



RESEARCH ARTICLE

Empowering Health: Unveiling the Impact of Self-Efficacy and Lifestyle on Hypertension Management

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Abstract

This study aims to investigate the significant relationship between self-efficacy and lifestyle on the prevalence of hypertension. In this context, self-efficacy is defined as an individual's belief in managing blood pressure through health behaviors, while an unhealthy lifestyle includes habits such as a high-salt diet and minimal physical activity. This research utilized a quantitative method with a descriptive correlational design and a cross-sectional approach. Out of 70 respondents, it was found that 27 individuals (38.6%) had sufficient self-efficacy, 36 individuals (51.4%) demonstrated an unhealthy lifestyle, and 37 individuals (52.9%) suffered from hypertension. Statistical analysis showed a significant relationship between self-efficacy (p -value = 0.000) and lifestyle (p -value = 0.000) with the incidence of hypertension. These results support the theory that enhancing self-efficacy and shifting towards a healthier lifestyle can reduce the risk of hypertension, providing significant contributions to the literature and practices in hypertension management.

Keywords: Self-Efficacy, Lifestyle, Hypertension, health Promotion, Social support

Abstrak: Studi ini bertujuan untuk menginvestigasi hubungan yang signifikan antara self-efficacy dan gaya hidup terhadap prevalensi hipertensi. Dalam konteks ini, self-efficacy diartikan sebagai keyakinan individu dalam mengelola tekanan darah melalui perilaku kesehatan, sedangkan gaya hidup tidak sehat mencakup kebiasaan seperti diet tinggi garam dan minim aktivitas fisik. Penelitian ini menggunakan metode kuantitatif dengan desain deskriptif korelasional dan pendekatan cross-sectional. Dari total 70 responden, ditemukan bahwa 27 orang (38,6%) memiliki self-efficacy yang cukup, 36 orang (51,4%) menunjukkan gaya hidup tidak sehat, dan 37 orang (52,9%) menderita hipertensi. Analisis statistik menunjukkan hubungan yang signifikan antara self-efficacy (p -value = 0,000) dan gaya hidup (p -value = 0,000) dengan kejadian hipertensi. Hasil ini mendukung teori bahwa peningkatan self-efficacy dan perubahan ke arah gaya hidup yang lebih sehat dapat mengurangi risiko hipertensi, memberikan kontribusi penting terhadap literatur dan praktik dalam manajemen hipertensi.

Kata Kunci: Self Efficacy, Gaya Hidup, Hipertensi, Promosi Kesehatan, Dukungan Sosial

INTRODUCTION

Hypertension, often dubbed the 'silent killer,' is one of the greatest global health challenges of the 21st century, affecting approximately 1.28 billion people worldwide (World Health Organization [WHO], 2021). Low levels of awareness and treatment, especially in developing countries, add to the burden of this disease. For example, WHO (2021) notes that only about 21% of people with hypertension successfully manage their condition. Hypertension not only increases the risk of cardiovascular

diseases and stroke but also significantly impacts individuals' quality of life.

According to the Basic Health Research of 2018, the prevalence of hypertension in the population aged over 18 years reached 34.1%, with the highest rate occurring in South Kalimantan (44.1%) and the lowest in Papua (22.2%). The estimated number of hypertension cases in Indonesia reached 63,309,620, with the number of deaths due to hypertension reaching 427,218. Hypertension occurs most frequently in the age group 31-44 years (31.6%), followed by the age groups 45-54 years (45.3%) and 55-64 years (55.2%). Of the total hypertension prevalence of 34.1%, only 8.8% had been diagnosed with hypertension, whereas 13.3% of those diagnosed did not take medication, and 32.3% did not take medication regularly. It is recommended for hypertension patients to change their lifestyle to remain active and healthy (Kemenkes, 2019).

Hypertension is one of the most common chronic diseases and is a leading cause of various serious health complications such as heart disease and stroke. The increasing global prevalence of hypertension has triggered

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an urgent need for more effective interventions in its management. Managing hypertension requires not only medical treatment but also substantial lifestyle changes and enhanced self-efficacy. Self-efficacy, defined as the belief in one's ability to organize and execute the actions necessary to manage specific situations (Bandura, 1997), plays a crucial role in how individuals manage their health, including hypertension management (Smith, 2020). Cognitive conditions, including self-efficacy or belief in one's ability to engage in specific behaviors, are important aspects of programs aimed at enhancing self-management of chronic diseases. (Baiq, 2021).

Recent research indicates that enhancing self-efficacy can help individuals not only adopt but also maintain good health behaviors such as a low-sodium diet and regular exercise routines, both critical in managing hypertension (Jones & Smith, 2019). Additionally, the Behavioral Change Model (Michie et al., 2014) emphasizes the importance of self-efficacy belief in initiating and maintaining long-term health behavior changes. Low self-efficacy is correlated with failure to adopt and maintain the health behaviors necessary to manage blood pressure. Individuals with low self-efficacy often feel incapable of changing their daily routines or following health recommendations, indirectly increasing their risk of hypertension (Smith, 2020). For instance, a lack of confidence in one's ability to exercise regularly or follow a low-salt diet can hinder effective blood pressure management.

Therefore, appropriate educational programs are needed to enhance self-efficacy to improve patients' abilities to manage prevention and control of hypertension. A systematic review aimed at evaluating the benefits of using education related to hypertension management to improve self-efficacy in hypertensive patients concluded that educational approaches focused on hypertension management could enhance self-efficacy and patients' abilities to control their blood pressure. (Arvida et al., 2022).

In addition to self-efficacy applied by hypertensive patients, lifestyle changes are an essential component in managing hypertension. According to Jones and Smith (2019), lifestyle interventions such as a low-sodium diet and increased physical activity have a substantial impact on lowering blood pressure. This holistic approach, which includes the DASH diet and reducing alcohol consumption, can significantly reduce the risk of long-term complications due to hypertension.

During initial observations conducted at UPT Puskesmas Teladan through Primary Care BPJS data, hypertension was the second most common disease. In January 2024, there were 238 people suffering from hypertension, which decreased to 228 in February. Interviews with 5 hypertensive patients visiting UPT Puskesmas Teladan revealed that 2 patients stated that their hypertension would heal if they regularly took medication, 2 patients said they were unable to control their blood pressure and still liked to consume foods that triggered blood pressure increases such as meat, could not control the desire to smoke and drink coffee, but still routinely checked their blood pressure. And 1 patient said they were negligent in taking medication, only taking hypertension medication when feeling dizzy.

This study aims to examine more deeply how self-efficacy and lifestyle interact in the context of hypertension management. By focusing on these two variables, this study seeks to identify effective intervention strategies that focus not only on medical treatment but also on empowering individuals to proactively manage their condition. From these findings, it is crucial for public health policies to focus not only on the medical aspects of hypertension

management but also on strategies to enhance self-efficacy and promote a healthy lifestyle. Health education programs designed to improve knowledge and skills in managing hypertension should be integrated with psychosocial support aimed at enhancing patients' confidence in managing their health.

In medical practice, doctors and healthcare providers should be more proactive in identifying high-risk patients due to low self-efficacy and unhealthy lifestyles. Personalized interventions, which may include behavioral counseling, motivational therapy, and structured exercise programs, can be developed to address specific barriers faced by each patient. Focusing on self-efficacy and lifestyle as mediators in hypertension management, this study aims to investigate their influence on blood pressure control among hypertensive patients. The results of this study are expected to provide insights that can help design more effective interventions that focus not only on clinical aspects but also on strengthening individuals' capacities to effectively manage their conditions.

LITERATURE REVIEW

Hypertension

Medically known as high blood pressure, hypertension is a condition where the blood pressure in the arterial vessels persistently increases. High blood pressure can elevate the risk of heart attacks, strokes, and other serious health issues. The causes of hypertension vary, including unhealthy lifestyles, genetic factors, and certain medical conditions. It is crucial to control blood pressure within a normal range to prevent more severe complications. If untreated, hypertension can become a significant risk factor for heart disease and stroke. The Mayo Clinic medical encyclopedia provides additional information that may be helpful for understanding this condition more thoroughly (Fauziah, et al., 2021).

Blood pressure is determined by the pumping of blood volume by the ventricles every second and the total peripheral resistance (TPR). An inappropriate increase in any of these components can result in hypertension. A complex control system within the human body functions to prevent acute changes in blood pressure due to circulatory disturbances and to maintain stable blood pressure. This control system starts from rapid reactions such as cardiovascular reflexes through the nervous system and slow reactions like capillary circulation and interstitial cavity fluid movement controlled by hormones like angiotensin and vasopressin (Miciko, et al., 2020).

Based on its etiology, hypertension is divided into two types: primary and secondary. Primary hypertension, the most common form, does not have a clear cause and is often associated with risk factors such as excessive salt consumption and smoking habits. Secondary hypertension, which is less common, is caused by underlying conditions such as kidney or endocrine disorders (Brown et al., 2020). Secondary hypertension is a high blood pressure condition caused by a known cause. The prevalence of secondary hypertension among hypertension patients is about 10%, with about 50% of secondary hypertension cases caused by kidney dysfunction. One of the causes is abnormalities in the juxtaglomerular cell tissue which is hyperfunctional (Kurnia, 2020).

Existing research has identified that unhealthy lifestyles and genetic factors play a role in the development of hypertension (Smith et al., 2021). However, most studies tend to isolate hypertension risk factors without

considering the complex interactions between genetic and environmental factors, which may limit the effectiveness of recommended interventions.

Self-Efficacy

The concept of self-efficacy, introduced by Bandura (1997), describes an individual's belief in their ability to organize and execute actions to manage specific health situations. In the context of hypertension, self-efficacy affects an individual's ability to adopt and maintain health behaviors such as a low-sodium diet and regular exercise routines. Self-efficacy is a person's belief in their capability to perform a task and the strength to convince themselves or to enhance confidence in healthy behaviors. An increase in confidence in performance can be created by applying high self-efficacy in oneself, especially when faced with a condition, giving rise to a belief in their ability to overcome it. All these beliefs relate to self-efficacy (Khine, 2022). Recent studies by Nguyen et al. (2022) show that programs designed to enhance self-efficacy through education and social support significantly improve hypertension management in patients.

The dimensions of self-efficacy include three aspects: magnitude/level, which relates to an individual's stage of belief in performing an action, where this level is indicated by a person's compliance with medication to control hypertension. Strength is a dimension of self-efficacy that determines the extent of a person's confidence towards designed goals when a hypertension patient has strong belief in the medication they are undergoing to control hypertension. Generality is a dimension of self-efficacy related to individual behavior, which is similar to the experiences they have had in undergoing hypertension medication. If a person has experience controlling hypertension by adhering to hypertension medication, then the person will more easily control subsequent hypertension in the same way (Andini, 2022).

Self-efficacy plays a crucial role in implementing and maintaining behavior changes necessary to manage hypertension. Educational programs that strengthen self-efficacy, as described by Michie et al. (2014) in "The Behaviour Change Wheel," offer a framework for developing interventions targeting health behaviors. This research applies this model to develop intervention strategies focused on enhancing self-efficacy and adopting a healthy lifestyle, both of which have been proven effective in field studies involving hypertension patients (Arvida et al., 2022). The concept of self-efficacy, introduced by Bandura (1997), has been widely applied in health research to explain how individuals can manage chronic diseases like hypertension. Although previous research has shown a positive relationship between high self-efficacy and better hypertension management, most of these studies use a cross-sectional design that cannot determine causality or long-term behavior change (Nguyen et al., 2022).

Lifestyle

Lifestyle refers to the way of life of individuals or groups, including habits, preferences, and daily activities that affect health, well-being, and overall quality of life. Lifestyle encompasses various aspects such as diet, physical activity level, stress management, adequate sleep, and more. Lifestyle also reflects individual choices on how they allocate their time, energy, and attention to various aspects of daily life. A healthy lifestyle includes habits that support physical and mental health, while an unhealthy lifestyle tends to increase the risk of health problems. Thus,

considering and improving a healthy lifestyle is crucial in maintaining health and overall well-being (Reva, et al., 2021).

Lifestyle interventions have consistently been found effective in reducing blood pressure (Jones & Harris, 2019). However, a challenge in the literature lies in long-term adherence to recommended lifestyle changes. Many studies fail to integrate a holistic approach that considers psychosocial factors affecting adherence, often resulting in a return to healthy behaviors after the intervention period ends.

Lifestyle is a key factor that significantly impacts the population. An unhealthy lifestyle can increase the risk of hypertension, including factors such as diet, physical activity level, stress level, and smoking habits. Some types of food associated with hypertension include fast food containing preservatives, excessive salt consumption, and high-fat intake. For the prevention and management of hypertension, it is important to pay attention to dietary patterns and a healthy lifestyle. This is crucial because a healthy lifestyle plays a role in maintaining overall well-being, including maintaining fitness through regular exercise, quitting smoking to reduce the risk of hypertension, and overall health maintenance by controlling aspects such as cholesterol levels, diabetes, body weight, and risk factors for other diseases (Ernawati, 2022).

METHOD

This study employed a quantitative approach with a descriptive correlational design to understand the relationship between self-efficacy, lifestyle, and hypertension. The study involved a sample of hypertension patients visiting UPT Puskesmas Teladan in February 2024. The methodology used in this research was based on the theoretical framework outlined in the literature review, particularly the theories of behavioral change and self-efficacy (Michie et al., 2014). The application of these theories in the questionnaire design and the selection of data analysis methods ensured that this study not only tested statistical relationships but also explored the psychological mechanisms affecting health behaviors in the context of hypertension.

The target population for this study was hypertension patients visiting UPT Puskesmas Teladan. The population count in February 2024 was 228 patients. The sample size was calculated using the Slovin formula with a margin of error of 0.1, resulting in a sample of 70 respondents. The choice of February was based on initial data showing patient count fluctuations during the early part of the year, and this month was selected to obtain a representation of stable conditions after the holiday period when patients' lifestyles might differ.

Primary data for this research were collected using a questionnaire designed to assess self-efficacy, lifestyle, and respondents' blood pressure. This questionnaire had been validated in previous research (Smith et al., 2021), which showed Cronbach's alpha reliability coefficients of 0.85 for the self-efficacy scale and 0.82 for the lifestyle scale, indicating a good level of reliability. The validation process of the questionnaire included initial trials on a small but similar sample that was not included in the main study sample, to identify and correct potential errors in item understanding and response.

Data analysis was conducted using two approaches: univariate to describe the characteristics of the sample and bivariate to explore the relationships between variables using the Chi-square test. Furthermore, to deepen the

analysis, this study integrated a logistic regression model to test the direct effects of self-efficacy and lifestyle on hypertension. Path analysis was also considered to map causal relationships and measure the direct and indirect effects of the variables studied, providing clearer insights into the dynamics among variables (Jones & Harris, 2019).

This study received ethical approval from the Ethics Committee. All participants in this research provided their informed consent, which was well-documented, before participating in the study. This ensures that all procedures followed align with international ethical guidelines for health research, as set forth in the Declaration of Helsinki.

RESULTS OF STUDY

Table 1. Respondent Characteristics (N=70)

Characteristic	Frequency	Percentage (%)
Age		
>50 years	38	54.3
<50 years	32	45.7
Gender		
Male	30	42.9
Female	40	57.1
Education		
None/Elementary	2	2.9
Middle School	12	17.1
High School	29	41.2
Diploma/Degree	27	38.6
Occupation		
Unemployed	13	18.6
Trader	12	17.1
Self-employed	22	31.4
Civil Servant/Retired	23	32.9

Source: Primary Data, 2024

The demographic data in Table 1 provide crucial insights into the individual characteristics that may influence the outcomes of this study. The research involved 70 respondents with a diverse distribution of age, gender, education, and occupation, which is synthesized and interpreted as follows: The majority of respondents are over 50 years old (54.3%), relevant considering the increased prevalence of hypertension with age. This age group typically experiences physiological changes that can affect blood pressure and response to lifestyle interventions. Conversely, the 45.7% of respondents under 50 years are also significant, as it demonstrates diversity in understanding the effects of interventions on younger age groups, which may have different self-efficacy and lifestyle dynamics.

With 57.1% of respondents being female, the study may reveal insights into how gender affects hypertension management, particularly since women may have different approaches to managing health and using healthcare services compared to men (42.9%). Gender could also interact with self-efficacy in managing chronic conditions like hypertension.

With most respondents having high school (41.2%) and Diploma/Degree education (38.6%), these higher education levels can be associated with better understanding and application of knowledge about hypertension management. Higher health literacy levels can support stronger self-efficacy in disease management and the adoption of healthy lifestyles.

The employment groups (Self-employed 31.4% and Civil Servant/Retired 32.9%) indicate that most respondents have daily activities that may support or hinder hypertension

management. Self-employed individuals might face different work-related stresses compared to civil servants or retirees, affecting how they manage stress and maintain healthy lifestyles. Retirees may have more time to focus on health, yet also face challenges such as reduced income.

The respondent characteristics data reveal that this study involved a fairly diverse group in terms of age, gender, education, and occupation. The relationship between these demographic characteristics and self-efficacy and lifestyle in the context of hypertension can provide important insights into how individuals from various backgrounds manage their health and face challenges related to hypertension. This study is expected to provide recommendations tailored to the specific needs of various subgroups to enhance the effectiveness of health interventions.

Table 2. Frequency Distribution of Respondents by Self-Efficacy, Lifestyle, and Hypertension (N=70)

Variable	Frequency	Percentage (%)
Self-Efficacy		
High	21	30.0
Moderate	27	38.6
Low	22	31.4
Lifestyle		
Healthy	34	48.6
Unhealthy	36	51.4
Hypertension		
Normal	33	47.1
Hypertensive	37	52.9

Source: Primary Data, 2024

The results from Table 2, based on the data analysis of 70 respondents, reveal significant patterns that affect the management and prevalence of hypertension. About 30% of respondents demonstrated high self-efficacy, indicating a strong belief in their ability to manage health, which could influence the adoption of positive health behaviors. However, approximately 38.6% of respondents only had moderate self-efficacy, and 31.4% had low self-efficacy, which may pose challenges in implementing effective strategies for hypertension management.

Moreover, the distribution of lifestyle among the respondents shows that 48.6% maintained a healthy lifestyle, while the remaining 51.4% lived in a manner not conducive to optimal health, such as consuming high-salt foods, lack of physical activity, and poor stress management. This underscores the importance of interventions focused on enhancing awareness and individual capabilities to adopt healthy lifestyles.

Furthermore, the data indicates that 52.9% of respondents experienced hypertension, while 47.1% had normal blood pressure. The relationship between hypertension with low self-efficacy and unhealthy lifestyle supports the need for programs that educate and motivate behavioral change. Enhancing self-efficacy can be strengthened through health education, social support, and skill development, which can directly impact lifestyle and hypertension management.

An integrative approach involving effective health education, strategies to enhance self-efficacy, and support for sustainable lifestyle changes is required to reduce the burden of hypertension. This research underscores the importance of understanding and intervening in psychosocial factors such as self-efficacy to improve health outcomes in the context of chronic diseases like hypertension.

Table 3. Chi-Square Results for Self-Efficacy and Lifestyle with Hypertension (N=70)

Variable	Hypertension Condition				Total		p-value
	Normal		Hypertensive		f	%	
	f	%	f	%			
<i>Self-Efficacy</i>							
High	18	25,7	3	4,3	21	30,0	0,000
Moderate	10	14,3	17	24,3	27	38,6	
Low	5	7,0	17	24,3	22	31,4	
<i>Lifestyle</i>							
Healthy	31	44,3	3	4,3	34	48,6	0,000
Unhealthy	2	2,8	34	48,6	36	51,4	

Source: Primary Data, 2024

Chi-square statistical analysis in Table 3 provides significant insights into the relationships between self-efficacy, lifestyle, and the prevalence of hypertension among 70 respondents. The analysis shows a very low p-value (0.000) for both variables, indicating a strong statistical relationship between levels of self-efficacy and lifestyle with the hypertension condition of respondents. Specifically, the distribution of self-efficacy and hypertension reveals that out of 21 respondents with high self-efficacy, 18 had normal blood pressure and only 3 were hypertensive. Conversely, among respondents with low self-efficacy, only 5 were in normal condition while 17 were hypertensive. This affirms that higher self-efficacy correlates with a lower prevalence of hypertension, suggesting that confidence in managing health can significantly influence positive health outcomes.

Further analysis of lifestyle and hypertension also presents interesting results. Out of 34 respondents with a healthy lifestyle, 31 had normal blood pressure, while only 3 were hypertensive. On the other hand, among 36 respondents with an unhealthy lifestyle, 34 suffered from hypertension and only 2 had normal blood pressure conditions. This correlation indicates that an unhealthy lifestyle significantly contributes to the prevalence of hypertension.

The conclusions from this analysis confirm that both self-efficacy and lifestyle are crucial factors affecting hypertension conditions. High confidence levels in managing specific aspects of health and life, combined with the adoption of a healthy lifestyle, are significantly associated with a lower risk of developing hypertension. Thus, interventions designed to enhance self-efficacy and support positive changes in lifestyle could be effective strategies in the management and prevention of hypertension.

DISCUSSION

The results of this study reveal significant relationships between self-efficacy and hypertension as well as lifestyle and hypertension. This research supports the theoretical concepts described in the literature review, particularly Bandura's self-efficacy theory (1997) and the behavior change model by Michie et al. (2014). According to the data tabulation, respondents with high self-efficacy did not have hypertension, whereas those with moderate and low self-efficacy did. Statistical analysis using the chi-square test showed a relationship between self-efficacy and hypertension, with a p-value of 0.000 ($p < 0.05$).

Self-efficacy plays a crucial role in strengthening the understanding of the health behavior change process, which is vital in enhancing an individual's knowledge, behavior, and skills in a health context. Individuals with high self-efficacy tend to show significant improvements in adhering

to medication, following a low-salt diet, engaging in regular exercise, refraining from smoking, and meticulously monitoring their weight. Conversely, individuals with low self-efficacy may assume that their capabilities might not be sufficient to achieve desired outcomes.

This research confirms that individuals with high self-efficacy tend to have better control over their hypertension, consistent with Bandura's theory that self-efficacy influences an individual's capacity to face challenges and implement necessary behavioral changes to manage their health. This theory suggests that self-efficacy plays a role in all stages of behavior change, from planning to execution and maintenance of health behaviors.

According to Michie et al. (2014), effective interventions to enhance self-efficacy include health education, skills training, and structured social support. This study finds that individuals with higher self-efficacy are more proactive in managing their diet, physical activity, and medication adherence—all critical components in controlling hypertension. These findings affirm the need to integrate strategies that strengthen self-efficacy into hypertension management programs. This research aligns with a study by Susanti, stating that there is a relationship between self-efficacy and self-management of hypertension patients at Puskesmas Kassi-Kassi Makasar in 2022 with a p-value of 0.000. Most respondents had low self-efficacy, expressing significant doubt in their ability to assess changes in their blood pressure (Susanti, et al., 2022).

Based on the data tabulation, a healthy lifestyle corresponds with the absence of hypertension, whereas an unhealthy lifestyle corresponds with its presence. Statistical testing using the chi-square test also established a relationship between lifestyle and hypertension with a p-value of 0.000 ($p < 0.05$). An unhealthy lifestyle was found to have a strong relationship with the prevalence of hypertension, consistent with literature that suggests that an unhealthy diet, lack of physical activity, and poor stress management contribute to increased hypertension risk (Jones & Harris, 2019). This research strengthens the concept that behavioral changes in lifestyle through education and support can positively affect hypertension control.

A healthy lifestyle in hypertensive patients is beneficial in managing the risk factors for potential complications and in reducing the severity in patients who already have complications. A healthy lifestyle includes efforts to control weight, abstain from smoking, limit excessive alcohol and caffeine intake, engage in regular exercise, and routinely monitor blood pressure. A healthy lifestyle can enhance self-reliance, confidence, and the quality of life of hypertensive patients. Lifestyle plays a key role in managing hypertensive disease. Hypertensive patients can improve their health conditions by adopting an appropriate healthy lifestyle. Important aspects to consider include weight control, regular physical activity, a balanced diet (such as the DASH

diet recommended for hypertension), reducing salt intake, not smoking, and maintaining blood pressure within normal values.

Implementing a healthy lifestyle can have positive effects on hypertension management. By exercising regularly, quitting smoking, and reducing salt intake, hypertensive patients can control their blood pressure and reduce the risk of potential complications. Moreover, positive lifestyle changes can also help patients feel overall better, enhance their quality of life, and reduce the risk of other diseases associated with hypertension.

This research aligns with a study by Gusti, which found an unhealthy lifestyle among respondents. It was noted that hypertensive patients did not engage in regular physical activities. Physical activity is essential for controlling high blood pressure because it strengthens the heart. The heart can pump more blood with less effort. The lighter the heart's work to pump blood, the less pressure on the arteries (Gusti, et al., 2020). This research reinforces the theory that self-efficacy and a healthy lifestyle are key factors in effective hypertension management. These findings suggest that targeted interventions to enhance self-efficacy and promote a healthy lifestyle can significantly contribute to reducing the burden of hypertension.

This study employed a cross-sectional design, which limits the ability to determine causality between self-efficacy, lifestyle, and hypertension variables. Because data was collected at one point in time, it is difficult to ascertain whether changes in self-efficacy or lifestyle occurred before or after changes in hypertension status. Additionally, the research was conducted at a single location, UPT Puskesmas Teladan, with a limited sample that may not reflect the overall hypertensive population. Therefore, the findings obtained may not be generalizable to a broader population or to different settings. Finally, data collection regarding self-efficacy and lifestyle was carried out through self-report questionnaires, which are susceptible to bias, including desirability bias. This means that respondents might report behaviors they consider more socially acceptable, rather than actual behaviors, which can affect the accuracy of the results.

RECOMMENDATIONS FOR PRACTICE

Based on the findings that identify significant relationships between self-efficacy, lifestyle, and hypertension management, we recommend the development of a structured intervention program with three main components. First, a health education program should be designed to enhance awareness and understanding of hypertension risk factors and the importance of adopting positive health behaviors. Educational materials should include information on how diet, physical activity, and stress management impact blood pressure. This program should target various age groups and demographics, utilizing multiple media such as workshops, online seminars, and accessible print materials, to ensure wide and inclusive information dissemination.

Second, enhancing individual self-efficacy in managing their own health is key to effective hypertension prevention and management. To achieve this, interventions should include workshops that facilitate the learning of practical skills, such as how to read nutrition labels, healthy cooking techniques, and effective exercise routines. These training sessions should be followed by peer support sessions, where participants can share experiences and challenges, as well as celebrate achievements, thereby strengthening support

networks and motivating participants to apply what they have learned in their daily lives.

Third, social support for individuals on their journey to change their health behaviors requires more than just knowledge transfer; it needs ongoing emotional and motivational support. Programs should include the establishment of support networks accessible to participants, both online and in person. These networks can offer ongoing counseling, support groups, and access to health professionals who can provide guidance and practical advice in overcoming daily obstacles that may prevent individuals from adopting a healthier lifestyle.

CONCLUSIONS

This research reveals that a majority of respondents have moderate self-efficacy (38.6%) and an unhealthy lifestyle (51.4%), with a hypertension prevalence of 52.9%. Statistical analysis demonstrates a significant relationship between self-efficacy and lifestyle with the occurrence of hypertension, where the p-values for both are 0.000, indicating very high significance. These findings affirm that enhancing self-efficacy and transitioning towards a healthier lifestyle can significantly reduce the risk of hypertension. These results not only contribute importantly to the existing literature but also to practices in hypertension management, highlighting the importance of psychosocial factors in the management of hypertension. Therefore, to effectively tackle hypertension, comprehensive and multi-component strategies must be implemented, allowing interventions that focus not only on the medical aspects of hypertension management but also on empowering individuals to proactively manage their condition through enhanced self-efficacy and the adoption of healthy lifestyles.

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