

Management Deep Health Literacy Increase Obedience Treatment of Patients Hypertension

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ABSTRACT

Hypertension, a non-communicable disease, is the leading cause of premature death worldwide. To control hypertension, self-management efforts and lifestyle changes are needed, such as managing diet, getting enough rest, exercising, and taking medication regularly (although hypertension cannot be cured, it can be controlled). Utilization of health literacy can increase the understanding and attitude of maintaining one's own health. This counseling aims to get an overview of efforts to control hypertension through the use of health literacy resources. This community service aims to get an overview of health literacy management in increasing medication adherence in hypertensive patients. The method of this community service is the method through counseling entitled "*Management of Health Literacy in Increasing Compliance. Treatment of Hypertension*", amounting to 25 respondents. Results: show that there is an increase in compliance that can be obtained after carrying out community service regarding counseling on Health Literacy Management in Improving Patient Compliance Hypertension (92%) with Utilize health literacy resources obtained from health center staff. With this dedication, it is hoped that it can provide important information for hypertension sufferers regarding the importance of efforts to control hypertension by increase literacy health.

Keywords: Literacy health, compliance treatment, hypertension

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INTRODUCTION

Health literacy is one of the main determinants of a patient's ability to achieve optimal health status (Nutbeam, 2015). The term *health literacy* is used to describe a person's ability to understand and interpret health information provided by health workers so that their understanding of the information provided will influence their decisions in improving and maintaining their health. terms of understanding *informed consent* and the ability to understand the information provided by health workers (Jones et al., 2011) in (Sriyanah, et al., 2019).

The success of health services is not only determined by the quality of the program and the health workers involved in it, but how patients' understanding of accessing and using these services also plays a role in the success of health services (Kohan et al., 2007). Potter & Perry (2013) in (Sriyanah, et., 2019) , explains that there are several items so that verbal communication can take place effectively, one of which is vocabulary. A health worker, be it a doctor, nurse, pharmacist or other medical personnel who will provide information to patients, should avoid giving explanations using medical terms that patients may not necessarily understand. Medical terms should be conveyed using simpler vocabulary so that the message to be conveyed can be understood by the patient. For that they should know the level of *health literacy* of a patient so that effective communication can be achieved.

According to Macabasco-O'Connell & Fry-Bowers (2011) in (Sriyanah, et al., 2019) , explains that several studies that have been conducted on health workers found as many as 71% did not know about *health literacy* and did not understand issues regarding *health literacy* including its impact on patient care. The interaction that occurs between health workers and patients is very important in the provision of health services, especially in patients with low *health literacy* . In addition, the lack of knowledge of health workers regarding the characteristics of patients related to low *health literacy* will lead to disparities in the provision of health services.

Health service providers are not only tasked with providing health services and health information to patients, but also have a responsibility in improving patient *health literacy* (Kanj & Mitic, 2009) in (Sriyanah, et al., 2019) . However, from several studies conducted including research by Seurer & Vogt (2013) in (Sriyanah, et al., 2019) , explained that as many as 62% of health service providers did not have sufficient knowledge regarding *health literacy* and their inability to identify patients who had low *health literacy* . Most of these findings come from research conducted in developed countries such as the United States, Canada and Zealand. To build a better quality health service system with patient centered care, one step is to improve patient *health literacy*.

In Indonesia data regarding the level of community *health literacy* is still very limited. Research conducted by Soemitro (2014) regarding the level of *health literacy* of hypertensive patients in Malang Regency, showed that around 65.35% of respondents had a poor level of *health literacy*. Then research conducted by Lestari & Handiyani (2017) in (Sriyanah, et al., 2019) which compared the level of *health literacy* among health students and non-health students, showed that health students had a higher level of *health literacy* than non-health students. However, all student groups did not reach a satisfactory level of *health literacy* (score > 80% of the total HLQ score).

In Indonesia, data regarding health literacy is still very limited, however there are facts that describe conditions related to health literacy or a low level of health literacy (Nurhidayah, 2018) in (Ramadhaniah et al. 2021)

As for the inhibiting factors for the success of health education from the nurses themselves, the most significant is the knowledge and ability of nurses to provide health education. Although patient education has long been considered an independent nursing role, many nurses lack the knowledge and skills needed to be effective educators (Elizabeth, 2011) in (Sriyanah, et al., 2019) .

In Makassar City, especially at the Bara-Baraya Health Center, Kec. Makassar, City of Makassar service related to *health literacy* has never been carried out, but data regarding the implementation of health education carried out by nurses and the implementation of trainings aimed at improving nurse performance have been carried out a lot. As a result, it is significant that the health education provided to patients has a positive impact on improving their health status. However, its implementation is inseparable from the ability of nurses to provide health education to patients with various characteristics, one of which is language skills as well as the level of education and knowledge possessed by patients who are still limited (Majid, 2016) in (Sriyanah, et al., 2019) . .

Literacy is an important ability for someone to have because even by having the most basic literacy skills a person can further increase their knowledge and potential to achieve their goals so that they can participate more in society, both economically and socially (*Public Health in the 21st Century: Health Literacy in Context: International Perspectives*, 2012). Health literacy is the degree of a person's ability to obtain, process. As well as understand basic health information and services needed to make appropriate health-related decisions. From the above concept it can be said that Health literacy has a significant role in the health sector so that achieving health literacy is a shared responsibility at the individual and social levels. (Nazmi, et., al, 2014)

Hypertension is a serious health problem worldwide. High blood pressure for a long time can cause damage to blood vessels and other organs of the body. According to a report by *the World Health Organization* (WHO), hypertension is the leading cause of premature death in the world. Data from 2016 shows that ischemic heart disease and stroke are the most common causes of death in the world. In fact, hypertension is also one of the main risk factors for these diseases. (Masfalah & Saputra, 2023)

Hypertension is often known as the "*silent killer*" because the character of hypertension does not show clear signs and symptoms. Hypertension can affect anyone, both men and women (Nabila et al. 2022) . Hypertension is a continuous increase in diastolic and systolic blood pressure. Hypertension is indicated by systolic blood pressure above 140 mmHg and diastolic blood pressure above 90 mmHg (Smeltzer & Bare, 2017) in (Nabila et al. 2022) . Hypertension or high blood pressure is a major global health problem that occurs most in all regions of the world (Nabila et al. 2022)

Hypertension is a condition where systolic blood pressure is at more than 140 mmHg and diastolic blood pressure is at more than 90 mmHg when measurements are taken within five minutes when the individual is at rest (Whelton et al. 2018). High blood pressure is known as *a silent killer* which is usually not accompanied by complaints, therefore many people with high blood pressure do not know that they

have high blood pressure and will go to health care facilities when complications have occurred. (Rosaline & Rahmah, 2023)

Hypertension is a major public health problem worldwide due to its high prevalence of vascular disease, premature death, stroke, kidney disease and retinopathy. It is the most important risk factor for cardiovascular disease which kills around 12 million annually worldwide, more than any other disease. Bani IA, 2011; Chavez ML, 2000, in (Harmila & Huriah, 2019). With the increasing problem of hypertension worldwide, there is concern that hypertension in the elderly may also increase and that cases are not being detected due to inadequate screening in this age group (Gan SK, Loh CY, Seet B et. al., 2003 in (Harmila & Huriah, 2019) Lack of adherence to hypertension medication is the main reason for uncontrolled blood pressure (Ma, 2016). Uncontrolled blood pressure is a major factor in the occurrence of other diseases, such as coronary heart disease, cerebral thrombosis, stroke, and kidney failure chronic (Liu, 2011; Al-Ramahi, 2015, in (Harmila & Huriah, 2019).

The impact that occurs from non-adherence in taking the drug is a significant and multiplied deterioration in health conditions that can affect the work of the heart and management of hypertension. If individuals do not comply with treatment, then the hypertension they suffer becomes uncontrolled and causes an increase in the workload of the heart. This has a major influence on blood pressure control and will increase the risk of heart failure, stroke and kidney failure. In addition to adverse health impacts, non-adherence to treatment can also result in additional unnecessary medical therapy, this causes an increase in visits to the emergency department and an increase in hospitalization rates which can increase health care costs (Rosaline & Rahmah, 2023).

Non-compliance with drinking is also driven by a lack of knowledge related to the importance of taking antihypertensive medication for people with hypertension. Patients who have good knowledge will have high potential to take anti-hypertensive drugs. One of the factors that has an impact on increasing knowledge is the exposure to information received by the individual. The more credible information obtained by hypertension sufferers will increase knowledge and adherence to taking medication. However, more and more exposure to information that is not credible and *hoax in nature* will cause confusion in hypertension sufferers and have a negative impact on knowledge and adherence to taking medication. Therefore, exposure to information is one of the factors that determine adherence to taking medication either directly or indirectly.

The symptoms of hypertension are not very specific, causing some people to not realize that they have hypertension or to think that they have recovered from hypertension so they do not comply with the hypertension treatment program given. This has led to an increase in mortality due to uncontrolled hypertension globally reaching 7.1 million people per year (Agustina, et., al 2023). Elderly non-adherence in hypertension treatment occurs in various countries including Indonesia, which begins with a low level of awareness of the sufferer, then affects the level of adherence in hypertension treatment and ultimately results in poor hypertension control, increased risk of complications and increased health financing funds (Agustina, et., al 2023)

Non-compliance with taking hypertension medication is characterized by stopping the drug for a long time, deliberately skipping doses or changing the doses

given in the program (Agustina, et., al, 2023) . Non-compliance with taking hypertension medication is influenced by various internal and external factors. Internal factors include age, gender, other co-morbidities, education, knowledge about disease, lifestyle, and use of alternative medicines. External factors include easy access to services, financing, social support from both family and friends (Agustina, et., 2023) . In the elderly, non-adherence to hypertension treatment is influenced by the degree of vulnerability, multicomorbidity, polypharmacy, cognitive impairment, while non-adherence to hypertension treatment in Kenya is based on lack of knowledge and health education (Agustina, et., al, 2023).

Patient information regarding drug use is very important to know, especially for individuals who experience problems in understanding the proper use of drugs. The way individuals access information is an indicator that influences health literacy , adequate health literacy obtained will increase individual awareness and understanding of the disease they are experiencing. Health literacy plays a role in influencing individual health behavior, several aspects of health literacy that need attention include obtaining information and individual understanding of the information obtained to apply it in everyday life such as adherence to treatment behavior (Rosaline & Rahmah, 2023) . To increase adherence effectively, several factors such as perceptions of health *beliefs* and *health literacy* can be modified to improve medication adherence behavior in people with hypertension. (Rosaline & Rahmah, 2023)

Health Literacy or also commonly referred to as "health literacy" is a dynamic, collaborative, and mutually beneficial ability in combining previous health knowledge and experiences carried out by organizations, caregivers, and health care *recipients* in accessing, understanding, and use information and health services to make decisions based on the information obtained as an effort to improve health and this is influenced by individual characteristics, health status, cultural and language preferences, and cognitive abilities (Rosaline & Rahmah, 2023) .

Health literacy has a strong relationship with medication adherence. This statement is supported by research conducted by Lor et al. (2020) in (Rosaline & Rahmah, 2023) that individuals who have a high level of *health literacy* also have a high level of adherence to treatment, whereas individuals who have a low level of health literacy also have a low level of adherence. Based on research conducted by Mardiana et al. (2020), health literacy also has a relationship with the behavior of seeking health assistance in research subjects who experience prehypertension in the working areas of the Blue, Watampone, and Usa Health Centers. Perceptions about health status in the concept of the *health belief* model are also important for individuals because each dimension in this model has a relationship with the level of adherence to treatment as stated in a systematic review study conducted by (Al-noumani et al. 2019). In research conducted by (Rayanti et al. 2021) states that 5 dimensions (*perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy*) of the 6 dimensions in the health belief model have a significant relationship to hypertension management behavior in patients with primary hypertension. Based on previous studies that have been described, if the two factors, namely *health beliefs* and *health literacy*, can be identified and modified in the community, it is expected that treatment adherence behavior can increase.

Research by Zhong & Tanasugar (2011) in (Nabila et al. 2022) shows that *self-management* is a person's ability to maintain effective behavior, namely following diet and exercise, taking prescribed medication, self-monitoring and emotional coping. Patients with hypertension should carry out *self-management* as one of the treatments for diseases in everyday life as an effort to prevent complications.

According to research by Mulyati, Yeti & Sukamrini (2013) in (Nabila et al. 2022) it also shows *self-management* that is carried out effectively can provide benefits for increasing patient independence, increasing self-confidence (Susilo & Wulandari, 2011), increasing patient satisfaction in live life, improve the quality of life of patients and reduce costs of care. Research by Kelly Hayes (2010) in (Nabila et al. 2022) says that effective management of hypertension is one way to stop smoking, maintain a healthy diet and engage in healthy physical activity. However, in reality many people with hypertension show ineffective *self-management behavior*.

Self-management behavior is influenced by several factors, such as education, knowledge, increasing age, perceptions of illness and duration of illness (Romadhon, Aridamayanti, Syanif & Sari, 2020). The results of research by Puspita, Oktaviarini & Santik (2017) in (Nabila et al. 2022) , patients with hypertension ≥ 5 years tend to be non-adherent to treatment. The longer a person suffers from hypertension, the lower the level of adherence caused by boredom of treatment. According to research by Wahyudi, Ratnawati & Made (2017) in (Nabila et al. 2023) , the majority of patients with an age range of 56-65 years have decreased *self-management* . This shows that as someone gets older, the level of *self-management* will decrease.

Health literacy is important in increasing public knowledge and understanding of health. Health agencies, such as the Indonesian Community Health Promoters and Educators (PPPKMI) in Southeast Sulawesi, have a significant role in making efforts to increase health literacy in the community. (Masfalah & Saputra)

The ability to access, knowledge, understanding, and decision-making related to health literacy are factors that influence changes in a person's health behavior.

The term "*health literacy*" has been known since 1970 in Health Education and is seen as social policy (Sorensen et al, 2012). Since 1990, the concept of health literacy has been widely used after this term was matured by the United States in the management of service payment systems (Parnell, 2019) in (Batubara et al. 2020) . Currently, health literacy is a global health goal, promoting awareness-raising, community strategies and used to improve the health of patients with limited health literacy. Several developed countries such as the USA, Canada and Australia have a vision to increase health literacy.

Even though the concept of health literacy has been studied for many years until now, there are still different studies, especially the prevalence of people with limited health literacy in various target populations (Rajah, 2019) in (Batubara et al. 2020) . In Southeast Asia, research on health literacy is still limited. Especially in Indonesia, to the best of the author's knowledge, no concept analysis of health literacy has ever been published. However, there have been many studies on health education using various methods on various population groups. Research in Indonesia, with the term "*literacy*" is mainly related to measuring tools to assess health literacy (Rachmawati et al, 2019) in (Batubara et al. 2020)

Literacy has two definitions in *Merriem Webster's dictionary* (Webster, 2016): "educated, cultured stage" and "able to read and write." Literacy comes from the word *literate*, which is the original Latin "*litteratus*," translated as "*letter*" ("Literacy," 2016). *The United Nations Educational, Scientific and Cultural Organization* (UNESCO, 2018) defines literacy as follows: "*literacy is the ability to identify, understand, interpret, create, communicate and compute, using printed and written materials associated with varying contexts*. Based on Taber's Medical dictionary, defines literacy as "the ability to understand the causes, prevention and treatment of disease" and "the level of communication to improve people's ability to understand and act on health-related information" (Venes, 2009). The World Health Organization (WHO, 2017) defines health literacy as individual cognitive and social skills related to access, understanding, and use of health information to protect health. Parnell et al (2019) in their research (Batubara et al. 2020), defines health literacy as a dynamic, collaborative, and mutually beneficial skill that combines previous health knowledge and experience, and cognitive abilities that affect the ability of organizations, givers, and recipients health services to access, understand, and use health information and services in making actionable decisions and improving their health.

The importance of utilizing information and utilizing health services is called health literacy for patients in order to shape public health, safety and quality of care. Health literacy as the knowledge, motivation and competence of people to access, understand, assess and apply health information to make judgments and make decisions in everyday life about health. (Asrina and Idris, 2023)

Good functional health literacy will increase patient and family knowledge regarding health information and medical actions obtained from health services. In contrast, those with low health literacy often have an increased need for health information and services to maintain their health and well-being. According to a UNESCO survey (2016) in (Asrina and Idris, 2023) Indonesia is a country where the quality of public literacy is relatively low, ranking 60 out of 61 countries in the world.

Functional health literacy basically aims to enable patients to understand information about treatment, health conditions, medication and re-control schedules obtained by medical personnel when visiting health services. Functional health literacy is a series of general technical skills that are applied in the environment of care or health services to patients, such as literacy in reading treatment consent forms, drug labels, and aims to make patients understand written and oral information obtained from health workers (Asrina and Idris, 2023)

One of the key approaches in conceptualizing health literacy is the utilization of information because it contains a person's fundamental ability to obtain health information, for example health risks that can arise and the use of the health system. Functional health literacy is useful for increasing knowledge about risks and health services, adherence to medical procedures, and dissemination of information through channels or media. Functional health literacy is a person's capacity to obtain, process, and understand health information and services optimally so that they can make decisions about their health appropriately. (Asrina and Idris, 2023)

METHOD

The method of this community service is the method through counseling entitled "**Management of Health Literacy in Increasing Compliance with Hypertension**". The service participants were 25 respondents in the Puskesmas.

RESULTS AND DISCUSSION

This community service activity is carried out in the form of counseling with the aim of getting an overview of health literacy management in increasing medication adherence in hypertensive patients. This counseling activity used the method of giving *pre-test questionnaires* to respondents after which they were given *post-test questionnaires* to measure how successful the counseling had been carried out related to the respondents' knowledge regarding health literacy management in increasing medication adherence in hypertension.

Table 1: Frequency Distribution of Health Literacy Management in Improving Treatment Adherence in Hypertension Patients

Health Literacy Management Category Increases Medication Compliance in Hypertension Patients	Pre-test		Post test	
	n	%	n	%
<i>Health Literacy</i>				
Inadequate	16	64	2	8
Adequate	9	36	23	92
Amount	25	100.0	25	100.0

Based on table 1. the results obtained before education were the level of knowledge of respondents regarding the importance of health literacy management in increasing medication adherence in hypertensive patients which was still lacking as many as 16 respondents (64%) while those who already had sufficient knowledge about health literacy management in increasing medication adherence in hypertensive patients as many as 9 respondents (36%). This shows that education about health literacy management in improving medication adherence in hypertensive patients is really important so that the elderly can continue to improve health literacy in daily medication adherence. After the community service activities were carried out, the results obtained for knowledge regarding health literacy management in increasing medication adherence in hypertensive patients had changed with an increase in the sufficient knowledge score, namely 23 respondents (92%) while those who were still lacking, namely 2 respondents (8%). So it can be concluded that there is an increase in knowledge obtained after community service regarding counseling on health literacy management in increasing medication adherence in hypertensive patients.

Discussion

Health literacy is an important skill needed by patients to make the right decisions regarding their health care. *Health literacy* is not solely the responsibility of the patient but also the joint task of health care practitioners and patients in *health literacy*, one of the abilities that individuals must have in receiving information directly is related to the individual's experience of being exposed to health terms commonly used by health workers in providing information (Macabasco-O'Connell & Fry-Bowers, 2011)

Health Literacy includes people's capacity, skills, knowledge and motivation to access, understand, assess and apply health information in different forms, to shape judgments and decision-making in terms of using the health care system, disease prevention and health promotion, to improve quality of life throughout its life journey. The concept of health literacy emerged in conjunction with health education in the 1970s in the United States and interest in this topic has increased steadily. (Wahyuningsih, 2023)

The results of the dedication obtained regarding the knowledge possessed by most of the respondents was still lacking, as well as the many obstacles that nurses had in implementing *health literacy*. According to Rajah, Hassali, & Lim (2017) stated that nurses as health service providers are one of the main sources of information for patients in gathering information or advice related to their health. Unfortunately, the inadequate knowledge of nurses or other health workers can cause many barriers to providing health-related services to patients with different levels of *health literacy*.

According to McCleary-Jones (2016), Health care providers are required not only to provide health service information and assist patients in choosing a health care system but also have a fundamental responsibility in meeting the health care needs of patients with limited health literacy. Despite the important role of health care providers in building and improving patient *health literacy*, most of them are reported to be unaware and do not understand the relevance of *health literacy* in patient care.

The ability to communicate effectively with patients who have low medical literacy depends on our ability to recognize these issues and create a shame-free, patient-centered healthcare environment. Because of the shyness these patients experience, they often use their well-developed coping skills to cover up their limited *health literacy*. Although there are a number of reading and comprehension assessment tools, there is debate as to whether or not these tools should be used clinically.

Although health professionals generally assume that medical explanations and instructions given to patients and families are easy to understand, the reality is that these instructions are often misunderstood, sometimes resulting in serious errors. A common reason for misunderstood medical instructions may be the patient's low *health literacy skills*. Unfortunately, patients with limited health literacy are often seen as non-adherent, when the real problem is low health literacy.

One strategy to increase health care provider awareness and understanding of *health literacy* is through the introduction of continuing education programs on *health literacy* and daily practice health professional training. Many other studies have supported the positive impact of increasing knowledge and skills providers with the integration of *health literacy components* in the curriculum of school health professionals (Toronto & Weatherford, 2015).

According to (Ministry of Health RI, 2019), blood pressure does tend to increase as a person ages. This is caused by the degeneration process that occurs in the body along with aging. According to research (Ministry of Health RI, 2019) also shows that the level of health literacy is significantly influenced by age, education level, and family income level, but not affected by employment status. In this study, adult hypertensive patients (45-55 years) had a better level of health literacy than those who were elderly (over 55 years).

Based on the description above, according to the age of researchers at the Simpang Tiga Health Center for hypertension sufferers, the researcher concluded that the majority of hypertension sufferers were more in late adulthood or early elderly.

The results of research conducted at the Bara-Baraya health center found that 19 respondents with hypertension who treated hypertension sufferers were more women, namely 59 people (62.1%).

(Ministry of Health RI, 2019) in (Masfalah & Saputra, 2023) The risk of hypertension in women, especially after menopause, can be higher than that of men. The hormone estrogen has a protective effect on blood vessels and can help maintain the elasticity of blood vessels.

According to (Dewi et al., 2022) in (Masfalah & Saputra, 2023) education can affect a person, including one's behavior towards lifestyle, especially in motivating to participate in development, in general, the higher a person's education, the easier it is to receive information.

This is in accordance with research conducted (Ministry of Health RI, 2019), (Masfalah & Saputra, 2023) that education is the main indicator of patient knowledge regarding disease conditions. The overall percentage of educated patients was found to be high in this study.

Thus literacy can be considered as a guide to blood pressure control because educated people are able to understand complications more effectively. This shows that education is an important factor in influencing a person's knowledge, the higher a person's education level, the better his knowledge will be, which can result in maintaining and improving his health.

The results of research according to (Ministry of Health RI, 2019) in (Masfalah & Saputra, 2023), education level plays an important role in one's health literacy level. Research shows that individuals with higher levels of education tend to have better levels of health literacy than those with lower levels of education. Education can provide individuals with the skills to read, write, and understand complex health information.

CONCLUSION

Hypertension is a major public health problem worldwide due to its high prevalence of vascular disease, premature death, stroke, kidney disease and retinopathy. It is the most important risk factor for cardiovascular disease which kills around 12 million annually worldwide, more than any other disease. Bani IA, 2011; Chavez ML, 2000, in (Harmila & Huriah, 2019) .

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Thank-you note

We, the community service team, are grateful to Allah SWT for His grace so that we can carry out activities that are useful to increase knowledge and develop skills. We also thank the puskesmas for their support and cooperation in carrying out this community service.

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