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Community Health Education on Hypertension Medication Adherence Using a Pocketbook in the Working Area of Guguk Panjang Public Health Center, Bukittinggi

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ABSTRACT

Hypertension requires regular and continuous medication, yet adherence may remain a challenge, particularly among older adults. This study aimed to determine the effect of pocketbook-based health education on medication adherence among hypertensive patients in the working area of Guguk Panjang Public Health Center, Bukittinggi, in 2026. A quantitative quasi-experimental study with a two-group pretest-posttest design was conducted. The population comprised 978 hypertensive patients aged 60 years and older. A total of 54 participants were selected using purposive sampling, with 27 participants in the intervention group and 27 in the control group. Medication adherence was measured using a questionnaire. The intervention group received health education using a pocketbook, repeated across three sessions, while the control group did not receive the pocketbook

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intervention. Data were analyzed using the Wilcoxon Signed Rank Test and Mann–Whitney U Test because the data were not normally distributed. The mean adherence score in the intervention group increased from 3.09 (SD 2.18) at pretest to 6.22 (SD 1.24) at posttest. In the control group, the mean score decreased from 3.69 (SD 2.31) to 3.36 (SD 2.06). The Wilcoxon test indicated a statistically significant pretest-posttest difference in both groups ($p < 0.001$). The Mann–Whitney test showed a significant difference between groups ($U = 150.000$; $Z = -3.726$; $p < 0.001$), with a higher mean rank in the intervention group (35.44) than in the control group (19.56). Pocketbook-based health education was associated with higher post-intervention medication-adherence scores. Health centers may consider using pocketbooks alongside direct communication, repeated education, and follow-up support.

INTRODUCTION

Hypertension is a major public health problem that requires regular monitoring and long-term treatment. According to the 2023 Indonesian Health Survey (SKI), the prevalence of hypertension based on blood pressure measurements among adults aged 18 years and older was 30.8% nationally and 24.1% in West Sumatra (Ministry of Health of the Republic of Indonesia, 2023). These figures highlight the importance of effective hypertension control, including adherence to prescribed medication. Hypertension management also requires systematic prevention, treatment, and

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monitoring within healthcare services (Indonesia, 2023). Medication adherence is an essential component of hypertension management, as poor adherence can compromise blood pressure control and treatment outcomes (Prevalence et al., 2019). Several factors may influence medication adherence, including patients' knowledge, health beliefs, motivation, treatment-related barriers, and social support (A et al., 2019); (Qi et al., n.d.). Identified patient-related factors, such as knowledge, beliefs, attitudes, health literacy, and social support, as factors associated with adherence to antihypertensive medication. Previous studies have also examined the relationship between knowledge and adherence to antihypertensive medication (Arini et al., 2024a); (Fadhilah, N., Cahya, M. D., Hasyim, D. I., n.d.); (Talango et al., 2024). Identifying factors associated with medication non-adherence may help inform educational strategies that address patients' treatment-related needs (Indrawati et al., 2025); (Rahmawati, 2025). (Saturi et al., 2025) discussed factors associated with medication adherence and treatment success among patients with hypertension in Indonesian primary healthcare settings. Family support may also contribute to medication adherence among patients with hypertension (Yeni et al., 2016). Furthermore, understanding community-level factors associated with hypertension provides a broader context for developing health promotion strategies for prevention and disease management (Akbar & Budi Santoso, 2020). Smoking has also been discussed as a relevant factor in hypertension prevention (Nurhaeni et al., 2022). Health education is one approach to improving patients' understanding of hypertension and the importance of following treatment recommendations. Educational media can present health information systematically and allow patients to review it after educational sessions. A pocketbook is a practical printed medium that patients can carry and consult at home. (Ruhmawati et al., 2022) described the development of a health promotion pocketbook for health cadres. In a study involving patients with hypertension, (Yusniarita Yusniarita, Aprilia Khoirul Munawaroh, 2023) reported that booklet-based health education improved knowledge and medication adherence. (R. Lestari et al., 2023) examined pocketbook-based health education in relation to dietary adherence among people with hypertension. (Ekasari et al., 2024) examined the use of a pocketbook to support hypertension care management among older adults, while (Hendrayana et al., 2024b) discussed pocketbook-

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based education combined with pharmacist collaboration to support medication adherence among patients participating in the Chronic Disease Management Program (PROLANIS). Health education can also be delivered through digital communication platforms. (Fakhriyah et al., 2021) examined hypertension education through WhatsApp groups as an approach to hypertension control, while (Lay & Ernawati, 2024) investigated health education to improve community knowledge and support the prevention of new cases in a primary healthcare setting. These studies illustrate the use of different educational approaches in health promotion. However, pocketbooks and other educational media should complement direct communication with healthcare professionals, allowing patients to ask questions, clarify instructions, and discuss difficulties related to their treatment. Integrating educational media with healthcare services may provide a more comprehensive approach to hypertension control (Page et al., 2025). Accessible and understandable information is particularly important for older adults who need to manage hypertension and take medication regularly. (Sundari & Latifah, 2024) examined medication adherence among older adults with hypertension, while (T. Lestari, 2021) reported on adherence to antihypertensive medication in a primary healthcare setting. These studies provide relevant context for understanding medication adherence among patients receiving care in community health services. Effective hypertension management is also important for preventing complications such as stroke (Yonata et al., 2020). Medication adherence may be supported through various approaches, including educational interventions and technology-based services. (Wirawati et al., 2025) examined the use of telemedicine applications in relation to medication adherence behavior among patients with hypertension. (Pourmand et al., 2020) applied the Theory of Planned Behavior to self-care among patients with hypertension, providing a theoretical perspective for understanding health-related behaviors. Medication adherence has also been discussed in relation to healthcare utilization and treatment costs (Solihah et al., 2025), while (Pubioganda & Pardilawati, 2026) reviewed the relationship between medication adherence and blood pressure among patients with hypertension. Collectively, these studies highlight the importance of accessible education, patient engagement, and continued healthcare support in hypertension management. Despite the range of educational

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approaches described in previous studies, further evaluation of pocketbook-based health education in specific primary healthcare settings remains relevant. Therefore, this study aimed to determine the effect of pocketbook-based health education on medication adherence among patients with hypertension in the service area of Guguk Panjang Public Health Center, Bukittinggi, in 2026. The findings are expected to inform health promotion practices in primary healthcare settings, particularly the use of pocketbooks as a supplementary educational medium alongside direct communication and regular follow-up.

METHODS AND IMPLEMENTATION

This study employed a quantitative quasi-experimental design with two groups assessed before and after the intervention. It was conducted in the working area of Guguk Panjang Public Health Center, Bukittinggi City, West Sumatra, Indonesia, from April to September 2026. The study population comprised 978 patients with hypertension aged 60 years and older. A total of 54 participants were selected using purposive sampling and divided into an intervention group and a control group, each consisting of 27 participants. The intervention group received health education using a pocketbook containing information about hypertension and medication adherence. The intervention was delivered in three sessions to reinforce participants' understanding of the importance of taking antihypertensive medication according to healthcare professionals' recommendations. The use of printed educational materials is consistent with previous research examining pocketbooks for hypertension care management (Ekasari et al., 2024) and pocketbook-based education to support medication adherence (Hendrayana et al., 2024a). The control group did not receive the pocketbook-based educational intervention during the study period. Medication adherence was measured before and after the study period using a questionnaire. Data collection included questionnaire administration and recording participants' characteristics in accordance with the study protocol. Participant confidentiality was maintained through the use of identification codes, and informed consent was obtained before data collection. Descriptive statistics were used to summarize participants' characteristics and medication adherence scores. The Shapiro–Wilk test was applied to

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assess the normality of the data. Because the data did not meet the assumption of normality ($p < 0.05$), nonparametric tests were used. The Wilcoxon signed-rank test was performed to assess pretest–posttest differences within each group, while the Mann–Whitney U test was used to compare posttest medication adherence scores between the intervention and control groups. Statistical significance was set at $p < 0.05$.

RESULTS AND DISCUSSION

The study involved 54 respondents, equally distributed between the intervention and control groups. In the intervention group, participants' ages ranged from 60 to 74 years, with a mean age of 65.56 years (SD = 4.21). Of these participants, 21 (77.78%) were women and six (22.22%) were men. In the control group, participants' ages ranged from 60 to 76 years, with a mean age of 67.07 years (SD = 3.98). The control group included 20 women (74.07%) and seven men (25.93%).

Table 1. Mean Medication Adherence Scores Before and After the Study Period

Group	Measurement	Mean	SD	Minimum–Maximum
Intervention	Pretest	3.09	2.18	0.50–7.50
Intervention	Posttest	6.22	1.24	2.75–8.00
Control	Pretest	3.69	2.31	0.25–8.00
Control	Posttest	3.36	2.06	0.25–7.50

Table 1 shows that the mean medication adherence score in the intervention group increased from 3.09 at pretest to 6.22 at posttest, representing a descriptive increase of 3.13 points. In contrast, the control group's mean score decreased from 3.69 to 3.36, representing a decrease of 0.33 points. These descriptive findings indicate different directions of change between the group receiving pocketbook-based education and the group that did not receive this intervention. The Shapiro–Wilk test indicated that the data were not normally distributed. The Wilcoxon Signed-Rank Test identified a statistically significant difference between pretest and posttest scores in the intervention group ($Z = -4.105$; $p < 0.001$). A statistically significant difference was also observed in the control group ($Z = -3.201$; $p < 0.001$). However, the control group's mean score decreased. Therefore, the

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statistically significant result in the control group should not be interpreted as evidence of improved medication adherence.

Table 2. Mann–Whitney U Test Results for Posttest Medication Adherence Scores

Group	N	Mean Rank	Sum of Ranks
Intervention	27	35.44	957.00
Control	27	19.56	528.00
Total	54		

Test statistics: Mann–Whitney U = 150.000; Wilcoxon W = 528.000; Z = −3.726; p < 0.001.

The Mann–Whitney U test revealed a statistically significant difference in posttest medication adherence scores between the intervention and control groups ($U = 150.000$, $Z = -3.726$, $p < 0.001$). The intervention group had a higher mean rank (35.44) than the control group (19.56), indicating that posttest medication adherence scores tended to be higher among participants who received pocketbook-based health education. These findings demonstrate a significant difference in posttest scores between the groups; however, the Mann–Whitney U test did not directly evaluate whether the pretest–posttest changes differed significantly between the groups. These findings are consistent with research by (Hendrayana et al., 2024), who examined pocketbook-based education and medication adherence among patients participating in PROLANIS. (Ekasari et al., 2024) also investigated the use of a pocketbook to support hypertension care management among older adults. In addition, (R. Lestari et al., 2023) examined pocketbook-based education in relation to dietary adherence among people with hypertension. Together, these studies provide context for considering printed educational materials as one component of hypertension self-management. Pocketbooks may provide accessible health information that patients can review outside formal educational sessions. Nevertheless, the present study did not assess which specific components of the pocketbook contributed most to the observed differences. Medication adherence is influenced by multiple interacting factors. (A et al., 2019) reviewed quantitative studies on health beliefs and medication adherence, while (Golara Maleki , Rohollah Norian , Babak Moeini , Majid Barati , Shahnaz Maleki, 2023) reviewed factors associated with medication adherence among patients with

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hypertension. (Qi et al., n.d.) identified a broad range of factors contributing to medication adherence across conceptual frameworks. Studies examining knowledge and adherence also provide relevant context for understanding patients' treatment behavior (Arini et al., 2024); (Fadhilah et al., 2023); (Talango et al., 2024). (Indrawati et al., 2025) examined determinants of non-adherence to antihypertensive medication, while (Rahmawati, 2025) reviewed strategies to improve adherence. These studies support the view that adherence is not determined by educational information alone. Knowledge, health beliefs, motivation, treatment-related factors, social support, and interactions with healthcare professionals may also be relevant. Family support may be one component of adherence support (Yeni et al., 2016). In addition, (Pourmand et al., 2020) applied the theory of planned behavior to self-care among patients with hypertension, providing a framework for considering behavioral factors in hypertension management. Therefore, pocketbook-based education should complement direct communication, patient engagement, family support, and regular follow-up rather than function as a stand-alone strategy. The control group's results require careful interpretation. Although the Wilcoxon signed-rank test indicated a statistically significant pretest–posttest difference ($Z = -3.201$, $p < 0.001$), the mean score decreased from 3.69 to 3.36. This indicates a lower posttest mean score, but the statistical test alone does not explain the reason for the change. Routine healthcare interactions, family support, other healthcare services, or variation in questionnaire responses may be possible explanations. However, these factors were not directly assessed in the present study and should therefore be considered hypotheses rather than established explanations. The Wilcoxon findings should also be interpreted alongside the positive and negative ranks, ties, and the scoring direction of the questionnaire. The broader literature also emphasizes the importance of integrating education with healthcare services. Erviana et al. (2025) discussed the integration of education and healthcare services for hypertension control in the community. Digital approaches may also provide additional options for supporting patients; for example, (Wirawati et al., 2025) examined telemedicine applications in relation to medication adherence behavior. (Fakhriyah et al., 2021) investigated hypertension education through WhatsApp groups. These approaches were not evaluated in the present study, but they provide

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context for future research on complementary strategies to support medication adherence. Medication adherence is also relevant to blood pressure management and the prevention of complications. (Pubioganda & Pardilawati, 2026) reviewed the relationship between medication adherence and blood pressure among patients with hypertension, while (Yonata et al., 2020) discussed hypertension as a risk factor for stroke. (Solihah et al., 2025) reviewed the broader implications of medication adherence for health and treatment costs. These publications highlight the importance of continued hypertension management, although the present study did not directly measure blood pressure outcomes, stroke incidence, or healthcare costs. The findings should be considered in light of the study's limitations. Purposive sampling, a sample of 54 participants, and data collection at a single public health center may limit the generalizability of the results. In addition, the study did not establish whether the observed differences persisted over a longer period or determine the specific mechanisms through which pocketbook-based education may influence medication adherence. Future studies should recruit larger samples, include longer follow-up periods, and assess relevant factors such as health literacy, motivation, family support, and access to healthcare services. Researchers should also compare pretest–posttest changes between groups using an appropriate statistical method to evaluate differences in change more directly. Overall, the findings support the potential use of pocketbooks as one component of health education for patients with hypertension. Their use may be integrated with clear explanations from healthcare professionals, opportunities for patients to ask questions, medication schedule reminders, family involvement, and periodic monitoring of medication adherence.

CONCLUSION

Pocketbook-based health education was associated with higher posttest medication adherence scores among hypertensive patients in the working area of Guguk Panjang Public Health Center in 2026. The intervention group’s mean score increased from 3.09 to 6.22, whereas the control group’s mean score decreased from 3.69 to 3.36. The Mann–Whitney U Test demonstrated a statistically significant difference between the groups ($U = 150.000$; $Z = -3.726$; $p < 0.001$), with a higher mean

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rank in the intervention group. Public health centers are encouraged to consider pocketbooks as a supplementary educational resource alongside direct communication, repeated health education, medication reminders, regular monitoring, and family support. Future research should involve larger samples, longer follow-up periods, and additional factors that may influence medication adherence.

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