

The Experiences of Menopausal Women in Managing Hypertension in the Cempaka Putih Community Health Center Work Area in 2025

Elsmin Tri Yulyana Kiayi^{1,5✉}, Irna Nursanti², Wati Jumaiyah², Dhea Natasha⁴, Mira Rosmiatin³, Diana Irawati⁴

¹ Nursing Master's Student, Faculty of Nursing, Universitas Muhammadiyah Jakarta, Indonesia

² Major's Nursing Lecturer, Faculty of Nursing, Universitas Muhammadiyah Jakarta, Indonesia

³ Cipto Mangunkusuma Hospital Staff, Indonesia

⁴ Staff of Widya Dharma Husada Health Institute, Indonesia

⁵ Staff of Prof. Dr. H. Aloei Saboe Regional Hospital, Indonesia

✉ e-mail: irnanursanti@umj.ac.id

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ABSTRAK

Hypertension in postmenopausal women is related to estrogen deficiency which causes a seven-fold increase in the risk of arteriosclerosis, thus resulting in an increase in the prevalence of hypertension cases among women who have experienced menopause. If this change is managed properly, then the perspective and behavior in dealing with hypertension is the right way in self-care based on Orem's self-care theory. Purpose: this study is to understand in depth how menopausal women who experience hypertension interpret and interpret their experiences in overcoming hypertension problems. Method: This study uses a qualitative method with a descriptive phenomenological approach, with in-depth interviews with sampling using purposive sampling of 8 participants with the results of the interviews analyzed using the Colaizzi technique. Results: This study identified 8 research themes related to the experience of menopausal women in overcoming hypertension, namely: changes due to menopause, efforts to overcome changes due to menopause, perceptions of hypertension, responses when diagnosed with hypertension, strategies to control hypertension, efforts to improve physical health, support from those closest to them, forms of support from those closest to them. Conclusion: The study shows that the management of hypertension in menopausal women requires a comprehensive understanding of physical, psychological, and social aspects, as well as collaboration between menopausal women with hypertension, families, and health workers. Health workers are expected to provide intensive education to menopausal women about managing hypertension by managing diet, emotions, spirituality, energy and regular medication

Kata kunci: *Experience, Hypertension, Menopause, Qualitative, Self-care*

INTRODUCTION

Hypertension is known as a "silent killer" because it can affect anyone, tends to be asymptomatic, and can occur suddenly, leading to a risk of death. Due to the annual increase in hypertension, it has become a serious health problem (Kemenkes, 2021). Hypertension can affect anyone, young and old, with systolic blood pressure values >140 mmHg and diastolic blood pressure >90 mmHg. Hypertension is also known as a degenerative disease, and blood pressure typically increases with age (Sukmawati et al., 2016). The incidence of hypertension in women entering menopause is higher than in men, reaching 41%. This is because estrogen levels decrease in women during menopause.

According to (Istighosah, 2017), women experiencing menopause are characterized by the end of their menstrual cycles due to decreased ovarian function, which is caused by reduced estrogen production. This condition brings various health impacts to menopausal women, including vasomotor symptoms such as hot flashes, night sweats, and increased sweating frequency. In addition to vasomotor symptoms, there are also psychological problems, discomfort during intercourse, difficulty sleeping (insomnia), and decreased sexual desire. In addition, menopausal women are also at higher risk of experiencing several health conditions, including: coronary heart disease, osteoporosis (bone loss), dementia, stroke, colorectal cancer and cataracts. Other studies also mention the same thing that hormonal changes that occur in menopausal women, according to Yulizawati., Yulika, can cause health problems that include vasomotor symptoms such as a hot sensation that spreads from the chest to the face (hot flushes), night sweats, psychological problems, pain during intercourse, difficulty sleeping, decreased sexual desire, as well as an increased risk of various medical conditions, one of which is cardiovascular changes (Yulizawati, et.al, 2022).

In 2021, globally, women aged 50 and over accounted for 26% of all women, both adults and children, undergoing menopause. This figure increased from 22% 10 years earlier (WHO, 2022). This will undoubtedly increase the high rate of hypertension worldwide. In several regions in Indonesia, the incidence of hypertension increases significantly in women after menopause. This is due to hormonal changes, particularly decreased estrogen, which can affect blood vessel function and the cardiovascular system. According to Sadiman & Dita, data from the Metro City Health Office shows an increasing trend in hypertension cases among menopausal women over three periods (Sadiman&Dita, 2024). In 2018, 141 menopausal women were diagnosed with hypertension. This figure increased in 2019 to 173 cases, representing a 22.7% increase. However, a more significant spike occurred from January to October 2020. During that ten-month period, the number of hypertension cases in menopausal women rose sharply to 264 cases. This increase represents an 87.2% increase compared to 2018 and 52.6% higher than the total number of cases in 2019. In contrast, Roseyanti et al., in their research stated that based on records from the Balangan District Health Office in 2021, more than half of the menopausal women population was diagnosed with

hypertension (50.9%), but there was a significant decrease in the period from January to October 2022, namely 39.4%. (Roseyanti, et.al, 2024)

Meanwhile, in the study area, there was an increase in cases of hypertension in menopausal women during 2024. The study area found an increase in hypertension cases in women entering menopause during 2024. According to data from the Cempaka Putih Community Health Center, 28.3% of menopausal patients experienced hypertension in the first quarter, followed by a 29.7% increase in the second quarter, and a 31.1% increase in the third quarter, up to September. This is due to estrogen deficiency, which can increase coronary artery sclerosis, leading to stretching and inflammation of the blood vessel walls, triggering increased heart pumping, which can lead to hypertension.

When menopausal women understand the changes and are able to manage themselves, their perspectives and behaviors change for the better. Therefore, self-care for menopausal women with hypertension is an appropriate action, based on Orem's self-care theory.

METHODOLOGY

This study is a qualitative study using a descriptive phenomenological approach to examine the experiences of menopausal women dealing with hypertension. In-depth interviews were conducted using a digital voice recorder in accordance with the research ethics code No. 1263/F.9-UMJ/VIII/2024. This study focuses on the experiences of menopausal women with hypertension in managing their condition.

RESULT AND DISCUSSIONS

Table 1. Participants Characteristics

No	Kode	Umur	Pendidikan	Status Perkawinan	Pekerjaan	Usia Menarche	Usia Menopause	Rentang Waktu HT Dari Menopause	Konsumsi Obat
1	P 1	58 thn	SLTA	Nikah	IRT	12 thn	41 thn	13 thn	Amlodipine 5 mg
2	P 2	57 thn	SD	Nikah	IRT	10 thn	48 thn	3 thn	Amlodipine 5 mg
3	P 3	53 thn	SMP	Nikah	IRT	14 thn	35 thn	11 thn	Amlodipine 5 mg
4	P 4	58 thn	SLTA	Janda	IRT	12 thn	49 thn	5 thn	Amlodipine 10 mg
5	P 5	59 thn	SLTA	Nikah	IRT	14 thn	52 thn	1 thn	Amlodipine 5 mg
6	P 6	55 thn	SMEA	Nikah	IRT	14 thn	50 thn	4 thn	Amlodipine 5 mg
7	P 7	55 thn	SD	Nikah	IRT	14 thn	52 thn	1 thn	Amlodipine 10 mg
8	P 8	58 thn	SLTA	Nikah	IRT	13 thn	52 thn	2 thn	Amlodipine 10 mg

The sample in this study was 8 participants who were in the working area of the Cempaka Putih Community Health Center, Central Jakarta. The participant selection technique was carried out by purposive sampling with the criteria taken in this study, namely being able to communicate verbally clearly and effectively, menopausal women who experience hypertension by consuming antihypertensive drugs who reside in the working area of the Cempaka Putih Community Health Center and are willing to be participants, which was carried out from March 2024 to March 2025, with established ethical considerations.

The analysis of this research data used Open Code 4.0 software to obtain the following theme results:

Changes Due to Menopause

This study highlights the various changes women experience during menopause, including physical, psychological, and sexual changes. The results showed that all participants experienced impacts caused by the decline in estrogen, which contributed to various health and well-being issues. The physical changes experienced by participants included musculoskeletal, energy, and integumentary disorders. The majority of participants reported joint and leg pain, aches, and weakness, as stated by participants experiencing musculoskeletal disorders, as follows:

(P1): "...my bones often ache...", (P2): "...there's body ache, it feels stiff...", (P3): "...my waist aches...", (P4): "...leg and joint pain...", (P7): "...my legs hurt...", (P8): "...my body feels weak..."

Participants who experienced an energy disturbance response were as follows:

(P1): "...well, I feel tired quickly...", (P6): "...get tired quickly...", (P7): "...get tired quickly...", (P8): "...get tired quickly..."

Participants who experienced an integument disturbance response were as follows:

(P2): "...it feels hot...", (P4): "...gets hot quickly...", (P6): "...my skin becomes wrinkled...", (P7): "...dry, wrinkled skin..."

These complaints align with previous research findings that suggest decreased estrogen levels can impact bone and muscle health, increasing the risk of osteoporosis and joint pain (Calapi & Sari, 2014). Furthermore, some participants also experienced decreased energy and skin complaints, such as dryness and wrinkles, which are effects of reduced collagen production due to hormonal changes.

Psychological changes in this study showed that most participants experienced emotional disturbances, such as being easily irritated, quick to anger, and experiencing anxiety, as expressed as follows:

(P1): "...I feel like I'm offended, I get annoyed quickly...", (P3): "...I'm always emotional...", (P5): "...I'm always emotional, I get angry easily...", (P6): "...I get angry easily...", (P8): "...I get offended easily..."

This is in line with Fintari's (2016) research, which states that hormonal changes during menopause can affect a woman's emotional balance. Psychosocial factors

also play a role in the severity of this disorder, with social support and effective coping mechanisms being key factors in managing menopausal stress.

Sexual changes in this study found that many participants experienced decreased sexual intensity and dyspareunia, or pain during intercourse. This was caused by vaginal dryness due to decreased estrogen levels, which also contributed to decreased sexual desire, as stated by the following participants:

(P1): "...rarely have sex...", (P5): "...still have sex sometimes...", (P6): "...lazy to have sex, no desire...", (P7): "...rarely, didn't mix before, it wasn't comfortable...", (P8): "...now it's less, not like before...".

Meanwhile, three participants reported experiencing dyspareunia. Dyspareunia, or pain during sexual intercourse, is caused by dry vaginal walls and psychological conditions. This is illustrated by the following participant statements:

(P2): "...it's uncomfortable because it's dry, right...", (P3): "...vaginal dryness makes intercourse less frequent...", (P7): "...pain during intercourse...".

These complaints align with research by Marettih, which confirms that these changes can cause discomfort in interpersonal relationships and affect the quality of life of menopausal women (Marettih, 2020).

Based on the findings of this study, it can be concluded that menopause has a multidimensional impact on women, encompassing physical, psychological, and sexual aspects. Although each individual experiences different levels of change, these impacts generally have the potential to reduce their quality of life. Therefore, it is important for menopausal women to receive adequate education and support in coping with these changes. Interventions such as hormone therapy, exercise, a healthy diet, and psychosocial approaches can be strategies to mitigate the negative impacts of menopause and improve women's well-being during this phase of life.

Efforts to Address Menopause-Related Issues

This study examines the various efforts undertaken by menopausal women to cope with the physical, psychological, and sexual changes resulting from the decline in estrogen. The results indicate that there are three main categories of efforts to address the impacts of menopause: improving comfort with musculoskeletal disorders, improving emotional comfort, and improving sexual comfort. To improve comfort with musculoskeletal disorders, some participants coped by limiting activities, using relaxation techniques, and also seeking medical treatment. Participants who limited their activities expressed the following:

(P1): "...just rest...", (P2): "...just get enough rest...", (P5): "...just sleep...", (P8): "...just sleep...".

This statement aligns with research by Rusdiana, which states that women need to comprehensively prepare themselves to face the multiple changes that occur during menopause, including physical transformations, psychological challenges, and various shifts in the sexual dimension (Rusdiana, et.al, 2024). One

such preparation is limiting activities by taking rest and sleep. Sleep plays a significant role in the physical regeneration process. During rest periods, muscle tissue undergoes relaxation and self-repair, and good quality sleep can optimize these recovery mechanisms.

Participants who used relaxation techniques described the following:

(P1): "...*light relaxation...*",

(P6): "...*walking around here...*".

Relaxation techniques such as leisurely walks and light activities were also used to reduce muscle tension. This finding aligns with research by Anggraini & Juliana, which explains that using progressive muscle relaxation techniques can address complaints experienced by menopausal women. Progressive muscle relaxation aims to reduce muscle tension through focused muscle activity and can alleviate physical fatigue. Therefore, this technique serves as a valuable complementary therapy that can be given to help control and relieve muscle pain in menopausal women. Meanwhile, participants who used medication to address musculoskeletal disorders described the following:

(P4): "...*taking pain medication...*", (P5): "...*taking pain medication...*", (P7): "...*taking pain medication...*".

This relates to the level of understanding regarding the use of self-medication for pain relief, as evidenced by research by Wardoyo & Oktarlina, who concluded that self-medication is an approach used by menopausal women to manage pain symptoms.

Psychological changes that occur during menopause can include emotional disturbances such as irritability, anxiety, and stress. However, some participants in this study did not particularly mind the changes they experienced. This suggests that an individual's level of acceptance of changes due to menopause significantly influences their knowledge. To improve the knowledge of menopausal women, increased information and education are needed to enhance their knowledge in dealing with menopause-related issues. This is reflected in the following participant statements:

(P2): "...*nothing to do, it's normal...*", (P3): "...*nothing to do...*", (P7): "...*nothing to do...*".

This statement is supported by research by Hasugian & Gaol, which states a correlation between the level of knowledge and attitudes displayed by premenopausal women in dealing with their perimenopausal period (Hasugian&Gaol, 2024).

Sexual problems during menopause are generally caused by decreased estrogen levels, which reduce natural vaginal lubrication, leading to dyspareunia, or pain during intercourse. In this study, several participants addressed this problem by engaging in foreplay before intercourse. Foreplay aims to increase comfort and reduce pain during sexual activity, as expressed by the following participants:

(P4): "...*warm up before intercourse...*", (P6): "...*warm up before intercourse...*",

(P8): "...*warm up before intercourse...*".

This statement aligns with research by Junita, which explains a significant relationship between sexual problems related to menopause and several symptoms, including reduced vaginal lubrication (Junita, 2018). Based on the results of this study, it can be concluded that menopausal women have various strategies for coping with the changes that occur. Efforts to improve physical, emotional, and sexual comfort are carried out according to the individual's needs and understanding of menopause. Therefore, it is important to increase education and counseling regarding menopause so that women can better prepare for these changes with effective strategies. This statement is supported by research by Nursanti et al., which concluded that providing education on managing issues related to estrogen deficiency during menopause can improve women's understanding and ability to cope with the various issues that arise during menopause (Nursanti, et.al, 2019). Furthermore, family and community support also play a role in helping menopausal women navigate this phase more effectively.

Perceptions of Hypertension

Participants in this study generally understood hypertension as a condition in which systolic blood pressure exceeds 150 mmHg, with frequently associated symptoms such as dizziness, tingling, and emotional instability, as expressed as follows:

(P1): *"...our blood pressure is high, over 150..."*, (P2): *"...my head often feels dizzy..."*, (P3): *"...gets angry easily..."*, (P4): *"...hypertension can cause numbness, tingling, and dizziness..."*, (P5): *"...high blood pressure..."*, (P6): *"...can cause a stroke..."*, (P7): *"...high blood pressure..."*, (P8): *"...gets emotional..."*.

These findings indicate a difference in perceptions of hypertension between individuals experiencing this condition and healthcare professionals. This gap in understanding has the potential to impact adherence to treatment and preventative measures recommended by healthcare professionals. This statement aligns with research conducted by Pickett et al., which revealed that patient non-compliance with hypertension treatment protocols is often due to differing beliefs about the disease, which significantly differ from standard medical perspectives (Pickett. Et al, 2014).

The results of this study emphasize the importance of effective education and communication between healthcare professionals and patients to bridge this gap in understanding. By increasing patient understanding of hypertension and its management, it is hoped that adherence to treatment and disease prevention can be improved, thereby minimizing the risk of hypertension complications.

Responses to Hypertension Diagnosis

Based on the research results, most participants experienced quite diverse emotional reactions when first diagnosed with hypertension by a doctor, as expressed by the following participants:

(P1): *"...afraid of falling, they say people with high blood pressure shouldn't fall, or they'll have a stroke..."*, (P3): *"...just shocked, why is my blood pressure high..."*,

(P4): "...not surprised because my parents have hypertension...", (P5): "...just thinking about it...", (P6): "...it's normal because my parents have hypertension...", (P7): "...well, I was shocked because they have hypertension...", (P8): "...not surprised, it's normal because my parents have hypertension..."

These psychological reactions align with the concept of the internal dimension explained by Suyanta & Ekowarni, where individuals have an initial denial mechanism, but over time they begin to accept the condition and develop coping strategies (Suyanta&Ekowarni, 2012). In this case, individuals who are more mentally prepared tend to have more stable emotional responses than those who are less prepared. In addition to emotional responses, this study also identified behavioral responses that emerged after a hypertension diagnosis, such as the following statements:

(P1): "...I'm not allowed to eat anything...", (P2): "...when I found out I had high blood pressure, I just got used to it...", (P4): "...well, that means I'll take my medication regularly...", (P5): "...started taking my medication regularly...", (P7): "...well, I'm already taking my medication...", (P8): "...well, I'm taking my medication regularly, so..."

The coping mechanisms employed by the participants reflect adaptive strategies for dealing with chronic illness. As explained by Papalia et al, individuals use cognitive and behavioral strategies to adjust to stressful situations. Consistency in taking medication and maintaining a healthy diet are effective coping mechanisms for maintaining their health (Papalia, et.al, 2013).

This study shows that responses to a hypertension diagnosis vary among individuals, with factors such as family history, mental preparedness, and social support playing a role in determining how a person copes with the diagnosis. Therefore, psychosocial interventions involving health education and emotional support from family members can help people with hypertension better manage their condition.

Hypertension Control Strategies

This study examined the strategies participants used to control hypertension and maintain normal blood pressure. Five main categories of strategies were identified: dietary management, emotional management, spiritual management, pharmacological management, and energy management. Regarding dietary management, almost all participants recognized the importance of controlling their eating and drinking habits to manage blood pressure, as evidenced by the following statements:

(P1): "...my diet is also regulated...", (P2): "...now I just reduce salt...", (P3): "...make cucumber juice...", (P4): "...just maintain my diet, eat vegetables...", (P5): "...make cucumber salad...", (P6): "...boil bay leaves and ginger...", (P7): "...reduce salty and fried foods...", (P8): "...reduce fried foods..."

These findings are supported by other studies which show a relationship between dietary intake (especially salt and fat) and the risk of hypertension, particularly in menopausal women (Yulistina, et.al, 2017).

Participants recognized the importance of managing stress to control blood pressure, as expressed in the following strategies:

(P1): "*...control your thoughts, especially don't stress...*", (P3): "*...don't stress...*",

(P5): "*...avoid stress, don't get angry easily...*", (P6): "*...don't get angry easily...*".

This aligns with research by Rahmawati, which found a relationship between emotional stability and self-management in people with hypertension. Research by Natasha et al. also supports these findings, demonstrating the need for psychological treatment to stabilize blood pressure in hypertensive patients (Natashia, et.al, 2025).

Most participants used a spiritual approach to help lower their blood pressure. Their approaches included:

(P2): "*...just attend religious studies often...*", (P3): "*...calm yourself...*", (P4):

"*...pray for healing...*", (P6): "*...just recite istighfar often...*", (P7): "*...if I have a headache, just do dhikr...*", (P8): "*...pray a lot, ask for healing...*".

These findings align with research by (Agli et al, 2015) and (Kirnawati et al, 2021), which shows that spiritual needs and a high level of spirituality can help control blood pressure, especially in menopausal women. A spiritual approach can help manage stress and reduce psychological tension (Lucchese, et. Al, 2013).

Some participants adhered to prescribed medication to control blood pressure. The actions taken were as described below:

(P1): "*...take medication regularly...*", (P4): "*...take medication regularly...*", (P5):

"*...take medication regularly...*", (P7): "*...regular checkups, take medication...*",

(P8): "*...I take medication regularly...*".

This finding is supported by research by (Anwar & Masnina, 2019), (Sumiasih & Utami, 2020), and (Silvianah & Indrawati, 2024), which showed a relationship between adherence to antihypertensive medication and better blood pressure control. Despite conflicting research (Wirakhmi & Purnawan, 2021), the importance of medication adherence was emphasized.

Most participants recognized the importance of controlling physical activity to manage blood pressure. Strategies implemented included:

(P1): "*...leisurely walking...*", (P2): "*...exercise once a week, do gymnastics...*",

(P3): "*...rest...*", (P4): "*...morning walking...*", (P5): "*...joining walks, doing gymnastics...*", (P7): "*...just lie down, rest...*", (P8): "*...walking every morning...*".

This is in line with research by Rosyada et al., and Sagalulu et al., which shows that low physical activity contributes to the development of hypertension, while high physical activity can reduce this risk. Regular physical activity can strengthen the heart muscle and reduce blood vessel resistance (Gusti, 2023). The statements of several studies above are also supported by research by Jumaiyah et al., which explains that hypertension is closely related to physical activity, diet, and stress.

This research highlights the importance of a multidimensional approach in managing hypertension. A combination of diet, emotional, spiritual, pharmacological, and energy management can help individuals control blood pressure and improve quality of life. The study's findings also underscore the

importance of self-awareness, medication adherence, and lifestyle changes to achieve optimal blood pressure control.

Efforts to Improve Physical Health

Research results show that active participation in social activities, such as education at community health centers, the Prolanis program, and exercise, significantly contributes to increased physical activity and blood pressure management. The majority of participants stated that they participate in various health improvement activities held at community health centers, including health education and Prolanis exercise, as stated below:

(P1): *"...I come along when there's education at the community health center..."*, (P2): *"...I participate in Prolanis in Permata..."*, (P3): *"...I participate in exercise at the community health center..."*, (P4): *"...I participate in counseling..."*, (P5): *"...I participate in exercise..."*, (P6): *"...I participate in exercise at the community health center..."*, (P7): *"...I participate in exercise at the community health center..."*.

This participation demonstrates awareness and initiative in maintaining health, particularly in maintaining normal blood pressure control. This aligns with structured national and local programs for the prevention and control of hypertension, in which the government collaborates with BPJS Kesehatan through Prolanis.

Increasing awareness among menopausal women about participating in the Prolanis program requires the active participation of health cadres. Health cadres need to encourage participation in various elderly community health post (Posyandu) activities, including exercise, religious activities, and health education. Furthermore, health cadres need to collaborate with community health centers (Puskesmas) to disseminate health information related to menopause. This is supported by research by Widjayanti, who recommends that health cadres and neighborhood unit (RW) leaders encourage the active participation of menopausal women in various elderly community health post (Posyandu) activities (Widjayanti, 2022).

Overall, this study highlights the importance of social activities, the Prolanis program, and the role of health cadres in improving the physical health of menopausal women. By increasing awareness, active participation, and collaboration between various parties, it is hoped that menopausal women can achieve a better quality of life and avoid the risk of hypertension.

Support from Those Closest to You

This study highlights the importance of support from those closest to you, both family and non-family, in helping participants with hypertension achieve and maintain normal blood pressure. Family, as the primary support system, plays a crucial role in the healing process and management of hypertension. Family, in this case, includes husbands and children, as reflected in the following participant statements:

(P1): *"...my husband..."*, (P2): *"...my husband..."*, (P3): *"...my husband..."*, (P6): *"...my husband..."*, (P7): *"...my husband..."*, (P8): *"...my husband..."*.

(P2): "...my child...", (P4): "...my child...", (P5): "...my child...", (P6): "...my child...".

In addition to family, support from friends was also identified as an important factor. Support from friends, including fellow hypertension sufferers, neighbors, and fellow cadres, was expressed by three participants. This indicates that social support from the surrounding environment also contributed to providing encouragement and motivation for participants, as stated in the following statements:

(P1): "...my fellow hypertensive friend...", (P2): "...my neighbor...", (P4): "...a fellow cadre...".

The results of the study indicate that family support, especially from husbands and children, was very significant for the participants. Husband support was identified by six participants, while child support was expressed by four participants. This indicates that family members living in the same household have a direct influence in providing emotional and practical support. This family support aligns with the concept that families play a crucial role in supporting menopausal women, where each family member is expected to function optimally (Harmoko, 2012).

These findings underscore the importance of interventions involving family and significant others in hypertension management programs. These programs can include education about hypertension, training in communication and support skills, and strategies to promote a healthy lifestyle within the family. By involving family and significant others, it is hoped that participants will feel more supported and motivated to manage their hypertension effectively.

Forms of Support from Those Closest to You

This study identified that support from those closest to you, particularly family, plays a crucial role in helping patients manage hypertension. The most prominent form of support is maintaining hypertension control within normal limits. This support is reflected in the following statements from participants:

(P1): "...they calm me down when I'm upset, rub my back...", (P2): "...my husband often reminds me to take my medication...", (P3): "...reminds me to avoid foods...", (P4): "...reminds me to check my blood pressure...", (P5): "...controls my eating...", (P6): "...likes bringing me milk to stay healthy...", (P7): "...don't forget to take my medication...", (P8): "...tell me to see a doctor...".

These statements are closely related to Friedman's statement in (Hanum et al, 2017) that there are several types of family support in dealing with patients: informational support, emotional support, instrumental support, and appreciation support. This study strengthens the evidence that family support plays a significant role in hypertension management. Family support not only helps patients adhere to medication and diet but also provides emotional support crucial to their well-being. These findings underscore the importance of involving families in the care plan for patients with hypertension to achieve better outcomes.

CONCLUSION

This study examines the experiences of menopausal women in managing hypertension, with seven main themes identified: 1) Changes due to menopause; 2) Efforts to cope with changes due to menopause; 3) Perceptions of hypertension; 4) Responses to a hypertension diagnosis; 5) Strategies for controlling hypertension; 6) Improving physical health; 7) Support from loved ones; 8) Forms of support from loved ones. This study demonstrates that managing hypertension in menopausal women requires a comprehensive understanding of the physical, psychological, and social aspects, as well as collaboration between patients, families, and healthcare professionals. Therefore, healthcare professionals are expected to provide intensive education to menopausal women about hypertension management through dietary, emotional, spiritual, energy management, and regular medication administration.

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