



Improving Self Care Management for Hypertension Patients Based on the Health Belief Model: Literature Review

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ABSTRACT:

Background: Hypertension is a global health problem that is common worldwide. Around 31.1% of adults live with hypertension in the world, 28.5% in high-income and 31.5% in low- and middle-income countries. Hypertension management is influenced not only by knowledge and attitudes but also by independence in self-care management. The lack of self-care management is the result of behavior. Concerning health behavior, social psychologists developed the Health Belief Model to explore various health behaviors. Components of HBM are perceptions of susceptibility, severity, benefits, barriers, cues to action, and self-efficacy. **Objective:** To determine the HBM components that most effectively influence self-care management based on evidence-based research. **Method:** This research uses the PRISMA approach with a systematic review using PICO. The databases used are Google Scholar, PubMed, Science Direct, and Semantic Scholar, with the keywords Self Care Management, Health Belief Model, and Blood Pressure. Inclusion criteria are international and national articles in English, full-text original research 2018-2023. The exclusion criteria were based on a literature review or meta-analysis and outside the topic of HBM to lower blood pressure. **Results:** Six components of HBM have been proven to influence increasing self-care management for hypertension sufferers. Perceived benefits are very effective in influencing increased self-care management. **Conclusion:** Based on a literature study of 9 articles, a person's knowledge and attitudes greatly influence decision-making in managing disease.

1. INTRODUCTION

Hypertension is a global health problem that is common in the world (Suprayitno¹, 2019) . According to WHO (2017), as many as 9.4 million deaths occur throughout the world every year, 16.5% of these deaths are caused by hypertension. It is one of the three major risk factors for the global burden of disease accounting for 7% of global disability-adjusted life years. Around 31.1% of the world's adults live with hypertension, 28.5% are in high-income countries while 31.5% are in low- and middle-income countries (Ademe et al., 2019) . With increasing cases of hypertension, more and more researchers are providing interventions to treat the disease. Supposedly, these interventions can reduce cases of hypertension. However, in reality cases of hypertension continue to increase every year, this indicates that the interventions provided are not efficient and the implementation of self-care has not been maximally implemented by hypertension sufferers (Augusto et al., 2022) . Management of hypertensive patients in general is not

only influenced by knowledge and attitudes but is also influenced by independence in carrying out self-care management or self-care (Lukmawati et al., 2020) . Self-management or self-care management is something that requires sufferers to be able to manage their own illness and be able to prevent complications (Fauziah et al., 2021) In hypertension sufferers, the cause of lack of self-care management is the result of the individual's own behavior (Warren-Findlow et al., 2012) . The results of research at the Health Management Organization in Southern Europe show that 60.4% of hypertensive sufferers have unfavorable behavior towards the hypertension diet, 50% of hypertensive patients do not comply with health workers' recommendations to take medication so that many hypertensive patients cannot control their blood pressure. and lead to death (Marie Krousel-Wood et al (2009) in (Prabasari, 2021) .

Preventive behavior carried out by hypertension sufferers begins with a perception regarding this health behavior. In relation to people's behavior towards health regulations,



social psychologists in the United States since the 1950s began to develop the Health Belief Model to explore various health behaviors, both long and short term.

The components of HBM according to Becker in (Ahmad Putro Pramono, 2018) , namely: perception of vulnerability, perception of severity, perception of benefits, perception of obstacles, instructions for action and personal abilities. The Health Belief Model is a model of health beliefs and disease control is a model of individual health behavior where individuals can control themselves to be able to live healthily and prevent the severity of the disease they experience. and compliance with medical advice (Hastuti & Mufarokhah, 2019) .

Based on the results of research conducted by Hanna Febriyanti et al (2022), it shows that there is a difference in the relationship between the Self Care Model and the Health Belief Model on adherence to taking medication in hypertensive patients, where the most dominant relationship and the greatest influence on adherence to taking hypertension medication is the Health model. Belief (Hana Febriyanti, Syamsul Anwar, 2022) . In addition, research conducted by Nurul Laili et al (2023) shows that there is a relationship between the health belief model and medication adherence in hypertensive patients which has a positive relationship with the strength of the category relationship ($r = 0.791$) (Nurul Laili, Efa Nur Aini, 2023) .

The results of research conducted by Suharmanto (2021) also show that there is a relationship between perceived benefits and prevention of hypertension (Suharmanto, 2021) . Other research by Rosiana Eva Rayanti (2021) shows that there is a relationship between actions in hypertension management and (Seriousness, benefits, behavior and self-confidence) in the health belief model (Rayanti et al., 2021) . The research results of Nur Hidayati Fitriana et al (2021) shows that there is a significant relationship between perceived seriousness ($p = 0.000$), perceived barriers ($p = 0.033$) and perceived self-efficacy ($p = 0.000$) on hypertension treatment adherence behavior. Meanwhile, there is no significant relationship between perceived vulnerability ($p = 0.477$) and perceived benefit ($p = 0.155$) on treatment compliance behavior (Nur Hidayati Fitriani, Arif Setyo Upoyo, 2021) .

Apart from that, research conducted by Dhiny Ester Yanti et al (2020) shows that there is a relationship between self-care hypertension and gender (p -value <0.001 ; OR 2.6),

perceived susceptibility (p -value <0.001 ; OR 3.4), perceived severity (p -value 0.004 OR= 5.1), perceived benefit (p -value <0.001 ; OR=2.3), Perceived barrier (p -value <0.001), perceived self-efficacy (p -value <0.001 ; OR 5.4), cues to action (p -value <0.001 ; OR 2.8) (Yanti, Perdana, & Rina, 2020) . Research conducted by Sitti Rojiyah Nur Insyirah Puhi (2023) shows that health belief therapy can increase self-care in subjects, where changes in perception make subjects want to try to change and start taking care of themselves (Sitti Rojiyah Nur Insyirah Puhi, 2023) .

From the several studies above, researchers want to know which health belief components are most effective in improving self-care management in hypertension sufferers. Apart from that, to the author's knowledge there is not much reviewed literature that discusses the influence of the health belief model on improving self-care management for hypertension sufferers.

2. METHOD

The search method for literature review articles refers to (PRISMA) or Preferred Reporting Items For Systematic Reviews and meta-Analyses using an electronic data base consisting of: Google Scholar, Pubmed, Science Direct and Semantic Scholar published from 2018 - 2023. As for the word the keys used are: Self Care Management AND Health Belief Model AND Hypertension with results obtained from the Google Scholar data base: 325 articles, PubMed: 8 articles, Science Direct: 82 articles and Semantic Scholar: 8 articles.

The inclusion criteria in this literature review are international and national articles using English and Indonesian, provided with open access and the articles used are full text original research articles with health belief model factors on improving self-care management for hypertension sufferers in adulthood. And the elderly as well as articles where one of the variables is the health belief model component.

The method used is a type of quantitative research with a cross sectional approach. The exclusion criteria in this literature review are articles that do not match the topic and articles based on literature reviews and systematic review meta-analysis.

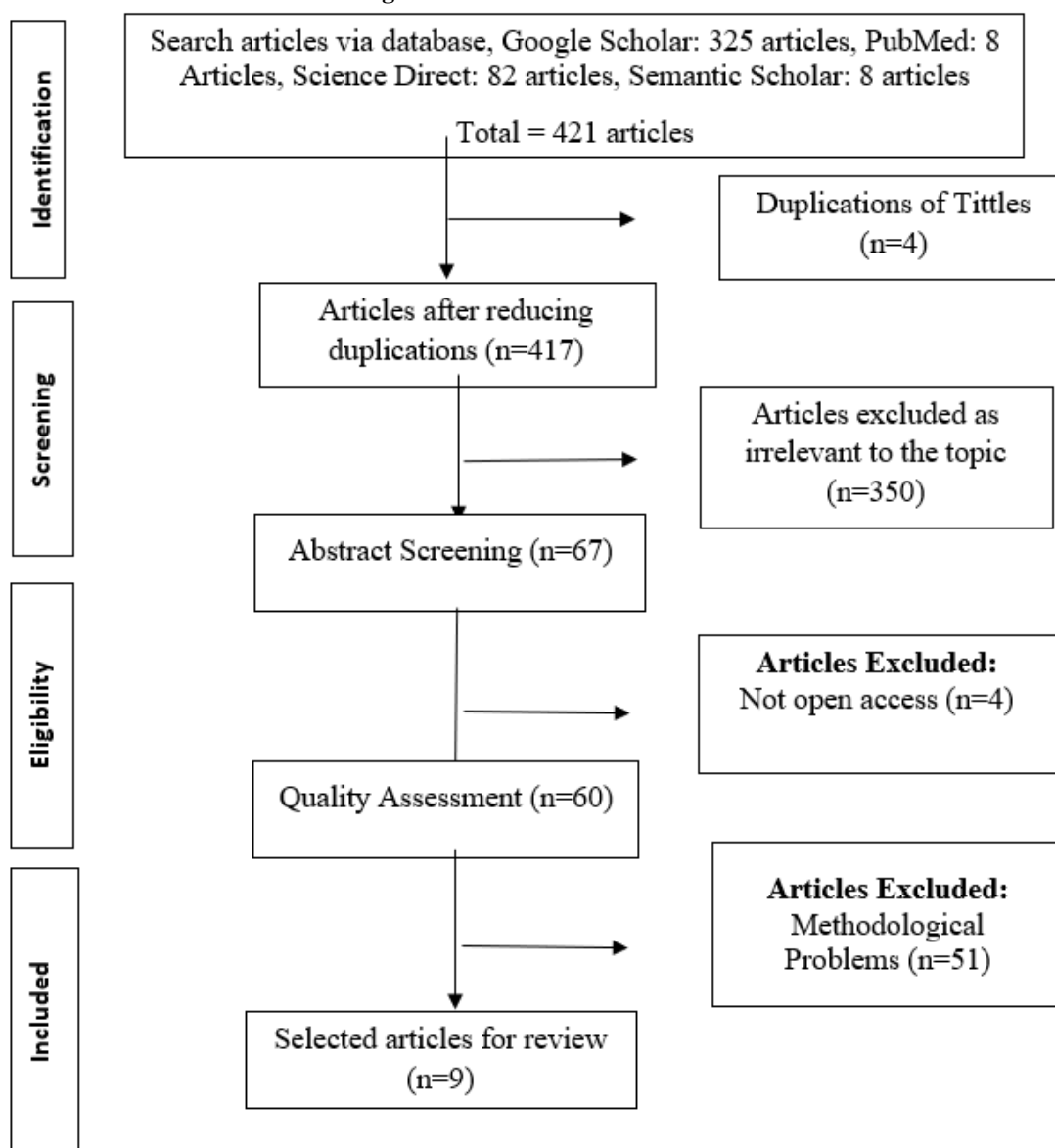
From the overall search results, 421 articles were obtained and 4 of the same articles (duplicates) were found, so that the remaining 417 articles were then identified, titles and abstracts were carried out, 350 articles were not included



because they did not meet the inclusion criteria. The remaining 67 articles were then screened in full text and found 4 articles that could not be accessed, the remaining

60 articles were then excluded again because they were excluded based on the method used, until finally 9 articles were obtained as the final results that would be analyzed.

Figure 1. Article Search Process



RESULTS AND DISCUSSION

This research conducted a study review of 9 articles about the influence of the Health Belief Model on Improving Self Care Management for Hypertension Sufferers. Article whole discuss regarding the influence of the health belief model on improving self-care management, where the health belief model consists of perceived vulnerability, perceived severity, perceived benefits,

perceived barriers, instructions for action and personal abilities that can influence self-care for hypertension sufferers. From the results synthesis about components of the health belief model used to see improvements in self-care management for hypertension sufferers the different effectiveness of each component in influencing self-care management.



Table 1. Article analysis results

No	Article Title	Researcher & Year of Publication	Research Method/Design	Samples and Sample Techniques	Measured Outcomes	Results
1.	Health Belief Model and Management of Hypertension in Primary Hypertension Sufferers in Papua	Rosiana Eva Rayanti, Kristiawan Prasetyo Agung Nugroho, Shendy Lusynthia Marwa, 2021.	This type of research is quantitative research with a cross sectional design.	Sampling was taken using purposive sampling taking into account inclusion criteria and exclusion criteria.	Data analysis uses a correlation test between 2 variables, namely the Health Belief Model and Hypertension Management.	Perception of vulnerability and action p value is $0.937 > 0.005$, so there is no significant relationship between the two variables. Perception of seriousness and action p value is $0.000 < 0.005$, so there is a significant relationship between the two variables. Perceived benefits and actions have a p value of $0.000 < 0.005$, so there is a significant relationship between the two variables. Perceived barriers and actions have a p value of $0.752 > 0.005$, so there is no relationship between the two variables. Perception of behavior and actions has a p value of $0.000 < 0.005$, so there is a significant relationship. Perceived barriers and actions have a p value of $0.752 > 0.005$, so there is no relationship between the two variables. Perception of behavior and action p value is $0.000 < 0.005$, so there is a significant relationship between the two variables. Perception of self-confidence and action p value is $0.003 < 0.005$, so there is a significant relationship between the two variables.
2.	Analysis of the Health Belief Based Self Care	Susi Milwati & Joko Pitoyo, 2023	The research design uses an analytical survey with a	The sample selection used is	The statistical analysis used is the CB-SEM or	The research found that the largest total effect was from the self-care validation variable on



	Model for Hypertension Patients Aged 45 Years and Over in Malang City		cross sectional approach	Purposive sampling with a total of 140 respondents.	Covariance Based SEM method using AMOS software.	motivation, namely 0.704, then the direct effect from self-care validation on benefits was 0.615, the smallest direct effect was from values and attitudes on severity, 0.011.
3.	Relationship between the Health Belief Model and Compliance with Medication in Hypertension Patients	Nurul Laili, Efa Nur Aini, Putri Rahmayanti, 2023.	Correlational study research design with a cross sectional approach.	The sampling technique used was purposive sampling with a total sample of 57 respondents.	The research instrument used the health belief model and MMAS-8 questionnaire and used the Spearman Rho statistical test with a significance level of 0.05.	Analysis using the Spearman Rho statistical test obtained a p-value of 0.000 and an error level of α of 0.05 ($0.000 < 0.05$) meaning that there is a relationship between the health belief model and medication adherence in hypertensive patients which has a positive relationship with the strength of the relationship in the strong category ($r = 0.791$).
4.	Analysis of the Differences in the Relationship between Self Care and Health Belief Models on Treatment Compliance in Hypertension Patients.	Hana Febriyanti, Syamsul Anwar, Nurhayati, 2022	The type of research used is quantitative research with a cross sectional approach.	The sampling process was carried out by purposive sampling in accordance with the inclusion and exclusion criteria that had been determined by the researcher using a non-probability sampling method, the number of samples obtained was 189 samples.	The data collection tool uses a standard questionnaire. The analysis uses univariate, bivariate and multivariate tests.	There were differences in the relationship between the 3 groups with a p value in the Self Care group of 0.029, the Health Belief Model was 0.000, while the Self Care and Health Belief Model was 0.008. There are differences in the relationship between the Self Care Model and the Health Belief Model on adherence to taking medication in hypertensive patients, where the most dominant relationship and the greatest influence on adherence to taking hypertension medication is the Health Belief model.
5.	Analysis of Behavioral Factors of Elderly	Ellia Ariesti, Felicity A, Sri S, Elizabeth	This type of research is descriptive analytic with a	Researchers used nonprobability sampling with	The instrument in this research was a	The results of the analysis using the chi-square test showed that the variables perceived susceptibility,



	People with Chronic Diseases Based on the Health Belief Model in Community Health Centers.	YY Vinsur, Kristianto D. N, 2021.	cross sectional approach .	a consistent sampling system . The number of samples obtained was 76 respondents.	questionnaire method, namely using the Health Belief Model questionnaire developed by Champion & Skinner. Elderly Behavior Questionnaire developed from Notoadmojo. The questions that have been prepared are tested for validity and reality using the Cronbach alpha test . The analysis used uses univariate, bivariate and multivariate tests.	perceived severity, perceived benefits, perceived barriers were related to elderly behavior ($p<0.05$). The results of the final model of the multivariate analysis show that the perceived barriers variable is a variable that is related to the behavior of elderly people who suffer from chronic diseases.
6.	Self-Efficacy on Adherence to Self-Care in Hypertension Sufferers	Andi Muthiyah A. AM, Viyan Septiyana Achmad, Isymiarni Syarif, Jukarnain, Titin Supriatin, 2023.	The research method used is an observational study using a cross sectional approach.	The sample obtained was 94 respondents and the sampling method in total sampling.	Data processing uses univariate and bivariate analysis to determine the closeness of the relationship between the independent variable and the dependent variable, so the analysis used is Chi-Square (χ^2).	The results of the study showed that there was a positive relationship between self-efficacy and self-care compliance in hypertension sufferers. Individuals who have strong self-confidence tend to be more compliant in carrying out their self-care, including taking medication regularly, following a healthy diet, exercising regularly, and monitoring their blood pressure. These findings show the importance of strengthening self-efficacy



					Statistical tests were carried out with a significant value of 95% confidence level and error rate (α , 0.05) = 5%.	in hypertension sufferers to increase their self-care compliance.
7.	Relationship between perceived benefits and prevention of hypertension	Suharmanto, 2021.	This research is an observational analytic with a cross sectional study approach .	The sampling technique used was simple random sampling . The number of samples obtained was 102 respondents.	Analysis of this research data includes univariate analysis using percentages and bivariate analysis using Chi-Square	The results of the study show that there is a relationship between perceived benefits and prevention of hypertension. For the community to be able to adopt healthy living habits, which include the practice of Clean and Healthy Living Behavior (PHBS) and the Healthy Living Community Movement (GERMAS) to prevent the occurrence of various diseases that can improve health status.
8.	Determinants of Self Care Management of Hypertension in Civil Servants of the Ministry of Health	Intan Dewi Kumalasari, Syamsulhuda Budi Musthofa, Sutopo Patria Jati, 2023.	Research methods used is quantitative with a cross sectional approach.	Sampling uses the quota sampling method where samples are taken until the specified quota is reached. The number of samples obtained was 150 civil servants.	The statistical analysis used is the logistic regression analysis method.	The research results showed that the majority of respondents (51.9%) were female and most respondents (53.1%) had poor self-care management of hypertension. Age, perceived benefits , perceived barriers and promotion workplace health is known to have a significant relationship with self-care management of hypertension with perceived barriers as the most dominant factor ($p = 0.000$, OR = 6.869).
9.	Health Belief Model: Self Care for	Dhiny Ester Yanti, Agung Aji Perdana,	This research method uses a	Sample of 360 respondents	Analyzed with chi square and regression	There is a relationship between self-care hypertension and gender



	Hypertension Sufferers in the UPT Working Area of the Kalirejo Health Center, Pesawaran Regency.	Nina Oktarina, 2020.	cross sectional design with primary data collection.	and method of sampling by cluster random sampling.	logistics.	(p-value <0.001; OR 2.6), perceived susceptibility (p-value <0.001; OR 3.4), perceived severity (p-value 0.004 OR= 5.1), perceived benefit (p-value <0.001; OR=2.3), Perceived barrier (p-value <0.001;), perceived self-efficacy (p-value <0.001; OR 5.4), cues to action (p-value <0.001; OR 2.8).
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3.1 Characteristics of the article

In the articles analyzed, overall a quantitative research design was used with a cross sectional approach with sampling techniques using purposive sampling, total sampling, simple random sampling, quota sampling and side random clusters. The overall aim of the article is to find out the relationship between HBM components and self-care management of hypertension sufferers. The advantages of the 9 articles as a whole are that they are relevant to the desired topic and the design used is in accordance with the level of evidence based research and not only uses univariate and bivariate tests but also uses multivariate tests. However, the weakness of the 9 articles is that some articles do not fully explain the components of HBM.

3.2 Effectiveness of HBM Components

In the first article (Rayanti et al., 2021), the results of the correlation test between the 2 hypertension management variables and the health belief model show that there is a relationship between actions in hypertension management and (perception of seriousness, perception of benefits, behavior and self-confidence) in the health belief model. But has a weak correlation, with each strength of relationship on perceived seriousness ($r = 0.241$), perceived usefulness ($r = 0.280$), behavior or instructions for action ($r = 0.231$), and self-confidence ($r = 0.172$). The second article (Susi Milwati, 2021) shows The largest total effect is the self-care validation variable on motivation, which is 0.704, then the direct effect of self-care validation on benefits is 0.615, the smallest direct effect of values and attitudes on severity is 0.011, while other direct effects have smaller values. .

The third article (Nurul Laili, Efa Nur Aini, 2023) shows

that there is a relationship between the health belief model and drinking compliance in hypertensive patients and has a positive relationship with the strength of the relationship in the strong category ($r = 0.791$). In this case, all HBM components can influence the compliance of hypertension sufferers in taking medication. So, the higher the health belief model in hypertension sufferers, the higher their compliance in taking hypertension medication.

In the fourth article (Hana Febriyanti, Syamsul Anwar, 2022) shows that there are differences in the relationship between the Self Care Model and the Health Belief Model on medication adherence in hypertensive patients, where the most dominant relationship and the greatest influence on compliance with hypertension medication is the Health Belief model. In this article, respondents are divided into 3 groups, namely the self care group, the health belief group, the self care group and the health belief group, with each p value in the self care group being 0.029, the health belief group being 0.000 and the self care group and health belief is 0.008. Therefore, the most dominant is from the health belief group.

In the fifth article (Ellia Ariesti, Felistik A. Sri S, Elizabeth YY Vinsur, 2021) using the chi-square test shows the variables perceived susceptibility, perceived severity, perceived benefits, perceived barriers which is related to elderly behavior ($p < 0.05$). Final model results of multivariate analysis, perceived barriers variable is a variable related to the behavior of elderly people who suffer from chronic diseases. The respective p values for each variable are, perceived susceptibility ($p = 0.000$), perceived severity ($p = 0.000$), perceived benefits ($p = 0.000$), perceived barriers ($p = 0.000$), cues to action ($p = 0.119$), and self-efficacy ($p = 0.089$).

Sixth article (Achmad et al., 2023) shows a positive



relationship between self-efficacy and self-care compliance in hypertension sufferers. Individuals who have strong self-confidence tend to be more compliant in practicing their self-care, including taking medication regularly, following a healthy diet, exercising regularly, and monitoring their blood pressure. These results are based on statistical tests using the Chi-Square test with a p value = 0.000.

The seventh article (Suharmanto, 2021) shows that there is a relationship between perceived benefits and preventing hypertension. These results were tested using the Chi-Square test to obtain a value of $p = 0.035$. From this article it is also explained that respondents with hypertension prevention in the good category were more likely to be respondents with good perceived benefits. Therefore, someone who has a good perception of benefits will also have better hypertension prevention behavior.

Eighth article (Intan Dewi Kumalasari, Syamsulhuda Budi Musthofa, 2023) shows that perceived benefits, perceived barriers and promotions Health in the workplace is known to have a significant relationship with self-care management of hypertension, with perceived barriers as the most dominant factor based on multivariate analysis using multiple logistic regression ($p = 0.000$, $OR = 6.869$). From these results, it shows that perceived barriers are in the strong category, so there is a 6.87 times higher chance of having poor self-care management, whereas if perceived barriers are weak, then self-care management will be better.

The last article (Yanti, Perdana, & Rina, 2020) shows that there is a relationship between hypertension self-care and gender (p -value < 0.001 ; OR 2.6), perceived susceptibility (p -value < 0.001 ; OR 3.4), perceived severity (p -value 0.004 $OR = 5.1$), perceived benefit (p -value < 0.001 ; $OR = 2.3$), Perceived barrier (p -value < 0.001), perceived self-efficacy (p -value < 0.001 ; OR 5.4), cues to action (p -value < 0.001 ; OR 2.8). These results indicate that all components of the health belief model influence self-care in hypertension sufferers. Based on bivariate analysis, perceived self-efficacy is the most dominant factor in self-care, while based on multivariate analysis, perceived severity is the most dominant or strongest factor influencing self-care for hypertension sufferers.

4. DISCUSSION

Hypertension is a common problem that occurs in many

countries, because hypertension continues to increase every year, but this disease is still not adequately controlled throughout the world (Nozato et al., 2023). Management of hypertensive patients in general is not only influenced by knowledge and attitudes but is also influenced by independence in carrying out self-care management or self-care (Lukmawati et al., 2020). In relation to behavior, the Health Belief theory model was developed to explain a person's health behavior.

Based on the 9 articles analyzed, one component of the health belief model that is always related to self-care management in each article is perceived benefits. Thus, perceived benefit is the most effective component in influencing the improvement of self-care management for hypertension sufferers.

Perceived benefits refer to perception related to the perceived benefits of the action which is recommended in reducing the risk of hypertension or recurrence of hypertension. Perceived benefits has a positive and direct relationship with hypertension prevention behavior. The greater the benefits of an action recommended to reduce risk disease, the higher the motivation to carry out preventive behavior.

On To prevent hypertension, sufferers are advised to exercise diligently, take anti-hypertensive medication, reduce sodium intake and have fatty foods high benefits in preventing hypertension, so there is motivation to do it these preventive measures become stronger (Barakat & Kasemy, 2020).

Perceived susceptibility refers to perception of the risk of suffering from hypertension. Perceived susceptibility has positive and direct relationship with behavior prevention of hypertension, where someone who feel vulnerable to developing hypertension more serious about making efforts in reducing the risk of a disease (Inda Mariana Harahap, Yuni Arnita, 2021).

Perception of seriousness (perceived severity) refers on perceptions of the seriousness of the impact hypertension disease. Perceived severity has a positive and indirect relationship with hypertension prevention behavior, where the greater the perception of the severity of hypertension on life and relationships every day, the greater the influence on attitudes and subjective norms about behavior prevention of a disease (Park & Oh, 2022).

Perceived barriers (Perceived barriers) refers to perception related to the obstacles felt when implement



preventive measures hypertension. Excessive barriers will causes a person's reluctance to carry out preventive behavior. Behavior prevention of hypertension with barriers low is taking anti-hypertensive drugs which is usually caused by forgetting factors in hypertensive sufferers.

Preventive behavior with obstacles high , namely exercise, limiting sodium intake or fatty foods because there is no free time to exercise and ignorance in managing food and cannot be separated from the habit of consuming fatty foods. Perceived barrier has a negative relationship and directly with preventive behavior hypertension means lower resistance what a person feels when doing something preventive measures are higher implementation of preventive behavior (Mohebi et al., 2018) .

Instructions for action (cues to action) which refers to external and internal factors that make individuals want to engage in healthy behavior. Factors that influence individuals to carry out healthy behavior include family support, health services provided by medical personnel, mass media which helps to provide information about hypertension (Ferdian Zuhdi Pratama & Ina Savir, 2022) . Cues to action also involve aspects of accept (receiving) and act (doing).

Where individuals have acceptance of orders who receive and carry out or carry out orders from other people. This parameter has the smallest value, possibly due to a lack of family support and information or education that is not accepted or understood by hypertension sufferers. According to (Soni'ah, 2022), one way to increase individual motivation in carrying out health actions or behavior is family support and information that is appropriate and easy to accept (Nurul Laili, Efa Nur Aini, 2023) .

Self-confidence (Self-efficacy) is closely related to an individual's attitudes, motivation and perception of their own abilities. Individuals with high self-efficacy tend to have strong self-confidence in overcoming the obstacles and obstacles they may face in carrying out self-care. They believe that they have sufficient skills, knowledge and resources to manage hypertension well (Syamsi & Asmi, 2019) .

In the context of self-care compliance in hypertension sufferers, high self-efficacy can encourage individuals to follow medical recommendations, such as taking medication regularly, adopting a healthy diet, engaging in

regular physical activity, avoiding risk factors, and monitoring their blood pressure. This self-confidence can help individuals overcome barriers and challenges that may arise, such as difficulties in maintaining long-term adherence or situations that affect their self-care behavior (Zhao et al., 2021) .

The health belief model can have an influence on improving self-care management for hypertension sufferers. Based on research results, Rayanti et al (2021) stated that the health belief model has a relationship with management actions for hypertension sufferers, although it has a weak correlation (Rayanti et al., 2021) . Apart from that, research by Nurul Laili, Efa Nur Aini (2023) states that the health belief model has a relationship with medication adherence in hypertension sufferers. The higher a person's health belief model, the higher the compliance in taking medication (Nurul Laili, Efa Nur Aini, 2023) .

Research by Ellia Ariesti et al (2021) shows that based on the results of the Chi-Square test there is a relationship between the health belief model and the behavior of the elderly ($p < 0.05$). Support for the elderly provided by the family and local community to help overcome the challenges in managing hypertension is very necessary so that a good quality of life can be achieved for the elderly (Ellia Ariesti, Felisis A. Sri S, Elizabeth YY Vinsur, 2021) . Another research conducted by Yanti et al (2020) explains that there is a relationship between self-care and the health belief model with an average p -Value = 0.000 (Yanti, Perdana, & Nina Oktarina, 2020) .

According to the author, the health belief model can influence improving self-care management for hypertension sufferers. The components in the health belief model consist of perceived vulnerability, perceived seriousness, perceived benefits, perceived obstacles, instructions for action, and self-confidence, which can influence a person's behavior in responding to an illness. Apart from the components of the health belief model, knowledge and attitudes are also very important in changing a person's behavior. With knowledge and attitudes, a person can find out about his illness and be able to make decisions regarding appropriate treatment for his illness.

Studies reviewed give significant findings about components of the health belief model and their relationship with self-care management of hypertension sufferers. Knowing the components of the health belief



model that are most effective in influencing self-care, it is hoped that nurses can provide better care regarding hypertension management. There is evidence regarding the effectiveness of the health belief model in influencing self-care management, indicating that a person's knowledge and attitudes are needed in managing hypertension.

The limitations of the review synthesis in this article are that the author only created a review synthesis article in the form of a literature review and has not carried out a meta-analysis, the research article is limited to quantitative research methods with a cross-sectional approach, and the publication year is 2018-2023.

5. CONCLUSION

Based on the results of a literature study of the 9 articles above regarding the relationship between the health belief model and self-care management of hypertension in hypertension sufferers, it was found that the knowledge and attitudes possessed by a person greatly influence the decision making that will be made in managing this disease. Perceptions of vulnerability, perceptions of seriousness, perceptions of benefits, perceptions of obstacles, instructions for action, and self-confidence possessed by hypertension sufferers are proven to influence the individual's behavior. Based on a literature study of the 9 articles above, the health belief model component most effective in influencing the behavior of hypertension sufferers is the perception of benefits. When someone knows the benefits obtained when treating hypertension, self-care management for hypertension will also increase. However, overall, the articles analyzed show that the health belief model can influence the self-care management of hypertension sufferers.

SUGGESTION

Nurses are expected to be able to understand the problems faced by hypertension sufferers and help them make decisions related to good hypertension management through the health belief model. It is hoped that future researchers will be able to dig deeper into improving self-care management for hypertension sufferers based on the health belief model using the meta-analysis method.

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