Hypertension as a social and spiritual experience: A qualitative study in Paccellekang Village, Indonesia

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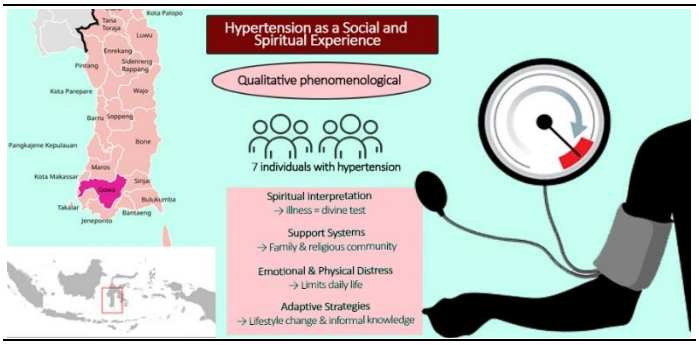
DOI: 10.24252/al-sihah.v17i2.57245
Received: 28 May 2025 / In Reviewed: 27 October 2025 / Accepted: 15 December 2025 / Available online: 31 December 2025

ABSTRACT
Although hypertension is widely addressed in clinical literature, limited attention has been given to its social and spiritual dimensions, particularly in rural settings. This study explores the lived experiences of individuals with hypertension in Paccellekang Village, South Sulawesi, Indonesia, aiming to understand how they perceive and cope with the condition. A qualitative phenomenological design was employed, involving in-depth interviews with seven hypertensive participants from March to May 2025. Thematic analysis using Colaizzi's method revealed four main themes: personal experience of emotional distress and physical limitation; the meaning of hypertension as both an illness and a divine test; the role of spirituality and family support in managing the condition; and adaptive strategies involving lifestyle changes and informal health knowledge. These highlight that hypertension is perceived as a multidimensional experience shaped by culture, beliefs, and social relationships. The study emphasizes the need for culturally sensitive and spiritually integrated interventions in rural communities to improve adherence and promote holistic well-being. This contributes directly to strengthening primary healthcare initiatives in rural Indonesia. The study concludes that effective hypertension care in rural communities must consider these social and spiritual dimensions. It is recommended that health education programs integrate religious values and community-based support to strengthen treatment adherence and improve patient well-being.

ABSTRAK
Meskipun hipertensi sering dibahas dalam literatur klinis, perhatian yang diberikan terhadap dimensi sosial dan spiritualnya masih terbatas, terutama di daerah pedesaan. Studi ini mengeksplorasi pengalaman hidup individu dengan hipertensi di Desa Paccellekang, Sulawesi Selatan, Indonesia, dengan tujuan memahami bagaimana mereka memandang dan mengatasi kondisi tersebut. Desain fenomenologis kualitatif digunakan, melibatkan wawancara mendalam dengan tujuh peserta hipertensi dari Maret hingga Mei 2025. Analisis tematik menggunakan metode Colaizzi mengidentifikasi empat tema utama: pengalaman pribadi terkait gangguan emosional dan keterbatasan fisik; makna hipertensi sebagai penyakit dan ujian ilahi; peran spiritualitas dan dukungan keluarga dalam mengelola kondisi tersebut; serta strategi adaptif yang melibatkan perubahan gaya hidup dan pengetahuan kesehatan informal. Temuan ini menyoroti bahwa hipertensi dipandang sebagai pengalaman multidimensional yang dipengaruhi oleh budaya, keyakinan, dan hubungan sosial. Studi ini menekankan perlunya intervensi yang sensitif secara budaya dan terintegrasi secara spiritual di komunitas pedesaan untuk meningkatkan kepatuhan dan mempromosikan kesejahteraan holistik. Hal ini secara langsung berkontribusi pada penguatan inisiatif perawatan kesehatan primer di pedesaan Indonesia. Studi ini menyimpulkan bahwa perawatan hipertensi yang efektif di komunitas pedesaan harus mempertimbangkan dimensi sosial dan spiritual ini. Disarankan agar program pendidikan kesehatan mengintegrasikan nilai-nilai agama dan dukungan berbasis komunitas untuk memperkuat kepatuhan pengobatan dan meningkatkan kesejahteraan pasien.

GRAPHICAL ABSTRACT



Keyword
experience
hypertension
rural
social
spirituality

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ISSN-P : 2086-2040
ISSN-E : 2548-5334

INTRODUCTION

Hypertension is one of the major non-communicable diseases that poses a serious challenge to public health globally, including in rural areas. According to data from the World Health Organization (2023) approximately 1.28 billion adults aged 30 to 79 years worldwide are affected by hypertension, with two-thirds residing in low- and middle-income countries. Hypertension is also a leading cause of premature death globally. One of the global targets in addressing non-communicable diseases is to reduce the prevalence of hypertension by 33% between 2010 and 2030. In developed countries, hypertensive disorders during pregnancy are a significant cause of maternal mortality (Sukfitrianty et al., 2016).

In Indonesia, data from the Kementerian Kesehatan RI (2024) based on the 2023 Indonesian Health Survey reported a hypertension prevalence rate of 340.8 per thousand, with a rising trend particularly among adults and the elderly. Hypertension is prevalent not only in urban areas but also in rural regions, such as Paccellekang Village, Gowa Regency, South Sulawesi. This condition is influenced by various factors, including lifestyle, health literacy levels, and the availability of healthcare services.

The model of community nursing practice begins with the integration of ideas and practice (Risnah & Muhammad Irwan, 2023). The issue of hypertension in rural areas involves complex dynamics. Although basic healthcare facilities and non-communicable disease control programs are available at the primary health center (Puskesmas) level, the incidence of hypertension remains high. This indicates that medical interventions and formal healthcare services have not fully addressed the root causes of the problem. In rural contexts, perceptions of illness are often shaped by local culture, traditional beliefs, educational attainment, as well as the community's social and economic conditions..

Barriers to accessing healthcare services—such as distance, limited availability of medical personnel, and economic constraints—significantly influence how rural communities manage hypertension. It is not uncommon for individuals to delay medical check-ups or treatment, either because they perceive the symptoms as non-urgent or because they place greater trust in traditional remedies. Moreover, the views and advice of family members, neighbors, community leaders, and religious figures play an important role in shaping individuals' perceptions of their health conditions, including high blood pressure. (Xie et al., 2020; Kretchy et al., 2021; Tadesse et al., 2022; Nguyen & Do, 2021; Kagawa-Singer & Blackhall, 2001).

Therefore, the incidence of hypertension cannot be understood solely through medical data. It is essential to explore how communities perceive and experience hypertension in their daily lives. This study adopts a phenomenological approach to gain a deeper understanding of the subjective experiences of individuals living with or witnessing hypertension, including how they interpret its causes, manage the condition, and perceive its social and spiritual impacts. (Kleinman, 1988; Van Manen, 2016; Creswell & Poth, 2018; Sari et al., 2020; Nguyen & Do, 2021).

To date, research on hypertension has predominantly employed quantitative approaches, focusing on biological aspects or statistical data. However, to truly understand why certain health conditions occur and persist within a community, a qualitative approach is essential. Through phenomenology, researchers can deeply explore individuals' lived experiences with hypertension—ranging from their perceptions of its causes and symptoms, to their management strategies, and the social and spiritual consequences they face. Such insights are crucial for developing more contextually appropriate and targeted health interventions. Therefore, this study is highly relevant in exploring how the people of Paccellekang Village perceive and cope with hypertension in their everyday lives, particularly within social and spiritual dimensions.

METHODS

This study employed a qualitative approach using a phenomenological design. Phenomenology is a qualitative research method aimed at understanding and describing human lived experiences as a concept or phenomenon. This approach was chosen to explore in depth the experiences of clients with hypertension, with the primary focus of the study including clients' perceptions of the causes of hypertension, their interpretation of the illness within social, cultural, and spiritual contexts, and their experiences in accessing and utilizing healthcare services.

In qualitative research, study subjects are referred to as participants because they provide direct and relevant information regarding the phenomenon under investigation. Participants in this study were selected through purposive sampling, based on specific criteria aligned with the research objectives

Table 1
Characteristics of participants

Participant Code	Gender	Age (Years)	Duration of Hypertension (Years)
P1	Female	40	2
P2	Female	48	4
P3	Male	55	5
P4	Female	60	7
P5	Male	58	6
P6	Female	64	8
P7	Female	52	3

(Afiyanti & Rachmawati, 2019). The inclusion criteria were: permanent residents of Paccellekang Village, aged 40 years or older, formally diagnosed with hypertension, able to communicate verbally, and willing to participate by signing the informed consent form. The exclusion criteria included individuals with hypertension who had hearing or speech impairments without assistance or assistive devices, those with severe mental disorders that affect consistency in thinking and communication, or those unwilling to participate in the interview process.

In the participant selection process, the researchers collaborated with community health center nurses and health cadres to identify potential participants who met the inclusion criteria. The researchers then contacted the prospective participants directly, provided an explanation of the study's objectives and procedures, and obtained written informed consent prior to conducting the interviews. Participant recruitment was discontinued once data saturation was reached—that is, the point at which interviews no longer yielded new information (Sugiyono, 2017).

This study adhered to the ethical principles of research, including the principle of beneficence, respect for participants' rights and dignity, and the protection of personal data confidentiality. Participants' names or identifying information were not included in interview transcripts or field notes. Ethical clearance for this study was obtained from the Health Research Ethics Committee of the Faculty of Medicine and Health Sciences Universitas Muhammadiyah Makassar Number: 772/UM.PKE/V/46/2025 prior to the commencement of the interviews.

Data collection was conducted by the researcher using semi-structured interviews, supported by audio recording devices and field notes to capture nonverbal expressions and contextual information during the interviews. Data analysis was performed after the interviews were transcribed verbatim. The researcher repeatedly read the transcripts to identify meaningful statements from the participants. These statements were summarized into keywords, then grouped into categories, and subsequently organized into themes based on the relationships among categories. This analytical process followed Colaizzi's method (1978) as cited in (Polit & Beck, 2012). The final step of the analysis involved verifying the findings with the participants to ensure the accuracy of the researcher's interpretations in relation to the participants' experiences.

The analytical process was supported using NVivo 15 software. All interview transcripts were first coded in their original Indonesian language to preserve participants' contextual meaning. Keywords and significant statements were then categorized and translated into English during theme development. NVivo facilitated systematic coding, organization of categories, and visualization of themes through Hierarchy Charts and Mind Maps, which enhanced the rigor and transparency of the analysis.

RESULTS

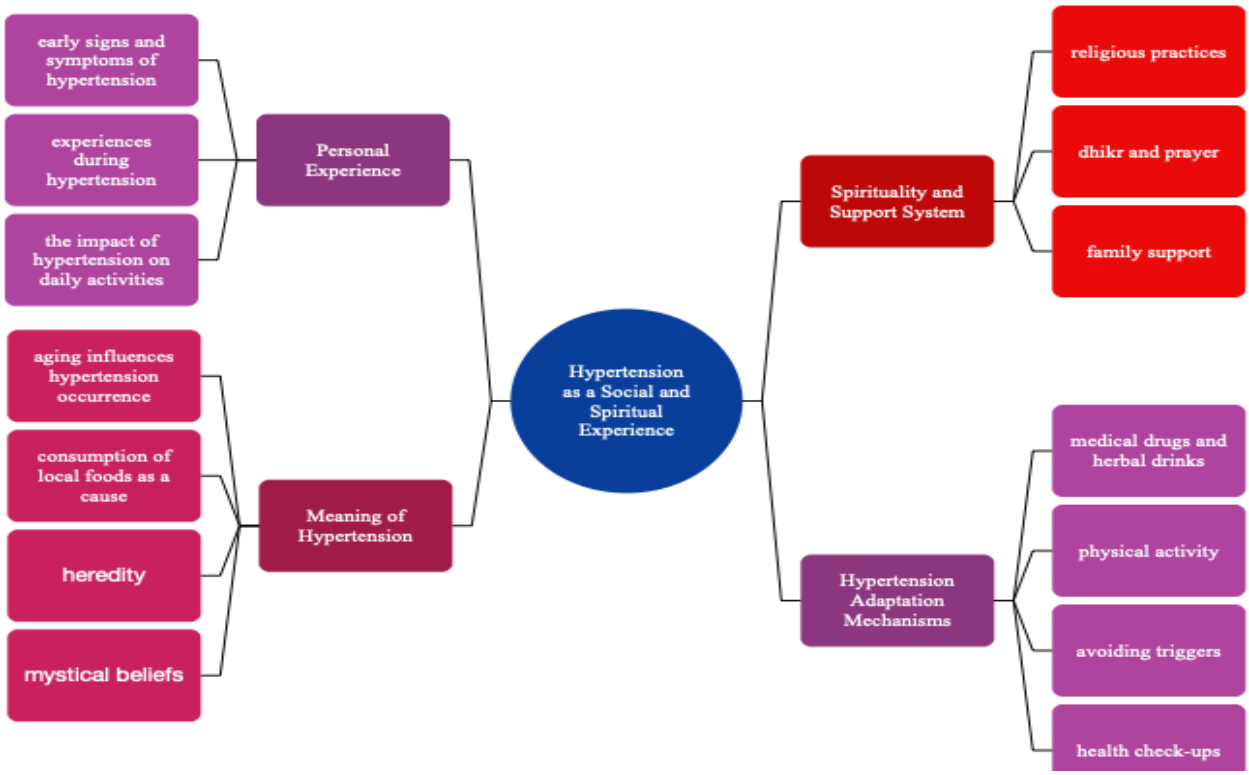
Demographic Data

Table 1 describes the participants in this study consisted of seven individuals, including five females and two males. Their ages ranged from 40 to 64 years. All participants were Muslim, with educational levels varying from elementary school (SD) to senior high school (SMA). Most participants were female (five out of seven), aged between 40–64 years, with an average duration of hypertension of approximately five years. All participants were Muslim and residents of Paccellekang Village.

Thematic Analysis

The interview data and field notes collected from participants were analyzed using Colaizzi's (1978) data analysis method as cited in (Polit & Beck,

Figure 1
NVivo mind map – conceptual structure of themes



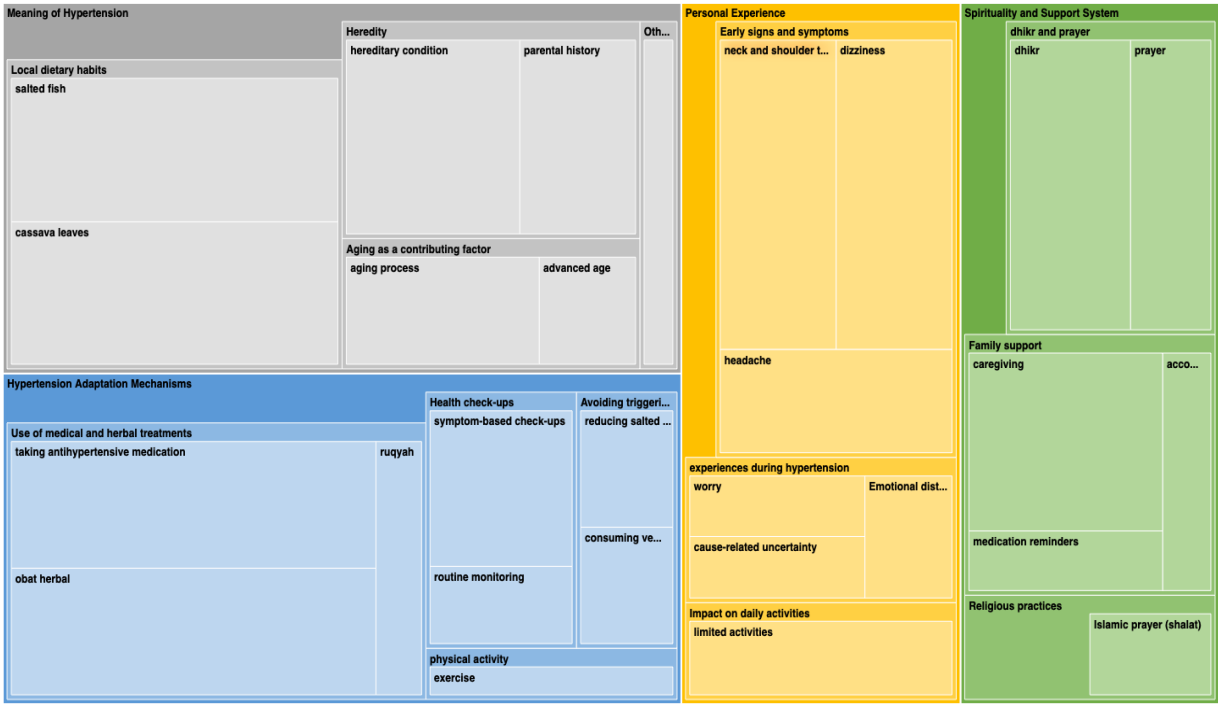
2012), resulting in four themes: personal experience, meaning of hypertension, spirituality and support system, and hypertension adaptation mechanisms. These themes are described as follows.

To enhance transparency of the analytic process and meet the journal's requirements, NVivo-assisted data visualization was incorporated in the form of a Hierarchy Chart and a Mind Map. These visual outputs illustrate how significant statements were organized into codes, categories, and overarching themes, thereby providing a clear depiction of the analytical structure that guided the thematic interpretation.

Figure 1 shows NVivo mind map that visualizes the thematic framework derived from the qualitative analysis of hypertension as a social and spiritual experience among individuals in Paccellekang Village, Indonesia. This chart outlines four major themes—personal experience, meaning of hypertension, spirituality and support system, and hypertension adaptation mechanisms—each with corresponding categories and sub-codes. The theme of personal experience encompasses early symptoms, daily life impact, and emotional responses; the meaning of hypertension includes cultural interpretations such as aging, local food consumption, heredity, and mystical beliefs; spirituality and support system involve religious practices, dhikr and prayer, and family encouragement; while adaptation mechanisms include medical and herbal treatment, physical activity, avoiding triggers, and routine check-ups. These hierarchically structured codes reflect the participants' multidimensional perception of hypertension, influenced by cultural values, religious beliefs, and social relationships. The visualization emphasizes the complexity of illness experience and supports the study's conclusion that effective hypertension care in rural areas must integrate culturally sensitive and spiritually grounded interventions to improve treatment adherence and promote holistic well-being.

Figure 2 shows an NVivo Tree Map (Hierarchy Chart) summarizing the thematic results of the study by showing four main themes and their key sub-codes, with box size indicating how frequently each code appeared in participants' narratives. The themes are Meaning of Hypertension (e.g., diet, heredity, aging), Personal Experience (symptoms and daily-life impact), Spirituality and Support System (prayer/dhikr and family support), and Hypertension

Figure 2
NVivo tree map – hierarchical weight of themes



Adaptation Mechanisms (medication/herbal use, check-ups, physical activity, avoiding triggers). Overall, it highlights hypertension as a multidimensional experience shaped by culture, spirituality, and social relationships.

Theme 1: Personal Experience

The theme of personal experience comprises three categories: early signs and symptoms of hypertension, experiences during hypertension, and the impact of hypertension on daily activities. This theme depicts participants' direct experiences of hypertension, beginning with the onset of physical symptoms, subjective experiences of the condition, and its effects on daily life. Participants reported recognizing their high blood pressure after experiencing physical symptoms such as headaches, dizziness, and neck tension, as reflected in the statement from participant 6:

> *"Headache at the back, here it feels tense, everything hurts (pointing to the back of the neck)"*(P6)

All participants became aware of their hypertension after visiting the community health center (puskesmas), either due to feeling ill or through routine health checks conducted by health workers, as stated by participant 4:

> *"The first time I knew it (hypertension) was when I went to check at the puskesmas"* (P4)

This awareness of symptoms served as a starting point for participants to recognize their hypertension. After diagnosis, participants described various emotional and physical experiences associated with hypertension. Some expressed feelings of worry and confusion about why they contracted the disease, as participant 2 revealed:

> *"Sometimes I ponder why I have this disease."*(P2)

Hypertension also affected participants' daily activities, both physically and socially. Some reduced certain physical activities out of fear of increasing their blood pressure, others reported limitations in work, and some began changing their diet and daily routines to avoid hypertension. These experiences are illustrated in the following statements:

> *"How can I do activities when we feel dizzy and have headaches."* (P2)

> *"Usually when it's too painful, I feel very weak, can't even get up properly, my house spins, back hurts, vomiting, so I can't do anything."* (P6)

> *"I rarely eat salted fish now, afraid it will raise my blood pressure; now I mostly eat vegetables"* (P1)

This demonstrates that participants made lifestyle adjustments as a form of response to their

illness.

Theme 2: Meaning of Hypertension

This theme reveals how participants understand hypertension from biological, social, cultural, and spiritual perspectives. Some viewed hypertension as a consequence of physical condition and heredity, while others associated it with local dietary habits, reflecting community beliefs. The theme consists of four categories: aging influences hypertension occurrence, consumption of local foods as a cause, heredity, and mystical beliefs. Most participants considered hypertension a common condition associated with aging, regarding it as a natural part of growing older, as stated by participant 6:

> *"Maybe it's because of my age, only now I feel my hypertension; before I never had it"* (P6)

Participants also linked hypertension with the consumption of certain traditional foods common in their village, especially foods high in salt such as salted fish. Interestingly, some participants mentioned cassava leaves, a local natural resource frequently consumed, as a cause of hypertension if eaten excessively..

> *"Yes, cassava leaves, uh… what is it… cassava leaves that we eat, together with salted fish… in the fridge"* (P1)

> *"Food influences it, like cassava leaves"* (P6)

Some participants attributed hypertension to hereditary factors, noting that family members also suffered from high blood pressure, suggesting it runs in families, as participant 2 expressed::

> *"If hypertension is related to parents, yes. It means hypertension is hereditary… my late father also had it. If the mother has it, she died because of it"* (P2)

Additionally, some participants related hypertension to mystical causes, associating their condition with disturbances by supernatural beings, as described by participant 2.

> *"I have also experienced that when my blood pressure rises or before it rises, it feels like there is a spirit or something like that. But I fight it with dhikr (remembrance of God), so I feel safe"* (P2)

This shows that the understanding of hypertension among participants encompasses not only medical but also spiritual and cultural dimensions, reflecting an integration of physical and non-physical explanations.

Theme 3: Spirituality and Support System

This theme comprises three categories: religious practices, dhikr and prayer, and family support. It indicates that participants do not solely rely on medical treatment but also integrate spiritual values and social support in managing hypertension. Participants expressed that performing religious rituals was an essential part of their healing process, as stated by participant 1:

> *"When I feel dizzy, I pray"* (P1)

Besides praying, participants increased their dhikr and prayers to calm their minds and reduce stress, as reflected in:

> *"Dhikr can lower high blood pressure"* (P5)

> *"When my back hurts, I do dhikr to feel calm"* (P4)

These spiritual activities serve as coping mechanisms and strengthen resilience when dealing with hypertension. Additionally, family support plays a significant role in assisting participants during their hypertension management. Support includes reminding them to take medication, helping maintain diet, and accompanying them to medical appointments

> *"My children help by giving me medication and making cucumber juice"*(P5)

> *"Health cadres help provide medication, and we check blood pressure at the posyandu on the fifth of each month"* (P1)

Family and social support boost participants' motivation to maintain their health. For many, family represents the main source of strength and hope in living with hypertension.

Theme 4: Hypertension Adaptation Mechanisms

This theme outlines various adaptive strategies employed by participants to manage hypertension in daily life, consisting of five categories: use of medical drugs and herbal drinks, physical activity, avoiding triggers, health check-ups, and non-medical treatments. Most participants used antihypertensive medications from the puskesmas, some combined them with herbal remedies such as cucumber juice and soursop leaf decoction, as participant 2 shared:

> *"Yes, I take medication (antihypertensive drugs). For herbal, I only drink soursop leaves"* (P2)

This combination shows an integration of modern medical science and traditional practices. Participants also engaged in light physical activity regularly as a way to reduce blood pressure.

> *"Every Saturday or Sunday, because there is exercise at the puskesmas"* (P2)

Table 2
Summary of themes, categories, and supporting quotes

Theme	Categories	Brief Description	Supporting Quotes (Participants)
1. Personal Experience	Early symptoms, emotional responses, impact on daily life	Participants described physical discomfort (headache, dizziness) and emotional distress following diagnosis.	"Headache at the back… it feels tense" (P6); "I feel weak and can't do anything when my blood pressure rises" (P2)
2. Meaning of Hypertension	Aging, heredity, local diet, mystical beliefs	Hypertension perceived as natural aging, hereditary, and influenced by traditional foods or supernatural causes.	"Maybe it's because of my age" (P6); "Sometimes I feel there is a spirit when my blood pressure rises" (P2)
3. Spirituality and Support System	Prayer, dhikr, family support	Religious practices and family encouragement provide comfort and resilience in managing illness.	"When I feel dizzy, I pray" (P1); "My children give me medication and cucumber juice" (P5)
4. Adaptation Mechanisms	Medication, herbal use, diet, physical activity, health checks	Participants combine modern and traditional treatments, adjust diet, and engage in regular checkups.	"I rarely eat salted fish now" (P1); "I routinely check my blood pressure at the puskesmas" (P7)

Participants tried to avoid triggers such as stress and reduced salty food consumption. Some reported eating more vegetables and less salted fish since diagnosis, while regularly monitoring blood pressure at the puskesmas or posyandu.

> *"I now mostly eat vegetables, rarely eat salted fish, afraid it will raise my blood pressure."*(P1)

> *"Since I was diagnosed with hypertension, I routinely check my blood pressure here at the puskesmas."*(P7)

Regular health monitoring indicates concern for their condition and a desire to independently control their blood pressure. However, some participants also pursued alternative treatments, as participant 6 mentioned:

> *"I was taken for ruqyah (Islamic spiritual healing) by an ustadz in Malengkeri, someone from the Habib family"* (P6)

The use of non-medical treatments reflects the belief that conventional medicine may be insufficient or that hypertension has mystical causes.

The findings reveal hybrid health practices combining medical treatment, traditional remedies, and spiritual healing. This integrative adaptation underscores the contextual nature of self-care in rural settings, where health behavior is guided by community norms and spiritual worldviews. Table 2 summarizes the major themes identified through NVivo-assisted thematic analysis, showing how data categories, meanings, and participant narratives are interconnected.

DISCUSSION

This study aimed to explore the lived experiences of individuals with hypertension in Paccellekang Village through social and spiritual lenses. The findings reveal that hypertension is not solely perceived as a physical health condition, but also as an experience imbued with social meaning and spiritual values. The results are analyzed and interpreted in light of recent scholarly literature and empirical studies.

The study indicates that individuals with hypertension undergo significant transformations in their social interactions. Several participants reported feelings of marginalization or a loss of community roles due to the physical limitations imposed by their condition, such as inability to participate in mutual aid activities, agricultural labor, or traditional ceremonies. These findings underscore that chronic illnesses like hypertension have repercussions beyond the physical domain, affecting the construction of social identity among sufferers. This phenomenon aligns with the findings of Kretchy et al. (2021), who observed that individuals with hypertension often encounter social barriers that contribute to a decline in their quality of life. Non-medical burdens such as stigma, negative societal perceptions, and reduced social interaction constitute distinct challenges for patients. Therefore, there is a need to develop community-based interventions to strengthen social support systems for individuals living with hypertension.

The majority of participants reported making lifestyle adjustments in response to their hypertensive condition. These changes include reducing salt intake, avoiding certain traditional foods, and limiting strenuous physical activity. Interestingly, many of these adjustments were not informed by formal medical advice but were instead based on informal conversations with family members and neighbors. Xi et al. (2020) emphasize the crucial role of social support in shaping self-management behaviors among

individuals with hypertension. In rural settings, social interaction serves as a primary channel for disseminating health information and coping strategies, often perceived as more trustworthy than guidance from healthcare professionals..

Spirituality emerged as a key theme in this study. Participants interpreted hypertension as a divine test to be accepted with patience and sincerity. Religious practices such as prayer, dhikr (remembrance of God), and deepened acts of worship were the main strategies used to cope with stress and anxiety caused by the illness. Some participants reported feeling a stronger spiritual connection with God after their diagnosis. These findings are consistent with Koenig (2020), who argues that spirituality positively contributes to mental health and psychological resilience in individuals with chronic diseases. Spirituality serves as a source of strength, hope, and life meaning, which can enhance quality of life even in the face of physical limitations.

While spirituality was a major source of strength for many participants, the study also revealed tensions between religious beliefs and adherence to medical treatment. Some participants preferred to rely on prayer or traditional remedies, occasionally discontinuing medication once their condition appeared to improve. The belief that healing comes solely from God sometimes reduced their motivation to follow a regular treatment regimen. This is supported by Abdel-Khalek and Lester (2021), who found that although spirituality offers inner peace, overly rigid religious views may undermine compliance with medical therapy. Therefore, integrating spiritual elements into health education is essential to ensure that religious values reinforce rather than hinder the recovery process..

This study also highlighted the pivotal role of family in supporting hypertension management. Women were found to be more open about their health conditions and more proactive in seeking treatment and discussing their experiences. In contrast, men often concealed their illness, perceiving the acknowledgment of physical weakness as contradictory to traditional masculine norms.

These findings are supported by Tadesse et al. (2022), who emphasize that responses to chronic illness are strongly influenced by gender differences. Women generally show greater responsiveness to health interventions and possess stronger social networks, while men tend to exhibit denial and lower treatment adherence. Thus, incorporating gender-sensitive approaches is crucial in designing community-level strategies for managing hypertension.

The findings of this study contribute to the achievement of Sustainable Development Goal (SDG) 3.4, which aims to reduce premature mortality from non-communicable diseases by one-third by 2030 through prevention and treatment and by promoting mental health and well-being (United Nations, 2015). Integrating spiritual and community-based dimensions into hypertension management supports the broader goal of improving health equity and resilience in rural populations.

At the national level, these insights align with Indonesia's Non-Communicable Disease Control Program (P2PTM), which emphasizes early detection, lifestyle modification, and community empowerment as key strategies (Kementerian Kesehatan RI, 2021). By acknowledging the cultural and spiritual context of patients, this study offers a complementary approach to strengthen the implementation of NCD control initiatives at the puskesmas level.

Taken together, the themes of social experience, spirituality, and gender reveal an interconnected framework of adaptation to chronic illness. These findings underscore that hypertension management in rural settings cannot be approached solely through biomedical perspectives, but must incorporate social inclusion, spiritual care, and gender-sensitive health education.

One of the major strengths of this study lies in its ability to capture the lived experiences of individuals with hypertension within the social and spiritual context of a rural Indonesian community. The use of a phenomenological approach, supported by NVivo-assisted analysis and multiple strategies for ensuring trustworthiness (member checking, triangulation, peer debriefing), enhances the depth and credibility of the findings. Furthermore, the study's focus on the integration of spirituality and social support provides valuable insights for community-based and culturally sensitive health interventions, which are often underrepresented in hypertension research.

Despite its strengths, this study has several limitations. The small number of participants (N = 7) limits the transferability and generalizability of the findings beyond similar rural contexts. As with many qualitative designs, the results represent context-specific experiences and should be interpreted with caution when applied to broader populations. Additionally, participants' self-reported narratives may be influenced by social desirability bias or

cultural norms regarding illness disclosure. Future research could involve larger and more diverse samples, or adopt mixed-method approaches to quantitatively validate the social and spiritual factors identified in this study.

CONCLUSIONS

This qualitative study revealed that hypertension in rural Indonesia is perceived as a multidimensional experience shaped by social, spiritual, and cultural factors. Patients interpret hypertension not only as a physical condition but also as a moral and spiritual journey that demands adaptation within family and community life. These insights highlight the importance of holistic care approaches that integrate both medical and psychosocial dimensions of health. Health workers at community health centers (puskesmas) are encouraged to incorporate spiritual care elements into hypertension education and counseling. Integrating discussions of faith, prayer, and emotional well-being into clinical encounters can enhance patient engagement and treatment adherence. Training nurses and community health officers in culturally responsive and spiritually sensitive communication is recommended to improve chronic disease management outcomes.

Local governments should prioritize the empowerment of community-based health cadres (kader kesehatan) through continuous education and mentoring programs. Strengthening the capacity of cadres to deliver community health education, monitor blood pressure, and promote healthy behaviors—while being sensitive to local religious and cultural values—can significantly support the success of national NCD control initiatives and Germas (Gerakan Masyarakat Hidup Sehat). Future studies should involve larger and more diverse participant groups across urban and rural contexts to enhance transferability of findings. Quantitative or mixed-method approaches may be employed to evaluate the measurable impact of spiritual care–based interventions on blood pressure control and patient well-being. Additionally, longitudinal research is needed to examine how social and spiritual support systems evolve over time and influence chronic disease management.

ACKNOWLEDGEMENT
The authors would like to express their sincere appreciation to all participants from Paccellekang Village who generously shared their time and personal experiences for this study, as well as to local community leaders and healthcare personnel who supported participant access and facilitated the data collection process.

FUNDING
The authors received no specific funding for this study.

AUTHORS' CONTRIBUTIONS
Harmawati Harmawati conceived and designed the study, led the qualitative data collection and in-depth interviews, and drafted the initial manuscript. Aslinda Aslinda contributed to the study design and supported participant recruitment and field coordination, and assisted in manuscript development. Nadeeya 'Ayn Umaisara Binti Mohamad Nor contributed to methodological guidance for qualitative inquiry and supported interpretation of findings within social, cultural, and spiritual contexts. Risnah Risnah contributed to data analysis and thematic development and assisted with interpretation of participants' experiences in accessing healthcare services. Rasmawati Rasmawati supported coding verification and refinement of themes and contributed to critical revision of the manuscript. Muhammad Irwan contributed to reviewing and strengthening the discussion and implications for nursing and public health practice and assisted with final manuscript editing. All authors read and approved the final version of the manuscript.

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COMPETING INTERESTS
The authors confirm that all of the text, figures, and tables in the submitted manuscript work are original work created by the authors and that there are no competing professional, financial, or personal interests from other parties.

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