

Development of Posbindu Model in Increasing Compliance of Hypertension Patients with a Local Cultural Approach

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Abstract

The lack of community participation in posbindu activities is due to lack of public knowledge, community awareness of non-communicable diseases, poor attitudes and behavior. It is necessary to create a posbindu model based on community needs. The aim of this study is to develop a Posbindu (Integrated Service Post) model using a local cultural approach. Qualitative approach using in-depth interviews with 4 informants aimed at obtaining more in-depth information and Focus Group Discussion (FGD) were attended by 10 participants, consist of 4 males and 6 females, that ranged from 38-55 years. FGD analysis resulted in several themes, namely: treatment compliance, health education, treatment seeking behavior, family support, policies, and the posbindu model with a local cultural approach. Obtained a posbindu development model with a local cultural approach, according to the needs of the community. The Posbindu model developed using a local cultural approach, specifically Sundanese culture, aligns with the cultural background of the informants. By creating a Posbindu model tailored to the community's needs, it is expected to enhance community participation in Posbindu activities, thereby improving compliance with hypertension treatment. Health promotion programs using local culture, such as during botram activities, have proven effective in increasing public knowledge about hypertension

Keywords: approach; compliance; culture; hypertension; local

Introduction

Cultural activities such as *botram* and *rierungan*, rooted in Sundanese traditions, offer a novel approach to enhancing engagement and compliance with hypertension treatment. These activities, which incorporate the local cultural context, make it easier for the community to understand and absorb the provided knowledge and awareness. Educational initiatives using a local cultural approach should be a primary consideration when selecting methods to educate the community (Tundung, Jerin, Nadun, & Juju, 2023).

Hypertension is a health problem that risked for cardiovascular events and stroke (Suhat, Suwandono, Adi, & Nugroho, 2022). The results of Indonesian Basic Health Research in 2018 demonstrated that the prevalence of high blood pressure was 34.11%. The prevalence of high blood pressure in women (36.85%) was higher than that in men (31.34%). The prevalence was higher in urban areas (34.43%), compared to that in rural areas (33.72%). Medication non-adherence among hypertensive patients may occur due to reasons such as feeling healthy, lack of monitoring, forgetfulness, or inability to afford hypertension medication. The Institute for Health Metrics and Evaluation. West Java

province ranks second in Indonesia in the prevalence of hypertension. Cimahi health profile in 2019, the number of people with hypertension continued to increase. This increase in the number of cases was accompanied by an increase in noncompliance with routine treatment and control (Suhat, Suwandono, Adi, Nugroho, et al., 2022).

Posbindu is an excellent program for early detection of non-communicable diseases. The implementation of posbindu so far is still not optimal to prevent and treat diseases, especially hypertension, in the community. The implementation does not adhere to the existing technical guidelines outlined for posbindu activities. "Most of the Posbindu have not been carried out routinely and follow-up has not been optimal. The activities tend to be carried out as screening for NCD risk factors only. Target coverage is still low and is mostly used by elderly people (Rahajeng, 2020). There is a lot of stigmas that going to posbindu is intended for sick people. "

Previous research on posbindu revealed that the causes of lack of community participation in posbindu activities were lack of knowledge, lack of awareness of non-communicable diseases, poor attitudes and behavior, participation of community leaders and many others. The causes of low community participation include poor community knowledge and attitudes, the assumption that going to Posbindu is only for sick or elderly people, family and environmental support, the role of community leaders and cadres, education and income levels, and the distance to Integrated service post/posbindu (Zakiyyatul & Rahayu, 2018).

Public awareness in treating hypertension is said to be higher in Western countries, such as; England (66%), Canada and America (80%) compared to Asia which is more varied, between 37-64%. The highest awareness is in Korea, while Indonesia is reported to have the lowest at 37%. Lack of awareness is related to inadequate monitoring of hypertension, so it is necessary to identify and educate the public to carry out prevention and recognize the effects and complications of hypertension if it is not handled properly (Rashid, Rahman, & Rashid, 2017).

Based on these problems, it is necessary to create a promotion and prevention model for hypertension that involves and is based on community needs. Community involvement can support existing programs to be sustainable in preventing hypertension and reducing the severity of hypertension sufferers who require regular treatment.

Methods

This research is a qualitative research design using in-depth interviews with 4 informants aimed at obtaining more in-depth information and FGD. The Focus Group Discussion were attended by 10 participants, consisting of 4 males and 6 females, whose ages ranged from 38-55 years. The informants involved in the research were hypertension sufferers, cadres, community health center officers, chief of community health center, and Sundanese cultural figures expert. Needs analysis was carried out using the FGD method for hypertension sufferers and health cadres. Validation of the results of FGDs conducted on hypertension sufferers and cadres was carried out on community health center officers and heads of community health centers. The instruments used were cameras and recording equipment, as well as interview guidelines and FGD guidelines. The research model was validated using an instrument evaluated by three experts to assess its feasibility for developing the posbindu model with a local cultural approach.

Data collection through FGD and in-depth interviews showed in figure 1. The number of participants in the FGD was 10 people, consisting of 6 people with hypertension, 3 people with hypertension who were used to participating in posbindu activities, 3 people who had never participated in posbindu and 4 people who were posbindu cadres.

Qualitative data processing in this research includes: data reduction, data presentation and drawing conclusions. Data analysis in qualitative research based on stages in qualitative research includes: 1) choosing a social situation; 2) carry out participant observation; 3) record the results of observations and interviews; 4) carry out descriptive observations; 5) perform domain analysis; 6) make focused observations; 7) carry out taxonomic analysis; 8) make selected observations; 9) carry out componential analysis; 10) conduct theme analysis; 11) cultural findings; and 12) make a report.

This This research has been declared by the Ethics Commission to meet ethical requirements (passed ethics) and has received approval through a Certificate of Passing Ethics or Ethical Approval Number: 548/EA/KEPK-FKM/2019 issued by the Health Research Ethics Commission, Faculty of Public Health, Diponegoro University on November 27 2019. Evidence of statements and certificates are attached to this research report.

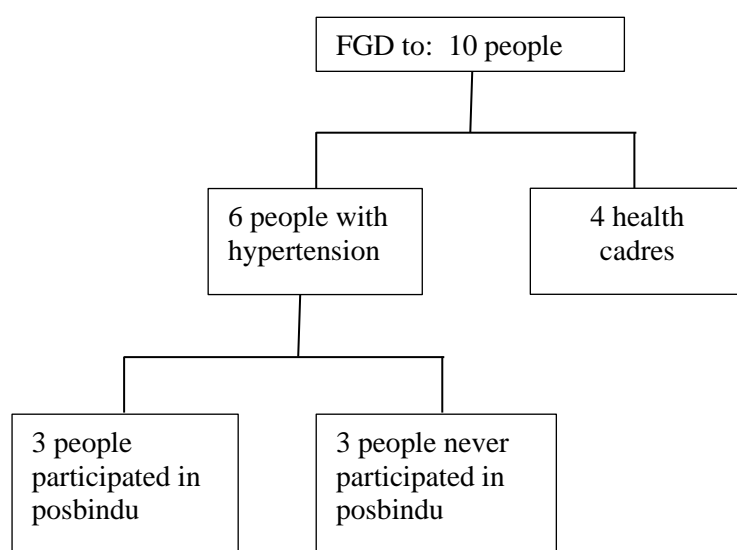


Figure 1. Subject of Focus Group Discussion

Results

This study is qualitative research aimed at developing a Posbindu (Integrated Service Post) model that aligns with community needs and incorporates local culture. Currently, participation among individuals with hypertension in Posbindu programs is low, as they perceive these services to consist mainly of blood pressure checks and medication distribution, making them less appealing to the community. Therefore, it is necessary to create a Posbindu model that can encourage greater attendance from individuals with hypertension, thereby improving their adherence to hypertension treatment.

The FGD activity was attended by 10 participants, 4 males and 6 females. Participants' ages ranged from 38-55 years, with a mean of 47.4 years. The results of the FGD analysis produced several themes, namely: treatment compliance, health education, treatment seeking behavior, family support, policies, and the posbindu model with a local cultural approach. FGD was conducted with informants using the interview guide that had been created. The interview results were then transcribed verbatim and subjected to thematic analysis. The results of the FGD can be seen in the next explanation.

Hypertension treatment compliance

Hypertension services, as reported by sufferers and cadres, are available at the nearest health center. However, regular check-ups are uncommon, as patients only visit when they feel seriously ill, and even then, they may not consistently take the prescribed medication. The results of the FGD include the following:

“...*kumargi mustaka masa liuer pariksa ka puskesmas, upami enteu tos wae cicing di imah...*” (RM 55 years old)
(if your head feels dizzy, then go to the health center, if not, stay at home)

“...*di puskesmas pariosna teh, timbang berat badan, diukur tinggi badan, teras terakhir ditensi...*” (SR 51 years old)
(checked at the health center, including weighing, height and measuring blood pressure)

“...*penyuluhanana ulah anu ngacablak ...teu ngarti ...*” (AS 50 years old)
(don't just lecture... don't understand).

Several sub-themes based on the results of the FGD are: place of service, examination methods, taking treatment, taking medication, more active health workers, an interactive communication.

Hypertension control compliance

The results of the interview regarding hypertension control services at Posbindu are as follows:

“...*penyuluhanana ulah anu ngacablak ...teu ngarti ...*” (AS 50 years old)
(don't just lecture... don't understand).

“... *posbindu ma aya di lembur mung teu ngiringan...*” (SS 47 years old)
(There was *posbindu* near our home, I didn't participate)

Sub themes: no obligation to join *posbindu*, health workers are more active, interactive communication.

Adherence to prevent hypertension risk factors

The research results show that the activities that need to be added are counseling, as follows:

“...*penyuluhan tapi anu nongton pidio, aya tulisan sareng gambarna...*” (ES 44 years)
(counseling by watching videos, so there are writings and pictures)

“... *aya senamna kangge jalmi kolot tapina, ulah nu loba gerakan... tos ripuh ... eta senam tera enakeun ...*” (RN 40 years)
(there are some exercises, but they are suitable for older people, such as Tera gymnastics)

“... *sa-atosna senam... dilajeng botram raos pisan, kangge menu nu sae kanggo penderita hipertensi... ulah loba asin, sambel terasi...pokokna sesuai saran ti puskesmas ...*” (BD 52 years)
(after doing exercise, continue with *botram* served menu that is safe for hypertension sufferers, don't add too much salt according to the advice from the health center)

“... *di puskesmas pariosna teh, timbang berat badan, diukur tinggi badan, teras terakhir ditensi...*” (SR 51 years)
(checked at the health center, including measuring weight, height and blood pressure)

The sub-themes from the interview results are: interesting health education, there is physical activity, material about preventing hypertension, healthy living practices, modification of health education methods, methods preferred by the community, don't write a lot, need tools, need cadres, measurement training.

Posbindu development model with local culture

Based on the results of interviews, it is known that hypertension sufferers are not active in posbindu because the activities are not interesting.

“... henteu reseup kana posbindu, teu kaci tu da...” (LN 52 years)
(don't like posbindu, not interesting)

“... *ceramah* ungkul *teu aya variasi*, ...” (WT 38 years)
(only lectures, no variations)

“... *tiasa usul* jang, *kedah diriungkeun nu gaduh panyawat tensi* ...” (TR 46 years old)
(Can you suggest something, I think people with hypertension should collect it)

“... perlu *ngariung bari ngarumpi janten teu stress*...” (TN 52 years old)
(need to get together so we can chat with each other so we don't get stressed)

“... *reriungan penderita hipertensi wae...alus pisan, janten disingkat REPEH ... aya sundaan...ari repeh teh diam alias nurut... tah jalmi hipertensi teh kudu nurut ameh cageur*...” (TN 52 years old)

(Gathering/Reriungan) for hypertension sufferers only, that's good, there is a Sundanese term for it... besides repeh it means to be quiet or obey... hypertensive people have to obey to be healthy)

“...*landong nyandak ka puskesmas gratis, teu kedah rutin nginum hoream* ..” (CA 45 years)
(You can take the medicine at the health center for free, but don't take it regularly because you're lazy)

“... *sa-atosna senam... dilajeng botram raos pisan, kangge menu nu sae kanggo penderita hipertensi... ulah loba asin, sambel terasi...pokokna sesuai saran ti puskesmas* ...” (BD 52 years)
(After exercise, continue with botram with a menu that is safe for hypertension sufferers, don't add too much salt according to the advice from the health center)

“... *Abi parios ti puskesmas sakalian ngajemput budak sakola* ...” (SL 50 years old)
(I checked at the health center while picking up the children from school).

The sub-themes identified from the interview results are as follows: Posbindu is perceived as unappealing, people are not actively participating, and there is a lack of perceived necessity for it. Suggestions include creating a dedicated space for hypertension patients, incorporating enjoyable activities, and renaming the program with Sundanese cultural nuances. Additional themes include the importance of motivation to stay healthy, forming groups for individuals with similar conditions, and addressing financial policies. It was noted that free services do not necessarily guarantee compliance, while visiting health centers often involves costs and distance barriers. Other cultural elements suggested include incorporating *botram*, *ngariung*, *repeh*, and Sundanese traditions, scheduling activities on holidays, and allocating specific times for Posbindu sessions.

The results of the Focus Group Discussion (FGD) relating to the Posbindu model activities required by the community were analyzed qualitatively using content analysis, resulting in the following sub-themes and themes regarding the Posbindu development model (Table 1).

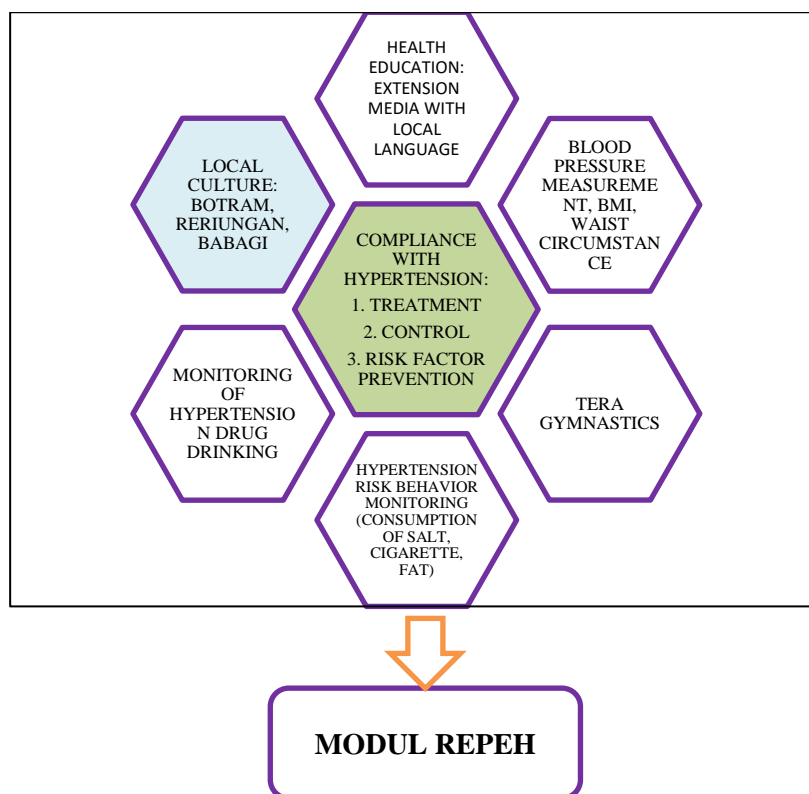
Community needed a modified form of posyandu activities by involving the existing culture, namely the local Sundanese culture. The *botram*, *babagi*, and *rierungan* activities are an alternative as an approach to improve adherence in treatment of hypertension. By carrying out activities that become a habit, they will feel more comfortable and not be a coercion for hypertension sufferers in treating hypertension. Activities in small groups (*gathering/rierungan*) to carry out each stage of the activity. A joint decision to develop posbindu model with a local cultural approach obtained in Cimahi city. The posbindu development model with a local cultural approach is as follows (Picture 1).

Table 1. Themes and Sub-themes of Posbindu Model Development

Themes	Sub Themes
1. Treatment adherence of hypertension sufferers	Place of service Examination method Treat when sick Take medicine
2. Control adherence of hypertension sufferers	Health workers should be more active Interactive communication. There is no obligation to join posbindu
3. Compliance in hypertension prevention	Interesting health education Physical activity Hypertension prevention topic Healthy life style practice Modification of educational methods Preferred educational method Don't use a lot writing Need more measurement and detection Need cadres Health indicator measurement training
4. Posbindu model with local cultural approach	Posbindu is not attractive Community is not active No feeling of need Need a special container for people with hypertension Activities that can be fun Need a new name with Sundanese nuance Motivation to be healthy Need social support Financing policy Without fees, people don't necessarily obey Going to the health center costs money Distance Eating together Gathering <i>Repeh</i> Sundanese language. On holiday, There is a special time.

Community needed a modified form of posyandu activities by involving the existing culture, namely the local Sundanese culture. The *botram*, *babagi*, and *rierungan* activities are an alternative as an approach to improve adherence in treatment of hypertension. By carrying out activities that become a habit, they will feel more comfortable and not be a coercion for hypertension sufferers in treating hypertension. Activities in small groups (*gathering/rierungan*) to carry out each stage of the activity. A joint decision to develop posbindu model with a local cultural approach obtained in Cimahi city. The posbindu development model with a local cultural approach is as follows (Picture 1).

The Posbindu model developed based on local culture and tailored to community needs consists of several activities that are not typically conducted in the current Posbindu system. The Posbindu REPEH (*REriungan PEnderita Hipertensi*, or Gathering of Hypertension Patients) activities are carried out in groups of 15-20 hypertension patients and one hypertension cadre. The activities include: 1) Measuring blood pressure, weight, and waist circumference; 2) Monitoring medication adherence by the hypertension cadre; 3) Monitoring the consumption of foods that may increase blood pressure by the cadre; 4) Group exercise (Senam Tera) together; 5) Health education from community health center staff on hypertension, dietary patterns for hypertension, and other necessary topics using the local Sundanese language, with videos in Sundanese for education; 6) Sharing by hypertension patients about their efforts in preventing risk factors for hypertension, limiting salt intake, or addressing other hypertension-related issues to share with others; and 7) *Botram* or a communal meal to conclude the meeting. The food can come from group members, following the guidelines for meals for hypertension patients.



Picture 1. Posbindu Development Model with a Local Cultural Approach

To validate the model with Sundanese culture experts, a qualitative research-based Posbindu model developed collaboratively with the community was transformed into a module named "REPEH Module" (*REriungan PEnderita Hipertensi*, or Gathering of Hypertension Patients). The module provides detailed explanations on implementing the Posbindu development model through a local cultural approach, specifically Sundanese culture. The validation results conducted by the experts are presented in Table 2.

Table 2 summarizes expert validation of the REPEH module as a guideline in implementing Posbindu, which was developed by applying Sundanese culture in its implementation, which focuses on a culturally adapted approach to addressing hypertension through community engagement. The validation results from the experts concluded that

the model developed through qualitative research can be implemented. The steps for implementing the REPEH Posbindu model, outlined in the module, are innovative and focus on local culture. Based on the validation from these four experts, the model can proceed with trials to assess its effectiveness. In this study, the findings focus solely on developing the REPEH Posbindu model, which is an enhancement of the existing Posbindu model.

Table 2. Summary of REPEH Counseling Module Assessment

Evaluator/Experts	Comments/Suggestions	Conclusion
Media Expert Chair of the Postgraduate Program, IKIP Siliwangi Bandung Professor of Non-Formal Education	The module is feasible for use and recommended as guideline to do the new model of posbindu	This model can be used as a guide in implementing REPEH programs
Material Expert/Stakeholder Chair of Cimahi Healthy City Forum	The module is feasible for use	This model is innovative and relevant to the local cultural context that is the focus
Material Expert Lecturer in Epidemiology and Head of Curriculum Research and Development Unit	Appropriate as presented.	This model is relevant and has the potential to be implemented in the target population."
Cultural Expert / Chair of Manggala Garuda Putih, Cimahi, West Java	Appropriate, It is suitable to incorporate Sundanese local terms and include <i>botram</i> as an activity.	The model aligns with the fundamental principles of a local cultural approach and is deemed applicable

Discussion

Development of the Posbindu Model with a Local Cultural Approach

This qualitative study resulted in a model developed from the existing Posbindu (Integrated Service Post) framework. The model's development involved individuals responsible for implementing Posbindu as well as community members, with a particular focus on individuals with hypertension. This initiative was driven by the low compliance rate of hypertensive patients in utilizing Posbindu services, attributed to the community's perception that the current Posbindu model is unappealing and provides limited benefits.

This study resulted in the development of a Posbindu (Integrated Service Post) model that incorporates local culture and aligns with the needs of its users, including individuals with hypertension. Hypertension patients must take medication daily to control their blood pressure, making it essential to maintain their motivation for routine check-ups at Posbindu and for obtaining antihypertensive medication. Posbindu model using the Sundanese cultural approach, namely *botram*, *babagi*, and *rierungan*. Culture plays a role important in health disparities through its influence on beliefs, customs, and practices health. Public health practitioners and health service providers must address cultural factors and issues that may hinder effective disease management among hypertension sufferers (Longa, Ponderb, & Stephanie, 2017).

The model has a validation process and approved by experts as an effort to increase compliance with hypertension sufferers. Posbindu model with a Sundanese cultural approach is an activity created based on the needs of people with hypertension. Information was obtained from the results of a qualitative study by conducting FGDs with several representatives of hypertension sufferers, cadres and health workers involved. The results of the research indicate the need for activities to increase patient compliance in preventing and treating hypertension (Anwari et al., 2018).

Health education using local languages has been proven to increase compliance in elderly people with hypertension. Education health care carried out in everyday language will be easier for the elderly or hypertension sufferers to understand. It will be more effective in increasing knowledge and additional information to increase the compliance of hypertension sufferers in preventing the risk of hypertension (Lolo, Kurnia, Persada, Kurnia, & Persada, 2022). Health education must be carried out routinely over a certain period of time, adapting with patience and implementing good communication (Kurniawati, Wahyuni, & Toulasik, 2019). Culture and religiosity are highly valued in many communities and play a significant role in shaping beliefs and health behaviors. Identifying the elements and mechanisms that influence adherence will be valuable in providing critical insights for linking adherence assessments to interventions that specifically address the causes of non-compliance with treatment. By incorporating a cultural approach, it is hoped that this will foster stronger beliefs and encourage communities to adopt behaviors that enhance compliance with hypertension treatment (Wahab, Bakry, Ahmad, Noor, & Ali, 2021).

Research in America indicates that deeply rooted religious and cultural norms are significant factors influencing treatment adherence and shaping beliefs about the importance of complying with medical treatment. This investigation reveals that, culturally, health beliefs about treatment are among the most prominent factors contributing to poor adherence among African Americans (Monique Chika & Offurum-Okezie, 2019).

The existence of a new health education model with a local cultural approach is needed to increase the compliance of hypertension sufferers with treatment, control and prevention of hypertension risk factors. Continuous supervision and contact between people suffering from hypertension and health workers in an atmosphere outside the health center or health service facilities will be felt to be more comfortable for the community, especially if the activities carried out to increase treatment compliance are carried out in a less formal situation.

The results of this study include a model that will be tested to assess its effectiveness in improving adherence among hypertension patients to treatment protocols and preventing complications associated with hypertension. A limitation of this study is the lack of quantitative information on behavioral changes observed, as the research primarily focuses on developing the REPEH posbindu model, an adaptation of the existing posbindu framework. Implementing the posbindu model with a local cultural approach requires significant time, resources, and effort for development. Therefore, the discussion in this study is limited to the feasibility of the newly developed posbindu model, which incorporates a local cultural approach to make it more engaging and to enhance the participation of hypertension patients in attending posbindu activities.

Conclusion

The posbindu development model with a local cultural approach in Cimahi City was proven to increase knowledge, attitudes, family support, treatment seeking behavior (perception of seriousness, perception of vulnerability, perception of benefits, and perception of barriers) as well as compliance of hypertension sufferers in carrying out hypertension treatment. The posbindu development model with a local cultural is an activity that suits to community needs. The activities consisted of measuring blood pressure, body mass index, abdominal circumference, Tera Gymnastics, health education by health workers from the community health center and botram. These activities can increase the compliance of hypertension sufferers in carrying out treatment, control and prevention of hypertension risk factors.

Utilization of local culture can also use local arts (such as angklung, wayang, or jaipong) as a health communication media to increase the appeal and acceptance of the program. Need to promote the consumption of healthy traditional Sundanese food, such as sayur asem, nasi timbel, or other foods made from local ingredients that are rich in nutrients and empower communities to grow local food through family garden or community garden programs.

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References

- Anwari, M., Vidyawati, R., Salamah, R., Refani, M., Winingsih, N., Yoga, D., ... Susanto, T. (2018). The Effect of Anti-Hypertension Exercise for the Elderly on Reducing Blood Pressure in the Elderly in Kemuningsari Lor Village, Panti District, Jember Regency. *The Indonesian Journal of Health Science*, (September), 160. <https://doi.org/10.32528/ijhs.v0i0.1541>
- Kurniawati, N. D., Wahyuni, E. D., & Toulasik, Y. A. (2019). Family support improves hypertensive patient drug compliance. *Indian Journal of Public Health Research and Development*, 10(8), 2660–2665. <https://doi.org/10.5958/0976-5506.2019.02270.8>
- Lolo, L. L., Kurnia, S., Persada, J., Kurnia, S., & Persada, J. (2022). Regional Language Health Education on Elderly Compliance with Preventing Increased Blood Pressure. *Jurnal Endurance*, 6(1), 190–200. <https://doi.org/10.22216/jen.v6i1.194>
- Longa, E., Ponderb, M., & Stephanie, B. (2017). Knowledge, attitudes, and beliefs related to hypertension and hyperlipidemia self-management among African-American men living in the Southeastern United States. *Patient Educ Couns.*, 100(5), 1000–1006. <https://doi.org/10.1016/j.pec.2016.12.011>. Knowledge
- Monique Chika, & Offurum-Okezie. (2019). *The Effects Of Culture On Medication Adherence And Hypertension Among Home-Care African Americans*. Capella.
- Rahajeng, E. (2020). *Strengthening Posbindu PTM in Reducing the Prevalence of Risk Factors for Major Non-Communicable Diseases*. Jakarta: Lembaga Penerbit Badan Litbangkes.
- Rashid, A., Rahman, A., & Rashid, A. (2017). Hypertension: East and West. *Journal of Cardiology & Current Research*, 10(1), 1–3. <https://doi.org/10.15406/jccr.2017.10.00353>
- Suhat, S., Suwandono, A., Adi, M. S., & Nugroho, K. H. H. S. (2022). The Influence of a Health Education Intervention on Hypertension-related Knowledge, Attitude and Family Support in Cimahi City: A Quasi Experimental Study. *Malaysian Journal of Medicine and Health Sciences*, 18(5), 31–38.
- Suhat, S., Suwandono, A., Adi, M. S., Nugroho, K. H., Widjanarko, B., & Wahyuni, C. U. (2022). Relationship of Health Belief Model with Medication Adherence and Risk Factor Prevention in Hypertension Patients in Cimahi City, Indonesia. *Evidence Based Care Journal*, 12(2), 51–56. <https://doi.org/10.22038/EBCJ.2022.64141.2664>

Tundung, L., Jerin, Y., Nadun, Y. D., & Juju, S. (2023). Manajemen Hipertensi menggunakan Pendekatan Kearifan Lokal di Desa Golowoi Kabupaten Manggarai, NTT. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 6(1), 62–67. <https://doi.org/10.33024/jkpm.v6i1.7723>

Wahab, N. A. A., Bakry, M. M., Ahmad, M., Noor, Z. M., & Ali, A. M. (2021). Exploring culture, religiosity and spirituality influence on antihypertensive medication adherence among specialised population: A qualitative ethnographic approach. *Patient Preference and Adherence*, 15(May), 2249–2265. <https://doi.org/10.2147/PPA.S319469>

Zakiyyatul, D., & Rahayu, N. F. (2018). Utilization of Posbindu for Non-Communicable Diseases for Hypertension Sufferers. *Nasional*, 5(2), 20–28. <https://doi.org/10.26699/jnk.v5i1.ART.p020>