

The Effect of Health Literacy on Blood Pressure Control in Hypertensive Patients at the Benteng Health Center, Central Bangka Regency, in 2025

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ABSTRACT

Hypertension is a major non-communicable disease and leading cause of global mortality. According to WHO, an estimated 1.28 billion adults suffer from hypertension, with projections reaching 1.5 billion by 2025. In Indonesia, prevalence stands at 34.1%, with 32.27% of patients not taking medication regularly. Health literacy plays a crucial role in understanding, evaluating, and applying health information, influencing treatment adherence and blood pressure control. This quantitative observational cross-sectional study involved 30 respondents at Benteng Public Health Center, Central Bangka. Using Chi-Square analysis, results revealed a significant relationship between health literacy and blood pressure control ($p=0.003$). Conclusively, good health literacy contributes to effective hypertension management, highlighting the importance of comprehensive health education strategies

INTRODUCTION

Hypertension or high blood pressure is the number one cause of death in the world, with 90–95% of cases dominated by essential hypertension. The prevalence of hypertension, which is predicted to reach 22% of the world's total population, shows the urgency of addressing this health problem. Hypertension cases are expected to increase to 29.2% by 2025, making it a top priority to take immediate action to reduce the number of serious complications and deaths caused by this condition (World Health Organization, 2023).

The increased prevalence of hypertension is caused by non-modifiable factors such as age, gender, and heredity, as well as modifiable factors such as obesity, smoking habits, alcohol and caffeine consumption, excessive salt consumption, stress, and hormonal imbalances. The Indonesian government has carried out hypertension control through CERDIK behavior which includes regular health checks, eliminating cigarette smoke, exercising diligently, a balanced diet, getting enough rest, and managing stress properly. However, individual efforts to control blood pressure are still less than optimal (Lestari, Cantika Audia, and Sriyati Sipora, 2023).

Hypertension management requires the individual's ability to access, understand, and use health information properly and make informed medical decisions, known as health literacy. Health literacy is important because it relates to a person's ability to obtain health information to improve and maintain their health. In general, health literacy can improve health knowledge and help individuals or communities in making appropriate decisions related to their health (Ledford, Cafferty, and Russell, 2015). Health literacy is defined as the ability of individuals to access, understand, and use information and health services to make informed decisions (Verney et al., 2019). Health literacy is also a determinant of changes in behavior and attitudes in maintaining health, and can be used to determine the level of knowledge, motivation, and ability of people to access, understand, assess, and apply health information for decision-making (Aaby et al., 2017).

Blood pressure control is highly dependent on the patient's health literacy. Good health literacy can improve knowledge, attitudes, and adherence to hypertension treatment, while low literacy has the potential to lead to suboptimal hypertension control behaviors, worsening clinical conditions and increasing the risk of complications. Research in various health centers shows that most hypertension patients have health literacy in the problematic or inadequate category, which has an impact on low medication adherence and poor blood pressure control. Therefore, increasing health literacy through education and counseling is an important strategy to improve blood pressure control in hypertensive patients, especially at the Benteng Health Center (Iqbal, 2024).

Thus, health literacy plays a crucial role in managing hypertension, especially at the Benteng Health Center, Central Bangka Regency, in 2025. Good literacy supports informed decision-making, improves medication adherence, and ultimately improves blood pressure control in hypertensive patients. Local studies show that many hypertension patients at the Benteng Health Center still have low literacy levels, thus requiring structured and sustainable educational

interventions. Interventions focused on improving health literacy can help lower blood pressure, reduce referral rates, and prevent further complications. Therefore, efforts to increase health literacy need to be the main focus of health interventions in health centers to reduce the burden of hypertension and its complications in the community.

THEORETICAL REVIEW

Based on the existing literature, the relationship between the variables in this study can be explained as follows: good health literacy strengthens patients' understanding of hypertension, which affects medication adherence and healthy lifestyle changes. These two factors contribute to better blood pressure control in hypertensive patients.

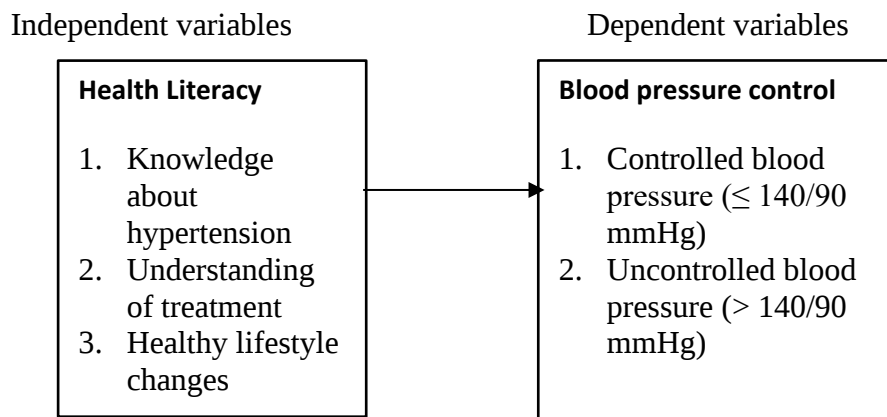


Figure. 1 Research Concept Framework

METHODOLOGY

Research Design

This study is an observational analytical research with a *cross sectional* design. This study aims to analyze the effect of health literacy on blood pressure control in hypertension patients at the Benteng Health Center, Central Bangka Regency in 2025

Place and Time of Research

This research was carried out at the Benteng Health Center, Central Bangka Regency from May to September 2025.

Research Sample

1. Population

The population in this study is all patients with a diagnosis of hypertension at the Benteng Health Center, Central Bangka Regency from May to September 2025.

2. Sample

The sample in this study is patients with a diagnosis of hypertension who meet the inclusion and exclusion criteria.

Sample Determination

The sample size in this study was obtained using the Lemeshow formula, because the number of populations in this study is unknown. Lemeshow's formula if the size of the population (n) is unknown, namely:

$$n = \frac{Z^2 \cdot p(1 - p)}{d^2}$$

Information:

n : Sample size

Z : 95% confidence level (1.96)

p : Estimated proportion of the population, if not known is recommended (0.5)

d : Magnitude of deviation (0.1)

Known:

$$\begin{aligned} n &= \frac{(1,96)^2 \cdot 0,5(1 - 0,5)^2}{(0,1)^2} \\ n &= \frac{3,8416 \cdot 0,25}{0,01} \\ n &= \frac{0,9604}{0,01} \\ n &= 96,04 \quad n \approx 96 \end{aligned}$$

Based on calculations using the Lemeshow formula, the sample needs of 96 respondents were obtained. However, in this study, the number of samples used was 30 respondents. The adjustment of the number of samples was made due to time constraints, the number of accessible populations, and consideration of the feasibility of the study. Therefore, this study uses a purposive sampling technique with a total of 30 respondents who meet the inclusion criteria.

The inclusion and exclusion criteria for this study are:

1. Inclusion Criteria:

- a. The patient is ≥ 18 years old.
- b. Patients with a diagnosis of hypertension with or without comorbidities.
- c. Patients receiving single therapy or a combination of antihypertensives.
- d. Patients who can communicate well verbally and in writing.
- e. Patients who are willing to be involved in the study by signing an *informed consent* sheet.

2. Exclusion criteria:

- a. The patient works as a health worker.
- b. Patients with cognitive impairment.
- c. Patients who do not complete the questionnaire given.

Operational Variables and Definitions

Table 1. Operational Definitions

Variable	Operational Definition	Measuring Instrument	Measurement	Scale of measurement
<i>Independent</i>				
Health literacy	The level of an individual's ability to access, understand, assess, and apply health information to make decisions related to improving his or her health.	Questionnaire	1. Less : 0% - < 50% 2. Sufficient : 50% 3. Less : > 50% - 100%	Ordinal
<i>Dependent.</i>				
Blood pressure control in hypertensive patients	The individual's success rate in maintaining blood pressure within normal limits according to the standard of diagnosis of hypertension	Sphygmomanometer	1. Controlled blood pressure ($\leq 140/90$ mmHg) 2. Uncontrolled blood pressure ($> 140/90$ mmHg)	Nominal

Types and Methods of Data Collection

1. Primary Data

Primary data were obtained from the results of interviews using questionnaires and Sfigmomanometers on the observation sheet of data collection.

2. Secondary Data

Secondary data was obtained from the medical records of patients with a diagnosis of hypertension at the Benteng Health Center, Central Bangka Regency in 2025.

Data Processing and Analysis

1. Univariate Analysis

Univariate analysis aims to explain the characteristics of each bound variable. Univariate analysis generally only produces a distribution of frequencies and percentages of each variable. The variables were carried out using univariate analysis, namely health literacy and blood pressure control in hypertensive patients

2. Bivariate Analysis

The bivariate analysis aims to determine the effect of health literacy on blood pressure control in hypertensive patients at the Benteng Health Center, Central Bangka Regency in 2025 with a statistical test using a test *Chi Square* with a value *p value* < 0.05 which means that there is an effect of health literacy on

blood pressure control in hypertensive patients at the Benteng Health Center, Central Bangka Regency in 2025

RESULTS

Characteristics of Research Subjects

The subjects in this study were all patients with a diagnosis of hypertension who visited and underwent examinations at the Benteng Health Center, Central Bangka Regency from May to September 2025.

The sample selection was carried out using the total sampling technique, namely all hypertension patients who met the inclusion criteria were used as research respondents

Data collection was carried out through interviews using structured questionnaires, as well as tracking medical record data to confirm the diagnosis and duration of hypertension. Respondent characteristic data included gender, age, education level, occupation, length of hypertension, other chronic diseases, health counseling, and participation in the Prolanis program.

The frequency distribution of respondent characteristics in this study can be seen in Table 4.1 below.

Table 2. Overview of Respondent Characteristics

Variable	n	%	
Gender			
Man	7	23,3	—
Woman	23	76,7	—
Age			
40–49 years old	5	16,7	—
50–59 years old	6	20,0	—
60–69 years old	16	53,3	—
70–79 years old	3	10,0	—
Education Level			
Not graduating from elementary school	17	56,7	—
SD	7	23,3	—
JUNIOR	1	3,3	—
SMA	5	16,7	—
Work			
Housewives	11	36,7	—
Pensioner	1	3,3	—
Private	1	3,3	—
Not working	17	56,7	—
Long suffering from hypotension disease			
1–10 years	27	90,0	—
>10 years	3	10,0	—
Other Chronic Diseases			—

Diabetes Mellitus	1	3,3	—
Cholesterol	11	36,7	—
Stomach	2	6,7	—
Joint Pain	1	3,3	—
Stroke	1	3,3	—
None	14	46,7	—
Counseling			
Get	11	36,7	—
Not getting	19	63,3	—
Prolanis Participants			
Yes	2	6,7	—
Not	28	93,3	—
Total	30	100	—

Source: Data processed, 2025

Based on the results of the study on 30 respondents who were patients with a diagnosis of hypertension at the Benteng Health Center, Central Bangka Regency from May to September 2025, an overview of the characteristics of the respondents was obtained as shown in Table 2.

Univariate Analysis

Table 3. Health literacy and blood pressure control in hypertensive patients

Variable	n	%	
Health Literacy			
Less	8	26.7	—
Good	22	73.3	—
Blood pressure control in hypertensive patients			
Uncontrolled blood pressure	12	40.0	—
Controlled blood pressure	18	60.0	—
Total	30	100	—

Based on Tael 3, it can be seen that out of a total of 30 respondents, most of them have a good level of health literacy, which is as many as 22 people (73.3%), while respondents with less health literacy are 8 people (26.7%). This shows that the majority of hypertension patients in the study area have a fairly good ability to understand health information, including in terms of managing hypertension disease, treatment, and a healthy lifestyle. The results of the study also showed that most of the respondents had controlled blood pressure, namely 18 people (60.0%), while the other 12 people (40.0%) had uncontrolled blood pressure. This indicates that although most of the respondents were able to control their blood pressure, there were still a number of patients who had not reached the optimal blood pressure control target. The tendency to have a high

proportion of good health literacy is in line with a higher proportion of controlled blood pressure. This condition indicates a possible relationship between the level of health literacy and the patient's ability to control blood pressure. Patients with good health literacy generally better understand the importance of adherence to taking medications, a low-salt diet, and a routine health check-up, so that blood pressure is easier to control.

Bivariate Analysis

Table 4. Effect of Health Literacy on Blood Pressure Control in Hypertensive Patients

Health Literacy	Blood pressure control in hypertensive patients				Total		<i>p-value</i>
	Uncontrolled blood pressure		Controlled blood pressure				
	n	%	n	%	n	%	
Less	7	87,5	1	12,5	8	100	0,003
Good	5	22,7	17	77,3	22	100	
Total	12	40	18	60	30	100	

Based on Table 4, it can be seen that of the 8 respondents with low levels of health literacy, most of them had uncontrolled blood pressure, namely 7 people (87.5%), while only 1 person (12.5%) had controlled blood pressure. Meanwhile, of the 22 respondents with good health literacy, most of them had controlled blood pressure, namely 17 people (77.3%), and only 5 people (22.7%) had uncontrolled blood pressure.

The results of the statistical test showed a $p\text{-value} = 0.003$ ($p < 0.05$), which means that there is a significant influence between health literacy and blood pressure control in hypertensive patients. Thus, it can be concluded that the level of health literacy affects the patient's ability to control their blood pressure.

These findings show that hypertensive patients with a good level of health literacy tend to be able to understand and apply health information related to their disease, such as the importance of medication adherence, dietary regulation, physical activity, and stress management. This has a positive impact on blood pressure stability. In contrast, patients with low health literacy have limitations in understanding medical instructions, interpreting information from health workers, and implementing healthy behaviors, so their blood pressure is less likely to get out of control.

DISCUSSION

Health literacy level in hypertension patients at the Benteng Health Center, Central Bangka Regency, in 2025

Based on the results of the study, it is known that out of a total of 30 respondents, most of them have a good level of health literacy, namely 22 people (73.3%), while respondents with poor health literacy are 8 people (26.7%). These results show that the majority of hypertension patients at the Benteng Health

Center in Central Bangka Regency have good ability to access, understand, and apply health information related to the management of hypertension disease.

According to the *World Health Organization* (WHO, 1998), health literacy is a person's ability to acquire, process, and understand basic health information and services needed to make the right health decisions. Health literacy is not only about the ability to read or write medical information, but also involves the ability to interpret that information into concrete actions to maintain and improve health.

Health literacy is an important aspect in the management of chronic diseases such as hypertension. Patients with good health literacy generally have a higher awareness of the importance of regular blood pressure checks, adherence to taking medications, and the implementation of a healthy lifestyle. In contrast, patients with low health literacy tend to have difficulty understanding treatment instructions, do not comply with therapy, and are less active in making decisions related to their health (Wang et al., 2017).

The good level of health literacy in most of the respondents in this study can be caused by several factors, including education level, age, experience with diseases, and access to health information. The results of the research by Prambudia, Widyawati, and Mar'ah (2021) stated that factors related to the level of health literacy in hypertension patients include education, age, occupation, income, knowledge, self-efficacy, access to health services, and social support. This means that the higher the level of education and the wider access to health information a person has, the higher the level of health literacy.

The high level of health literacy can also be linked to educational efforts carried out by health workers at the Benteng Health Center. Through counseling activities, routine check-ups, and assistance for hypertension patients, health workers play an important role in increasing public understanding of the importance of blood pressure control. This is in line with the view of Sørensen et al. (2012) who explain that health literacy is the result of the interaction between individual abilities and the complexity of the health care system. Therefore, improving health literacy depends not only on the individual's abilities, but also on the extent to which the health system provides information that is easy for people to understand and access.

The findings in this study show that hypertension patients who have good health literacy tend to be more active in conducting blood pressure checks, complying with treatment recommendations, and maintaining a healthy lifestyle. This is in line with the research of Wang et al. (2017) which states that good health literacy has a positive relationship with the level of compliance of hypertension patients with treatment and blood pressure control outcomes. Thus, increasing health literacy can have a direct impact on improving the quality of life of hypertensive patients. However, there are still 26.7% of respondents with a low level of health literacy. This shows that there are still some patients who need more intensive assistance to improve their ability to understand and apply health information. Health education needs to be delivered in simple language, using attractive visual media, and tailored to the patient's cognitive abilities and educational background.

Puskesmas as a first-level health service facility has a strategic role in improving public health literacy, especially for hypertension patients. The Prolanis Program (Chronic Disease Management Program) can be used as a means to improve health literacy through counseling activities, periodic check-ups, and health monitoring. Unfortunately, based on the results of the study, only a small percentage of respondents are Prolanis participants, so there is a need to increase public participation in the program to expand the reach of health education.

It can be concluded that a good level of health literacy plays a role in the management of hypertension. Patients with high health literacy are better able to understand the importance of treatment, maintain a diet, and manage lifestyle to prevent complications. Therefore, improving health literacy must be an integral part of the primary health service program at the Benteng Health Center and in all other public health facilities.

Blood pressure control in hypertensive patients at the Benteng Health Center, Central Bangka Regency, in 2025

Based on the results of research conducted at the Benteng Health Center of Central Bangka Regency in 2025, it is known that most of the respondents have controlled blood pressure as many as 18 people (60.0%), while the other 12 people (40.0%) have uncontrolled blood pressure. These findings show that most of the hypertension patients in the Benteng Health Center work area have been able to achieve the blood pressure target according to the recommendations of the Joint National Committee (JNC) VIII, namely blood pressure below 140/90 mmHg for patients without diabetes and below 130/80 mmHg for patients with diabetes mellitus.

Good blood pressure control is the main indicator of successful hypertension management. According to the theory of hypertension control from the World Health Organization (WHO, 2021), factors that affect blood pressure control include patient adherence to drug therapy, selection of the right type of antihypertensive drug, implementation of a healthy lifestyle such as reducing salt intake, exercising regularly, not smoking, and regular blood pressure monitoring. When these factors are implemented consistently, the patient's chances of achieving controlled blood pressure will increase significantly.

The results of this study are in line with the research conducted by Bawazir and Sianipar (2019) at the Tegal Alur II Health Center, Jakarta, which found that as many as 27.1% of hypertension patients managed to achieve controlled blood pressure. The study showed that the type of antihypertensive drugs used had a significant influence on the success of blood pressure control. The Calcium Channel Blocker (CCB) class of drugs was shown to be the most powerful predictor of achieving normal blood pressure, with an adjusted odds ratio of 1.9 (95% CI: 1.1–3.5; $p=0.022$). These findings suggest that the treatment of hypertension in primary care is highly dependent on the selection of appropriate medications as well as the patient's adherence to the prescribed therapy.

In the national context, the results of the May Measurement Month 2018 survey conducted by Turana et al. (2020) show that of the more than 90,000 individuals screened in 31 provinces in Indonesia, about 30% have hypertension, and among those undergoing antihypertensive treatment, only 22% managed to

achieve controlled blood pressure, while 78% still have high blood pressure despite receiving therapy. This illustrates that blood pressure control is still a major challenge in Indonesia, especially in rural areas that have limited resources and access to adequate health services.

It can be concluded that the Benteng Health Center illustrates that blood pressure control in hypertensive patients can be achieved with a combination of continuous pharmacological and non-pharmacological approaches. Intensive health education, regular blood pressure monitoring, and adherence to therapy are important strategies that need to be maintained. In addition, collaboration between health workers, strengthening the referral system, and utilizing community-based blood pressure monitoring technology can also be a solution to improve the success of hypertension control in the future.

The Effect of Health Literacy on Blood Pressure Control in Hypertension Patients at the Benteng Health Center, Central Bangka Regency in 2025

Based on the results of the study, it was shown that there was a significant influence between health literacy and blood pressure control in hypertensive patients at the Benteng Health Center, Central Bangka Regency, with a value of $p = 0.003$ ($p < 0.05$). This shows that the better a person's health literacy level, the greater his ability to control blood pressure. In contrast, patients with low health literacy tend to experience uncontrolled blood pressure. These results indicate that health literacy has an important role in the successful management of hypertension. Patients who have the ability to understand medical information, process it, and apply it in daily life are better able to maintain a healthy lifestyle, adhere to therapy, and recognize potentially harmful symptoms. According to Nutbeam (2000), health literacy functions as an outcome of health education that allows individuals to act more independently in maintaining their health. Good literacy helps individuals make decisions based on correct knowledge and understanding, especially in the management of chronic diseases such as hypertension.

This research is in line with the health literacy model proposed by Sørensen et al. (2012), which explains that health literacy affects health decision-making behavior, medication adherence, and self-management skills. In the context of hypertension, patients with high literacy will better understand the importance of taking medication regularly, limiting salt consumption, doing physical activity, and conducting regular blood pressure checks. Meanwhile, patients with low literacy may lack understanding of the medical consequences of non-compliance and often ignore treatment when no symptoms are felt.

Research by Dewi et al. (2021) at the Mataram Health Center, which found a significant relationship between health literacy and blood pressure control ($p = 0.001$). Patients with high literacy are 3.5 times more likely to achieve controlled blood pressure than those with low literacy. This proves that health literacy plays a protective role in managing hypertension. Similar results were also found by Rafidah and Suryani (2020) in Makassar City, where high health literacy correlated with increased adherence to therapy and better blood pressure control outcomes.

Another study by Al-Qahtani et al. (2021) in Saudi Arabia also supports these findings. They found that patients with low health literacy had a 2.4 times higher tendency to experience uncontrolled blood pressure compared to patients with high literacy ($p < 0.01$). Factors that play a role include limited understanding of drug labels, low awareness of the dangers of hypertension, and weak motivation to conduct routine blood pressure checks. This shows that health literacy plays a direct role in the patient's ability to self-care for their disease.

In the local context, low health literacy is often related to limited education levels, old age, and low exposure to health information. This can be seen in a small number of respondents with low health literacy at the Benteng Health Center who still show uncontrolled blood pressure. They may face difficulties in understanding written information, such as health brochures or medication instructions, and are less able to take advantage of available healthcare facilities.

Prambudia, Widyawati, and Mar'ah (2021) explained that education level, access to information, and social support are the main factors that affect the health literacy of hypertensive patients. Family support or active health care providers provide simple explanations can help patients understand and implement blood pressure control behaviors more effectively. In addition, the results of Turana et al.'s (2020) research in May Measurement Month 2018 in Indonesia show that low literacy and public awareness of hypertension are the main cause of the high proportion of patients with uncontrolled blood pressure, which reaches 78%. This condition illustrates the importance of continuous education efforts at the primary service level such as health centers, especially for high-risk groups.

Based on the results of this study, it can be concluded that health literacy has a significant effect on blood pressure control in hypertensive patients. Patients who are able to understand, evaluate, and apply health information tend to be more successful in maintaining blood pressure within normal limits. Therefore, health workers at the Benteng Health Center need to continue to improve educational efforts, expand community participation in the Prolanis program, and ensure that health information is delivered in simple, contextual, and easy-to-remember language by patients. Increasing public health literacy is expected to reduce the rate of uncontrolled hypertension and prevent chronic complications in the future.

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of research conducted at the Benteng Health Center of Central Bangka Regency in 2025 regarding the influence of health literacy on blood pressure control in hypertensive patients, it can be concluded as follows:

1. The level of health literacy of hypertension patients at the Benteng Health Center in Central Bangka Regency is generally in the good category. Of the total 30 respondents, 22 people (73.3%) had good health literacy, while 8 people (26.7%) were in the poor category.
2. Blood pressure control in hypertensive patients at the Benteng Health Center showed quite good results, where most of the respondents had controlled blood pressure as many as 18 people (60.0%), while 12 people (40.0%) still had uncontrolled blood pressure.

3. There was a significant influence between health literacy and blood pressure control in hypertensive patients, with a p -value = 0.003 ($p < 0.05$).

FURTHER STUDY

The limitations in this study lie in several aspects that affect the process of data collection and interpretation. One of the main limitations is the relatively small number of respondents, namely only 30 hypertensive patients at the Benteng Health Center in Central Bangka Regency. This number is not large enough to describe the condition of all hypertension patients in a wider area, so the results of this study cannot be generalized comprehensively. In addition, this study uses a design Cross-sectional, where data collection is only done at one time. This condition limits researchers' ability to explain the cause-and-effect relationship between health literacy and blood pressure control. This design only describes the relationships that occur during data collection, not continuous change or influence.

ACKNOWLEDGMENT

The data collection process also faces several field obstacles, such as limited research time and variations in the level of understanding of respondents in filling out questionnaires. Some respondents with an elderly age or low level of education required additional explanations from the researcher to understand the question, so possible answer bias could not be avoided completely.

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