CHAPTER I

INTRODUCTION

1.1 Background

Hypertension is a non-infectious health disorder that develops over a long period of time and continues to increase in prevalence. Awareness and adherence to treatment among hypertension patients in the field remain significant challenges due to the low prevalence. It is estimated that only one in four people with hypertension understand their condition, and the proportion of those who consistently undergo treatment and are monitored regularly is less than one percent (Puspitasari, 2026).

*World Health Organization*The World Health Organization (WHO) states that 40% of developing countries have a hypertension incidence rate compared to 35% in developed countries. WHO data from 2020 shows that approximately 1.13 billion people worldwide suffer from hypertension. In Indonesia, this number reaches 32% of the total population (Pius, 2021). The growth graph of people diagnosed with hypertension has experienced a consistent increase in each annual period. Referring to estimates from the Indonesian Ministry of Health (2020), the number of hypertension sufferers worldwide is projected to be around 1.56 billion people by 2025, with secondary clinical impacts triggering deaths for approximately 9.4 million individuals annually. Meanwhile, in the domestic context, documentation in 2019 showed that the prevalence rate of sufferers in East Java Province was already very massive, namely 2,360,592 people (Budiyanto, 2023).

Lack of support from those closest to the family in managing the health of a family member with hypertension can lead to ineffective family health management. This behavior manifests as failure to follow established treatment plans, an inability to integrate medication into daily routines, and a failure to take steps to reduce risk factors. Unpredictable spikes in blood pressure and recurrence of hypertension symptoms are direct consequences of barriers to implementing ineffective family health management (Suhari, 2022).

One of the hypertension management that can be applied in families with hypertension problems to lower blood pressure is implementing non-pharmacological therapy, namely Dzikir Meditation Therapy and Deep Breathing. The combination of Dzikir Meditation and Deep Breathing techniques is one of the alternative innovative interventions that has been scientifically tested. A literature study conducted by Wijonarko (2024), which confirmed that deep breathing exercises synergized with Dzikir recitation have a significant impact in reducing blood pressure numbers, both in systolic and diastolic values for people with hypertension. Another study by Amalia (2024) in the literature review of Wijonarko (2024) entitled "Application of Deep Breathing Relaxation Techniques with a Combination of Dzikir of Asmaul Husna on Blood Pressure in Hypertension Patients at Dr. Soediran Mangun Sumarso Wonogiri Regional General Hospital", showed that there were real changes in blood pressure monitoring indicators as a therapeutic effect of the combination of deep breathing exercises and Dzikir of Asmaul Husna. Not only that, experimental research by Riamah (2026) where 60 elderly respondents with hypertension were involved in two intervention and control groups at the

Simpang Tiga Pekanbaru Health Center, showed very clear changes in parameters between the phase before the action was carried out and the post-intervention phase.

In addition to its clinical effectiveness in reducing blood pressure, the combination of Dzikir Meditation Therapy and Deep Breathing in the family setting was chosen because the intervention is highly practical, simple, and easy to apply independently by community groups with limited free time. This therapy does not require complicated medical equipment, extensive space, or strenuous physical activity. Clients simply assume a comfortable sitting or lying position at home while regulating their breathing and reciting Dzikir quietly. This ease of procedure ensures that the practice does not quickly cause fatigue or difficulty, thus increasing adherence to this therapy as part of the daily routine for self-managing hypertension within the family.

Based on these studies, the author is interested in providing nursing care to families with poor health management problems by applying deep breathing therapy and Dzikir meditation to lower blood pressure.

1.2 Formulation of the problem

Based on this background, the problem formulation was obtained "How is Nursing Care by applying Dzikir Meditation Therapy and Deep Breathing in controlling hypertension in families experiencing Ineffective Health Management problems?"

1.3 Research purposes

1.3.1 General purpose

Implementing nursing care by applying Dzikir Meditation Therapy and Deep Breathing in controlling hypertension in families experiencing Ineffective Health Management problems.

1.3.2 Special purpose

1. Able to conduct comprehensive family nursing assessments and analyses on families with hypertension problems.
2. Able to formulate an appropriate family nursing diagnosis related to the problem of Ineffective Health Management.
3. Able to prepare family nursing plans (interventions), including making plans for implementing Dzikir Meditation and Deep Breathing therapy.
4. Able to carry out family nursing actions (implementation), especially training and accompanying families in carrying out Dzikir Meditation and Deep Breathing therapy
5. Able to conduct nursing evaluations to assess changes in blood pressure and increase the effectiveness of family health management after intervention.