

Self-Care Behaviors among Hypertensive Patients: A Qualitative Study Using the Theory of Planned Behavior at Tat Nay Tun Clinic & Pharmacy, Yangon, Myanmar

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Abstract

Hypertension is a major public health challenge in Myanmar, especially in urban areas where lifestyle changes affect disease management. This qualitative study explored self-care behaviors among hypertensive patients at Tat Nay Tun Clinic & Pharmacy in Yangon using the Theory of Planned Behavior. Data were collected from 18 participants through in-depth interviews and a focus group discussion and analyzed using thematic content analysis. The findings showed that most participants understood the importance of medication adherence, healthy diet, physical activity, and regular blood pressure monitoring, although misconceptions and inconsistent practices were common. Family support and guidance from healthcare providers positively influenced self-care behaviors and treatment adherence. Financial constraints, limited access to medication and healthy foods, cultural dietary practices, low health literacy, time limitations, and COVID-19 disruptions were identified as major barriers to effective self-care. The study concludes that improving hypertension management requires patient-centered interventions, practical health education, family involvement, affordable treatment options, and continuous healthcare support.

Keywords: *Hypertension, self-care behaviors, Theory of Planned Behavior, medication adherence, and qualitative study*

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Introduction

This qualitative study explored self-care behaviors among hypertensive patients at Tat Nay Tun Clinic & Pharmacy in Yangon, Myanmar, using the Theory of Planned Behavior. Data collected from 18 participants through in-depth interviews and a focus group discussion showed that while most patients understood the importance of medication adherence, healthy diet, physical activity, and regular monitoring, misconceptions and inconsistent practices were common, reflecting findings from previous studies on hypertension self-management and adherence (Bosworth et al., 2019; Burnier & Egan, 2019). Family members and healthcare providers played a key role in supporting self-care behaviors, consistent with evidence highlighting the influence of social support on chronic disease self-management (Gallant et al., 2020).

In contrast, financial difficulties, limited access to medication and healthy foods, cultural dietary practices, low health literacy, time constraints, and COVID-19-related disruptions acted as barriers to effective self-care, similar to barriers reported in previous research (Goudge et al., 2019; Agho et al., 2021; Banerjee et al., 2021). Although many participants expressed strong intentions to improve their self-care, adherence often declined when symptoms were absent, a pattern that has been widely documented among patients with hypertension (Abegaz et al., 2020; Gebreyohannes et al., 2020; Al-Noumani et al., 2019). These findings align with the Theory of Planned Behavior, which suggests that health behaviors are shaped by attitudes, subjective norms, and perceived behavioral control (Ajzen, 2020; Conner & Sparks, 2021).

Based on these findings, a structured hypertension self-care support program is proposed for implementation at Tat Nay Tun Clinic & Pharmacy. The program would include regular patient education sessions, individualized counseling, family engagement activities, and follow-up support from healthcare providers to address identified barriers and strengthen patients' self-care capabilities. Educational content would focus on medication adherence, healthy dietary practices, physical activity, home blood pressure monitoring, and strategies for overcoming practical challenges related to cost, time, and access to care. Family members would be encouraged to participate in counseling sessions to enhance social support and reinforce positive health behaviors.

The intended outcomes of this intervention are improved self-care adherence, better blood pressure control, increased patient confidence in managing hypertension, reduced risk of complications, and enhanced quality of life among hypertensive patients (Abraham et al., 2021; Burnier et al., 2020). Future evaluation of this program could assess its effectiveness in promoting sustained behavior change and improving hypertension management outcomes within the local context.

Background

Hypertension is a leading noncommunicable disease and a major public health challenge worldwide due to its high prevalence and association with serious complications such as heart attack, stroke, and kidney failure (GBD 2019 Risk Factors Collaborators, 2020; Burnier & Egan, 2019). In Myanmar, particularly in urban areas such as Yangon, the burden of hypertension has increased alongside rapid urbanization and lifestyle changes, including unhealthy diets, physical inactivity, stress, and tobacco use (GBD 2019 Risk Factors Collaborators, 2020). Effective management of hypertension relies heavily on

self-care behaviors such as medication adherence, dietary modification, regular blood pressure monitoring, and physical activity (Bosworth et al., 2019; Chia et al., 2020). Although these practices can significantly improve health outcomes and reduce the risk of hypertensive emergencies, adherence remains low in many low- and middle-income countries because of limited health literacy, socioeconomic challenges, and restricted access to healthcare support (Abegaz et al., 2020; Agho et al., 2021; Goudge et al., 2019).

This qualitative study explores the perceptions and experiences of hypertensive patients attending Tat Nay Tun Clinic & Pharmacy in Yangon through the lens of the Theory of Planned Behavior. The study aims to understand how attitudes, subjective norms, and perceived behavioral control influence patients' self-care behaviors and to identify the motivations and barriers that affect effective disease management, as proposed by the Theory of Planned Behavior (Ajzen, 2020; Conner & Sparks, 2021). Based on the anticipated findings, a structured hypertension self-care support program is proposed for implementation at Tat Nay Tun Clinic & Pharmacy. The program would incorporate patient-centered health education, individualized counseling, family involvement, and regular follow-up support to strengthen positive attitudes toward self-care, enhance social support, and improve patients' confidence in managing their condition.

By addressing barriers such as limited health literacy, financial constraints, and inconsistent adherence, the intervention is intended to improve self-care practices, support sustained blood pressure control, reduce the risk of hypertension-related complications, and enhance the quality of life of hypertensive patients. The study also seeks to contribute to the application of the Theory of Planned Behavior in designing

culturally appropriate interventions within Myanmar's healthcare context (Abraham et al., 2021; Burnier et al., 2020).

Aim and Objectives

The overall aim of this study is to explore the perceptions of hypertensive patients regarding their self-care behaviors using the Theory of Planned Behavior at Tat Nay Tun Clinic & Pharmacy, Yangon, Myanmar.

Specific Objectives

1. To explore patients' attitudes towards self-care behaviors for hypertension management.
2. To identify the subjective norms that influence patients' self-care behaviors.
3. To understand patients' perceived behavioral control, including barriers and facilitators affecting self-care.
4. To examine patients' behavioral intentions related to self-care and adherence to lifestyle modifications.

Research Questions

1. What are the attitudes of hypertensive patients at Tat Nay Tun Clinic & Pharmacy towards self-care behaviors?
2. What subjective norms influence the self-care behaviors of hypertensive patients at Tat Nay Tun Clinic & Pharmacy?

3. What factors (barriers and facilitators) shape the perceived behavioral control of hypertensive patients regarding self-care at Tat Nay Tun Clinic & Pharmacy?
4. What are the behavioral intentions of hypertensive patients at Tat Nay Tun Clinic & Pharmacy concerning self-care practices?

Literature Review

Hypertension is a chronic condition characterized by persistently elevated blood pressure and is a leading cause of cardiovascular disease, stroke, kidney failure, and premature mortality worldwide (GBD 2019 Risk Factors Collaborators, 2020; Burnier & Egan, 2019). Effective management of hypertension depends largely on self-care behaviors, including medication adherence, dietary modification, regular blood pressure monitoring, and physical activity (Bosworth et al., 2019; Chia et al., 2020). These practices help maintain blood pressure control, reduce complications, and improve quality of life (Burnier & Egan, 2019). Self-care also promotes patient empowerment by encouraging individuals to take an active role in managing their health rather than relying solely on healthcare services (Abraham et al., 2021).

The Theory of Planned Behavior (TPB) provides a useful framework for understanding hypertension self-care behaviors (Ajzen, 2020; Conner & Sparks, 2021). According to TPB, behavior is influenced by behavioral intention, which is shaped by attitude, subjective norms, and perceived behavioral control (Ajzen, 2020). Positive beliefs about the benefits of self-care can encourage adherence, while support from family members and healthcare providers can strengthen motivation and reinforce healthy behaviors (Al-Noumani et al., 2019; Gallant et al., 2020). Perceived behavioral control reflects an

individual's confidence in their ability to perform self-care activities despite challenges, making it an important factor in determining both intention and actual behavior (Ajzen, 2020; Conner & Sparks, 2021).

Self-care practices are also influenced by broader socioeconomic, cultural, and environmental factors. Financial constraints, low health literacy, demanding work or caregiving responsibilities, and limited access to healthcare services can hinder adherence to treatment recommendations (Agho et al., 2021; Goudge et al., 2019). Cultural dietary habits, beliefs about illness and medication, and family practices may further affect self-care behaviors (Gallant et al., 2020; Al-Noumani et al., 2019). While previous studies have examined hypertension self-care and the Theory of Planned Behavior, most have used quantitative approaches and have been conducted outside Myanmar (Abegaz et al., 2020; Gebreyohannes et al., 2020). There is limited qualitative evidence exploring how personal beliefs, social influences, and contextual factors shape self-care behaviors among hypertensive patients in Yangon. This study addresses that gap by examining patient experiences and perceptions at Tat Nay Tun Clinic & Pharmacy using the Theory of Planned Behavior as its guiding framework (Ajzen, 2020; Conner & Sparks, 2021).

Methodology

This study employed a qualitative research design to explore the perceptions, experiences, motivations, and barriers related to self-care behaviors among patients with hypertension at Tat Nay Tun Clinic & Pharmacy in Yangon, Myanmar. A directed qualitative content analysis approach was used, guided by the Theory of Planned

Behavior (TPB). This approach enabled the researcher to examine self-care behaviors through the constructs of attitude, subjective norms, perceived behavioral control, and behavioral intention while also allowing new themes to emerge from participants' experiences. The study setting was a private community-based clinic that provides outpatient services and chronic disease management, making it an appropriate environment for understanding hypertension self-care practices in an urban Myanmar context.

A total of 18 adult patients diagnosed with essential hypertension participated in the study. Participants had been receiving hypertension treatment for at least six months and were selected through maximum variation purposive sampling to capture diverse perspectives across age, gender, occupation, and educational background. Eligibility criteria included being aged 30 years or older, receiving antihypertensive treatment for at least six months, and being able to communicate in Burmese. Pregnant women with gestational hypertension, patients with severe mental illness or cognitive impairment, and those not receiving regular hypertension care at the clinic were excluded. Data collection was conducted from February to March 2026 using 12 in-depth individual interviews and one focus group discussion involving six participants. All sessions were conducted in Burmese through the Zoom platform within private consultation rooms at the clinic to ensure confidentiality and participant comfort. Semi-structured interview guides based on TPB were used to explore participants' understanding of self-care, social influences, perceived barriers, and intentions regarding hypertension management. Interviews lasted approximately 70 to 100 minutes, while the focus group discussion lasted nearly four hours with scheduled breaks.

All interviews and discussions were audio-recorded with participant consent and transcribed verbatim in Burmese. Non-verbal cues, including tone, pauses, facial expressions, and gestures, were documented by a trained note-taker to enrich data interpretation. Thematic saturation was achieved when no new themes emerged from additional interviews. Data analysis was conducted using NVivo software through a directed qualitative content analysis process. An initial deductive coding framework was developed from the four TPB constructs, followed by open coding to identify meaningful categories and subthemes. Emerging themes beyond the predefined framework were incorporated and interpreted in relation to the theory. Constant comparison techniques and peer review of coding decisions enhanced the credibility and trustworthiness of the findings. To strengthen the credibility of the analysis, representative verbatim quotations from participants were selected to illustrate each major theme and subtheme presented in the findings. Ethical approval was obtained from the Tat Nay Tun Clinic & Pharmacy Internal Review Committee, and all participants provided informed consent. Confidentiality, anonymity, voluntary participation, and secure data storage were maintained throughout the research process in accordance with the Declaration of Helsinki. The below are the themes and quotations of the participants:

Theme: Understanding of Hypertension and Self-Care

“I know high blood pressure is dangerous, but before I became sick, I did not pay much attention to it. Now I understand that I need to take care of myself every day.”

Theme: Medication Adherence

“I take my medicine every morning because the doctor told me stopping it could make my blood pressure go up again.”

Theme: Low Health Literacy

“I can take the medicine, but I do not always understand what is written on the package. I usually ask my daughter to explain it to me.”

Theme: Symptom-Driven Adherence

“When I feel normal, I sometimes forget about my blood pressure. I pay more attention only when I have headaches or dizziness.”

Theme: Family Support

“My wife reminds me to take my medicine and tells me not to eat too much salty food. Without her help, I would probably forget.”

Theme: Influence of Healthcare Providers

“The doctor explains everything clearly and encourages me. That makes me want to follow the treatment properly.”

Theme: Financial Barriers

“Sometimes I delay buying my medicine because I need the money for food and household expenses first.”

Theme: Dietary Challenges

“In our family, we usually eat fermented foods and salty dishes. It is difficult to change habits that we have followed for many years.”

Theme: Time Constraints and Responsibilities

“I spend most of my day taking care of my grandchildren and doing housework. Sometimes I do not have enough time to exercise.”

Theme: Physical Activity

“I know walking is good for my blood pressure, but after work I feel tired and often skip exercise.”

Theme: Blood Pressure Monitoring

“I only check my blood pressure when I visit the clinic because I do not have a machine at home.”

Theme: Trust in the Clinic

“The staff here are kind and patient. They answer my questions and help me understand how to manage my condition.”

Theme: Behavioral Intention

“I want to control my blood pressure so I can stay healthy and avoid becoming a burden to my family.”

To enhance the credibility and trustworthiness of the findings, representative verbatim quotations were selected from participant interviews and the focus group discussion to

illustrate each major theme identified during the analysis. These quotations reflected participants' experiences and perceptions regarding understanding of hypertension and self-care, medication adherence, health literacy, symptom-driven adherence, family support, influence of healthcare providers, financial barriers, dietary challenges, time constraints and caregiving responsibilities, physical activity, blood pressure monitoring, trust in healthcare services, and intentions to maintain self-care behaviors. Participant quotations were anonymized and presented without identifying information to protect confidentiality while providing direct evidence to support the interpretation of themes and subthemes generated through the directed qualitative content analysis.

Results

Participant Characteristics

A total of 18 hypertensive patients participated in the study. Most participants were female (66.67%), married (83.33%), and either housewives (50.00%) or employed (33.33%). Participants represented diverse educational backgrounds, although half had low literacy levels, including no formal education or only primary education. Most participants were middle-aged or older adults, and two-thirds had been living with hypertension for more than five years. Detailed demographic characteristics are presented in Table 1.

Theme 1: Attitudes Toward Hypertension Self-Care

Most participants demonstrated positive attitudes toward hypertension self-care and recognized the importance of medication adherence, healthy eating, physical activity, and blood pressure monitoring. Participants generally understood that uncontrolled

hypertension could lead to serious complications such as stroke and heart disease. Many reported improved well-being, symptom control, and peace of mind when following recommended self-care practices.

However, several misconceptions were identified. Some participants believed that antihypertensive medication was only necessary when symptoms such as headaches or dizziness were present. Others underestimated the health risks associated with traditional salty or oily foods. These findings indicate that while awareness of hypertension was generally high, misunderstandings regarding long-term disease management remained common.

Theme 2: Subjective Norms and Social Support

Family members and healthcare providers emerged as important influences on self-care behaviors. Participants frequently described receiving medication reminders, dietary guidance, emotional encouragement, and practical assistance from spouses, children, and other relatives. Family support was particularly important for older adults and participants with limited literacy.

Healthcare providers were also viewed as trusted sources of information and motivation. Participants reported that clear explanations, regular follow-up, and supportive communication increased their confidence in managing hypertension. Many stated that they were more likely to adhere to treatment recommendations when healthcare providers explained the purpose and benefits of self-care activities.

Theme 3: Perceived Behavioral Control

Participants identified numerous barriers that affected their ability to practice effective self-care. Financial difficulties were commonly reported and often influenced medication adherence, clinic attendance, and access to healthier food options. Low health literacy limited some participants' understanding of medication instructions, blood pressure readings, and dietary recommendations.

Time constraints related to employment, household responsibilities, and caregiving duties also affected self-care behaviors, particularly among female participants. Cultural dietary practices, including regular consumption of salty, oily, and fermented foods, created additional challenges. Participants also described disruptions during the COVID-19 pandemic, including reduced opportunities for physical activity and interruptions to routine healthcare visits.

Despite these barriers, several facilitators supported self-care behaviors. These included family reminders, visible storage of medications, established daily routines, regular clinic appointments, and strong relationships with healthcare providers.

Theme 4: Behavioral Intention

Most participants expressed strong intentions to improve and maintain hypertension self-care behaviors. Common goals included taking medication consistently, reducing salt consumption, increasing physical activity, monitoring blood pressure regularly, and preventing future complications.

Behavioral intentions were often strengthened after participants experienced hypertension-related symptoms or health scares. However, many acknowledged that

adherence sometimes declined when symptoms were absent or when blood pressure readings appeared normal. This suggests that although intentions to engage in self-care were generally positive, maintaining long-term adherence remained challenging for many participants.

Table 1: Demographic characteristics of the participants (N=18)

Variable	N (%)
Age group	
30–50 years	10 (55.56)
51–72 years	8 (44.44)
Gender	
Female	12 (66.67)
Male	6 (33.33)
Marital status	
Single	1 (5.56)
Married	15 (83.33)
Divorced	1 (5.56)
Widowed	1 (5.56)
Employment Status	
Employed	6 (33.33)

Retired	3 (16.67)
Housewife	9 (50.00)
Education	
Illiterate	4 (22.22)
Primary School	5 (27.78)
Intermediate	1 (5.56)
Diploma	3 (16.67)
Associate degree	2 (11.11)
Bachelor's degree	2 (11.11)
Master's degree	1 (5.56)
Disease Duration	
Less than 2 years	4 (22.22)
2–5 years	2 (11.11)
5–10 years	6 (33.33)
More than 10 years	6 (33.33)

Discussion

This study examined self-care behaviors among hypertensive patients at Tat Nay Tun Clinic & Pharmacy using the Theory of Planned Behavior. The findings demonstrate that attitudes, subjective norms, perceived behavioral control, and behavioral intentions all influenced participants' ability to manage hypertension effectively.

Participants generally recognized the importance of medication adherence, healthy diet, physical activity, and blood pressure monitoring. This finding is consistent with previous studies reporting that positive attitudes toward self-care are associated with improved hypertension management and treatment adherence. However, misconceptions regarding symptom-based medication use and dietary practices remained evident, suggesting that knowledge gaps continue to influence self-care behaviors. Family members and healthcare providers played a significant role in supporting self-care. Similar findings have been reported in previous studies showing that social support strengthens adherence and promotes healthier behaviors among patients with chronic diseases. The strong trust participants placed in healthcare providers highlights the importance of patient-provider communication in improving long-term disease management.

The study also identified several barriers that reduced perceived behavioral control, including financial constraints, low health literacy, household responsibilities, cultural dietary practices, and COVID-19-related disruptions. These findings are consistent with existing research demonstrating that structural and socioeconomic factors often limit patients' ability to translate positive intentions into sustained self-care behaviors. Although

participants expressed strong intentions to improve self-care, adherence frequently declined when symptoms were absent. This finding supports the Theory of Planned Behavior by illustrating that behavioral intention alone may not be sufficient to maintain long-term health behaviors when barriers remain unresolved.

The findings suggest the need for culturally appropriate health education, family-centered interventions, improved access to affordable treatment, and ongoing provider support. A structured hypertension self-care support program incorporating patient education, family engagement, regular follow-up, and individualized counseling may help strengthen self-care behaviors and improve long-term hypertension outcomes among patients in urban Myanmar.

Conclusion

This study explored self-care behaviors among hypertensive patients attending Tat Nay Tun Clinic & Pharmacy in Yangon using the Theory of Planned Behavior. The findings revealed that hypertension self-care is influenced by a combination of personal beliefs, family support, economic conditions, cultural practices, and healthcare provider relationships. Although most participants understood the seriousness of hypertension and its potential complications, many demonstrated limited knowledge of effective self-care practices and held misconceptions regarding medication use, diet, and lifestyle management. Family members, particularly spouses and children, played an important supportive role by encouraging medication adherence and healthy behaviors. However, cultural dietary traditions and household responsibilities often made sustained lifestyle changes difficult, especially for women. Financial barriers further affected adherence, as

some patients struggled to afford medications and healthy food options. Environmental challenges, including limited opportunities for physical activity and disruptions caused by the COVID-19 pandemic, also influenced self-care behaviors. Despite these challenges, strong trust in healthcare providers emerged as a significant facilitator, with patients valuing the guidance, encouragement, and support provided by clinic staff. The study concludes that successful hypertension management requires culturally appropriate, patient-centered, and economically realistic interventions that address both individual and structural barriers.

Several limitations should be considered when interpreting the findings. As the study was conducted in a single private clinic in Yangon, the results may not be generalizable to all hypertensive patients in Myanmar, particularly those living in rural areas or receiving care in public health facilities. The study relied on self-reported information obtained through interviews and focus group discussions, which may have been influenced by social desirability bias. In addition, the qualitative nature of the study means that researcher interpretation played a role in data analysis, although peer review and consensus discussions were used to enhance credibility and minimize bias.

Based on the findings, several recommendations are proposed to strengthen hypertension management. Health education campaigns led by trusted healthcare providers should be implemented to address misconceptions and improve knowledge about medication adherence, healthy diet, physical activity, and blood pressure monitoring. Mobile phone reminders, follow-up calls, and home blood pressure monitoring programs could support long-term adherence and continuity of care. Family-based counseling should be encouraged to strengthen household support for lifestyle

modifications and medication routines. Efforts to improve access to affordable medications through partnerships with donors, charities, or pharmaceutical companies are also needed to reduce financial barriers. Finally, community engagement initiatives involving local leaders, women's groups, and community organizations should promote healthier lifestyles and reshape cultural norms related to diet and chronic disease management. Together, these strategies can improve self-care behaviors, enhance blood pressure control, reduce complications, and strengthen community health outcomes in urban Myanmar.

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