

EFFECTIVENESS OF VIDEO-BASED EDUCATION ON KNOWLEDGE, ATTITUDES, AND BEHAVIOR OF HYPERTENSION PATIENTS IN PALEMBANG

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ABSTRACT

Background: Hypertension is a non-communicable disease known as the “silent killer” because it often has no symptoms but can cause serious complications. In Indonesia, including the city of Palembang, the prevalence of hypertension continues to increase, requiring effective health education as a preventive measure. This study aims to evaluate the effectiveness of educational interventions delivered via video media in improving the knowledge, attitudes, and practices of hypertensive patients within the service area of the Pembina Community Health Center, Palembang. **Method:** This study is a quasi-experimental design with a one-group pre-test and post-test approach. A total of 109 respondents were selected using purposive sampling. Data were collected using a standardized and reliable questionnaire (coefficient 0.689–0.878), then analyzed univariately and bivariately using the Wilcoxon Signed-Rank test. **Results:** The intervention significantly improved participants' knowledge, attitudes, and practices regarding hypertension management, as indicated by p-values ranging from 0.000 to 0.002. The mean knowledge score increased from 70.18 to 84.42, the mean attitude score from 84.95 to 89.43, and the mean practice score from 72.11 to 83.22. The percentage increases for each variable were 14.24% for knowledge, 4.48% for attitude, and 11.09% for behavior. **Conclusion:** The educational intervention using video media effectively enhanced the knowledge, attitude, and behavior of hypertensive patients, as evidenced by statistically significant improvements in all measured domains.

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INTRODUCTION

Hypertension, also known as high blood pressure, is a chronic medical condition characterized by a persistent increase in arterial pressure. This condition occurs when the force of blood against the arterial walls remains abnormally high during cardiac activity, thereby increasing the hemodynamic load on the heart (WHO, 2023). Currently, hypertension is one of the leading global public health issues, affecting approximately 24% of men and 20% of women worldwide. It is estimated that 1.28 billion adults live with hypertension, with two-thirds of them residing in low- and middle-income countries. If not effectively controlled, the global prevalence of hypertension is projected to rise to 1.5 billion by 2025, accompanied by approximately 9.4 million deaths annually due to hypertension-related complications. In response to this alarming trend, the World Health Organization (WHO) has set a global target to reduce the prevalence of hypertension to below 33% by 2030 through the implementation of sustainable prevention and therapeutic intervention strategies (WHO, 2023).

In Indonesia, the prevalence of hypertension has shown a marked increase in recent years. Based on the 2023 Indonesian Health Survey (2023), the national prevalence reached 30.8%, positioning Indonesia as the fifth country with the highest number of individuals living with hypertension globally. Despite this high prevalence, only 8.6% of hypertensive individuals have received a formal diagnosis. Additionally, 16.9% of diagnosed patients do not adhere to antihypertensive medication regimens, and 36.4% do not engage in regular treatment, indicating a low level of awareness and control regarding hypertension management. Moreover, hypertension is identified as the fourth leading risk factor for mortality in Indonesia, contributing to 10.2% of the national death rate (Kemenkes, 2024).

At the regional level, data from the South Sumatra Statistics Agency (2024), show that hypertension ranks sixth among the ten most prevalent diseases in the province. In Palembang City, the number of recorded hypertension cases increased significantly from 987,295 cases in 2021 to 1,951,068 cases in 2023. However, among the city's total population of 1,668,848 residents, only 435,336 individuals have accessed hypertension healthcare services in accordance with established clinical standards (Dinkes Kota Palembang, 2023). Hypertension is influenced by two main categories of risk factors. Modifiable factors include unhealthy dietary patterns, physical inactivity, psychological stress, obesity, excessive intake of salt and fat, smoking, alcohol consumption, and poor sleep quality. In contrast, non-modifiable factors consist of age, sex, genetic predisposition, and comorbid conditions such as diabetes mellitus or chronic kidney disease (WHO, 2023).

According to the findings of the 2023 Indonesian Health Survey (SKI), individuals within the productive age range of 25–64 years represent the population most susceptible to hypertension. The prevalence shows a clear age-related escalation, increasing from 17.4% in the 25–34 age group to 49.5% among those aged 55–64. These data underscore that hypertension is not exclusively a condition of older adults but also poses significant health risks and potential complications in younger age groups. Consequently, comprehensive hypertension management should encompass both pharmacological interventions, such as the administration of antihypertensive medications, and non-pharmacological strategies, including lifestyle modifications. These may involve improved dietary patterns, regular physical activity, effective stress reduction, and the provision of targeted health education (SKI, 2023; WHO, 2023).

One proven effective educational method is the use of video media that combines visual and audio elements to enhance public understanding, motivation, and memory retention. Educational videos are considered capable of conveying health messages in a more engaging, interactive, and memorable way, and can reach various segments of the population. The primary objective of educational interventions is to foster changes in individuals' mindsets, behaviors, and practices toward adopting a healthier lifestyle by enhancing their understanding of the disease and its appropriate management (Sapitri & Kurniasari, 2024). Empirical evidence from prior research indicates that the use of video-based educational media yields a positive influence on improving knowledge, attitudes, and health-related practices concerning hypertension. Compared to conventional print materials such as leaflets, video media are more effective, as they facilitate the correction of misconceptions and improve long-term information retention. (Azwaldi et al., 2023; Hendricks M, Nair G & Pather M, 2018; nita Salma & Nurmaladewi, 2023). This is supported by Meidiana & Simbolon (2018) and Lilawati & Muthmainnah (2024) who state that audiovisual media can convey information more quickly and effectively, and significantly increase awareness of hypertension prevention. In addition, Handayani & Untari (2022) emphasize that educational videos have a positive impact on hypertension control efforts.

In Palembang City, Puskesmas Pembina is one of 42 community health centers that have recorded a sharp increase in hypertension cases, rising from 385 cases in 2022 to 5,753 cases in 2024 (Profil Puskesmas Pembina, 2024). The increase in hypertension cases is influenced by low public awareness of health factors,

environmental conditions, and socioeconomic aspects, as well as limited effective educational media. To address these issues, the Pembina Community Health Center developed a video-based health education program aimed at individuals, families, and communities. This program aims to increase knowledge, foster positive attitudes, and encourage the adoption of healthy lifestyles in the prevention and management of high blood pressure, also known as hypertension. Based on this background, this study aims to comprehensively examine the effect of health education through video media on increasing knowledge, forming positive attitudes, and changing the behavior of hypertension patients in the working area of the Pembina Community Health Center in Palembang.

In addition, this study also seeks to assess the effectiveness of video media as an educational tool in supporting efforts to prevent and control hypertension through increased awareness and improved community health behaviors. This study aims to evaluate the effectiveness of educational interventions delivered via video media in improving the knowledge, attitudes, and practices of hypertensive patients within the service area of the Pembina Community Health Center, Palembang.

METHODS

This study employed a quantitative approach with a quasi-experimental design of the one-group pretest-posttest type, which involves measuring the same group of respondents before and after the intervention without the use of a control group. This design aims to assess the effect of educational intervention through video media on changes in the knowledge, attitudes, and behaviors of hypertensive patients. The study was conducted in the working area of the Palembang City Health Center, which was selected purposively based on the high prevalence of hypertension and the increasing trend in cases from year to year. The research activities took place from March to June 2025 and included several stages, namely the preparation stage, pretest data collection, implementation of educational intervention through video, and posttest data collection to assess changes in the knowledge, attitudes, and behavior of respondents after the intervention. The research population consisted of all hypertensive patients undergoing treatment in the working area of the health center in 2024, totaling 5,753 people.

A sample of 109 respondents was obtained using the Slovin formula, with a margin of error of 10%, and then increased by 10% to account for possible dropouts. The inclusion criteria included respondents who were willing to participate voluntarily, had been diagnosed with hypertension by medical personnel, were able to see, read, hear, and communicate well, and were willing to participate in the entire research process. Meanwhile, exclusion criteria included individuals who refused to participate, had physical or cognitive impairments that could hinder the research process, had blood pressure outside the normal range ($>120/80$ mmHg), or were ill at the time of data collection. Data collection used primary data obtained through observation, structured interviews, and pretest and posttest questionnaires to measure respondents' knowledge, attitudes, and behaviors before and after receiving video-based health education.

In addition, secondary data was obtained through documentation, including photographs of educational activities. The independent variable in this study was health education through video media, while the dependent variables included knowledge, attitudes, and behaviors related to hypertension management. The research instrument was a questionnaire that had been tested for validity and reliability, with reliability coefficients ranging from 0.689 to 0.878. The knowledge questionnaire used a multiple-choice format, while the attitude and behavior questionnaires used a Likert scale. In addition to questionnaires, this study also used a sphygmomanometer to measure blood pressure and educational videos as the main intervention medium. The pretest and posttest data were then edited, coded, and entered using Microsoft Excel and SPSS software.

Data analysis was performed descriptively to display frequency distributions and mean values, as well as bivariately using the Wilcoxon Signed-Rank Test to assess the significance of changes in knowledge, attitudes, and behavior after the intervention. The entire research process was carried out in accordance with the principles of health research ethics, including informed consent from respondents, data confidentiality, and the use of research results for scientific purposes. This study has obtained ethical approval from the Palembang Ministry of Health Polytechnic Health Research Ethics Committee with letter number 0400/KEPK/Adm2/IV/2025.

RESULTS

The data utilized in this study consisted of primary data obtained directly from research participants. The instrument used for data collection was a structured questionnaire designed to measure respondents' knowledge, attitudes, and actions related to hypertension. These variables were assessed at two time points: before the intervention (pre-test) and after the intervention (post-test), which involved the delivery of health education through video media. Data collection was carried out by distributing the questionnaires during both the pre-test and post-test phases. This method enabled the researchers to identify and analyze changes in the respondents' knowledge, attitudes, and behaviors as a result of the educational intervention. The findings obtained from this process are presented as follows:

Table 1. Frequency Distribution Based on Gender, Age, Latest Education, and Occupation

Variables	Frequency (n)	Percentage (%)
1. Gender		
- Male	54	49.5
- Female	55	50.5
2. Age		
- Early adulthood (26-35 years)	17	15.6
- Late adulthood (36-45 years)	23	21.1
- Early old age (46-55 years)	24	22.0
- Late old age (56-65 years)	26	23.9
- Elderly ≥ 65 years and above	19	17.4
3. Level Education		
- Did not attend school	4	3.7
- Elementary school/Equivalent	10	9.2
- Junior high school	3	2.8
- Senior high school/Vocational high school	52	47.7
- Academic/Higher education	40	36.7
4. Occupation		
- Housewife	34	31.2
- Laborer	18	16.5
- Entrepreneur/Trader	27	24.8
- Retired	9	8.3
- POLRI/TNI/PNS/ASN/BUMN	21	19.3

Based on Table 1, the majority of the respondents were female (50.5%). In terms of age, most participants were in the 56–65 years age group (23.9%). The highest level of education attained by most respondents was senior high school or vocational high school (47.7%). Regarding occupation, the largest proportion of participants were housewives (31.2%).

Table 2. Descriptive Analysis Results of Mean Values and Standard Deviations of Knowledge, Attitude, and Behavior Levels of Hypertension Patients at Pre-Test and Post-Test

Variables	Pre-Test			Post-Test		
	Mean	SD	Min-Max	Mean	SD	Min-Max
Knowledge	70.18	16.95	23 - 100	84.42	13.150	31 - 100
Attitude	84.95	11.92	58 - 100	89.43	6.461	75 - 100
Action	72.11	12.928	39 - 100	83.22	10.855	57 - 98

Based on Table 2 shows the comparison of mean scores for knowledge, attitude, and action before and after the educational intervention. The average knowledge score increased from 70.18 (± 16.95) in the pre-test to 84.42 (± 13.15) in the post-test. The minimum score also improved, from 23 to 31 out of a possible 100. For the attitude variable, the mean score rose from 84.95 (± 11.92) before the intervention to 89.43 (± 6.46) after the intervention. The minimum score increased from 58 to 75, with both pre- and post-test maximum scores remaining at 100. Regarding action, the mean score improved from 72.11 (± 12.93) in the pre-test to 83.22 (± 10.86) in the post-test. The lowest score increased from 39 to 57, while the maximum post-test score slightly decreased from 100 to 98. These results indicate positive changes across all three variables following the video-based health education intervention.

Table 3. Descriptive Analysis Results of Mean Values and Standard Deviations of Knowledge, Attitude, and Behavior Levels of Hypertension Patients at Pre-Test and Post-Test

Variables	Mean		Reduction	Percentage (%)
	Pre-Test	Post-Test		
Knowledge	70.18	84.42	14.24	20.29
Attitude	84.95	89.43	4.48	5.27
Action	72.11	83.22	11.09	15.37
	Number			40.93
	Mean			13.64

Based on Table 3 presents the changes in mean scores for knowledge, attitude, and action before and after the educational intervention, along with the absolute and percentage increases. The mean knowledge score increased by 14.24 points, from 70.18 in the pre-test to 84.42 in the post-test, representing a 20.29 percent improvement. The attitude score rose by 4.48 points, from 84.95 to 89.43, indicating a 5.27 percent increase. Meanwhile, the action score improved by 11.09 points, from 72.11 to 83.22, reflecting a 15.37 percent gain. The total combined increase across all three variables was 40.93 points, with an average improvement of 13.64 points. These findings demonstrate the positive impact of video-based health education on the knowledge, attitudes, and actions of hypertensive patients.

Table 4. Results of the Wilcoxon Test on the Effectiveness of Education Through Video Media on the Knowledge, Attitudes, and Actions of Hypertension Patients.

Variables	Ranks	n	Mean ranks	Sum of rank	Ties	Z	Asympt.Sig (2-tailed)
Pengetahuan (Pre-Post Test)	Negatif Ranks	17	30.26	514.5	14	6.575	0.000
	Positif Ranks	78	51.87	4045.5			
Sikap (Pre-Post Test)	Negatif Ranks	38	44.32	1684	8	3.024	0.002
	Positif Ranks	63	55.03	3467			
Tindakan (Pre-Post Test)	Negatif Ranks	19	42.16	801	4	6.337	0.000
	Positif Ranks	86	55.40	4764			

Based on the data presented in the table, the results of the Wilcoxon Signed Rank Test show statistically significant changes in all variables measured after the educational intervention. In terms of knowledge, 78

respondents showed improvement with a mean rank of 51.87 and a significance value of 0.0005. This finding indicates a meaningful increase in knowledge after respondents received the intervention.

For the attitude variable, 63 respondents showed an increase with a mean rank of 55.03 and a significance value of 0.002. This result indicates that the educational intervention had a significant positive effect on changes in respondents' attitudes.

Meanwhile, in the action variable, 86 respondents experienced an increase, with a significance value of 0.000. This confirms that there is a statistically significant difference between the scores before and after the intervention. The results of this study indicate that educational intervention through video media is effective in improving knowledge, fostering positive attitudes, and improving the behavior of hypertensive patients, consistent with the concept that audio-visual media can provide optimal impact in health education because they present information clearly, attractively, and easily understood, thereby encouraging patients to change their behavior for the better.

DISCUSSION

Research conducted in the Pembina Community Health Center's service area in Silaberanti Village, Jakabaring District, indicates that health education delivered via video has a significant impact on improving the knowledge, attitudes, and behaviors of individuals with hypertension. Specifically, the average knowledge score of respondents increased from 70.18 before the intervention to 84.42 after the intervention. This 14.24-point increase represents a 20.29% improvement, demonstrating the effectiveness of video-based education in enhancing participants' understanding of health information related to hypertension. This finding supports the idea that audiovisual media positively influence understanding by combining visual and auditory elements. This finding aligns with a study by Desyani and Pasambo (2024), which reported an increase in knowledge scores from 63.12 to 75.08—an increase of 11.96 points, or 18.94%.

Research conducted by Herawati Jaya and Intan Kumalasari (2022) also noted an increase in reproductive health knowledge among high school students NU Palembang experienced an average score increase of 17.31% in the post-test results, indicating success in the implementation of the SEHATI Application among NU Palembang high school students. Additionally, Yulianis and Fauziah (2020) found a significant increase in knowledge following video-based education, attributing this to the clarity and accessibility of the audiovisual information. Despite these positive results, observational data indicate that some items in the knowledge questionnaire remain challenging for some participants. For instance, only 50 respondents answered question number 3 correctly in the pre-test, compared to 64 in the post-test. This suggests that, although overall knowledge has improved, certain aspects of the material may still require further clarification or reinforcement.

The results of the Wilcoxon Signed Rank Test confirm the statistical significance of this improvement with a p-value of 0.000, which is smaller than the conventional threshold of 0.05. These findings are consistent with those of Luthfiani (2021), which showed a significant effect of video-based health education on increasing knowledge among the pre-elderly group at the Melati IV Posbindu, with a significance value of $p = 0.000$. These results confirm that the use of video media can increase the effectiveness of health information delivery. In addition, research conducted by (Nissa Rachmi Fauziah, 2022) also proves that educational video media, especially in the form of animation, have a significant effect on increasing public knowledge.

Video media is considered effective because it is able to convey material visually, attractively, and easily understood, thus helping the public understand important concepts such as physical activity and healthy living behaviors. In line with this, the results of another study conducted by Muhamad Rahmadi & Suratun, dkk (2024) also shows that individual experiences influence patients' knowledge levels. Based on the Wilcoxon test, a p-value of 0.000 ($p < 0.05$) was obtained, indicating a significant influence between health education and increased knowledge about hypertension. The study confirms that public knowledge about hypertension will increase if appropriate and structured health education is provided. These findings are supported by statistical analysis showing a significant difference between knowledge levels before and after the educational intervention using video media. Thus, the use of educational video media has proven to be an effective strategy in improving public literacy and awareness of the importance of hypertension prevention and the adoption of a healthy lifestyle.

In terms of attitude, the mean score increased from 84.95 in the pre-test to 89.43 in the post-test, with a difference of 4.48 points and an effectiveness percentage of 5.27 percent. This increase suggests that video-based health education has the potential to positively influence respondents' attitudes toward health issues, particularly in the management of hypertension. These results are consistent with the study conducted by Sani and Agestika (2023), which noted an increase in attitude scores among hypertensive patients from 58.14 to

64.12, with a difference of 5.98 points and an effectiveness rate of 10.28 percent. Similar results were also found by a researcher (Junita Mart, p. 2022), who demonstrated changes in the average attitude scores of the elderly after receiving video-based education on understanding uric acid; the attitude scores increased from 88.95 to 99.08, or an increase of 10.13 points.

Additional support for these findings is provided by research conducted by Stevany Paskarina Salim (2024), which indicates a statistically significant change in attitude after the video-based educational intervention. This conclusion was obtained through the Wilcoxon Signed Rank test, which yielded a significance value (p-value) of 0.000, indicating a meaningful difference before and after the intervention. Overall, this data reinforces the view that educational video media is an effective method for improving the public's positive attitude toward managing specific health issues. Similar findings were reported by Istiwa Ahlul Kafi and Setyo Prihatin (2023), who confirmed that video media has a significant influence on DASH diet nutrition education related to patients' attitudes toward hypertension management, with a p-value of less than 0.05. The researchers attributed this improvement to the use of engaging visual and auditory components, which enhanced participant engagement and understanding while reducing the prevalence of boredom during the learning process. In this study, the Wilcoxon Signed Rank Test yielded a p-value of 0.002 for the attitude variable, which fell below the standard significance threshold of 0.05. These findings provide strong statistical evidence that video-based education significantly improves the attitudes of hypertensive patients, thereby supporting the effectiveness of audio-visual approaches as interactive and informative health education media.

Regarding the action variable, the average score of respondents increased from 72.11 in the pre-test to 83.22 in the post-test, indicating an improvement of 11.09 points or 15.37 percent. This substantial increase reflects the effectiveness of video-based health education in stimulating positive behavioral changes among hypertensive patients. Behavioral change is often considered the most challenging outcome to achieve in health education, as it requires not only cognitive understanding and attitudinal shifts but also motivation, habit formation, and self-efficacy. Therefore, the observed increase suggests that the intervention was successful in engaging patients at a deeper level of behavior modification. These findings are supported by several previous studies. Manurung and Suratun (2022), reported a significant increase in action scores from 9.30 to 9.90 ($p < 0.05$) after providing audiovisual education, highlighting the potential of multimedia tools to bridge the gap between knowledge and action. Similarly, Ariyanti and Fitriani (2020), found a statistically significant improvement in behavior scores after counseling using video media. Furthermore, Achjar and Putri (2022) demonstrated a p-value of 0.000 in their study, indicating a strong impact of video media in enhancing patients' health-related practices. The effectiveness of video media as an educational tool lies in its multisensory delivery of information. Unlike conventional print media, videos offer dynamic content that combines visual, auditory, and sometimes textual elements, which can improve comprehension, stimulate interest, and aid in memory retention. This aligns with cognitive learning theories that emphasize the role of multimedia in reinforcing learning by engaging multiple sensory pathways. Moreover, videos can model desired behaviors, provide real-life scenarios, and deliver culturally appropriate messages that resonate with the target audience.

The observed behavioral improvements in this study may also be influenced by the relatable content and local context of the educational videos used, which likely enhanced the relevance and applicability of the information. In addition, the supportive environment created during the intervention sessions may have contributed to the respondents' confidence and willingness to adopt healthier behaviors. However, despite the positive trend, it is important to note that behavior change is a continuous process that may require reinforcement over time. Educational interventions—particularly those targeting lifestyle modification in chronic disease management—should ideally be integrated into regular health promotion programs to maintain long-term impact. Follow-up studies are also recommended to assess the sustainability of the observed behavioral changes. The results of the Wilcoxon Signed Rank Test in this study further confirm the significance of the behavioral improvement, with a p-value of 0.000, indicating that the intervention produced statistically meaningful changes in respondents' actions. This reinforces the notion that health education using video media is not only informative but also transformative, serving as an effective strategy in public health efforts to improve self-management behaviors among patients with hypertension.

Overall, the findings of this study affirm that video-based education is an effective strategy for enhancing knowledge, shaping positive attitudes, and promoting health-related behavioral changes among individuals with hypertension. The integration of visual and auditory elements within video media contributes to a more engaging and comprehensible learning experience, making it particularly suitable for conveying complex health information. This approach not only facilitates greater retention and understanding but also fosters motivation to implement behavioral changes in daily life. The demonstrated effectiveness of video media

highlights its potential as a practical and scalable educational tool within primary health care settings. By improving public awareness and responsiveness to hypertension-related information, video-based interventions can play a crucial role in preventive care and chronic disease management. Therefore, incorporating video education into routine health promotion strategies may serve as a valuable complement to conventional health education methods, ultimately contributing to improved health outcomes at the community level.

CONCLUSION

This study concludes that video-based health education significantly improves the knowledge, attitudes, and behaviors of hypertensive patients in the Pembina Community Health Center area, as evidenced by increased mean. The effectiveness of video media lies in its ability to present information clearly through engaging visual and audio formats. Healthcare providers are encouraged to use video media as part of routine education, and health centers should support its implementation through adequate facilities. Future research should consider more complex study designs, and the public is urged to actively participate in video-based health education to enhance hypertension awareness and management.

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