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The Effect of Javanese Language Educational Video on Compliance Blood Pressure Examination in Elderly People with A History of Hypertension at Posyandu Lansia Melati 5 Kepanjen Health Center Working Area

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ABSTRACT

Introduction: Hypertension is the medical term for high blood pressure. Hypertension is commonly referred to as "The Silent Killer" because it shows no symptoms. Therefore, compliance to check blood pressure is important in controlling hypertension. Health education is needed to improve compliance, for example using educational videos in Javanese.

Objective: This study aims to determine the effect of Javanese-language educational videos on compliance with blood pressure checks in elderly hypertension history at the Melati 5 Elderly Posyandu in the Kepanjen Health Center Working Area.

Method: This type of research is quantitative with Pre-experimental research design using One Group Pre-Test Post-Test approach. The study population was all elderly people with a history of hypertension at Posyandu Melati 5 as many as 50 respondents, simple random sampling technique with a sample of 33 respondents.

Result: The results showed that during the Pre-Test very few of the respondents were compliant (12%), while during the Post-Test almost all of the respondents were compliant (85%). Using the Wilcoxon test analysis with a p-value of 0.000 means that there is an effect of Javanese educational videos on respondent compliance.

Conclusion: There is an effect of Javanese-language educational videos on compliance with blood pressure checks in elderly hypertension history at the Melati Elderly Posyandu 5 Kepanjen Health Center Working Area.

Keywords: Javanese Language Educational Video; Compliance; Elderly; Hypertension

INTRODUCTION

An elderly person is someone who is 60 years old or older. Health conditions will deteriorate with age, making them vulnerable to a number of diseases. One of the changes that occur in the elderly is changes in the cardiovascular system, which is the main cause of death because it will have an impact on other diseases such as hypertension or high blood pressure (1). Hypertension is usually called "*The Silent Killer*" because most people with hypertension do not feel any symptoms, and unwittingly experience complications (2). If hypertension experienced by the elderly is not controlled, complications will occur that worsen the condition of the elderly including retinal damage, peripheral vascular disease, stroke, kidney disorders, nerve disorders, brain disorders, and heart disease (3).

Hypertension can lead to increased *morbidity* or increased *mortality* (4). In addition, if complications occur, it can cause the sufferer to die (5). According to data from the World Health Organization (WHO) in 2019, hypertension affects around 22% of people in the world. The prevalence of hypertension in Indonesia has increased from 25.8% in Riskesdas 2013 to 34.1% in 2021, as reported by the Indonesian Ministry of Health in 2021 (6). In 2020, the prevalence of hypertension in the elderly was 35.6% or around 3,919,489 people in East Java. Among these elderly, around 154,106 or 21.9% have sought treatment in the Malang Regency area because of their hypertension (7). Annual deaths from hypertension and its complications are expected to reach 9.4 million by 2025. In addition, the incidence rate due to hypertensive disease will continue to increase (8).

Efforts that can be made to prevent complications of hypertension in the elderly are through controlling hypertension by improving lifestyle, namely diet, physical activity patterns, sleep patterns, and compliance with blood pressure checks (9). The recommended diet for elderly people with hypertension is a diet that is low in salt, low in fat, and increases the consumption of fruits and vegetables (9). Elderly people are recommended to do physical activities such as leisurely walking, cycling, and elderly gymnastics with a minimum duration of 150 minutes a week (9). Elderly sleep patterns can be said to be good if they sleep between 6.5 hours and 7 hours a day (9). Meanwhile, the elderly are also encouraged to regularly and obediently check their blood pressure at least once a month (9). For elderly people with a history of hypertension, it is recommended to adhere to checking their blood pressure at least once a month, this is in accordance with the theory of compliance according to (Notoatmodjo, 2018) that patient compliance is the patient's behavior towards a recommendation, action or regulation that must be carried out or obeyed (10). Therefore, compliance to check blood pressure in elderly people with a history of hypertension is also important in controlling hypertension (10).

Preliminary studies in Febriyanti's research at the Kepanjen Health Center in Malang Regency in 2022 showed that in the past year there were 5,136 elderly people covering 14 villages and 4 urban villages with an age range of 60 to 70 years suffering from hypertension (11). According to the Kepanjen Health Center recapitulation data, among the 12 non-communicable diseases (NCDs) that attack the elderly the most is hypertension (11). The knowledge and attitudes of the elderly regarding hypertension are still lacking and many elderly people are still not obedient or regular to check their blood pressure (12). This can be seen from the number of elderly people who checked their blood pressure over the past year from February 2021 to February 2022, totaling 615 elderly people with an average of 51 elderly people with hypertension in one month (12). The number of elderly people in compliance with blood pressure checks is still relatively small considering that the number of elderly people suffering from hypertension is quite a lot, so it is necessary to educate them about the importance of compliance with blood pressure checks in elderly people with hypertension (12).

The elderly posyandu in Mangunrejo Village, especially the Melati 5 Elderly Posyandu, is currently still engaged in general elderly empowerment and has not focused on health training for the elderly, such as controlling and educating non-communicable diseases, for example hypertension. The health promotion media in this study uses local wisdom-based audiovisuals, namely Javanese educational videos on the importance of compliance with blood pressure checks in elderly people with hypertension. The use of Javanese language in delivering the material is deemed more suitable, because most of the elderly in Mangunrejo Village use Javanese compared to using Indonesian in daily communication. Thus it can make it easier for the elderly to understand and be able to comply with blood pressure checks, especially in elderly history of hypertension in accordance with the material that has been delivered. So this study aims to analyze the effect of Javanese-language educational videos on compliance with blood pressure checks in elderly people with a history of hypertension at the Melati Elderly Posyandu 5 in the Kepanjen Health Center working area.

METHOD

In this study, researchers used a type of quantitative research with a Pre-experimental design, using the One Group Pre-Test Post-Test approach. The study population was all elderly people with a history of hypertension at Posyandu Melati 5 as many as 50 respondents, simple random sampling technique with the Taro Yamane formula (1967) so that a sample of 33 respondents was obtained. Data processing was carried out in February 2024 using primary data. This study uses data on respondent characteristics (gender, age, education, and occupation), Javanese-

language educational video media which are independent variables, and compliance with blood pressure checks which are dependent variables. The data obtained were then analyzed using the Statistical Package for Social Science (SPSS) application, with univariate analysis to see the frequency distribution picture. Then bivariate analysis was carried out using the Wilcoxon test to see the relationship between the independent variable and the dependent variable.

RESULTS

Table 1 Data on Characteristics of Elderly Respondents with Hypertension History at Posyandu Lansia Melati 5

Respondent Characteristics	Frequency (n)	Percentage (%)
Gender		
Male	2	6,06%
Female	31	93,94%
Total	33	100%
Age		
55 - 65 years	24	72,72%
66 - 74 years	9	27,28%
Total	33	100%
Education		
SD	30	90,90%
SMP	3	9,10%
HIGH SCHOOL	0	0%
Higher Education	0	0%
Total	33	100%
Jobs		
Merchant	6	18,18%
Farmers	18	54,54%
Labor	7	21,22%
Private / Self-employed	2	6,06%
ASN	0	0%
More	0	0%
Total	33	100%

(Source: Secondary research data February 2024)

Based on Table 1, the characteristics of elderly respondents with a history of hypertension at the Melati 5 Elderly Posyandu, show that of the 33 research respondents at the Melati 5 Elderly Posyandu, Mangunrejo Village, Kepanjen District, almost all of the respondents were female, namely 93.94%, almost half of the respondents were 55-65 years old, namely 72.72%, almost all of the respondents had elementary school education, namely 90.90%, and some of the respondents had farming jobs, namely 54.54%.

Analysis of the level of compliance of respondents before being given a Javanese-language educational video on compliance with blood pressure checks in elderly hypertension history at the Melati 5 Elderly Posyandu in the Kepanjen Health Center working area can be seen in table 2.

Table 2 Data Analysis of Respondents' Compliance Level Before Being Given a Javanese Educational Video

Category	Compliance Score	Data Interpretation Criteria					
Pre-test	12%	Very few of the respondents					
Category	N	Mean	SD	SE	Min	Max	
Compliance before being given the Javanese educational video	33	31	8,7	1,5	22	40	

(Source: Primary research data February 2024)

Based on Table 2 data analysis of the respondents' compliance level before being given a Javanese educational video, the compliance score in the pre-test category was 12%, which shows the data interpretation criteria, namely very few of the respondents were obedient to check blood pressure. Of the 14 statements in the pre-test category, the

statement item that shows respondents' non-compliance is item number 3, namely that as many as 28 respondents have never checked blood pressure independently other than to the elderly posyandu.

In addition, the average or mean blood pressure check compliance score before being given a Javanese educational video is 31. For the standard deviation value before being given a Javanese educational video is 8.7. The standard error value before being given a Javanese educational video is 1.5. The minimum value before being given a Javanese educational video is 20 and the maximum value is 40.

Analysis of the level of compliance of respondents after being given a Javanese-language educational video on compliance with blood pressure checks in elderly hypertension history at the Melati 5 Elderly Posyandu in the Kepanjen Health Center working area can be seen in table 3.

Table 3. Data Analysis of Respondents' Compliance Level After Being Given a Javanese Educational Video

Category	Compliance Score	Data Interpretation Criteria					
Post-test	85%	Almost all of the respondents					
Category	N	Mean	SD	SE	Min	Max	
Compliance after being given a Javanese educational video	33	37	9,5	1,7	27	50	

(Source: Primary research data February 2024)

Based on Table 3 data analysis of the respondent's compliance level after being given a Javanese educational video, the compliance score in the post-test category was 85%, which shows the data interpretation criteria, namely almost all of the respondents who were obedient to check blood pressure. Of the 14 statements in the post-test category, the statement item that shows respondent compliance is item number 1 that as many as 13 respondents always and 15 respondents often check blood pressure at least once a month.

In addition, the average or mean score of blood pressure check compliance after being given a Javanese-language educational video is 37. Meanwhile, the standard deviation value after being given a Javanese-language educational video is 9.5. The standard error value after being given a Javanese educational video is 1.7. The larger the sample, the smaller the standard error, and the closer the sample mean approaches the population mean. The minimum value after being given a Javanese educational video is 27 and the maximum value is 50.

Standard deviation can illustrate how much the data varies, where if the standard deviation value is greater than the mean value, it means that the mean value is a poor representation of the overall data. However, if the standard deviation value is smaller than the mean value, this indicates that the mean value can be used as a representation of the overall data.

Analysis of the effect of Javanese-language educational videos on compliance with blood pressure checks in elderly hypertension history at the Melati Elderly Posyandu 5 working area of the Kepanjen Health Center can be seen in Table 4.

Table 4 Analysis of the Effect of Javanese Language Educational Video on Adherence to Blood Pressure Checks Among Respondents

Variables	Javanese Language Educational Video	
	Frequency (n)	p-value
Compliance with blood pressure checks before and after	33	0,000

(Source: Primary research data February 2024)

Based on the statistical test results in Table 4, it shows that the Wilcoxon test with Pearson analysis results in a significance value of blood pressure check compliance of $p\text{-value} = 0.000$, so H_0 is rejected and H_1 is accepted. So it can be concluded that there is an effect of Javanese-language educational videos on compliance with blood pressure checks in elderly hypertension history at the Melati 5 elderly posyandu in the Kepanjen Health Center working area.

In addition, based on Tables 2 and 3, the average or mean, the blood pressure check compliance score before being given a Javanese-language educational video is 31 and the blood pressure check score after being given a Javanese-language educational video is 37. So it can be concluded that there is an increase in respondents' blood pressure check compliance before and after being given a Javanese-language educational video.

DISCUSSION

Identification of the level of compliance of respondents before being given a Javanese-language educational video on compliance with blood pressure checks in elderly people with hypertension history at the Melati 5 Elderly Posyandu in the Kepanjen Health Center Working Area.

Based on Table 2, the results of respondent compliance in the pre-test category were 12%. This is in accordance with the data interpretation criteria which shows that very few of the respondents are obedient to check blood pressure. Of the 14 statements in the pre-test category, the statement item that shows respondents' non-compliance is item number 3 that as many as 28 respondents have never checked blood pressure independently other than to the elderly posyandu.

This can be caused by the respondents' lack of understanding of the importance of checking blood pressure. Based on the journal according to Notoatmodjo in (Batbual, 2021) internal factors that influence knowledge include the level of education (13). Several studies have shown that people are better able to absorb new knowledge when they have a higher level of education (13). Meanwhile, as Hurlock revealed in (Batbual, 2021), a person's mental and physical strength naturally increases with age (14). In addition, there are other elements that may have an impact on knowledge, such as media or sources of information, information obtained through formal and informal education brings changes and broadens understanding, but this information is only useful for the short term (14). Not fully understanding instructions is one of the causes of non-compliance. People are more likely to follow directions if they fully understand them, especially when it comes to health issues (14). Disobedience to create positive behavioral adjustments is most likely to occur when a person fails to understand the instructions (14).

One way to overcome non-compliance is to familiarize healthy behaviors (15). In addition to devising a plan or strategy to change behavior, one must also devise ways to keep the behavior changed (15). One of them is self-awareness, self-evaluation, and self-control (15). To improve healthy habits, patients and health practitioners must work together to change patient behavior, another important aspect of adherence is social support from family members (15).

According to the researcher, things that can cause respondents' lack of understanding of the importance of blood pressure checks are age, education, and occupation factors. Based on the data on the characteristics of the research respondents obtained, the average age of respondents ranged from 55-65 years old. At this age, respondents experience impaired brain function such as memory, ability to think, and understand something. So it is difficult to remember the material that has been given. Meanwhile, the average education of respondents is elementary school and their occupation is farmer. This makes it difficult for respondents to receive information and lacks motivation to participate in development. Lack of information provision also contributed to the respondents' lack of understanding. So far, information has only been provided through counseling activities without any tools such as health promotion media.

The thing that can cause respondents to never check blood pressure independently other than going to the elderly posyandu is that respondents do not understand the importance of checking blood pressure. Respondents also do not know that blood pressure checks can not only be done at the posyandu for the elderly. Instead, it can be done at the nearest health facilities such as pharmacies, clinics, health centers, and hospitals. In addition, if you have a home tensimeter, it can also be used, but blood pressure checks are still recommended to be carried out by health workers.

Respondents felt that they had adopted a healthy lifestyle and their condition was fine. So the respondents thought that checking blood pressure only at the posyandu for the elderly was enough. In addition, in terms of family support, respondents rarely checked their own blood pressure, except at the elderly posyandu, due to a lack of information support from the family, including providing advice and ideas. Respondents still do not feel confident to routinely check their own blood pressure outside of visits to the posyandu, even though there are family members who provide assistance, such as being ready to accompany and remind their schedule.

The quality of interaction between health workers and respondents was not good. This is due to the change of duties of health workers who have only been one month. This means that there is still one meeting at the elderly posyandu with a new health worker, so they are still adjusting to the environment. Good quality of interaction will result in respondents obeying the advice or appeal of health workers.

Identification of the level of compliance of respondents after being given a Javanese-language educational video on compliance with blood pressure checks in elderly people with hypertension history at the Melati Elderly Posyandu 5 Kepanjen Health Center Working Area

Based on Table 3, the results of respondent compliance in the post-test category were 85%. This is in accordance with the data interpretation criteria which shows that almost all of the respondents are obedient to check blood pressure. Of the 14 statements in the post-test category, the statement item that shows respondent compliance is item number 1 that as many as 13 respondents always and 15 respondents often check blood pressure at least once a month. Meanwhile, the maximum value of respondent compliance after being given a Javanese-language educational video is 50.

One of the non-scientific ways of gaining knowledge is based on experience (16). Learning from one's own experience can be done (16). To do this, one relies on methods that have proven successful in the past (16). Obedience contains a component of trust, which is the belief that the powerful have the ability to demand or command whatever they want (17).

In addition, elements that influence adherence include personal characteristics including beliefs, attitudes, and motivations, as well as support from family, friends, and healthcare providers (18). To control hypertension, one of them is to check blood pressure at least once a month (19). The right targets for checking blood pressure are people aged 40 years and over, people who have chronic health conditions such as hypertension so that they need to be more routine to check blood pressure (19). Therefore, there are various ways to improve compliance, one of which is to increase self-control (20). This suggests that patients need to improve their self-control so that they can be more compliant with their treatment plan. When patients are able to control themselves, they are more likely to adhere to their treatment plan (20).

According to the researcher, what can cause respondents to comply with blood pressure checks is the understanding gained from positive knowledge. Obtained from providing information through health promotion media in the form of educational videos in Javanese about the importance of compliance with blood pressure checks in elderly hypertension history.

Factors such as social support, encouragement from health workers, and help from family members ensure that respondents take a blood pressure test at least once a month. Elderly people with hypertension really need the help of those closest to them to keep their blood pressure in check. Because they are the most responsible for making important decisions and have someone to rely on in times of need. This can have a very good impact on their self-esteem. People are more likely to act healthily if they have the support of health professionals.

Respondents also understand that hypertension is known as "The Silent Killer" because it can cause death and attack anyone suddenly. Hypertension is also not uncommon without causing signs and symptoms, so the impact that occurs if you do not check your blood pressure is the onset of complications that cause death. Meanwhile, respondents who suffer from hypertension also have complications such as stroke and heart disease. So that respondents who have a history of hypertension and have complications more often check blood pressure at least once a month.

The proximity of the elderly posyandu to the respondent's house can also influence respondents to frequently check blood pressure at least once a month. The optimal role of elderly posyandu cadres can also affect elderly compliance, this is because the elderly posyandu cadres have carried out their duties well, namely helping to organize elderly posyandu activities, as communication intermediaries from the community to health workers, and elderly health monitors.

Identification of the Effect of Javanese Language Educational Video on Compliance with Blood Pressure Checking in Elderly Hypertension History at the Elderly Posyandu Melati 5 Kepanjen Health Center Working Area

Based on Tables 3 and 4, the maximum score of respondents' compliance after being given a Javanese educational video is 50. The scoring is based on the level of compliance according to Fauziyah in 2019, which means that respondents have been obedient to check their blood pressure. Meanwhile, the p-value in blood pressure check compliance before and after being given a Javanese-language educational video is 0.000, which means H_0 is rejected and H_1 is accepted. So it can be concluded that there is an effect of Javanese-language educational videos on compliance with blood pressure checks in elderly hypertension history at the Melati 5 elderly posyandu in the Kepanjen Health Center working area.

This can be caused because respondents can understand the material delivered through health promotion media in the form of educational videos in Javanese, so that respondents can be obedient to check blood pressure. Media plays an important role in health promotion, because it allows the dissemination of information to be more interesting and easy to understand, thus encouraging targets to implement the changes that have been suggested (21). Based on its function as a distributor of health messages, one example of health promotion media is electronic media (21). Electronic media as a target for delivering messages or health information is one type of audiovisual media, audiovisual media is media that has elements of sound and images (21). Audiovisual media is adaptable, inexpensive, practical, and easy to carry, and offers superior capabilities (21). Due to its unique qualities, audiovisual media is ideal for disseminating health-related messages and information whether indoors or outdoors (21).

One form of audiovisual media is animated video media (22). Media with moving images and sound effects that mimic the actions of animated characters are called animated videos (22). The creation of animated video media has evolved from still images to moving images that depict real events and happenings (22). Many languages can be used in the creation of animated video media (23). Language is used to make it easier to capture information or an explanation (23). One of them is the use of Javanese, the basis for using this language is due to the influence of the

environment or customs of the people in an area (24). They will often communicate by using their mother tongue or the language used to communicate since birth, so they can be more fluent and also understand it (24).

According to the researcher, what can cause respondents to comply with blood pressure checks is the understanding gained from positive knowledge. Obtained from providing information through health promotion media in the form of Javanese educational videos about the importance of compliance with blood pressure checks in the elderly with a history of hypertension. What can cause the effect of Javanese-language educational videos on compliance with blood pressure checks in the elderly with a history of hypertension in the Melati 5 elderly posyandu in the Kepanjen Health Center working area is that the health education method used is effective and can help during the process of providing health information. In this study, using health education methods in the form of large groups with lecture and discussion methods. Respondents carefully pay attention and listen to the video that has been presented.

The selection of health promotion media, namely electronic media in the form of audiovisual media, also helped respondents understand and remember the health material or messages conveyed. Educational video media also has animations that are colorful, moving, have audio, are interesting to watch, and show examples of attitudes and actions that can be learned. It is also equipped with subtitles that are used to make it easier for respondents to read and understand the material presented. With the existence of health promotion media in the form of educational videos, respondents are able to understand health messages more meaningfully so that the information conveyed through these educational videos can be fully understood.

The use of Javanese language in delivering the material is more suitable, because most respondents use Javanese compared to using Indonesian in daily communication. Thus it can make respondents easier to understand and be able to comply with blood pressure checks, especially in elderly hypertension history in accordance with the material that has been delivered.

CONCLUSION

Based on this study, it can be concluded that it is known that the level of compliance with blood pressure checks before being given a Javanese educational video, which shows the data interpretation criteria of very few respondents who are obedient to check blood pressure. It is known that the level of compliance with blood pressure checks after being given a Javanese educational video, which shows the data interpretation criteria of almost all of the respondents who are obedient to check blood pressure. Based on the results of the Wilcoxon test on the compliance variable, it was found that the average value on each variable before and after being given a Javanese educational video on the importance of compliance with blood pressure checks in the elderly with a history of hypertension was a significant difference. So it can be concluded that Javanese educational video media has an effect on compliance with blood pressure checks in the elderly with a history of hypertension.

SUGGESTION

This study recommends to educational institutions to be able to become library knowledge material, provide theoretical briefing for students, can increase sources, and literature regarding compliance with blood pressure checks in elderly people with a history of hypertension using Javanese educational videos. Then for health practitioners can help to provide effective education, provide input, and support in increasing compliance with blood pressure checks in elderly people with a history of hypertension using Javanese educational videos. Furthermore, for respondents, it can be used to further improve compliance with blood pressure checks using Javanese educational videos. In addition, future researchers should conduct further research by comparing educational video media with other health promotion media and other variables in order to see the extent to which the effectiveness of influencing respondents on compliance with blood pressure checks in the elderly with a history of hypertension.

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