CHAPTER 1

INTRODUCTION

1.1. Background

Hypertension is a non-communicable disease that remains a major health problem in Indonesia and worldwide due to its increasing prevalence each year (Susanti et al., 2022). Hypertension management requires long-term therapy that relies not only on pharmacological treatment but also requires good self-management skills, including adherence to medication, a low-salt diet, regular physical activity, blood pressure monitoring, and routine health checks (He et al., 2024). Successful self-management in hypertensive patients depends heavily on the role of the family as the primary support system that assists in health decision-making, therapy supervision, healthy lifestyle implementation, and utilization of health care facilities (Susanto et al., 2024). Families who are unable to optimally perform health care functions can hinder successful blood pressure control and indicate ineffective family health management in caring for family members with hypertension.

According to the World Health Organization (WHO), in 2023, there were 1.28 billion adults aged 30-79 years in the world with hypertension, with the majority living in low- and middle-income countries. Meanwhile, the Indonesian Health Survey showed that the prevalence of hypertension in Indonesia continues to increase, namely 39.1% in the age of 45-54 years, 49.5% in the age of 55-64 years, 58.2% in the age of 65-74 years, and

reaching 64% in the age of 75 years and above (SKI, 2023). The prevalence of hypertension sufferers in East Java among residents aged ≤18 years reached 36.32%. In the city of Malang, an estimated 230,070 people aged 15 years and over suffer from hypertension, with 112,634 men and 117,435 women (Malang City Health Office, 2023).

Quarterly cohort reports at the Gribig Community Health Center show that the non-compliance rate for visits has been consistently high, ranging from 36% to 38% over the past four quarters (2025–2026), underscoring the urgency of a more effective family-level health management approach. Furthermore, several issues were identified in family-level hypertension management, such as a lack of family knowledge regarding hypertension management, non-adherence to medication, a high-salt diet, and low family involvement in monitoring patients' blood pressure. Many families lack a regular check-up schedule or self-monitor their blood pressure, resulting in suboptimal hypertension management.

These issues demonstrate that hypertension cannot be managed solely through pharmacological therapy; it also requires strong self-management skills. Self-management in hypertensive patients will be more effective when supported by family involvement in daily care, as the family is the primary support system, playing a role in assisting with health decision-making, overseeing therapy implementation, and facilitating health behavior changes (Susanto et al., 2024).

Successful self-management in hypertension patients is greatly influenced by family support and involvement. Families play a crucial role in reminding patients to adhere to medication schedules, assisting with diet management, motivating physical activity, and supporting regular health check-ups. Previous research has shown a significant relationship between family support and self-care management in hypertension patients (Juliana & Nisa, 2023). The family's inability to perform these health care functions can result in ineffective family health management, resulting in suboptimal hypertension control.

The problem of ineffective family health management in families with members suffering from hypertension can be addressed through the implementation of a Family Self-Management Plan (FSMP). FSMP is a structured, family-based health management plan designed to assist families in caring for members with hypertension. This intervention involves health education, setting family goals, monitoring blood pressure, managing diet, maintaining medication adherence, and evaluating the family's ability to control hypertension. This family-based educational approach, using pocket books and control books, has been shown to improve knowledge, adherence, and health behavior changes in families of hypertensive patients (Wati, 2023).

Based on this description, the author is interested in implementing a Family Self Management Plan to address the problem of ineffective family health management in overcoming hypertension.

1.2. Problem Steatment

Based on this background, the problem formulation that can be taken is "How is the implementation of the Family Self-Management Plan to address the ineffectiveness of family health management in dealing with hypertension?"

1.3. Objective

1.3.1. General Objective

Implementing a Family Self-Management Plan to address family health management issues is not effective in addressing hypertension.

1.3.2. Special Objective

1. Conducting assessments on patients and families regarding ineffective family health management issues
2. Establishing a nursing diagnosis of ineffective family health management
3. Developing a nursing intervention plan for ineffective family health management
4. Implementing nursing through education, setting therapy targets, monitoring blood pressure, regulating diet, adherence to medication, and health control according to the Family Self-Management Plan.
5. Conduct an evaluation of changes in patient and family therapeutic management after implementing the Family Self-Management Plan.