High Blood Pressure Medication Management: a Qualitative Study on Hypertensive Patients in Pacitan, East Java, Indonesia

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Abstract—Background: hypertension management program in Indonesia is well formed by the government, but the result is considered to be inadequate. Aim: to explore the understanding of hypertensive patient and strategies to its management. Design: a qualitative study using in-depth interview. Setting: one public health centre in Pacitan, East Java Indonesia. Method: patients were 40-60 years old and have been diagnosed more than 3 years of hypertensive. The data were conducted in April–May 2013. Results: audio taped in-depth interviews data were gathered from thirteen participants and transcripts of the interviews were analysed for content analysis. Two themes were emerged from this study, the sense of ‘normal’ blood pressure and faith on medication pattern. Conclusion: the findings showed that hypertensive patients have their own belief or perspective towards hypertension and the way they manage the disease is based on their understanding. Suggestion: professional health care should build an active communication with the patient and community to give a great clarity of ‘normal’ blood pressure and evaluate the strategy to approach them in order to reach an effective hypertension control.

Keywords—hypertension; medication; compliance; qualitative

I. INTRODUCTION

One of the hypertension management program that conducted by Indonesian’s government is blood pressure screening to detect early stage of hypertension and prevent the risk factor of hypertension. However, health benefit did not optimally proceed from this program because of the lack of awareness among the community to follow healthy behaviour and control the factors that influence [1].

Facilitator and barrier of hypertension management are different for each group or area. Numerous individual aspect of patient is relevant to its treatment [2]. Therefore, we aimed to explore how patients with hypertension understand their condition, and strategies they utilize to manage hypertension.

II. METHODS

A. Sample

Information of the patients was obtained from the Public Health Center of Gondosari, Purnung, Pacitan, East Java, Indonesia upon collecting names and addresses of the qualified subjects who meet the inclusion criteria. We identified patients on the hypertension register who had been diagnosed as having hypertension for more than 3 years to focus on patients who had sufficient experience of managing hypertension. They must be between 40-60 years of age and able to build communication. The participants were both for man and woman. Patients with physical or mental disabilities are excluded in this study.

B. Data collection

Visit to participants home was made to inquire the willingness of the patients to participate in this study and arrange for an in-depth interview. The questions of the research were adopting semi-structured as well as open-ended questions following a set of theoretical guideline. The questions were translated into Bahasa Indonesia. Interviews were conducted adhering to guideline which provides structure to the interviews, even though the questions asked appeared like simple daily conversation. Topics included their experiences living with hypertension, views on treatment and medication, and other strategies in managing hypertension. A coding book was built upon the previous study and the theoretical framework required to guide the researcher in analysing the data.

C. Data analysis

The first two interviews served as pilot study and were not include in the data analysis. All interviewees were assured of anonymity in any presentation or publication of the findings. With permission, interviews were digitally recorded and fully transcribed for analysis. Member checking and inter coder reliability was performed to assure the credibility of the coding process. Content analysis was used to identify recurrent themes. Atlas.ti version 7 was conducted by the researcher to obtain the trustworthiness of the data analysis.
III. RESULT

A. Sample

The sample consisted of 13 participants from four different areas in the Public Health Center of Gondosari. Eleven participants were women and two men. The average age of participants was 52.2 for the women and 50 for the men.

B. The Sense of ‘Normal’ Blood Pressure

There are some ‘meaning’ concerning high blood pressure which expressed by the participants according to their knowledge and understanding. Most of participants know the ‘meaning’ of high blood pressure, but lack of understanding. Nevertheless, few of them who both know and understand concerning high blood pressure are able to interpret in their own way. The participants ‘view’ high blood pressure based on the measurement, heredity factor, sign and symptom and the quantity of the blood.

Participant 5 describe high blood pressure referred to as heredity factor. Even though, she does not know the exactly meaning of high blood pressure.

“Actually I have no idea about high blood pressure when I start to get it. As I know HBP is heredity, so it can be passed down from parents to their children, but my parents do not have HBP. I do not know if my grandmother or grandfather has it.” (P5)

While this one participant just believes that high blood pressure mean the pressure is increase and make some problems in his body. Moreover, he has no intention to explore more about his disease. It can be seen from his face expression that describes the lack of interest.

“Well ... I do not know for sure about it. But I am sure that the tension in the blood vessel is increase and it causes some problems in my body. Just that...and I don’t want to know more” (P13)

It is similar with participant 4 who view high blood pressure as a health problem in which she experienced with the signs and symptoms.

“High blood pressure is the condition when I feel pain in all of parts of my body, headache, and numbness in hand and leg.” (P4)

In the other hand, participant 1 offer the definition of HBP is something that counts by the volume of the blood. However, when I asked more about her statement, she even cannot clarified by what she meant.

“Maybe there is too much blood that flows in my body. I am not sure about that.... Well, I mean the amount is maybe increase, but where they came from?? Hahaha...oh don’t ask that question again. I’m totally confused now.” (P1)

C. Faith on Medication Pattern

The definition of high blood pressure based on the participants’ concept explained how they manage their condition. There are some ‘rule’ that used by the participants in medication consumption. P 6 is one of the participants who take antihypertensive drug as a prescribed. She decide to always contact the professional health care to administer her medication. She said that.

“I take my medication and take a rest when I got headache, and I take it regularly, I mean every day. If it is not help, so I will go to Public Health Center or doctor to check my blood pressure...I got my medication twice a month…” (P6)

Two participants used her regulation to manage their medication. P3 consider with the effect of antihypertensive drug, therefore, she reduce the dosage of medication during her ‘normal’ blood pressure. However, she has faith on the professional health care to deal with her condition, while, P5 decrease the frequencies of her medication according to her symptomatic and asymptomatic problem.

“I take medication every day and when I have no more medication, I will come to Public Health Center to control my blood pressure and ask medication for the next month....now taking medication is become a habit. If my blood pressure is normal, so I will take medication once a day, but when I feel headache or neck back pain so I will take it 3 times a day. I usually do that even though I do not know the exactly my blood pressure...” (P5)

In the other hand, participant 2 and 8 believe that their high blood pressure can be cured or reduced by antihypertensive drug. Nevertheless, they stopped it if they have no symptom and continue their medication if the symptom re-appear.

“I will take a medication as soon as possible when I have a symptom. If it’s up, I will ask to my neighbours who have HBP or immediately I go to the doctor...I know that my headache will disappear when I take medication. Over the counter drugs do not work on me. Thus, I never take OTC drugs....however, I do not know if I have to take medication regularly. Is it okay for me to take it every day, even though I do not feel sick? I take it when I had headache, but when I feel well, I do not take medication anymore.” (P2)

Two participants thought that eliminating signs and symptoms is more important than lowering blood pressure. They also thought that the medication from a doctor or go to health care provider is the highest level of health seeking, and they usually do that when they are unable to do anything. As a result, they used both antihypertensive and over the counter drugs.
“Oh my God, I can’t imagine when I have to take medicine every day, even when I do not have any symptoms… No, I don’t take any medication. But if it was become severe, I will go to the physician. As long as it doesn’t bother my activity, I would not go to the physician or PHC. … if I can endure it, I just take OTC drugs…” (P1)

Some participants saw that taking the medication continuously for a long time will give negative effects for their body. Another reason is they unable to bear with medication. Consequently, most of them need to break off their medication. As said by P7.

“Sometimes I feel feared to take medication every day, you know that taking medication continuously and prolonged is not always good for our body. Therefore, I try to manage my BP without taking medication regularly…” (P7)

In addition, three participants prefer an herbal medication as an alternative way to control their blood pressure. In their opinion it gives them some benefit, such as easy to find the source, easy to make and easy to serve. Not only safe for the body but also, they proud to conserve their traditions.

“Sometimes I just wash the leaves and pour it with boiled water, wait it for 10 minutes and ready for serve. It is easy right?? And yes…I do that because I was bored to take medication every time I got headache. That’s why I try traditional way. A long time ago, our ancestors able to cure their disease without help from a doctor. They use the traditional way to handle it. So, why we do not follow their way and preserve the culture…” (P4)

“Usually I boil some herbs to decrease my BP or to make my body healthier, for example Soursop leaf; it’s not difficult to find it...It is better for me to take herbal medicine, because it doesn’t have any side effect for my body…” (P13)

IV. DISCUSSION

This study found the diversity of participants’ understanding regarding ‘normal’ blood pressure which they linking it with ‘healed’ or asymptomatic condition. Reduction of the symptom is one of the reasons why some of the hypertensive patient reduced their treatment by their selves [3]. This emphasize of the importance of communication between patient and physician. The clear information regarding ‘normal’ blood pressure will influence the perspective of hypertensive patient towards prescribed treatment [4].

The study also showed the pattern of medication consumption which is some people believes that traditional treatment is better than medical prescriptions. They trusted the herbal treatment to control their blood pressure without any side effect [5].

<table>
<thead>
<tr>
<th>Hypertensive patients’ medication consumption pattern</th>
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<tbody>
<tr>
<td>1 Antihypertensive as a prescribed</td>
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<tr>
<td>2 Self-regulation applied to reduce antihypertensive</td>
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<tr>
<td>3 Antihypertensive used based on sign and symptom</td>
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<tr>
<td>4 Used both antihypertensive and OTC drug</td>
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<tr>
<td>5 Stop the medication to decrease harmful</td>
</tr>
<tr>
<td>6 Take antihypertensive and herbal medication as a booster</td>
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The lack of time during collecting data and lack of experience of the researcher in conduct qualitative study was become the limitation of this study. However, the application of qualitative methods has provided an in depth interview that can describe a ‘true’ understanding of the patients.

IV. CONCLUSION

Hypertensive patient understanding of hypertension and its treatment is rooted in beliefs that bodily sensations indicate elevated blood pressure and equates ‘normal’ with cured. This belief partly informs decisions to discontinue antihypertensive medication use. Some of them may ‘leave off’ prescribed antihypertensive medications in favour of herbal remedies. Moreover, socio-cultural notion may influence their belief on medication.

V. SUGGESTION

The great clarity about the definition of 'normal' blood pressure and a clear picture of how to manage the HBP is should be entirely offered by professional health care. Build an active communication is needed.

The diversity of understanding of the HBP and its management indicates that the approach to the patient cannot be generalized. Professional health care should evaluate the strategy or develop an innovation of approach pattern to reach an effective hypertension control.

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ETHICS COMMITTEE

Ethical approval was obtained from Ethical Review Board of BCNNV (ERB No.05/2013)
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REFERENCES


