



Barriers and Changing Perceptions in Family Dietary Management of Hypertension: A Phenomenological Study in Primary Health Care

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Abstract

Purpose: The purpose of this study is to explore family experiences in managing dietary practices among family members with hypertension. **Methods:** This study employed a qualitative approach with a descriptive phenomenological design. Participants were selected using purposive sampling, involving 12 families who had members diagnosed with hypertension in the working area of Kersanegara Primary Health Care, Tasikmalaya City. Data were collected through in-depth interviews using semi-structured interview guidelines and supported by field observations. Data analysis was conducted using thematic analysis based on phenomenological principles to identify key themes from participants' experiences. **Results:** The findings revealed three main themes: (1) cultural barriers and preferences for salty foods, (2) lack of family support in implementing a low-salt diet, and (3) changes in family perceptions after receiving dietary education. In addition, families demonstrated improved understanding regarding appropriate salt intake for hypertensive patients after receiving education. **Conclusions:** Family dietary management in hypertension is influenced by cultural habits, family support, and health literacy. Therefore, community-based nursing interventions should emphasize family-centered education through integrated health programs and home visits to improve adherence to low-salt diets among hypertensive patients.

Keywords: community nursing, family experience, hypertension, low-salt diet, phenomenology

Introduction

Hypertension is a major global health challenge and one of the leading causes of premature death worldwide. It significantly contributes to cardiovascular diseases, stroke, and kidney failure, thereby increasing the global burden of morbidity and mortality. In Indonesia, national health research data indicate that the prevalence of hypertension remains very high, while only a small proportion of individuals with hypertension are aware of their condition and receive regular treatment (Ministry of Health of the Republic of Indonesia, 2019; World Health Organization, 2023).

At the regional level, hypertension consistently ranks as the most prevalent non-communicable disease in West Java. Local health reports show that the number of individuals diagnosed with hypertension in Tasikmalaya City in 2023 exceeded 52,000 cases, highlighting the urgency of effective management strategies at the primary health care level (Tasikmalaya City Health Office, 2024; Open Data Tasikmalaya City, 2023). Furthermore, the Kersanegara Community Health Center in Cibeureum District identified hypertension as one of the dominant health problems within its service area. Based on community service activities and field practice conducted by nursing students, 12 families with hypertensive members were found to have limitations in independently managing and controlling blood pressure (Kersanegara Community Health Center Profile, 2023; Nursing Student Field Practice Report, 2024).

The success of hypertension management largely depends on lifestyle modification, particularly dietary management such as reducing salt intake. However, field observations indicate that a lack of knowledge and limited family capacity to regulate dietary patterns remain significant barriers to achieving optimal blood pressure control (Black & Hawks, 2014; Nuraini, 2015). These challenges are further complicated by sociocultural factors embedded in daily life. In many Indonesian families, dietary habits are influenced by long-standing traditions, taste preferences, and shared eating practices. Foods with high salt content and the use of flavor enhancers are often perceived as essential to achieving palatable meals, making dietary modification difficult to implement consistently.

In addition, family plays a central role in shaping health behaviors, especially in dietary practices. Family members, particularly those responsible for meal preparation, significantly influence food choices and eating patterns. However, differences in taste preferences among family members, lack of support for dietary changes, and limited awareness of the importance of salt restriction often hinder the implementation of a low-salt diet. This indicates that hypertension management is not solely an individual responsibility but a collective family effort that requires cooperation, adaptation, and shared understanding.

Moreover, health literacy is a crucial factor affecting how families understand and apply health information in their daily lives. Although health education programs have been widely implemented at primary health care facilities, the translation of knowledge into sustained behavioral change remains suboptimal. Many families may receive information about hypertension management but struggle to apply it due to practical, emotional, and cultural barriers. This gap highlights the importance of exploring not only what families know, but also how they perceive and experience dietary management in real-life contexts.

Addressing these complex challenges requires more than conventional quantitative approaches. A deeper understanding of the lived experiences of families is essential to uncover the underlying meanings, perceptions, and barriers associated with dietary management. Therefore, a phenomenological approach is considered appropriate to explore how families interpret and respond to dietary recommendations

for hypertension. By capturing these lived experiences, this study is expected to provide valuable insights for developing more effective, culturally sensitive, and family-centered nursing interventions, particularly at the primary health care level (Creswell & Poth, 2018; Moleong, 2017).

Method

This study employed a qualitative approach with a descriptive phenomenological design to explore the experiences of families in managing the diet of family members with hypertension. A phenomenological approach was chosen because it enables researchers to understand the meaning of the subjective experiences perceived by participants in relation to dietary management in their daily lives.

The participants in this study were families who had a member diagnosed with hypertension in the working area of the Kersanegara Community Health Center, Cibereum District, Tasikmalaya City. Participants were selected using a purposive sampling technique, which involves selecting informants considered to have relevant experiences and information related to the research objectives. A total of 12 families participated in this study. The inclusion criteria were families who had a member diagnosed with hypertension and who were actively involved in daily care management, particularly in relation to dietary regulation.

Data collection was conducted through in-depth interviews using a semi-structured interview guide developed by the researcher. In addition, the researcher used an observation sheet to record the family environment and behaviors related to hypertension dietary management. Interviews were conducted directly with family members responsible for caring for hypertensive patients and continued until data saturation was reached.

Data were analyzed using thematic analysis following the phenomenological analysis steps proposed by Colaizzi. The analysis process involved repeatedly reading all interview transcripts to obtain a comprehensive understanding, identifying significant statements, formulating meanings from those statements, grouping the meanings into major themes, and developing a comprehensive description of family experiences in managing the diet of hypertensive patients.

To ensure the trustworthiness of the data, several strategies were applied, including credibility through source triangulation and participant validation of interview results, dependability by systematically documenting the research process, and confirmability through discussions with other researchers or experts in the field of community nursing.

Results and Discussion

This study aimed to explore family experiences in managing the diet of family members with hypertension in the working area of the Kersanegara Community Health Center. The findings indicate that dietary management for hypertension at the family level is influenced by several factors, including cultural practices, family social support, and the level of knowledge regarding salt intake regulation. The analysis of in-depth interview data from 12 families with hypertensive members in the working area of the Kersanegara Community Health Center resulted in three main themes describing family experiences in managing hypertension diets.

Theme 1: Cultural and Taste Barriers

Most participants revealed that the habit of consuming salty foods has become part of the daily dietary culture in their communities. Foods such as salted fish, processed foods, and the frequent use of salt and flavor enhancers in cooking are considered normal within families. This condition makes it difficult for individuals with hypertension to follow a low-salt diet, as the food is often perceived as too bland.

Several participants explained that when meals are prepared with less salt, family members tend to lose their appetite and often add extra salt or seasoning during meals. This habit indicates that long-established taste preferences can become a significant barrier to controlling hypertension through dietary regulation.

Verbatim Quotes:

“Since long ago, we have been accustomed to eating slightly salty food at home. If the salt is reduced, it tastes less enjoyable, so sometimes we add more during meals.” (P3)

“Usually, when cooking fish or vegetables, we have to use enough salt and seasoning. Otherwise, it tastes bland and the family doesn’t really like it.” (P7)

The findings of this study indicate that taste preferences shaped by family eating habits constitute one of the main barriers to implementing a low-salt diet among individuals with hypertension. Most participants stated that consuming salty foods has become part of their daily dietary pattern within the family, making it difficult to reduce the use of salt in cooking. This condition demonstrates that dietary patterns are influenced not only by physiological needs but also by habits and cultural values that have developed within family life (Mahfud & Barasila, 2019).

From the perspective of community nursing, health behavior is influenced by various social and cultural factors that develop within a community. Dietary patterns represent a form of social construction shaped by traditions, environmental influences, and family practices that are passed down from generation to generation. Consequently, behavioral changes related to diet among individuals with hypertension often face challenges when they conflict with long-established family eating habits.

These findings are consistent with previous studies indicating that a preference for salty foods contributes to high sodium intake among individuals with hypertension. Excessive sodium intake has been shown to be associated with increased blood pressure and a higher risk of uncontrolled hypertension. Various epidemiological studies demonstrate that high sodium consumption correlates with elevated blood pressure among adult populations. The international INTERSALT study, which involved more than 10,000 participants from 32 countries, found a positive relationship between urinary sodium excretion as an indicator of salt intake and increased blood pressure. Furthermore, meta-analysis studies have shown that reducing salt intake can significantly lower blood pressure both in individuals with hypertension and in the general population. Therefore, controlling sodium intake through dietary management is considered an important strategy in the prevention and control of hypertension (He & MacGregor, 2010; Intersalt Cooperative Research Group, 1988; World Health Organization, 2023).

Theme 2: Lack of Social Support within the Family

The second theme that emerged from the interviews was the lack of social support from other family members in implementing a hypertension diet. Several

participants stated that although individuals with hypertension were advised to reduce salt intake, other family members still preferred food with a normal or saltier taste. Some participants explained that other family members were unwilling to consume low-salt meals, which resulted in individuals with hypertension continuing to follow the general family dietary pattern. This situation illustrates that the success of dietary management for hypertension is not solely dependent on the patient's individual motivation but is also strongly influenced by the level of support provided by the family environment.

“When cooking specifically for the sick family member, it is quite difficult because other family members do not want to eat bland food.” (P5)

“Sometimes the food is cooked with less salt, but other family members say it tastes lacking, so in the end more salt is added.” (P9)

The second theme that emerged in this study is the lack of social support from family members in implementing a low-salt diet. Several participants reported that other family members were unwilling to consume low-salt meals, which led families to cook the same food for all members without special adjustments for individuals with hypertension. As a result, hypertensive patients continued to consume foods with relatively high salt content because they followed the general dietary pattern of the family.

These findings indicate that family support plays an important role in the successful implementation of dietary management for individuals with hypertension (Kusumawaty et al., 2021). From the perspective of family and community nursing, the family is viewed as a system in which each member influences one another, meaning that the health behavior of one family member can be shaped by the attitudes and habits of other members. Therefore, the successful management of chronic diseases does not rely solely on the patient as an individual but also depends on the social support provided by the family environment (Kusumawaty et al., 2016).

Furthermore, family support is an essential component in sustaining long-term health behavior changes. Families function as the primary support system that can help improve patient adherence to lifestyle modifications, including dietary regulation, medication adherence, and regular blood pressure monitoring. The findings of this study are consistent with previous research indicating that family involvement can improve hypertension management by enhancing patient adherence to health recommendations. Research conducted by Anderson et al. (2018) showed that hypertensive patients who received strong family support demonstrated higher treatment adherence and better blood pressure control compared with those with limited family support. Similarly, a study by Uchmanowicz et al. (2016) found that social support, particularly from family members, was significantly associated with improved self-care behaviors among hypertensive patients, such as medication adherence, adherence to a low-salt diet, and regular blood pressure monitoring. Emotional, informational, and instrumental support from family members can motivate patients to maintain healthy behaviors, thereby contributing to better blood pressure control and the prevention of long-term hypertension complications.

Theme 3: Changes in Perceptions Toward Salt Intake Regulation

Despite various barriers, this study also identified changes in family perceptions following health education regarding dietary management for hypertension. The results

of the pre-test and post-test indicated an increase in family understanding regarding the recommended amount of salt intake for individuals with hypertension.

Before receiving education, most participants were unaware of the recommended daily salt intake limit and did not realize that additional seasonings, such as flavor enhancers, also contain sodium. After the health education was provided, families began to understand the importance of limiting salt consumption in daily meals.

“Previously, I did not know that there is a limit on salt intake for people with hypertension. After it was explained, I understood better and started trying to reduce it.” (P2)

“Now I am more careful when cooking; I no longer use as much salt as before.” (P11)

The third theme identified in this study is the change in family perceptions after receiving education regarding salt intake regulation. The findings indicate that after health education was provided, families developed a better understanding of the recommended salt intake limits for individuals with hypertension and began attempting to reduce the use of salt in cooking. This improvement in understanding demonstrates that health education plays an important role in increasing family awareness and health literacy related to hypertension dietary management.

From the perspective of health promotion theory, increasing knowledge represents an initial step that can encourage changes in health attitudes and behaviors. Health education delivered in a contextual manner and involving family members can enhance understanding of the importance of dietary regulation and encourage the adoption of healthy behaviors in daily life. Therefore, family involvement in the educational process becomes a crucial factor in supporting the successful management of hypertension at the household level (Idu D, Ningsih O, 2022).

Overall, the findings of this study indicate that hypertension dietary management at the family level is influenced by a combination of cultural factors, social support, and knowledge levels. Consequently, community nursing interventions should not focus solely on providing health information to individuals with hypertension but should also incorporate family-based and culturally sensitive approaches to ensure sustainable health behavior changes.

Implications for Nursing Practice

The findings of this study have important implications for community nursing practice, particularly in the management of hypertension at the primary health care level. Health professionals need to develop health education strategies that not only target individuals with hypertension but also involve all family members as the primary support system.

In addition, community health programs such as Integrated Non-Communicable Disease Posts (Posbindu PTM) can be utilized as platforms for education on low-salt dietary management and the prevention of hypertension complications. Home visit approaches may also be implemented to provide more personalized assistance to families in adopting healthy dietary practices that align with the social and cultural conditions of the community.

Conclusion

This study revealed that dietary management among individuals with hypertension in the working area of the Kersanegara Community Health Center is influenced by various interconnected factors within the family and social environment. The findings indicate that the main barriers to implementing a low-salt diet include cultural eating habits that favor salty foods and long-established taste preferences within the family environment. In addition, the lack of social support from other family members also becomes an obstacle in adhering to dietary patterns recommended for hypertension management.

However, the health education intervention provided to families demonstrated changes in perception and increased understanding regarding salt intake regulation for individuals with hypertension. The results of the pre-test and post-test indicated that families developed a better understanding of the recommended daily salt intake limits and became more aware of the importance of dietary control as part of hypertension management. These findings suggest that health education involving family members can serve as an effective strategy to improve awareness and support behavioral change among individuals with hypertension.

Recommendations

Based on the findings of this study, it is recommended that the Kersanegara Community Health Center strengthen promotive and preventive programs related to hypertension control through family- and community-based activities. One potential strategy is to optimize the activities of the Integrated Non-Communicable Disease Post (Posbindu PTM) by incorporating educational materials on low-salt dietary management, guidance on how to read sodium content on food labels, and demonstrations of healthy cooking practices for families with hypertensive members.

Furthermore, home visit programs (home care) conducted by health professionals or community health volunteers should be enhanced to provide direct assistance to families of individuals with hypertension. Through home visits, health workers can regularly monitor blood pressure, provide more personalized health education, and assist families in implementing healthy dietary practices that align with local cultural habits and living conditions. A family- and community-based approach is expected to improve adherence to hypertension dietary management, thereby helping to reduce the risk of complications and improve the quality of life of individuals with hypertension in the community.

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