
The Relationship Between Family Support And Self-Motivation And Medication Adherence In Hypertensive Patients At The Pallangga Community Health Center In Gowa Regency

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Abstract

Hypertension is a global health problem with an increasing number of sufferers. The success of hypertension management is largely determined by patient compliance in taking medication, but noncompliance remains a common obstacle. This condition leads to suboptimal blood pressure control and increases the risk of cardiovascular complications. This study aims to determine whether there is a significant relationship between family support and self-motivation on medication adherence in hypertensive patients. This study is a quantitative study with a cross-sectional approach. The sample in this study consisted of 67 respondents, and the study was conducted at the Pallangga Community Health Center. Data collection was carried out using questionnaires on family support, self-motivation, and medication adherence. After conducting a statistical test using the Chi-Square test, the results showed that there was a significant relationship between family support and medication adherence in hypertensive patients at the Pallangga Community Health Center in Gowa Regency, with a p-value of 0.014 (< 0.05). There was also a significant relationship between self-motivation and medication adherence among hypertensive patients at the Pallangga Community Health Center in Gowa Regency, with a p-value of 0.023 (< 0.05). Family support and self-motivation are significantly related to medication adherence among hypertensive patients at the Pallangga Community Health Center in Gowa Regency. Adequate family support and high self-motivation have been proven to increase patient consistency in undergoing treatment. Thus, these two factors need to be considered in efforts to improve adherence to hypertension treatment.

Keywords: Hypertension; Family Support; Self-Motivation; Medication Adherence.

INTRODUCTION

The World Health Organization (WHO) states that hypertension is a serious global health problem due to its increasing prevalence (Lu et al., 2020). Hypertension is one of the most common cardiovascular diseases affecting the population. The success of its management largely depends on patients' adherence to taking medication regularly (Ase et al., 2023). In reality, many individuals do not take antihypertensive medication consistently, contributing to suboptimal blood pressure control and an increased risk of cardiovascular complications (Susanti et al., 2025).

According to the World Health Organization (2023), approximately 1.13 billion (33%) adults aged 30–79 years worldwide suffer from hypertension. In the United States, 122.4 million (47%) adults live with hypertension (American Heart Association, 2024). In Indonesia, 30.8% of individuals aged ≥ 18 years have hypertension, with prevalence rates of 40.7% in Central Kalimantan, 34.4% in West Java, and 22.6% in Aceh. Medication adherence among Indonesian patients is 46.7%, while 16.9% have never taken antihypertensive medication. In South Sulawesi, 31.3% of the population suffers from hypertension; about 46.9% regularly take antihypertensive drugs, while 39.6% do not adhere consistently to treatment (Ministry of Health of Indonesia, 2023). In Gowa Regency, of 118,984 hypertension cases in 2019, only 50.9% were adherent to treatment. In 2020, among 138,176 patients, adherence decreased to 27% (Gowa District Health Office, 2021).

Based on data from Pallangga Primary Health Center, 1,000 hypertension cases were recorded between January and May 2025, indicating that hypertension remains a serious health problem. The high number of cases reflects challenges in managing risk factors and ensuring long-term treatment effectiveness. Therefore, further research is needed to identify factors that can improve patient adherence, such as family support and patients' self-motivation.

Hypertension is a chronic condition requiring lifelong management. If uncontrolled, high blood pressure can lead to heart attacks, stroke, and even premature death (Pius et al., 2021). One major cause of uncontrolled hypertension is irregular use of antihypertensive medication (Tumurang, 2023). Patient discipline in treatment is crucial to prevent severe complications. Regular medication adherence is essential to control blood pressure and prevent organ damage (Setyoningsih & Zaini, 2020). One key factor in successful hypertension management is consistent medication intake (Syamsudin et al., 2022).

Research by Ernawati et al. (2024) indicates that non-adherence to medication can result in uncontrolled hypertension, increasing the risk of heart disease and stroke. Without adherence, antihypertensive drugs are ineffective in controlling blood pressure, leading to treatment failure and health complications (Fadhurrahman & Yuwindry, 2022). Non-adherence may be caused by the absence of symptoms, cognitive decline, low trust in treatment, psychosocial conditions, and financial constraints, all of which reduce patient motivation and increase the risk of unmanaged hypertension (Putri et al., 2021).

Medication adherence refers to an individual's behavior in following medical instructions regarding timing and dosage as prescribed by healthcare professionals (Safitri et al., 2022). Factors influencing adherence include family support and motivation to seek treatment (Kartikasari et al., 2022).

Family support often takes the form of encouragement, affection, and care, which help patients maintain discipline in taking medication. Families also play an important educational role in improving members' understanding, promoting healthy lifestyles, and ensuring adherence to treatment (Purwatingrum & Susanto, 2022).

In addition, motivation plays a crucial role in treatment adherence. Motivation arises from internal drives that encourage individuals to maintain their health and control their blood pressure. Motivated patients are more consistent in undergoing therapy, understand the importance of blood pressure control, and comply with medical recommendations. Conversely, low motivation may lead to inconsistent treatment, reduced therapy effectiveness, and increased risk of complications (Fatimah & Cusmarih, 2022).

Motivation and family support are essential in improving medication adherence among hypertensive patients. Patients with high levels of motivation and strong family support tend to be more adherent due to both internal and external influences. Therefore, healthcare professionals should continuously provide support and guide families in caring for hypertensive patients (Suryantara & Dewi, 2023). Most families show concern for members undergoing hypertension therapy, which enhances patients' confidence and provides encouragement during treatment (Wiyono et al., 2023).

Several studies have shown significant relationships between family support and medication adherence in hypertensive patients (Milandari et al., 2023; Wahyu et al., 2023; Nuratiqa et al., 2020). However, other studies have reported inconsistent findings. Purnamasari & Meutia (2023) found no relationship between motivation and medication adherence, and Husnaniyah et al. (2023) reported no significant association between family support and adherence levels.

Although many studies have examined the relationship between family support, motivation, and medication adherence, findings remain inconsistent. Therefore, this study aims to further investigate whether there is a relationship between family support and self-motivation with medication adherence among hypertensive patients. By analyzing both factors simultaneously, this study is expected to provide a deeper understanding of their role in shaping patient adherence behavior.

Hypertension remains a major health problem with increasing prevalence. Although treatment is available, its success depends on how well patients follow medication instructions. However, many patients remain non-adherent. Family support and motivation play important roles in improving adherence—family support provides external reinforcement, while motivation originates from within the patient.

Based on the above considerations, the author is interested in conducting a study entitled: “The Relationship Between Family Support and Self-Motivation with Medication Adherence Among Hypertensive Patients at Pallangga Primary Health Center, Gowa Regency.”

RESULTS AND DISCUSSION

This research was conducted at the Pallangga Community Health Center (Puskesmas) located in Tetebatu Village, Pallangga District, Gowa Regency, South Sulawesi Province. Data collection was conducted over approximately two weeks using a questionnaire as the research instrument, with 67 respondents. The data obtained were then analyzed using SPSS for Windows version 25, using the Chi-Square test and Fisher's Exact Test to examine the relationship between variables. The decision-making criteria were to accept the alternative hypothesis (Ha) and reject the null hypothesis (H0) with a significance value or p-value <0.05, indicating a statistically significant relationship.

Univariate Analysis

Respondent Characteristics

Characteristics	Frequency (n)	Percentage
Gender		
Female	46	68,7
Male	21	31,3
Total	67	100
Age		
31-40 years	2	3
41-50 years	2	3
51-60 years	25	37,3
> 60 years	38	56,7
Total	67	100
last education		
No school	6	9
SD	27	40,3
SMP	10	14,9
SMA	19	28,4
College	5	7,5
Total	67	100
Occupation		
Unemployed	48	71,6
Farmer	9	13,4
Laborer	3	4,5
Civil servant	3	4,5
Self-employed	4	6
Total	67	100
Old HT		
< 1 years	12	17,9
1-5 years	31	46,3
> 5 t years	24	35,8
Total	67	100

*Data Primer 2025

Overview of Family Support in Hypertension Patients

Family Support	Frequency (n)	Percentage
High Family Support	43	64,2
Low Family Support	24	35,8
Total	67	100

Based on Table 4.2, the majority of respondents (64.2%) (43 respondents) had high levels of family support, while 35.8% (24 respondents) had low levels of family support. These results indicate that the majority of hypertensive patients receive good family support, which can help improve adherence to treatment and maintain a stable health condition.

Overview of Self-Motivation in Hypertensive Patients

Self-Motivation	Frequency (n)	Percentage
High Motivation	42	62,7
Low Motivation	25	37,3
Total	67	100

Based on Table, the majority of respondents (62.7%) had high self-motivation, while 37.3% (25%) had low motivation. These results indicate that the majority of hypertensive patients have good awareness and internal motivation to adhere to treatment, making high self-motivation a crucial factor in supporting successful hypertension management.

Overview of Medication Compliance in Hypertension Patients

Kepatuhan Minum Obat	Frequency (n)	Percentage
Obedient	46	68,7
Not obey	21	31,3
Total	67	100

Based on Table, the majority of respondents had a high level of medication compliance at 68.7% (46 respondents), while those who were non-compliant were 31.3% (21 respondents). These results indicate that the majority of hypertensive patients have taken their medication regularly as recommended, indicating good awareness and responsibility in maintaining stable blood pressure and preventing complications.

Bivariate Analysis

Relationship between Family Support and Medication Compliance in Hypertension Patients

Family Support	Medication Compliance				Total	p-value	
	Obedient		Not Obey				
	N	%	N	%			
Tall	34	79,1	9	20,9	43	100	0,014
Low	12	50	12	50	24	100	
Total	46	68,7	21	31,3	67	100	

*Uji Chi-square

Based on the research results in Table, it is known that of the 43 respondents with high family support, 34 (79.1%) were compliant with their medication, while 9 (20.9%) were non-compliant. Meanwhile, of the 24 respondents with low family support, only 12 (50%) were compliant and 12 (50%) were non-compliant. The chi-square test results showed a p-value of 0.014 (<0.05), indicating a significant relationship between family support and medication adherence in hypertensive patients at the Pallangga Community Health Center in Gowa Regency.

These results indicate that family support plays a crucial role in shaping patient adherence to treatment. Family involvement, whether through supervision, medication reminders, or emotional support, can strengthen patients' motivation to take their medication regularly and maintain stable blood pressure.

Compliance in Hypertension Patients

Self-Motivation	Medication Compliance				Total	p-value	
	Obedient		Not Obey				
	N	%	N	%			
Tall	33	78,6	9	21,4	42	100	0,023
Low	13	52	12	48	25	100	
Total	46	68,7	21	31,3	67	100	

*Uji Chi-square

Based on the research results in Table 4.6, it is known that of the 42 respondents with high self-motivation, 33 (78.6%) were compliant with their medication, while 9 (21.4%) were non-compliant. Meanwhile, of the 25 respondents with low self-motivation, only 13 (52%) were compliant, and 12 (48%) were non-compliant. The Chi-square test results showed a p-value of 0.023 (<0.05), indicating a significant relationship between self-motivation and medication adherence in hypertensive patients at the Pallangga Community Health Center in Gowa Regency.

This indicates that self-motivation influences patient adherence to treatment. Patients with high self-motivation tend to have greater awareness and commitment to regularly taking their medication, understand the benefits of treatment, and strive to maintain their blood pressure to avoid complications of hypertension.

DISCUSSION

The univariate analysis showed that most respondents were female and elderly (>60 years old), with generally low educational backgrounds and a majority not working. Women are biologically more vulnerable to hypertension, particularly after menopause due to decreased estrogen levels that reduce vascular elasticity. However, they tend to demonstrate better treatment awareness and adherence. Hypertension was most prevalent among older adults due to physiological aging processes, although memory decline may affect medication adherence. In contrast, hypertension among productive-age individuals tends to be underdiagnosed and associated with lower adherence due to low risk perception and work-related demands. Lower education levels may limit patients' understanding of medical instructions, but effective health education and support from healthcare providers can improve adherence regardless of educational background. Employment status and duration of illness also influence adherence, as unemployed individuals generally have more flexible time for treatment, while long disease duration may reduce motivation.

The findings also revealed that most respondents reported high family support and strong self-motivation. Emotional support—such as attention, encouragement, and empathy—was the most dominant form of family support and played a crucial role in improving medication adherence and maintaining blood pressure stability. Similarly, high self-motivation was associated with better self-care behaviors, including regular medication intake and healthy lifestyle practices. However, a proportion of patients still had low family support and low motivation, which may contribute to non-adherence due to limited awareness, inadequate understanding of long-term risks, or difficulty maintaining lifestyle changes. Strengthening family involvement and enhancing patient motivation through continuous education are therefore essential in long-term hypertension management.

Bivariate analysis demonstrated significant relationships between family support and medication adherence (p = 0.014), as well as between self-motivation and medication adherence (p = 0.023). Patients who received strong family support and had high self-motivation were more likely to adhere to antihypertensive treatment. Nevertheless, adherence is not determined by a single factor; it

results from the interaction of internal factors (such as motivation, knowledge, and beliefs) and external factors (such as family support, healthcare services, and access to medication). Therefore, comprehensive collaboration among patients, families, and healthcare providers is necessary to achieve optimal and sustainable blood pressure control.

CONCLUSION

Based on the results of this study on the relationship between family support and self-motivation and medication adherence in hypertensive patients at the Palangga Community Health Center in Gowa Regency, the following information is available:

1. Respondents to hypertensive patients at the Pallangga Community Health Center were predominantly female (68.7%), aged 60 years and over (56.7%), with a primary school education (40.3%), unemployed (71.6%), and with hypertension lasting 1-5 years (46.3%).
2. Family support for hypertensive patients at the Pallangga Community Health Center was mostly in the high category, with 43 respondents (64.2%).
3. Self-motivation among hypertensive patients at the Pallangga Community Health Center was mostly in the high category, with 42 respondents (62.7%).
4. Medication adherence among hypertensive patients at the Pallangga Community Health Center was high, with 46 respondents (68.7%) being compliant with their antihypertensive medication.
5. There is a significant relationship between family support and medication adherence in hypertensive patients at the Pallangga Community Health Center, Gowa Regency (p-value = 0.014 < 0.05).
6. There is a significant relationship between self-motivation and medication adherence in hypertensive patients at the Pallangga Community Health Center, Gowa Regency (p-value = 0.023 < 0.05).

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