management, and good adherence to their medication regimen. These results indicate that enhancing self-efficacy and self-care management could improve patients' consistency in following treatment. Hence, incorporating interventions that build self-efficacy and promote awareness of self-care management is recommended as part of hypertension management programs.

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