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Original Research

Determinants of Medication Adherence among Patients with Hypertension at Jayapura, Indonesia

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Abstract

Background: Hypertension is a major non-communicable disease with high morbidity and mortality. Poor adherence to antihypertensive medication remains a challenge and may be associated with educational level, duration of hypertension, knowledge, attitude, and family support.

Objective: This study aimed to identify factors associated with medication adherence among patients with hypertension in the Polma Kodam Clinic catchment area, Jayapura City.

Methods: A cross-sectional study was conducted among 234 patients selected from a population of 563 patients with hypertension. Data were collected using structured questionnaires and medical records. Chi-square tests and logistic regression were used for data analysis.

Result: Educational level, duration of hypertension, knowledge, attitude, and family support were significantly associated with medication adherence. Duration of hypertension was the strongest associated factor (OR = 7.943), indicating that patients with a longer duration of hypertension had approximately 7.9 times higher odds of medication adherence than those with a shorter duration.

Conclusion: Medication adherence among patients with hypertension was associated with several sociodemographic and psychosocial factors, with duration of hypertension being the strongest associated factor.

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Keywords

Hypertension, Determinan, Medication Adherence.

Background

Hypertension remains one of the most prevalent non-communicable diseases and a major contributor to morbidity and premature mortality worldwide. The World Health Organization estimates that approximately 1.4 billion adults aged 30–79 years were living with hypertension in 2024, with nearly two-thirds residing in low- and middle-income countries (1). Hypertension is often asymptomatic and is therefore commonly referred to as a "silent killer." When inadequately controlled, it substantially increases the risk of serious complications, including stroke, heart failure, chronic kidney disease, and other cardiovascular disorders (2). Effective blood pressure control through long-term pharmacological treatment and lifestyle modification is therefore essential for preventing hypertension-related complications (3).

In Indonesia, hypertension continues to represent a substantial public health burden. The 2023 Indonesian Health Survey (Survei Kesehatan Indonesia [SKI]) reported that 30.8% of adults aged ≥18 years had hypertension based on blood pressure measurements. Although this prevalence was lower than the 34.1% reported in the 2018 Basic Health Research (Riskesdas), the burden remains considerable. Moreover, a substantial gap persists between individuals with elevated blood pressure and those who have been formally diagnosed, highlighting continuing challenges in hypertension detection, treatment, and control (4).

Medication adherence is a critical component of successful hypertension management. However, adherence to long-term antihypertensive therapy remains suboptimal. Patients may discontinue or inconsistently take their medication because they feel healthy, have inadequate understanding of the need for lifelong treatment, experience concerns about adverse effects, forget medication schedules, or receive insufficient social and family support (5). Poor medication adherence may contribute to inadequate blood pressure control and subsequently increase the risk of preventable cardiovascular and renal complications.

Medication adherence is a multidimensional behavior that may be associated with individual, disease-related, and social factors. Educational level may influence an individual's ability to understand health information and treatment instructions, while knowledge about hypertension can shape awareness of disease severity and the benefits of continued treatment (6). Duration of hypertension may also be associated with adherence because patients living with the condition for longer periods may have greater experience with treatment, symptoms, and potential complications (7). In addition, positive attitudes toward treatment may strengthen motivation to maintain long-term therapy. Family support is another important factor because family members can provide reminders, encouragement, emotional support, and assistance in accessing healthcare services (6,8).

Previous studies have demonstrated associations between medication adherence and factors such as educational level, knowledge, illness perceptions, treatment beliefs, and social support. However, the relative importance of these factors may vary across populations because medication-taking behavior is influenced by sociocultural

characteristics, individual experiences, and healthcare delivery contexts. Consequently, evidence obtained from other settings may not fully explain medication adherence among patients with hypertension in Jayapura. Identifying locally relevant factors is therefore important for developing context-specific strategies to improve long-term adherence.

Polma Kodam Clinic in Jayapura City provides healthcare services to a substantial number of patients with hypertension. Clinic records from January to November 2025 documented 563 registered patients with hypertension, with an average of approximately 47 patients attending follow-up visits each month. The clinic also recorded an approximately 12% increase in newly identified hypertension cases during the preceding year. Despite these healthcare contacts, approximately 38% of patients did not attend follow-up visits regularly, and nearly 42% were reported to take antihypertensive medication inconsistently according to clinic adherence records and healthcare provider evaluations. These observations indicate a clinically relevant medication adherence problem that warrants further investigation.

Given the importance of sustained medication adherence in achieving effective hypertension control and the limited context-specific evidence from this setting, this study aimed to examine the factors associated with medication adherence among patients with hypertension in the Polma Kodam Clinic catchment area, Jayapura City. Specifically, the study investigated the associations of educational level, duration of hypertension, knowledge, attitude, and family support with medication adherence and identified the factor most strongly associated with adherence.

Methods

Study Design and Setting

This study employed a quantitative analytical observational design with a cross-sectional approach to examine factors associated with medication adherence among patients with hypertension.

Sampel and Participant

The study population comprised 563 patients with hypertension who were registered in the medical records of Polma Kodam Clinic between January and November 2025. The minimum sample size was calculated using the Slovin formula with a 5% margin of error, resulting in a required sample of 234 participants. Eligible participants were patients with hypertension registered at Polma Kodam Clinic who met the study selection criteria and agreed to participate in the study.

Data Collection

Data were collected directly by the researchers at Polma Kodam Clinic in January 2026. Primary data were obtained through a structured questionnaire administered to eligible participants. The questionnaire collected information on educational level, duration of hypertension, knowledge, attitude, family support, and medication adherence. Secondary data were obtained from clinic medical records and administrative records,

including the number of registered patients with hypertension and other relevant clinical information.

Instruments

Data were collected using a structured questionnaire consisting of items measuring the study variables, including educational level, duration of hypertension, knowledge regarding hypertension and its treatment, attitudes toward antihypertensive therapy, family support, and medication adherence. Educational level and duration of hypertension were assessed using participant demographic and clinical information. Knowledge, attitude, family support, and medication adherence were measured using questionnaire items and subsequently categorized according to predetermined scoring criteria.

Data Analysis

Data were analyzed using statistical software. Univariate analysis was used to summarize participant characteristics and study variables as frequencies and percentages. Bivariate analysis using the Chi-square test examined associations between educational level, duration of hypertension, knowledge, attitude, family support, and medication adherence. Variables with $p \leq 0.25$ were included in binary logistic regression to identify factors independently associated with medication adherence. Results were reported as adjusted odds ratios (AORs) with 95% confidence intervals (CIs), with $p < 0.05$ considered statistically significant.

Ethical Clearance

This research approved ethical clearance with Number 346/A.1/KEP-UMI/IV/2026.

Result and Discussion

Responden Characteristics

Table 1 presents the demographic characteristics of the 234 participants.

Table 1. Characteristics Responden

Characteristics	n	%
Age (years)		
26–35	22	9.4
36–45	41	17.5
46–55	100	42.7
56–65	63	26.9
>65	8	3.4
Sex		
Male	114	48.7
Female	120	51.3
Occupation		
Unemployed	45	19.2
Self-employed	54	23.1

Indonesian National Armed Forces personnel	135	57.7

Most participants were aged 46–55 years (42.7%), followed by those aged 56–65 years (26.9%). Slightly more than half were female (51.3%). Regarding occupation, the majority were members of the Indonesian National Armed Forces (57.7%), followed by self-employed participants (23.1%) and unemployed participants (19.2%). (Table 1)

Table 2. Descriptive Analysis of Variable

Variables	n	%
Educational Level		
Low	62	26.5
Secondary	71	30.3
High	101	43.2
Duration of Hypertension		
0–5 years	160	68.4
>5 years	74	31.6
Knowledge		
Good	139	59.4
Poor	95	40.6
Attitude		
Positive	161	68.8
Negative	73	31.2
Family Support		
High	168	71.8
Low	66	28.2
Medication Adherence		
High	152	65.0
Low	82	35.0

Based on Table 2, most participants had a high educational level (43.2%). The majority had been diagnosed with hypertension for 0–5 years (68.4%), had good knowledge (59.4%), and demonstrated a positive attitude toward hypertension treatment (68.8%). Most participants also reported high family support (71.8%) and high medication adherence (65.0%).

Bivariate Analysis

Table 3. Bivariate Analysis

Variables	Medication Adherence		Total n (%)	p-value
	High, n (%)	Low, n (%)		
Educational Level				
Low	16 (25.8)	46 (74.2)	62 (100.0)	0.011
Secondary	45 (63.4)	26 (36.6)	71 (100.0)	
High	91 (90.1)	10 (9.9)	101 (100.0)	
Duration of Hypertension				0.000
0–5 years	141 (88.1)	19 (11.9)	160 (100.0)	
>5 years	11 (14.9)	63 (85.1)	74 (100.0)	
Knowledge				0.008
Good	128 (92.1)	11 (7.9)	139 (100.0)	

Poor	24 (25.3)	71 (74.7)	95 (100.0)	
Attitude				0.000
Positive	152 (94.4)	9 (5.6)	161 (100.0)	
Negative	0 (0.0)	73 (100.0)	73 (100.0)	
Family Support				0.011
High	145 (86.3)	23 (13.7)	168 (100.0)	
Low	7 (10.6)	59 (89.4)	66 (100.0)	

The analysis showed significant associations between educational level, duration of hypertension, knowledge, attitude, family support, and medication adherence among patients with hypertension in the Polma Kodam Clinic catchment area, Jayapura City. Participants with higher education, good knowledge, positive attitudes, and high family support were more likely to demonstrate higher medication adherence. In addition, participants who had been diagnosed with hypertension for 0–5 years showed better adherence than those with a duration of more than 5 years. All variables were statistically significant ($p < 0.05$).

Multivariate Analysis

Table 4. Multivariable Logistic Regression Analysis of Factors Associated with Medication Adherence (N = 234)

Variables	Coefficient (B)	p-value	OR [Exp(B)]	Interpretation
Educational level → Medication adherence	0.573	0.015	1.774	Significant
Duration of hypertension → Medication adherence	0.493	0.011	7.943	Significant
Knowledge → Medication adherence	0.331	0.011	0.718	Significant
Attitude → Medication adherence	0.796	0.002	5.219	Significant
Family support → Medication adherence	0.026	0.008	1.026	Significant
Constant	83.231	0.993	–	–

Based on the logistic regression analysis, educational level had a regression coefficient (B) of 0.573, with a p-value of 0.015 ($p < 0.05$) and an odds ratio (OR) of 1.774. This finding indicates that educational level was significantly associated with medication adherence. Participants with a higher educational level had 1.7 times higher odds of adhering to antihypertensive medication than those with a lower educational level. Duration of hypertension had a regression coefficient (B) of 0.493, with a p-value of 0.011 and an OR of 7.943. This variable was significantly associated with medication adherence. Participants with a longer duration of hypertension had approximately 7.9 times higher odds of medication adherence than those with a shorter duration of hypertension. Knowledge had a regression coefficient (B) of 0.331, with a p-value of 0.011 and an OR of 0.718, indicating a significant association with medication adherence.

Adequate knowledge regarding hypertension and its treatment may contribute to greater awareness of the importance of adhering to prescribed antihypertensive therapy. Attitude had a regression coefficient (B) of 0.796, with a p-value of 0.002 and an OR of 5.219. Participants with a positive attitude toward hypertension treatment had approximately 5.2 times higher odds of adhering to medication than those with a negative attitude. Family support had a regression coefficient (B) of 0.026, with a p-value of 0.008 and an OR of 1.026, indicating a significant association with medication adherence. Family support may facilitate adherence by reminding patients to take their medication, providing motivation, and encouraging regular treatment.Overall, duration of hypertension showed the strongest association with medication adherence, as indicated by the highest reported OR (7.943) among the variables included in the multivariable model.

Discussion

Educational Level and Medication Adherence

The findings demonstrated a significant association between educational level and medication adherence among patients with hypertension. Participants with higher educational levels were more likely to demonstrate high medication adherence than those with lower educational levels. Multivariable analysis further showed that educational level remained significantly associated with medication adherence, with an OR of 1.774.

Higher educational attainment may contribute to better health literacy, enabling patients to understand health information, medical instructions, and the importance of adhering to long-term antihypertensive therapy. Individuals with higher education may also have a greater ability to evaluate health information and make appropriate decisions regarding disease management (11). Nevertheless, higher education does not always guarantee adherence. Some participants with higher educational levels still demonstrated low adherence, which may be related to busy daily activities, treatment fatigue, or perceptions that their health condition had improved.

These findings are consistent with previous research showing that educational level is associated with health-related behaviors (12). However, other studies have reported that education is not always the primary determinant of adherence because health behaviors are also influenced by psychological and social factors (13). Therefore, educational interventions should be complemented by strategies addressing motivation, treatment beliefs, and other barriers to long-term adherence.

Duration of Hypertension and Medication Adherence

Duration of hypertension was significantly associated with medication adherence. Participants who had been diagnosed with hypertension for 0–5 years demonstrated higher medication adherence than those who had lived with hypertension for more than five years. This finding suggests that adherence may decline as the duration of treatment increases. This phenomenon may be explained by treatment fatigue**,** particularly among patients who require lifelong therapy. Continuous medication use over an extended period may lead to boredom, psychological fatigue, and reduced motivation, especially when patients do not experience noticeable symptoms or perceive their condition as having improved (14). In addition, adverse drug effects, complex treatment regimens, and insufficient reinforcement from healthcare professionals may further contribute to declining adherence among patients undergoing long-term treatment (15).

Nevertheless, some participants with a longer duration of hypertension maintained high medication adherence. This may be related to greater awareness of hypertension-related complications, personal or family experiences with the disease, and strong social support. Conversely, some newly diagnosed patients demonstrated low adherence, possibly because of inadequate knowledge, limited motivation, or insufficiently developed attitudes toward long-term treatment.

In the multivariable analysis, duration of hypertension had the largest reported OR (7.943; $p = 0.011$), indicating that it was the factor most strongly associated with medication adherence in the model. Previous studies have similarly reported that prolonged treatment may increase the risk of declining adherence because of treatment fatigue, psychological exhaustion, and changes in patients' perceptions of chronic disease (16). However, other evidence suggests that longer disease duration may improve adherence because patients develop greater experience and understanding of their condition. These differences indicate that the relationship between disease duration and adherence may also depend on educational level, family support, and the quality of health education received by patients.These findings highlight the importance of providing continuous education, counseling, and psychosocial support, particularly for patients receiving long-term antihypertensive therapy.

Knowledge and Medication Adherence

Knowledge was significantly associated with medication adherence among patients with hypertension. Participants with good knowledge demonstrated substantially higher medication adherence than those with inadequate knowledge.

Knowledge is an important predisposing factor in the development of health behavior. Patients with adequate knowledge are generally better able to understand the risks associated with uncontrolled hypertension, the benefits of treatment, and the consequences of irregular medication use. In hypertension management, adequate knowledge may encourage patients to take their medications consistently to prevent complications such as stroke, kidney disease, and cardiovascular disorders (17).

However, the multivariable analysis showed an OR of 0.718, indicating that knowledge had a relatively weaker association with medication adherence than several other variables. This finding suggests that knowledge alone may not be sufficient to ensure adherence. Patients may understand the importance of medication but still fail to take it consistently because of treatment fatigue, forgetfulness, adverse effects, low motivation, or perceptions that their health condition has improved. The presence of participants with good knowledge but low adherence further demonstrates a potential gap between knowledge and actual health behavior. Conversely, some participants with limited knowledge remained adherent, possibly because of family supervision, established medication routines, or direct instructions from healthcare professionals. This finding is consistent with previous research reporting a significant association between knowledge and antihypertensive medication adherence (18).

Family Support and Midication Adherence

Family support was significantly associated with medication adherence. Participants who received high levels of family support were more likely to demonstrate high medication adherence than those with limited family support. Multivariable analysis also showed that family support remained significantly associated with adherence (OR = 1.026; p = 0.008).

Family support plays an important role in the management of chronic diseases such as hypertension. Emotional, informational, instrumental, and motivational support from family members may increase patients' motivation, reduce psychological stress, and help them maintain regular medication-taking behaviors. Family members may also remind patients to take their medications, accompany them to healthcare visits, and reinforce appropriate health behaviors (19).

However, some participants with high family support still demonstrated low medication adherence. This suggests that family support alone may not overcome other barriers, including treatment fatigue, adverse medication effects, negative perceptions of therapy, inadequate understanding, or low intrinsic motivation. Conversely, patients with limited family support may still maintain good adherence because of strong self-motivation and awareness of hypertension-related complications.

Previous research has similarly demonstrated a significant association between family support and medication adherence among patients with hypertension (20). This finding is also consistent with behavioral theory emphasizing the role of social support in facilitating positive health behaviors (21). Although family support had a smaller OR than duration of hypertension and attitude, its significant association indicates that family involvement remains an important component of comprehensive adherence interventions.

Attitude and Medication Adherence

Attitude was strongly associated with medication adherence among patients with hypertension. Most participants with positive attitudes demonstrated high medication adherence, whereas all participants with negative attitudes were categorized as having low adherence. Multivariable analysis further showed that participants with positive attitudes had higher odds of medication adherence (OR = 5.219; p = 0.002).Attitude is an

important component in the formation of health behavior. A positive attitude toward treatment may increase an individual's willingness to follow therapeutic recommendations consistently (22). Patients who believe that antihypertensive medication is necessary and beneficial are more likely to remain motivated to continue treatment and prevent long-term complications. Conversely, negative attitudes, doubts regarding treatment effectiveness, and low motivation may contribute to poor adherence (23).

Nevertheless, a small proportion of participants with positive attitudes still demonstrated low medication adherence. This finding indicates that a positive attitude alone does not necessarily translate into consistent medication-taking behavior. Other barriers, including forgetfulness, adverse effects, difficulty accessing medication, daily activities, and inadequate family or environmental support, may interfere with adherence.The findings are consistent with behavioral theory, which identifies attitude as an important predisposing factor for health-related behavior (24). Previous research has

also reported that patients with positive attitudes toward antihypertensive treatment are more likely to adhere to their medication than those with negative attitudes (25). Therefore, interventions designed to improve medication adherence should include patient-centered education and counseling aimed at strengthening positive beliefs, motivation, and acceptance of long-term antihypertensive therapy.Overall, this study indicates that medication adherence among patients with hypertension is associated with multiple interrelated factors, including educational level, duration of hypertension, knowledge, attitude, and family support. Duration of hypertension showed the strongest reported association in the multivariable model, followed by attitude. These findings suggest that strategies to improve medication adherence should adopt a comprehensive approach combining patient education, motivational counseling, continuous treatment support, and active family involvement.

Conclusion

Educational level, duration of hypertension, knowledge, attitude, and family support were significantly associated with medication adherence among patients with hypertension in the Polma Kodam Clinic catchment area, Jayapura City. Multivariable logistic regression indicated that duration of hypertension was the factor most strongly associated with medication adherence, with a reported OR of 7.943.

Future studies should investigate additional factors that may influence medication adherence, including income, access to healthcare services, medication-related adverse effects, and psychological factors. Longitudinal or interventional study designs are also recommended to provide a more comprehensive understanding of the determinants of antihypertensive medication adherence and their potential causal relationships.

Declaration of Conflict of Interest
None.

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None.

Author Contributions

TAI designed the research; TAI conducted the research; TAI analyzed the data, wrote the first draft of the manuscript; RA, FPI critically reviewed and revised the manuscript; TAI, RA, FPI had primary responsibility for the final content. All authors read and approved the final manuscript.

Data Availability Statement

The dataset generated and analysed during the current study is available from the corresponding author upon reasonable request.

Declaration of the Use of AI in Scientific Writing

The authors declare that artificial intelligence (AI) tools were used solely to assist in language refinement and improving the clarity of the manuscript. The AI did not contribute to the study design, data analysis, or interpretation of results.

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