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Original Article

Exploring the Experiences of Elderly Hypertensive Patients Regarding the Integrated Non-Communicable Disease Service

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ABSTRACT

Indonesia faces a rising burden of hypertension, particularly among its aging population. The Integrated Non-Communicable Disease Development Post (Posbindu PTM) is a key community-based strategy to improve prevention and management. However, its success depends on patient engagement, and the lived experiences of its primary user's elderly hypertensive patients remain poorly understood. This study aimed to explore the lived experiences and perspectives of elderly hypertensive patients regarding their participation in the Posbindu PTM program. A qualitative study employing a descriptive phenomenological approach was conducted. In-depth interviews were held with 15 elderly hypertensive patients (aged 60-80 years) purposively sampled from a Posbindu PTM. Data were analyzed using Van Manen's with describe the meaning of the interview results and group them into themes. Four central themes emerged from the data: (1) The Multifaceted Value of Attendance (2) The Expectation for Interactive Guidance (3) Motivational Drivers for Engagement (4) Perceived Barriers to Access. Elderly participants perceive Posbindu PTM as a vital resource that extends beyond clinical monitoring to provide education, social support, and a sense of community, all of which foster disease control. The findings highlight the critical need to integrate structured, post-screening education and to address physical and psychological access barriers to optimize the program's reach and impact. Future research should quantitatively evaluate the impact of the identified social support systems on longitudinal hypertension outcomes.



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INTRODUCTION

Hypertension represents one of the most formidable global public health challenges of the 21st century. Characterized by persistently elevated arterial blood pressure, this condition is frequently asymptomatic in its early stages, earning it the ominous designation of "the silent killer" (WHO, 2021). This insidious nature often leads to delayed diagnosis, allowing for progressive damage to target organs, including the heart, brain, kidneys, and vasculature, significantly elevating the risk of cardiovascular events such as myocardial infarction, stroke, and heart failure (Unger et al., 2020).

The global burden of hypertension has reached epidemic proportions. Recent comprehensive analyses estimate that approximately 1.28 billion adults aged 30–79 years worldwide live with hypertension, with the vast majority residing in low- and middle-income countries (LMICs) (Zhou et al., 2021). Alarming, the age-standardized prevalence is highest in LMIC regions, where health systems are often least equipped to manage the chronic disease burden. Despite its high prevalence, a profound treatment gap persists; nearly half of hypertensive adults are unaware of their condition, and only about one in five achieve adequate blood pressure control (Mills et al., 2020). This gap is driven by a complex interplay of factors including weak health systems, limited access to care, medication costs, and low health literacy (Geldsetzer et al., 2019).

The Republic of Indonesia exemplifies this troubling global trend. Successive rounds of the national Basic Health Survey (Riskesdas) reveal a persistent and alarming increase in hypertension prevalence, from 25.8% in 2013 to 34.1% in 2018, indicating a growing epidemic that strains the primary healthcare system (Kementerian Kesehatan RI, 2013, 2018). The demographic transition towards an aging population further compounds this challenge. The elderly (aged ≥60 years) constitute a particularly vulnerable subgroup, exhibiting higher prevalence rates, a greater burden of comorbidities, and an increased risk of debilitating complications such as stroke and cognitive decline (Taddele et al., 2022; Williams et al., 2018). Managing hypertension in older adults is complex, often hindered by age-related pharmacokinetic changes, polypharmacy, treatment-related anxiety, and non-adherence to long-term therapeutic regimens (Qiao et al., 2020; Marengoni et al., 2020).

Confronted with a strained healthcare workforce and the need for scalable, cost-effective solutions, the Indonesian Ministry of Health established the *Pos Pembinaan Terpadu Penyakit Tidak Menular* (Posbindu PTM) or the Integrated Non-Communicable Disease Development Post. This innovative community-based program leverages the concept of task-shifting by training and empowering local community health volunteers (cadres) to conduct routine monthly screenings for cardiovascular risk factors—including blood pressure, body mass index, and waist circumference—and to provide basic health education and promotion (Kementerian Kesehatan RI, 2012). This model aligns with global evidence supporting the effectiveness of community health worker-led interventions in improving hypertension awareness, linkage to care, and control in resource-constrained settings (Jafar et al., 2020; Khetan et al., 2021).

While the structural components and potential efficacy of such programs are increasingly documented, a critical evidence gap remains concerning their implementation and reception from the patient perspective. The success of any community health intervention is not merely a function of its design but is

fundamentally shaped by how it is perceived, experienced, and integrated into the daily lives of its intended beneficiaries (Ogedegbe et al., 2019). Qualitative insights are essential to understand the subjective motivations for engagement (or disengagement), the perceived value of services beyond clinical metrics, and the culturally situated barriers—such as physical limitations, fear of diagnosis, or social stigma—that may not be captured by quantitative surveys (Moriarty et al., 2021; Nevedal et al., 2021). For the elderly, whose healthcare journeys are influenced by unique psychosocial and physical realities, understanding these lived experiences is paramount for designing person-centered, age-friendly services that foster sustained participation and self-management (Barker et al., 2020).

Currently, there is a paucity of in-depth, context-specific qualitative research exploring how elderly Indonesian patients with hypertension perceive and experience the Posbindu PTM program. This study seeks to address this significant gap. By employing a phenomenological research design, it aims to explore and interpret the lived experiences and subjective meanings that elderly hypertensive individuals ascribe to their participation in the Posbindu PTM. The findings are expected to generate nuanced, context-rich evidence that can inform the optimization of program implementation, enhance patient engagement strategies, and contribute to the development of more effective, equitable, and sustainable community-based models for chronic disease prevention and control in Indonesia and similar global settings.

RESEARCH METHOD

Study Design

This study employed a qualitative research design guided by hermeneutic phenomenological principles, as articulated by Max van Manen. This methodology is expressly concerned with the exploration and interpretation of the lived experience (lifeworld) of individuals regarding a particular phenomenon—in this case, engagement with the Posbindu PTM program. It was selected to provide a rich, nuanced understanding of the meanings elderly hypertensive patients ascribe to their participation, moving beyond measurable outcomes to capture the essence of their subjective experiences.

Participants and Setting

Fifteen elderly participants (aged 65-80 years) with a confirmed diagnosis of hypertension and a minimum of three years of regular attendance at a designated Posbindu PTM in Luwuk Central Sulawesi were purposively sampled. Participants were recruited with the assistance of Posbindu cadres to ensure they met the criterion of sustained engagement. The sample comprised 9 women and 6 men. The study received ethical approval and written informed consent was obtained from all participants prior to data collection.

Data Collection

Data were collected between March and June 2023 through in-depth, semi-structured interviews. The primary researcher with training in qualitative methods conducted all interviews. A reflexive journal was maintained to document methodological decisions and personal reflections that could influence the research process. An interview guide, developed based on a review of relevant literature and pilot-tested with two eligible participants (not included in the study), was used to ensure consistency while allowing for emergent topics. Key open-ended questions

explored participants' reasons for attending, descriptions of their typical visits, perceived benefits and challenges, and interactions with cadres and peers. Interviews lasted 45-70 minutes, were conducted in the local language (Bahasa Indonesia) at a location of the participant's choice (typically their home or the Posbindu), and were audio-recorded with permission. Field notes were taken to capture non-verbal cues and contextual observations.

Data Analysis

The analysis followed van Manen's interpretive process, which involves a dynamic movement between the whole text and its parts. To ensure the study's credibility, confirmability, and transferability, several strategies were employed: (1) Peer debriefing with senior qualitative researchers during the analysis phase; (2) Member checking, where preliminary themes were discussed with a subset of participants to validate interpretations; (3) Maintenance of a clear audit trail documenting all analytical decisions; and (4) Provision of thick description in the findings to allow readers to assess the transferability of results to similar contexts.

Ethical Considerations

Ethical approval for this study was obtained from the Health Research Ethics Committee of the Palu Ministry of Health (Ethical Clearance No.: 0029/KEPK-KPK/II/2023).

RESULTS

Participant Characteristics

Fifteen elderly hypertensive patients participated in this study (9 women, 6 men). Their ages ranged from 56 to 95 years (mean = 64.2). All had systolic blood pressures ≥ 140 mmHg and/or diastolic pressures ≥ 90 mmHg at the time of the interview, confirming active hypertension. Detailed demographic characteristics are presented in Table 1.

Table 1. Participant Characteristics

	Age	Sex	Marital status	Occupation	Education	Blood Pressure
P1	56 years	Man	Marry	Pension civil servant	Senior High School	150/100 mmHg
P2	58 years	Woman	Marry	housewife	Junior High School	160/100 mmHg
P3	67 years	Man	Divorced dead	Pension civil servant	Senior High School	160/80 mmHg
P4	56 years	Man	Not married yet	Laborer	Senior High School	150/110 mmHg
P5	70 years	Man	Marry	Pension civil servant	Senior High School	140/80 mmHg
P6	95 years	Woman	Divorced dead	Pension civil servant	Elementary School	200/100 mmHg
P7	63 years	Woman	Divorced dead	housewife	No School	160/100 mmHg
P8	55 years	Woman	Marry	housewife	Elementary School	170/100 mmHg
P9	60 years	Woman	Divorced dead	Laborer	Elementary School	140/100 mmHg
P10	71 years	Woman	Divorced dead	Farmer	Elementary School	143/72 mmHg
P11	62 years	Man	Marry	Pension civil servant	Senior High School	150/100 mmHg
P12	59 years	Man	Marry	Entrepreneur	Bachelor	140/80 mmHg
P13	71 years old	Woman	Divorced dead	Pension civil servant	Senior High School	140/70 mmHg
P14	59 years old	Woman	Divorced dead	housewife	Elementary School	140/100 mmHg

P15	62 years old	Woman	Married	housewife	Junior High School	150/90 mmHg
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Thematic Findings

The analysis revealed four central themes characterizing the lived experience of engaging with the Posbindu PTM: (1) The Multifaceted Value of Attendance, (2) The Expectation for Interactive Guidance, (3) Motivational Drivers for Engagement, and (4) Perceived Barriers to Access. The thematic structure is summarized in Table 2.

Table 2. Thematic Structure of Elderly Hypertensives' Experiences with Posbindu PTM

Core Theme	Constituent Elements	Essence of Participant Experience
1. Multifaceted Value of Attendance	Instrumental Knowledge Gain: Learning about disease, diet, and medication. Enhanced Self-Management: Feeling empowered to control one's health. Social-Emotional Sustenance: Experiencing camaraderie, humor, and entertainment.	Attendance is not solely for biomedical monitoring but is valued as a holistic source of empowerment, health control, and psychosocial well-being.
2. Expectation for Interactive Guidance	Need for Post-Screening Explanation: Desire to understand results and their implications. Counseling as Continuity of Care: Viewing education as a necessary component of the check-up.	The service is perceived as incomplete without personalized, communicative feedback that translates measurements into actionable understanding.
3. Motivational Drivers for Engagement	Illness Behavior: Seeking help in response to symptoms. Appreciation of Integrated Services: Valuing the range of checks (BP, sugar, cholesterol). Tangible Support: Appreciating supplemental food/milk (PMT). Relational Motivators: Encouragement from family, peers, and cadres.	Engagement is driven by a combination of internal health concerns, the practical appeal of bundled services, and embedded social support networks.
4. Perceived Barriers to Access	Physical Mobility Constraints: Difficulty walking or moving slowly. Psychological Fear: Anxiety about diagnosis and disease severity.	Even motivated participants face significant, intersecting physical and psychological hurdles that can limit consistent access.

Theme 1: The Multifaceted Value of Attendance

Participants did not describe Posbindu PTM in purely clinical terms. Its value was multidimensional. First, it was a critical source of instrumental knowledge. As P10 explained, long-term attendance led to cumulative learning: *"There is much that is known... because I have been following for a long time... several years, routine... every month I must take medicine."* This knowledge translated into enhanced self-management. P5 described a process of validation and control: *"We need*

Posbindu... to control our health. They check... then provide treatment... if my hypertension is bad, they give medicine according to the examination." Beyond biomedical benefits, the Posbindu served as vital social-emotional sustenance. It was a place for joy and connection, as P6 noted: *"We do gymnastics... it's entertaining... when we exercise we can laugh together."*

Theme 2: The Expectation for Interactive Guidance

A prominent finding was a strong participant expectation for interactive communication that was often unmet. Participants desired personalized explanation following screenings. P7 expressed a common frustration: *"Blood pressure is checked but not explained... only given medicine then sent home."* This highlights a gap where clinical action was not coupled with counseling for continuity of care. P8 emphasized the need for this guidance, especially for the elderly: *"They must give an explanation... 'these results mean this'... because we don't understand anymore, we are already old."*

Theme 3: Motivational Drivers for Engagement

Four key drivers sustained participation. Illness behavior was primary; participants attended in direct response to symptoms. P1 stated, *"I come because I feel tense, so I go quickly to know my condition."* The comprehensiveness of services was also valued. P1 and P10 listed checks for blood pressure, cholesterol, and sugar as key attractions. Tangible support, like supplemental food and milk (PMT), was a significant practical motivator, with P4 expressing gratitude: *"Thank God... it's free... and food is shared."* Crucially, relational motivators from social networks were pivotal. As P14 described, peer influence was direct: *"My friend calls me, 'let's go together,' so I agree."* Support from family and encouraging cadres further embedded participation in social obligations and relationships.

Theme 4: Perceived Barriers to Access

Despite strong motivations, significant barriers persisted. Physical mobility constraints were a direct challenge, particularly for the very old. P14's experience illustrates this: *"He already got me a motorbike taxi. He said, 'If you walk slowly, better to just take a taxi.'" Concurrently, a psychological fear of the disease itself could be inhibitory. P11 revealed this anxiety exists among peers: "There are also people who are afraid... because they think about it [the diagnosis] too much."* These barriers represent critical points for intervention to improve equity of access.

DISCUSSION

This qualitative study elucidates the perspectives and experiences of elderly hypertensive patients regarding the implementation of the Integrated Non-Communicable Diseases Development Post (Posbindu PTM). The analysis yielded four central themes: the Impact of visits, Participant Expectations, Encouragements for visits, and Inhibitors of visits. This discussion interprets these findings within the broader context of hypertension management and community-based health interventions.

1. **Impact of Visits: Knowledge Acquisition as a Foundation for Control**
A primary impact of regular Posbindu PTM attendance identified in this study is the significant increase in participants' health knowledge. This finding is critical, as uncontrolled hypertension is frequently linked to public ignorance and a lack of accessible health information (Gayatri, 2021). Our results confirm that

community-based programs like Posbindu PTM are effective platforms for health promotion, where counseling and educational sessions are expected to reduce disease incidence. The improvement of knowledge is a fundamental goal of public health interventions, aimed at maintaining community health and achieving optimal health status (Ingsih et al., 2021; Isro'atun et al., 2022; Priyanto et al., 2023). Crucially, the knowledge possessed by hypertension sufferers is directly related to their lifestyle choices and their ability to control high blood pressure (Iriana et al., 2022). Therefore, the knowledge gained from Posbindu visits serves as the essential first step towards behavioral change and improved self-management.

2. **Contextualizing the Need: Hypertension as a Persistent Threat**
The participants' engagement with Posbindu PTM must be understood within the serious context of hypertension itself. Hypertension remains a paramount global health challenge due to its increasing prevalence, driven by factors such as aging populations, unhealthy lifestyles, and psychosocial stress (Mills et al., 2020; Kusuma et al., 2020). The elderly, particularly those aged 61-70 years, are at high risk for uncontrolled blood pressure (Arifin et al., 2021). Known as the "silent killer," hypertension often presents without symptoms, yet if left unmanaged, it can lead to severe complications including stroke, coronary heart disease, and heart failure (S.Balqis., 2018). This underscores the vital role of regular monitoring and education, as provided by Posbindu PTM, in preventing catastrophic health outcomes.
3. **Expectations and Illness Behavior: The Drive for Proactive Management**
The expectations expressed by participants—specifically, the desire for ongoing counseling and explanation after each health check—highlight a proactive approach to disease management. This expectation aligns with the recognition that hypertension can impact critical organs, including brain function. Elevated blood pressure can affect cerebral circulation, potentially leading to impaired cognitive function due to insufficient oxygen reserves (Islamic, 2023). Consequently, the participants' regular attendance at Posbindu PTM can be understood as a form of *illness behavior*—a conscious action taken to control their disease and prevent its complications (Yandrizal et al., 2020). Active participation in such programs not only increases knowledge but directly supports and reinforces positive disease prevention and control behaviors.
4. **Motivations for Engagement: The Role of Social Support Systems**
Engagement with Posbindu PTM is fueled by a network of motivations, both internal and external. A key finding is the powerful role of external social support, which manifests as encouragement from family, health cadres, and healthcare workers (Achjar et al., 2022; Ambarwati & Ferianto, 2019; Ingsih et al., 2021; Juitaa & Elfindri, 2022; Mawarda Hatmanti, 2021). Peer support, in particular, emerges as a critical factor motivating visits, alongside support from family and program implementers. This collective support has been shown to significantly improve the quality of life for elderly hypertension sufferers support has significantly improved the quality of life of elderly hypertension sufferers. (Ebrahimi et al., 2021;) .It is important to note, however, that the literature presents some nuance; certain studies have found no significant relationship between family support and elderly patients' efforts to control their disease (Agusti

Nade & Rantung, 2020). This suggests that the *type* and *perceived quality* of support may be more influential than its mere presence.

5. **Acknowledging Barriers: Physical and Psychological Inhibitors**
Despite the strong encouragements, our study also identified significant inhibitors to access, primarily physical limitations and fear of the disease. These barriers represent critical challenges that can prevent consistent utilization of Posbindu services, even among motivated individuals. Addressing these physical and psychological obstacles is essential for ensuring equitable access and maximizing the program's reach and effectiveness.

In summary, the experiences of elderly hypertensive patients reveal that Posbindu PTM is valued as a source of vital knowledge, a venue for meeting health expectations, and a community supported by motivational networks. However, its full potential is moderated by identifiable barriers. These insights suggest that enhancing the program's interactive educational components, strengthening peer support mechanisms, and developing strategies to overcome access barriers could further optimize its impact on hypertension control among Indonesia's aging population.

CONCLUSIONS

This phenomenological study reveals that the Posbindu PTM program is perceived by elderly hypertensive patients as a vital biopsychosocial hub, extending beyond mere clinical surveillance. Regular attendance enhances disease-specific knowledge and self-management, yet a significant gap exists between biometric screening and participants' expectations for interactive, explanatory counseling. Engagement is driven by intrinsic illness behavior and powerful extrinsic social motivators from family, peers, and cadres. However, persistent physical mobility constraints and health-related fears threaten equitable access and sustained participation. To enhance program implementation, it is recommended to integrate structured post-screening counseling, formally leverage social networks through peer-support groups, and develop targeted outreach strategies to overcome physical and psychological barriers. For future research, intervention studies should test training modules for cadre communication skills, mixed-methods inquiries should examine the relationship between social support quality and clinical outcomes, and longitudinal designs should explore the evolution of participation benefits and barriers over time.

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Conflict of Interest: This authors declare no conflict of interest related to this study.

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