



COASTAL COMMUNITY BEHAVIOR PATTERNS RELATED TO HYPERTENSION TREATMENT: A CASE STUDY

Dian Ayu Irhamna*, Fahmi Ichwansyah, Meutia Zahara

Universitas Muhammadiyah Aceh, Jl. Muhammadiyah No.91, Batoh, Lueng Bata, Banda Aceh, Aceh 23123, Indonesia

*dianayulogin@gmail.com

ABSTRACT

Hypertension is a high-risk non-communicable disease and is known as a "silent killer" because it often does not show clear symptoms. Coastal communities in Pidie Jaya Regency face various challenges in accessing health services, including economic, cultural, and geographical limitations, which affect their behavioral patterns in seeking treatment. This study aims to understand the behavioral patterns of coastal communities in accessing health services for hypertension treatment and the factors that influence it. This study uses a qualitative approach with descriptive analysis based on case studies. Data were obtained through in-depth interviews with 27 informants, consisting of hypertension sufferers, families, health workers, and village heads in five coastal sub-districts of Pidie Jaya Regency. The majority of people are more familiar with the term "high blood pressure" than "hypertension" and tend to choose traditional medicine over medical treatment. Awareness of routine check-ups is still low, and access to health facilities is influenced by economic factors and transportation limitations. Culture-based health education, increasing access to health services, and improving drug distribution systems are needed to increase awareness and compliance of coastal communities in managing hypertension.

Keywords: access to health services; coastal communities; health behavior; hypertension; traditional medicine

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INTRODUCTION

Non-communicable diseases (NCDs) have become a major challenge in global health. One of the most common and serious diseases is hypertension, known as the "silent killer" because it often does not show clear symptoms (Jönsson, 2017). Uncontrolled hypertension can lead to serious complications such as stroke, kidney failure, and heart disease, which can potentially cause sudden death. This disease is influenced by various factors, including genetic, physiological, environmental, and behavioral, so a multidisciplinary approach is needed to overcome it (Masenga & Kirabo, 2023). According to data from the World Health Organization (WHO), as many as 1.28 billion people worldwide suffer from hypertension, with 46% of them unaware of their condition (Sepato, 2021). In Indonesia, the prevalence of hypertension has decreased from 34.1% in 2018 to 30.8% in 2023 based on blood pressure measurement results (Afriani et al., 2023). Despite the decrease, public awareness to check and manage hypertension is still a challenge, especially in coastal areas (Muharni et al., 2025).

Indonesia, as an archipelagic country with the second longest coastline in the world, has a fairly large coastal population, including in Aceh Province. This province ranks 8th with the largest number of coastal villages in Indonesia and has a prevalence of hypertension that has decreased from 26.45% in 2018 to 22.6% in 2023. Despite the downward trend, awareness and understanding of coastal communities regarding hypertension is still a challenge that needs attention (Putri, 2023). Pidie Jaya Regency is a coastal area in Aceh where the majority of the population works as fishermen, shrimp farmers, and seafood traders. The consumption

patterns of coastal communities that tend to consume foods high in sodium, such as salted fish, salted squid, and salted shrimp, contribute to the risk of hypertension (Fitria, 2018). In addition, the lifestyle and habits of the community in seeking treatment also affect the effectiveness of hypertension management in this area (Mano et al., 2023). Data from the Pidie Jaya District Health Profile shows that the number of hypertension sufferers who received health services has decreased significantly in recent years. In 2021 and 2022, there were 12,431 men (50.3%) and 12,234 women (49.7%) with hypertension, with 77.4% of men and 80% of women receiving health services. However, in 2023, this figure decreased drastically, with only 62.7% of men and 63.3% of women receiving health services (Health Profile, 2023). This indicates a change in the behavioral patterns of coastal communities in accessing health services (Amraeni & Nirwan, 2021).

Another interesting phenomenon is the difference in the level of visits to health facilities between coastal and inland areas. Cubo Health Center, located inland, recorded a relatively stable number of hypertension sufferers from 752 people in 2022 to 552 people in 2023. In contrast, Ulim Health Center, located in the coastal area, experienced a drastic decline, from 10,387 sufferers in 2022 to only 2,783 sufferers in 2023. In fact, access to health facilities in coastal areas is easier than inland areas, which indicates that there are other factors that influence hypertension treatment-seeking behavior in coastal communities (Health Profile, 2023). The Health Belief Model (HBM) theory is used to analyze factors that influence people's behavior in accessing health services. Six aspects in this theory, namely perceived vulnerability, perceived seriousness, perceived benefits, perceived barriers, urge to act, and perceived motivation, will be used to explain the tendency of people's behavior in managing hypertension (Ayuningsih et al., 2023; Upa & Winarti, 2024).

In addition to individual factors, this study also considers Health Seeking Behavior (HSB) which is influenced by social, economic, and cultural conditions of coastal communities. Factors such as distance to health facilities, economic conditions, and belief in alternative treatment methods play a role in people's decisions to seek treatment. Some people prefer traditional therapies such as planting their bodies in beach sand compared to medical treatment at health centers (Fitriani, 2024; Maidar, 2024). This study aims to understand the behavioral patterns of coastal communities in seeking treatment for hypertension.

METHOD

This study uses a qualitative approach with descriptive analysis in the form of a case study. The research location includes five sub-districts and five health centers in the coastal area of Pidie Jaya Regency, Aceh Province, which took place from 9 to 24 December 2024. The data collected were primary data, obtained through in-depth interviews with 27 informants consisting of hypertension sufferers, families or caregivers, health workers as those responsible for the hypertension program, and village heads. The main informants in this study were 10 hypertension sufferers, who had been diagnosed by medical personnel, aged 30 to 75 years, and had experience in accessing hypertension-related health services. In addition, this study also involved 10 family members or caregivers, who played a role in accompanying sufferers to seek treatment. In addition, 5 health workers who worked at coastal health centers and had experience in treating hypertension patients were also interviewed. Two village heads who understood the social and cultural conditions of coastal communities were also involved to provide perspectives on access to health services in their areas.

The data collection technique was conducted through face-to-face in-depth interviews, with a semi-structured format. The interview began with open-ended questions that then developed following the informant's response. Each session lasted for 15 to 40 minutes and was recorded with the informant's consent to ensure data accuracy. The interview recordings were then transcribed verbatim for further analysis. Data analysis was conducted using thematic analysis

and interpretative phenomenological analysis (IPA). The stages of analysis include data transcription, reading and understanding, coding, theme identification, description and interpretation, and triangulation to ensure the validity of the research results. The results of this analysis are systematically arranged to describe the behavioral patterns of coastal communities in managing hypertension. To improve the reliability of the study, a triangulation method technique was applied, which compares results from various sources and approaches. This step was taken to ensure the accuracy of the findings and provide a more comprehensive picture of the factors that influence hypertension treatment seeking behavior in coastal communities in Pidie Jaya Regency.

RESULT

Table 1.
Respondent characteristics

Variables	f	%
Informant Group		
Hypertension sufferers	10	37.04
Family of Hypertension Sufferers	10	37.04
Hypertension Program Manager	5	18.52
Village head	2	7.41
Age		
Late Teenagers	3	11.11
Early Adulthood	7	25.93
Late Adulthood	12	44.44
Early Elderly	4	14.81
elderly Human	1	3.70
Gender		
Man	9	33.33
Woman	18	66.67
Work		
Formal Employment	10	37.04
Non-formal work	15	55.56
Doesn't work	2	7.41
Last education		
Bachelor	7	25.93
Diploma III	3	11.11
Senior High School	13	48.15
Junior high school	2	7.41
Elementary school	2	7.41
Duration of Hypertension		
New Hypertension	1	10.00
Intermediate Hypertension	3	30.00
Long-standing Hypertension	6	60.00

The study involved 27 informants, including hypertension sufferers, their family members, program managers, and village heads, with most being late adults, women, and workers in the non-formal sector, and a majority having a high school education. Most sufferers had long-standing hypertension. In Pidie Jaya Regency's coastal communities, the term "high blood pressure" is more commonly recognized than "hypertension," with good awareness of its risks and symptoms like headaches and dizziness. However, people tend to rely more on traditional medicine than medical treatment, believing it to be safer and more effective long-term (Table 1).

DISCUSSION

This study revealed that public understanding of hypertension is still limited to terms that are more commonly used in everyday life. This indicates the need for a more effective educational approach to improve public understanding of their health condition. The use of local languages and the delivery of information through more visual methods, such as infographics and group discussions, can be effective strategies in improving health literacy. Awareness of the importance of health checks still depends on the presence of

symptoms felt (Soesanto & Marzeli, 2020). Many individuals only check their blood pressure when they feel unwell. This shows that public health behavior is more reactive than preventive (Dewi et al., 2023). Therefore, there needs to be health promotion that encourages people to carry out routine checks, not only when symptoms appear (Vilasari et al., 2024). In terms of treatment, people's trust in traditional methods is quite high, although they also acknowledge the effectiveness of medical drugs. This trust is influenced by personal and cultural experiences that are passed down from generation to generation. Therefore, health intervention strategies must consider cultural factors so that health messages can be better received (Novita et al., 2023; Pardomuan & Prasetyo, 2024).

In addition, there is a fear of long-term medical drug dependence, which is an inhibiting factor in compliance with treatment. Education about the importance of regular drug consumption to prevent complications needs to be improved so that people understand the benefits of long-term treatment compared to the potential risks (Pebriani et al., 2025; Susanti et al., 2024). Family support plays an important role in the decision of treatment for hypertension patients. Family members often serve as reminders to take medication and maintain a healthier diet. This suggests that a family-based approach can be an effective strategy in improving adherence to treatment (Pesantes et al., 2018; Richards & Veinot, 2025). In the economic aspect, financial constraints are often an obstacle in seeking treatment. Although the Health Social Security Agency helps ease the burden of costs, people still face obstacles such as transportation costs to access health facilities. Therefore, more affordable and community-based health services need to be strengthened (Handian & Widjajanto, 2017; Ulfa & Mikdar, 2020).

Accessibility of health facilities is also a challenge, especially for people living in coastal areas that are far from health service centers. Factors such as distance, travel costs, and transportation availability influence people's decisions in accessing health services. Strengthening village-based health services can be a solution to increase service coverage (Tofure et al., 2025). In addition, the availability of medicines in health facilities is a major concern. Several communities reported that the stock of medicines in health centers is often limited, so they seek alternative treatments in pharmacies or use herbal medicine methods. This shows the need for better management of drug distribution in health facilities (Sukamto, 2017). Trust in health workers at community health centers is quite high, but there are complaints about long waiting times. Some people feel that the long administrative process can be a barrier to getting fast and effective treatment. Therefore, improvements in the health service system, including waiting time efficiency, can increase public satisfaction with health services (Fatimah, 2019; Munawarah et al., 2023).

CONCLUSION

The understanding of coastal communities in Pidie Jaya Regency regarding hypertension is still limited, with a tendency to be more familiar with the term "high blood pressure" than hypertension. The pattern of treatment-seeking behavior is still reactive, where people only conduct health checks when symptoms appear. Preference for traditional medicine is still high, while compliance with the consumption of medical drugs is influenced by fear of long-term dependence. Economic factors, accessibility of health facilities, and availability of drugs are the main challenges in managing hypertension in coastal areas.

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