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THE RELATIONSHIP BETWEEN PATIENTS' KNOWLEDGE ABOUT HYPERTENSION AND COMPLIANCE ATTITUDES IN FOLLOWING A HYPERTENSION DIET

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ABSTRACT

Background: Hypertension is known as a *silent disease* because many people are unaware they have it until they have their blood pressure checked. Diet plays an important role in managing hypertension. A healthy lifestyle and proper nutrition among individuals with high blood pressure can help control blood pressure, and when combined with reduced salt intake, it can lead to a decrease in blood pressure. Objective: To determine the relationship between patients' knowledge about hypertension and their attitudes toward compliance in following a hypertension diet in the working area of UPTD Puskesmas Meukek, South Aceh Regency. Method: This study used a descriptive correlational non-experimental design with a cross-sectional approach. The sample consisted of 89 patients receiving treatment at UPTD Puskesmas Meukek. Results: The study showed a p-value of 0.014 (< 0.05) for the relationship between knowledge level and dietary compliance, and a p-value of 0.000 (< 0.05) for the relationship between attitude and dietary compliance. Conclusion: There is a significant relationship between knowledge and attitude levels and compliance in following a hypertension diet in the working area of UPTD Puskesmas Meukek, South Aceh Regency. Recommendation: The results of this study may serve as a reference to help improve attitudes and compliance in following a hypertension diet.

Keywords: knowledge level, attitude, compliance, hypertension diet

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INTRODUCTION

Hypertension is a global health problem and one of the primary risk factors for cardiovascular disease. It is classified as a non-communicable disease (NCD), meaning it is not transmitted from person to person. NCDs are chronic in nature and continue to be a major health concern in Indonesia, often caused by unhealthy lifestyle habits (Riskesdas, 2018). Often referred to as the "silent disease," hypertension typically presents no symptoms, and many individuals remain unaware they have it until their blood pressure is measured (Andika & Safitri, 2019). It affects individuals across all age groups, both young and old (Shaumi, 2019).

According to the World Health Organization (2023), more than 30% of the global adult population suffers from hypertension. In the past thirty years (1999–2019), the number of adult hypertension cases has increased by 41% in Europe and the Americas, while Southeast Asia and the Western Pacific regions have seen a significant 144% increase. Globally, the number of individuals with hypertension continues to rise. It is estimated that by 2025, approximately 1.5 billion people will be affected, and 9.4 million people will die due to hypertension and its complications. In Indonesia, the prevalence reached 34.1%, up from 25.8% in 2013 (Riskesdas, 2018).

According to the Ministry of Health (2019), hypertension is prevalent among people aged 31–44 years (31.6%), 45–54 years (45.3%), and 55–64 years (55.2%). Among the elderly, the prevalence is 45.9% for those aged 55–64, 57.6% for age 65, and 74% for those above 75 years.

In Aceh Province, there were 2,182,000 individuals living with hypertension in 2022. Of those, only 497,572 patients (38.29%) received standardized healthcare services. In South Aceh, 10,241 male patients and 10,867 female patients over the age of 15 were reported to have hypertension (Aceh Health Profile, 2023). In the working area of UPTD Puskesmas Meukek, over 90% of patients reportedly received standard health services, according to the 2023 South Aceh Health Profile. A study by Rasnawati, Syaifuddin, and Fajriansi (2023) showed a significant relationship between patients' knowledge and attitudes and their adherence to a low-salt diet ($p < 0.05$).

Similarly, Agustina and Pradana (2022), in their literature review of ten studies from 2017 to 2022, found a consistent relationship between knowledge levels and dietary adherence among elderly patients. Diet plays a vital role in managing hypertension. Lifestyle habits and nutrition patterns significantly influence blood pressure control. Combining a healthy diet with reduced salt intake can effectively lower blood pressure (DA & Hendrawati, 2018). The WHO recommends that adults consume less than 2000 mg or 5 grams of salt per day (Prihatini et al., 2016). According to Umagapi (2022), factors influencing diet adherence among hypertension patients include knowledge levels, family support, healthcare provider roles, motivation, eating habits, and access to healthcare services.

Low levels of knowledge about hypertension may result from limited access to information about prevention strategies (Permata et al., 2018). Improved knowledge can empower patients to prevent complications by adopting healthier habits (Firsia Sastra Putri, 2020). A preliminary survey conducted by the researcher at UPTD Puskesmas Meukek from December 18 to 27, 2024, involved 10 hypertension patients. Four respondents reported low adherence to the hypertension diet because meals were not separated from other family members. Three respondents found low-salt food to be unappetizing, and three others mentioned they had reduced salt but occasionally consumed coconut milk-based dishes. Based on this phenomenon, the researcher is conducting a study entitled: "The Relationship Between Patients' Knowledge About Hypertension and Compliance Attitudes in Following a Hypertension Diet in the Working Area of UPTD Puskesmas Meukek, South Aceh Regency."

Problem Statement

Is there a relationship between patients' knowledge about hypertension and their compliance attitudes in following a hypertension diet in the working area of UPTD Puskesmas Meukek, South Aceh Regency?

Research Objectives

General Objective

To determine the relationship between patients' knowledge about hypertension and their compliance attitudes in following a hypertension diet in the working area of UPTD Puskesmas Meukek, South Aceh Regency.

Specific Objectives

- To analyze the relationship between patients' knowledge about hypertension and their dietary compliance in the working area of UPTD Puskesmas Meukek, South Aceh Regency.
- To analyze the relationship between patients' attitudes and their dietary compliance in the working area of UPTD Puskesmas Meukek, South Aceh Regency.

Significance of the Research

For the Researcher

This research contributes to the researcher's knowledge, practical experience, and ability to apply academic learning in real-life contexts. It can also serve as a reference when providing health education to hypertension patients regarding dietary management.

For UPTD Puskesmas Meukek

The findings of this study may serve as useful information to improve the quality of healthcare services, particularly in hypertension management.

For STIKes Medika Seuramoe Barat Meulaboh

This study is expected to contribute to the development of academic knowledge in nursing science. It can be used as a foundation for future research and as a reference for studies related to knowledge, attitudes, and dietary adherence among hypertension patients

METHOD

The type of research used in this study is descriptive correlational with a non-experimental approach. This type of research aims to identify the relationship between dependent and independent variables using a cross-sectional study design. According to Abduh et al. (2023), a cross-sectional survey is a research design that examines risk and outcomes through observation, with the aim of collecting data at one specific point in time. This type of study can be published to illustrate and inform researchers that data collection can be conducted just once.

Population and Sample

Population
According to Sugiyono (2021), a population is the generalization area that consists of objects or subjects having certain qualities and characteristics determined by the researcher to be studied and drawn conclusions from.
The population in this study consists of all hypertension patients receiving healthcare services in the working area of UPTD Puskesmas Meukek. Based on data from December 2024 to April 2025, the total number of patients with hypertension was 798 individuals.

Sample
A sample is a subset of the population that possesses similar characteristics. Therefore, the sample taken must be representative (Sugiyono, 2021).
The sample size was determined using Slovin's formula (1960) as cited by Notoadmojo (2002):

$$\mathbf{n = N / (1 + N(e^2))}$$

Where:
n = Sample size
N = Population size
e = Margin of error (10%)

Using the formula:
$n = 798 / (1 + 798 \times 0.01) = 798 / 8.98 = 88.86 \rightarrow$ rounded to 89 respondents

The sampling technique used was stratified sampling, which divides the population into subgroups or strata based on relevant characteristics. A random sample is then taken from each stratum to ensure that all subgroups are adequately represented, making the results more accurate and reliable (Rahayu, 2022).

The research sample was drawn from 13 villages: Alue Meutuah, Lhok Aman, Ladang Baro, Labuhan Tarok I, Labuhan Tarok II, Tanjung Harapan, Kutabaro, Keude Meukek, Blang Bladeh, Blang Teungoh, Ie Buboh, Aruntunggai, and Kutabuloh II.

The number of respondents from each village was calculated using the following formula (Sugiyono, 2021):

Sample from each village = (Village population × Total sample) / Total population

Village Name	Population	Sample Count
Alue Meutuah	57	6
Lhok Aman	69	8
Ladang Baro	58	6

Village Name	Population	Sample Count
Labuhan Tarok I	70	8
Labuhan Tarok II	67	7
Tanjung Harapan	65	7
Kutabaro	59	7
Keude Meukek	52	6
Blang Bladeh	55	6
Blang Teungoh	58	6
Ie Buboh	61	7
Aruntunggai	58	7
Kutabuloh II	69	7

Location and Time of Research

Research Location
The research was conducted in the working area of UPTD Puskesmas Meukek, which includes 13 villages mentioned above.

Research Duration
This study was carried out from June 16 to July 18, 2025.

Operational Definition

Variable	Operational Definition	Measurement Method	Instrument Description	Measurement Scale
Knowledge of Hypertension	The ability to understand information about hypertension	Guided questionnaire	11 questions; e.g., "Low-salt, low-fat foods help reduce high blood pressure."	Ordinal
Attitude of Hypertensive Patients	The patient's response in dealing with hypertension (positive or negative)	Guided questionnaire	10 questions; e.g., "I eat regularly three times a day."	Ordinal
Dietary Compliance	The patient's adherence to dietary guidelines for hypertension	Guided questionnaire	10 questions; e.g., "I follow the diet recommended by health workers."	Ordinal

Research Instruments

Questionnaire A: Respondent Identity
This includes four demographic questions covering age, education, and occupation.

Questionnaire B: Patient Knowledge
Adapted from Nugraha (2018), this includes 11 items measuring knowledge about the hypertension diet.
Measurement uses a Likert scale with true/false responses.
Scale: Ordinal

Questionnaire C: Patient Attitudes
Contains 10 attitude-related items about hypertension diet.
Measurement uses a Likert scale: Strongly Agree to Strongly Disagree.
Scale: Ordinal

Questionnaire D: Dietary Compliance
Contains 10 questions about adherence to the hypertension diet.
Measurement uses a Likert scale with Yes/No responses.
Scale: Ordinal

Validity and Reliability Testing

Validity Test
A valid instrument accurately reflects the data it is meant to measure. Items are declared valid if the calculated correlation coefficient (*r count*) is greater than the critical value (*r table*) at a significance level of 0.1. For a sample size of 25, *r table* = 0.361.

- The knowledge and compliance questionnaires were adapted and modified from Nugraha (2018), with all items having *r count* > 0.3 and therefore considered valid.
- The attitude questionnaire was adapted from Nastiti (2018), and all items were also deemed valid with *r count* > 0.30.

Reliability Test
A reliable instrument produces consistent results over time. According to Ghozali (2018), a Cronbach's Alpha > 0.6 is considered acceptable.

- All variables in the Nugraha (2018) and Nastiti (2018) studies showed reliability scores above 0.6, indicating that the instruments were reliable.

Research Procedure

Preparation Phase
Administrative approvals were obtained from the Head of the Nursing Program at STIKes Medika Seuramoe Barat and the Head of UPTD Puskesmas Meukek.

Data Collection Phase
Two enumerators assisted the researcher in collecting data.
Steps involved:

- The researcher introduced the study and explained the purpose to respondents.
- Informed consent was obtained.
- A scheduled time was agreed upon for filling out the questionnaire.
- Respondents completed the questionnaire by checking the appropriate answers.
- The researcher collected the completed questionnaires and thanked participants for their involvement.

Data Processing

Data were processed manually through the following steps:

Editing
Questionnaires were reviewed for completeness and accuracy immediately after data collection.

Coding
Codes were assigned to demographic and item responses for easy analysis, starting with respondent ID 1.

Transferring
Coded data were arranged sequentially and entered into tables according to sub-variables for frequency counting.

Tabulating
Data were categorized into demographic variables and research variables (knowledge, attitude, compliance), and presented in frequency distribution tables.

FINDING AND DISCUSSION

Research Site Description

Practice Site Profile
UPTD Puskesmas Meukek is a healthcare center located 35 kilometers from the capital city of South Aceh and can be accessed via public transportation. It is situated along the coastal area between the villages of Kutabaro and Keude Meukek.

The health center was built in 1975, occupying a building area of 6,280 m². The working area of UPTD Puskesmas Meukek spans 5,967.7 km², covering 13 villages with the following boundaries:

- To the west: Indian Ocean
- To the east: Bukit Barisan mountain range
- To the north: Drien Jalo Health Center working area
- To the south: Sawang subdistrict

The total population in the working area of UPTD Puskesmas Meukek is 12,764 people, consisting of 6,424 males and 6,340 females, with 3,322 households.

Research Findings

Univariate Analysis Results

Respondent Characteristics

Table 1. Frequency Distribution Based on Respondent Characteristics (N = 89)

Age Group	Frequency	Percentage (%)
17–25 years	7	7.9
26–35 years	11	12.4
36–45 years	13	14.6
46–55 years	13	14.6
56–66 years	23	25.8
Over 67 years	22	24.7
Gender	**Frequency**	**Percentage (%)**
Male	33	37.1
Female	56	62.9

Education Level	Frequency	Percentage (%)
Elementary School	5	5.6
Junior High School	16	18
Senior High School	57	64
Diploma/University	11	12.4
Occupation	**Frequency**	**Percentage (%)**
Trader	18	20.2
Farmer/Laborer	24	27
Civil Servant	11	12.4
Military/Police	2	2.2
Retired	3	3.4
Entrepreneur	11	12.4
Housewife/Unemployed	8	9
Fisherman	12	13.5

Source: Primary data (processed in 2025)

The table shows that most respondents were aged 56–66 years (25.8%), with the fewest being in the 17–25 age group (7.9%). Most respondents were female (62.9%). In terms of education, the majority were high school graduates (64%). Occupations were mostly farmers/laborers (27%), followed by traders (20.2%).

Respondents' Knowledge Levels

Table 2. Frequency Distribution Based on Knowledge Levels (N = 89)

Knowledge Level	Frequency	Percentage (%)
Good	63	70.8
Fair	23	25.8
Poor	3	3.4

Source: Primary data (processed in 2025)

The data indicates that 70.8% of respondents had a good level of knowledge about hypertension, 25.8% had a fair level, and only 3.4% had a poor level.

Respondents' Attitudes Toward Hypertension

Table 3. Frequency Distribution Based on Attitudes (N = 89)

Attitude Level	Frequency	Percentage (%)
Good	80	89.9
Fair	7	7.9
Poor	2	2.2

Source: Primary data (processed in 2025)

The data shows that 89.9% of respondents had a good attitude towards hypertension, 7.9% had a fair attitude, and 2.2% had a poor attitude.

Respondents' Compliance with Hypertension Diet

Table 4. Frequency Distribution Based on Diet Compliance (N = 89)

Compliance Level	Frequency	Percentage (%)
Compliant	78	87.6
Non-compliant	11	12.4

Source: Primary data (processed in 2025)

The data shows that 87.6% of respondents complied with their hypertension diet, while 12.4% did not.

Bivariate Analysis Results

Relationship Between Knowledge and Compliance in Following a Hypertension Diet

Table 5. Relationship Between Knowledge and Compliance (N = 89)

Knowledge Level	Compliant (F/%)	Non-compliant (F/%)	Total (F/%)	p-value
Good	56 (62.92%)	7 (7.87%)	63 (70.79%)	
Fair	21 (23.60%)	2 (2.25%)	23 (25.85%)	
Poor	1 (1.12%)	2 (2.25%)	3 (3.37%)	0.014
Total	78 (87.65%)	11 (12.35%)	89 (100%)	

Source: Primary data (processed in 2025)

This table indicates that among respondents with a good knowledge level, 62.92% were compliant. In the fair category, 23.60% were compliant, and in the poor category, only 1.12% were compliant. The p-value of 0.014 indicates a statistically significant relationship between knowledge and diet compliance.

Relationship Between Attitude and Compliance in Following a Hypertension Diet

Table 6. Relationship Between Attitude and Compliance (N = 89)

Attitude Level	Compliant (F/%)	Non-compliant (F/%)	Total (F/%)	p-value
Good	71 (79.78%)	9 (10.11%)	80 (89.89%)	
Fair	7 (7.87%)	0 (0%)	7 (7.87%)	
Poor	0 (0%)	2 (2.25%)	2 (2.25%)	0.000
Total	78 (87.65%)	11 (12.35%)	89 (100%)	

Source: Primary data (processed in 2025)

The data shows that respondents with a good attitude had the highest compliance rate at 79.78%. In the fair category, all were compliant, and in the poor category, none were compliant. The p-value of 0.000 indicates a very strong and significant relationship between attitude and compliance in following a hypertension diet.

Discussion

Relationship Between Knowledge Level and Compliance in Following a Hypertension Diet

The results of the study on the relationship between knowledge level and compliance in following a hypertension diet show that among 89 respondents:

1. Those with good knowledge and compliant behavior numbered 56 (62.92%)
2. Fair knowledge and compliant behavior: 21 respondents (23.60%)
3. Poor knowledge and compliant behavior: 1 respondent (1.12%)

Meanwhile, for those who were **non-compliant**:

1. With good knowledge: 7 respondents (7.87%)
2. Fair knowledge: 2 respondents (2.25%)
3. Poor knowledge: 2 respondents (2.25%)

The Chi-Square test at a 95% confidence level ($\alpha = 0.05$) produced a **p-value of 0.014**, which is **less than 0.05**, indicating a **significant relationship** between knowledge level and compliance in following a hypertension diet.

According to Noviyanti (2016), knowledge is the result of the process of "knowing," which occurs after sensing an object. Sensing is done through the five senses: sight, smell, hearing, taste, and touch. Knowledge can be gained either naturally or through intentional education. It plays a crucial role in shaping behavior, serving as a psychological driver that fosters confidence and influences individual actions. In essence, knowledge stimulates behavior.

The level of knowledge about hypertension can impact attitudes, relapse prevention, and complications. Poor knowledge combined with bad habits can negatively affect blood pressure (Pratiwi et al., 2021).

These findings align with the study by Islani et al. (2021), which examined the relationship between knowledge and attitudes with dietary compliance among elderly hypertensive patients at Cibogo Health Center. Their bivariate analysis showed a **p-value of 0.025**, indicating a significant relationship between knowledge and dietary compliance.

Cahyani (2023) also found a significant relationship between knowledge and dietary behavior among elderly hypertensive individuals in the working area of UPTD Puskesmas Sukawati II, with a **p-value of 0.000**.

The researcher assumes that the **positive relationship between knowledge and compliance** exists because good knowledge regarding dietary rules—such as understanding what foods should or shouldn't be consumed and the benefits of dietary control—can motivate individuals to be more disciplined in following dietary recommendations. However, knowledge alone isn't sufficient; other factors such as **family support, economic conditions, and access to healthy food** can also influence dietary compliance.

Field observations revealed that many respondents with good knowledge levels were motivated to seek treatment at Puskesmas Meukek. This was further supported by the availability of elderly health posts (posyandu lansia), the Non-Communicable Disease Program (PTM), and the Chronic Disease Management Program (Prolanis).

CONCLUSIONS

Conclusion

Based on the results of the research conducted, the following conclusions were drawn:

- In the study on the relationship between knowledge level and compliance with a hypertension diet, the analysis using the Chi-Square test at a 95% confidence level ($\alpha = 0.05$) showed a **p-value of 0.014**. Therefore, it can be concluded that there is a significant relationship between knowledge level and compliance in following a hypertension diet in the working area of UPTD Puskesmas Meukek.
- In the study on the relationship between attitude and compliance with a hypertension diet, the analysis using the Chi-Square test at a 95% confidence level ($\alpha = 0.05$) showed a **p-value of 0.000**. Therefore, it can be concluded that there is a significant relationship between attitude and compliance in following a hypertension diet in the working area of UPTD Puskesmas Meukek.

Suggestions

For the Researcher
It is expected that the findings of this study will enhance the researcher's insight and knowledge regarding the relationship between knowledge level, attitude, and compliance in following a hypertension diet.

For the Institution/Practice Site
The results of this study are expected to serve as a reference for improving patients' knowledge about hypertension and promoting positive attitudes and better compliance in following a hypertension diet at UPTD Puskesmas Meukek.

For Educational Institutions
This study is expected to be used as a learning resource for providing more comprehensive education regarding the relationship between knowledge level, attitude, and compliance in managing hypertension through diet.

For Future Researchers
It is hoped that the results of this study will serve as an initial reference for future researchers who wish to further explore the relationship between knowledge and attitude and dietary compliance among hypertension patients, possibly using a more specific respondent group.

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