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Research Article

Gethok Tular: A Source of Self-Care Knowledge for Older Women with Hypertension in Rural Areas

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Abstract

Aims: This study explores the role of *gethok tular* (oral tradition) in promoting self-care management among elderly Javanese women with hypertension in rural areas, where access to health information remains limited despite existing education programs.
Methods: This study employed a qualitative ethnographic approach conducted between January and June 2022. Data were collected through in-depth interviews and observations involving five elderly women in Ngrawan Village, Semarang Regency. To ensure triangulation, additional insights were gathered from midwives and *posbindu* (integrated healthcare posts for non-communicable diseases) cadres. The participants were Javanese women aged 60 years or older, born and residing in Ngrawan Village, diagnosed with hypertension for more than two years, and actively participating in *posbindu* activities. Content analysis was used to interpret the data.
Results: *Gethok tular* facilitates the informal exchange of hypertension-related knowledge, particularly during interactions at *posbindu* sessions. Despite limited understanding of hypertension, participants practiced self-care by staying active, attending check-ups, and using herbal remedies like soursop and avocado leaves to manage symptoms.
Conclusion: The *gethok tular* tradition offers a culturally relevant method for disseminating health information and improving self-care practices in rural communities. This approach holds potential for integration into community-based health programs.

Keywords:
***Gethok Tular*, Hypertension, Older women, Rural Community, Self-Care**

INTRODUCTION

Hypertension remains one of the most prevalent non-communicable diseases globally. The prevalence of hypertension is higher in low-income countries compared to high-income countries(1). Indonesia, a developing country, has seen a continuous increase in hypertension prevalence. Data from Indonesia's Ministry of Health reported that 25.8% of the population had hypertension in 2013, increasing to 34.1% in 2018(2). In Central Java, the fourth-highest province in hypertension prevalence, the situation is alarming. In 2023, healthcare services for hypertension in Semarang, the capital of Central Java, showed a higher proportion of female

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patients, with 205,318 cases (63.8%), compared to male patients, who accounted for 116,402 cases (36.2%)(3).

Elderly individuals, particularly women, represent the group most affected by hypertension which is primarily attributed to physiological changes such as reduced vascular elasticity, compounded by the hormonal change's women experience post-menopause, including decreased estrogen levels that help regulate blood pressure (4). Older women exhibit a higher prevalence of hypertension compared to men. In 2018, 36.9% of older women in Indonesia were hypertensive, compared to 31.3% of men. In Central Java, these figures were 40.17% for women and 34.83% for men (5). In Ngrawan Village, Semarang Regency, 17 older women had hypertension, compared to only five men.

Several factors contribute to this disparity, including physiological, social, economic, and educational factors. Socially, older women often face diminished societal roles, leading to isolation and stress, which can elevate blood pressure (6,7). Economically, the loss of income in old age hinders their ability to meet healthcare needs. Low education levels further limit their knowledge of hypertension management such as periodic medical checkup, leaving many unaware of their condition until symptoms become severe(8). Self-care behaviors in older women with hypertension are strongly influenced by their level of knowledge misconceptions about health—such as believing they are healthy if they can perform daily activities—affect their willingness to seek medical care.

Other barriers include the cost of treatment, distance to healthcare facilities, and perceptions of healthcare provider attitudes (9). As a result, many older women resort to self-medication using herbal remedies such as avocado leaves (10), bay leaves(11), tomatoes (12) and ginger (13,14). The use of medicinal plants in rural Indonesia is a longstanding tradition passed down through generations, predominantly practiced by women aged 55–64(15). As a result, rural communities, particularly older adults, tend to trust herbal remedies for treatment. Among 281 individuals with hypertension Ngadirojo Community Health Center, Wonogiri Regency, commonly used plants for blood pressure reduction include celery, noni, ground cherry (*Physalis angulata*), soursop leaves, bilimbi, and garlic because of their affordability, ease of cultivation, and accessibility(16).

Posbindu (integrated healthcare posts for non-communicable diseases) have been implemented (17). The implementation of Posbindu in Indonesia faces challenges in hypertension screening and risk factor identification due to limited-service coverage, program complexity, overlap with other non-communicable disease initiatives, and resource constraints(18). Expanding hypertension management in rural communities requires culturally relevant approaches to encourage regular health screenings. A study in China on elderly individuals with hypertension found a correlation between social support and hypertension management, highlighting the need for a community-based approach(19).

Traditional practices like *gethok tular*, an oral tradition of sharing information, play a significant role in knowledge dissemination among Javanese in rural communities (20). Older women often exchange experiences and health tips while waiting for medical check-ups at *posbindu* (21). This practice and herbal remedies highlight the importance of integrating cultural traditions into health education strategies.

This study explores *gethok tular* as a source of self-care knowledge among older women with hypertension in rural Java. By examining the relationship between cultural practices and health behaviors, this research aims to inform the development of culturally sensitive approaches to hypertension management. Policy interventions should leverage cultural practices, engaging healthcare providers,

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posbindu cadres, elderly groups, and community leaders as change agents to raise awareness and improve hypertension management, particularly among older women in rural areas.

METHODS

Study Design

This study employed a qualitative research design with an ethnographic approach. Ethnography has become a widely used approach in qualitative studies within nursing to explore experiences aligned with specific groups' beliefs and cultural practices(22). Ethnography was chosen to explore the cultural influences on self-care practices among elderly Javanese women managing hypertension in rural settings. As members of the Javanese community, cultural norms significantly shape their self-care behaviors.

Sample

The research was conducted in Ngrawan Village, Semarang Regency, Central Java, from January to June 2022. From February to April 2022, blood pressure screenings were conducted as part of health services at the *posbindu*. A total of 95 elderly individuals were screened, revealing that 43 of them had blood pressure readings exceeding 140/80 mmHg. The highest number of hypertensive elderly individuals was recorded in Ngrawan Hamlet. Five elderly Javanese women selected as participants using purposive sampling from Ngrawan Helmet. These criteria included women aged 60 years or older, identifying as ethnic Javanese, born and residing in Ngrawan Village, having been diagnosed with hypertension for more than two years, and regularly attending *posbindu* activity every month. The sample size is often small to obtain in-depth data, allowing for data saturation, where no new information emerges. Additionally, the participants were homogeneous with the study population, meeting the requirements for data saturation(23). In this study, the participants consisted of elderly Javanese women with hypertension living in Ngrawan Village. Data saturation is achieved when the identified themes are supported by substantive data, with no additional or conflicting information being discovered(24). To ensure the credibility and validity of data, additional perspectives were obtained from midwives and *posbindu* cadres as triangulation.

Data Collection

Data collection methods included open and structured interviews, participant observation, and reflective logbook writing(22). Interview questions focused on participant profiles, local hypertension knowledge, and self-care practices. Observations were conducted during the participants' daily routines to gain insights into their lived experiences. These routines included gathering clove leaves, providing massage services, selling fried snacks, caregiving for grandchildren, and cooking at home. Interviews were audio-recorded, transcribed verbatim, and subsequently analyzed through keyword extraction, categorization, and content analysis(22).

Data analysis

The research team comprised four members from different ethnic backgrounds: Papuan, Batak, and Javanese. To overcome language barriers, researchers who were not fluent in Javanese worked with a research assistant who was a native Javanese speaker from Ngrawan Village. Before the research assistant conducted the interview, the researcher was trained to interview according to the prepared interview guide. Furthermore, after data collection, a discussion was held on the data findings within the team to ensure the validity of the data obtained.

Ethical Consideration

The study received ethical clearance from the Ethics Committee of Universitas Kristen Satya Wacana (No.05/KOMISI ETIK/EC/5/2022). Permission for the study was obtained from the Head of Ngrawan

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Village, and all participants provided informed consent before their involvement.

RESULTS

Ngrawan is one of the remote villages located in the Getasan Subdistrict, Semarang Regency, Central Java. Situated on the slopes of Mount Telomoyo, it is the smallest village in the Getasan Subdistrict (**Figure 1**). The primary occupations of the are vegetable farming and cattle raising. Elderly residents remain active in agricultural activities, working in the fields, cutting grass, or performing household tasks. In addition to their daily activities, the older people frequently participate in health check-ups at the village's *posbindu* (integrated healthcare posts for non-communicable diseases) each month, more so than in other villages within Semarang Regency. Seven *posbindu* centers have been established to serve the five hamlets within the village due to its extensive geographical area, as illustrated in Figure 1. These centers aim to increase accessibility and encourage more residents to attend *posbindu* for routine health check-ups.

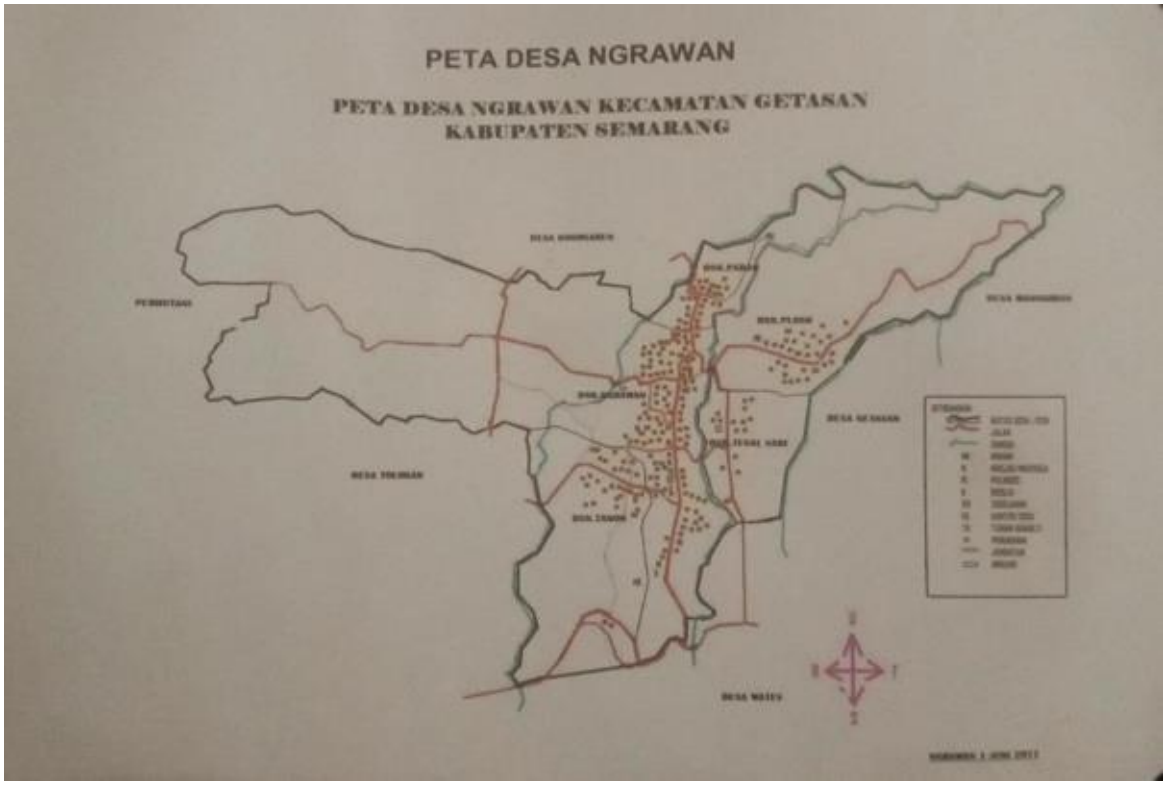

Figure 1. Map of Ngrawan Village (Personal Data, 2022)

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Self-Care in Elderly Hypertension Management

Daily Activity Habits

The older women with hypertension in Ngrawan Village maintain active daily routines. Two participants begin work at 6:00 AM, collecting cloves until 9:00 AM, then continue household chores until noon. Another two participants start at 7:00 AM, preparing goods for sale and breakfast, and later offer massage services upon request. The final participant starts her day at 5:00 AM with caregiving tasks, working until late afternoon. These women, accustomed to long hours of physical activity, do not recognize the impact of excessive labor on their blood pressure. One participant experiences body aches, leg cramps, and tension from prolonged activities such as massaging. At the same time, another, preoccupied with caregiving and concerns about her distant child, reports fatigue and sleep disturbances. Despite their physical strain, they continue their routines, feeling capable of working. The following statement captures participants experiences.

"After cooking, if someone calls for a massage, I go immediately. The massage schedule is not fixed; it could be in the morning, afternoon, or evening" (Elderly participant 3, March 2022).

"When I get home, my hands are numb because I just finished giving a massage. My knees hurt too because I must bend my legs while sitting to massage. My neck gets tense because my head is bent forward during the massage" (Elderly participant 4, March 2022).

"I take care of my grandchildren every day from 1:00 PM to 8:00 PM." (Elderly participant 5, March 2022).

Dietary Habits

The older women in Ngrawan Village share similar eating habits. In each of their households, meals typically include a signature dish of tofu, tempeh, and vegetables. Daily, the five older women purchase cooking ingredients from the traveling vegetable vendors. The selection of food items is determined by the older women, as they are the ones who usually cook in the kitchen. One participant stated: "I buy from the traveling vegetable vendor, usually they sell tofu and tempeh. I never go to the market. If it's right in front, I can get tofu for 2,500 IDR for one plastic bag" (Elderly participant 1, March 2022).

Tempeh and tofu are typically fried. Before frying, they are salted and then immediately cooked. In addition, the older women often prepare tempeh and tofu in various ways. Some cook it in a dish called *obok-obok*, which is made with coconut milk, while others stir-fry it, often with soy sauce. One participant described: "Tofu, tempeh. We make it into *obok-obok* (tempeh cooked with coconut milk), *bacem* (sweetly cooked tempeh), or just fried. The oil is very expensive. My child usually fries the tofu and tempeh. And then the tofu and tempeh are often sold in Dayon" (Elderly participant 2, March 2022). Another participant explained: "It's made into a broth or *obok-obok*, or stir-fried. *Obok-obok* uses coconut milk, but stir-frying doesn't" (Elderly participant 5, March 2022).

Tofu and tempeh, especially when cooked as *obok-obok* and stir-fried, are traditional dishes commonly found in Javanese cuisine. These dishes are often encountered when visiting rural areas in Java. The older women enjoy consuming tofu and tempeh, especially when prepared as *obok-obok* or stir-fried. However, *obok-obok*, which is made with coconut milk, can trigger an increase in blood pressure.

Sleep Habits

The five older women rarely take rest or nap during the day. At night, the first and fifth elderly participants typically rest and sleep around 01:00 or 02:00 AM. These two women have difficulty falling asleep,

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resulting in sleep disturbances. The first elderly woman struggles to sleep due to coughing and shortness of breath, while the fifth elderly woman is kept awake by thoughts of her child, who lives in Kalimantan. One participant shared: "At night, I usually can't sleep because of coughing and shortness of breath. I only manage to sleep after 01:00 AM and wake up at 06:00 AM" (Elderly participant 1, March 2022). Another participant explained: "No, I can't sleep sometimes because I get carried away with thoughts. Sometimes at night I can't sleep, and that can increase my blood pressure" (Elderly participant 5, March 2022).

The other three older women typically rest and sleep by 10:00 PM. These participants do not have trouble falling asleep, but they go to bed at 10:00 PM after watching television. After finishing watching TV, they go directly to bed. One participant stated: "Then, in the afternoon, I go back home and rest while watching TV. I never nap during the day, I sleep at 10:00 PM" (Elderly participant 2, March 2022). Another participant said: "At night, I usually boil water for a bath, then rest after that. It's when I've finished bathing that I rest while watching TV, then sleep at 10:00 PM" (Elderly participant 4, March 2022).

Hypertension Knowledge Sources in the Elderly

Five elderly participants reported symptoms such as dizziness, neck tension, and muscle aches during the examination. They later visited the *posbindu* or Getasan Health Center, where they were informed of elevated blood pressure. This increase was attributed to physical exhaustion from gardening, harvesting cloves, collecting firewood, massaging, and cleaning. Accustomed to fieldwork, they often overlooked their declining agility and the need for rest, leading to fatigue and hypertension. Additionally, one participant experienced increased blood pressure due to concern for a child living far away. The following statement captures participant experience.

"When I come home, my body feels tired, and I usually feel dizzy. When I'm too tired, I often experience tightness and tension in the back of my neck after picking cloves and gathering firewood" (Elderly participant 2, March 2022).

"As an elderly person, I often worry about my child in Kalimantan. I would like to go there, but it's too far" (Elderly participant 5, March 2022).

Older women primarily acquire knowledge about hypertension through local healthcare services, particularly the *posbindu*. All five participants became aware of their condition during health screenings at the *posbindu* in Ngrawan Hamlet. **Figure 2** illustrates midwives and *posbindu* cadres facilitate health assessments, including blood pressure monitoring, body weight and waist circumference measurements, and quarterly evaluations of blood glucose, uric acid, and cholesterol levels. During each visit, midwives and volunteers provide education on hypertension while conducting blood pressure checks. Consistently, their readings exceed the normal range, averaging above 140/80 mmHg.

Figure 2. *Posbindu* Activities in Ngrawan Hamlet (Personal Data, 2022)

Health examinations were conducted individually at the *posbindu*, allowing participants to engage in sharing personal experiences while waiting their turn. Older

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women who had completed their assessments, particularly those with high blood pressure, often stayed to compare results and discuss potential causes of hypertension. They also shared strategies for managing their condition, including lifestyle modifications that had successfully lowered blood pressure in previous months. This tradition, known as *gethok tular*, serves as a communal knowledge-sharing practice where participants exchange experiences and insights, particularly on hypertension management. A common topic of discussion is daily activity, diet, sleep habits, and the use of medicinal plants as a complementary therapy alongside prescribed treatments from the *posbindu* such as boiling avocadoleaves, celery leaves, soursop leaves, and consume. These leaves are boiled with either three or five leaves, and the mixture is cooked until only one glass of water remains. The liquid is then cooled and consumed. One participant explained: "I just boil the avocado leaves. Then, I cook two glasses of water until it reduces to one glass, then I drink it. The taste is just like plain water." (Elderly participant 5, March 2022).

After each screening, the midwife and *posbindu* caders provide education on managing hypertension. The education focuses on maintaining a regular diet, using antihypertensive medications, and explaining how to take the medication. One participant shared: "At *posbindu*, they usually tell me to finish the medication and not eat oily or salty foods" (Elderly participant 2, March 2022). Also, the participants are given medication to lower their blood pressure. The prescribed medication consists of one strip, to be taken for one week.

DISCUSSION

Posbindu programs are designed to disseminate essential health information, including information on non-communicable diseases such as hypertension. Hovewer, Posyandu continues to face resource shortages and time limitations, which hinder the effective implementation of complex activities and reporting for hypertension screening in Indonesia (25). Health screenings at *posbindu* in Ngrawan Village, Semarang District, are conducted by the village midwife, who plays a central role in rural healthcare. Midwives are crucial healthcare providers in rural communities and often collaborate with community health volunteers to support the delivery of health services. The older women utilize *posbindu* as a source of information on hypertension and blood pressure monitoring every month. At *posbindu*, they also receive education about hypertension and its management (26). Information provided at *posbindu* helps them recognize the signs and symptoms of hypertension.

Self-Care Practices for Hypertension Management

Adopting self-care practices, including lifestyle modifications in diet, physical activity, and stress management, plays a pivotal role in reducing the risk of hypertension and improving its management.

Hypertension can present with a variety of symptoms, which may range from mild headaches to other manifestations that overlap with those of different conditions. These symptoms include headaches, a sensation of heaviness at the back of the neck, dizziness (vertigo), fatigue, blurred vision, tinnitus (ringing in the ears), and nosebleeds (27). One of the contributing factors to hypertension in the elderly is a family history of hypertension. Several studies have shown that a family history of hypertension significantly influences the development of hypertension in the elderly (27–29).

Additionally, excessive physical activity can also contribute to hypertension, as the elderly body no longer functions as it did when younger (28,30). Next, elderly sleep patterns often undergo changes, and without realizing it, the elderly experience physical, psychosocial, and spiritual

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transformations. Fatigue from excessive work leads to weakness and an increased risk of elevated blood pressure due to inadequate rest. The body requires rest to relax muscles, allowing proper circulation and heart function. Research has shown a significant relationship between lack of rest and hypertension(31) in the elderly(32). One such change is the disruption of sleep, which negatively impacts the quality of sleep and makes the elderly more vulnerable to various diseases, including hypertension (33). Moreover, research indicates a significant relationship between sleep disturbances and hypertension in the elderly (34).

Furthermore, stress from excessive worry can cause an individual to experience high blood pressure, especially among the elderly, whose bodily functions have declined, making them more susceptible to hypertension. When the elderly become stressed and their sleep quality deteriorates, blood pressure can rise (6,7,33). Thus, poor dietary habits can contribute to the development of hypertension. Hypertension patients are encouraged to adopt dietary patterns rich in fruits, vegetables, and whole grains, such as the DASH and Mediterranean diets, as these provide essential nutrients and antioxidants that improve endothelial function, helping to maintain blood pressure within a normal range (35,36). Older women in rural areas often utilize herbal remedies to manage hypertension. One effective treatment involves the use of avocado leaf decoctions, which have been demonstrated to lower blood pressure(37). Research highlights that avocado leaves contain key bioactive compounds, including vitamin E, vitamin B, iron, potassium, flavonoids, saponins, and tannins(38), which contribute to overall health improvements and blood pressure reduction(39).

Gethok Tular

In rural Java, elderly individuals acquire health information not only through visits to *posbindu* but also via a traditional oral information-sharing practice known as *gethok tular*, a form of word-of-mouth (WOM) communication. WOM communication has been widely recognized as a powerful tool in shaping attitudes and behaviors, especially in healthcare decision-making (40). It offers reassurance and validation, enabling individuals to feel confident in their health choices while mitigating perceived risks associated with healthcare services. Moreover, WOM recommendations from family, friends, and peers play a critical role in guiding health maintenance and promoting informed decision-making. An example was observed in 90% of 152 Indonesian individuals who chose to seek treatment at a Malaysian hospital based on word-of-mouth promotion(41).

The *gethok tular* approach is a community-based method of health promotion where knowledge, often derived from personal experience, is exchanged and shared within a trusted network. This method is particularly effective for elderly populations, facilitating the adoption of health practices such as hypertension management strategies, including dietary changes and the use of medicinal plants. Given its reliance on trust, *gethok tular* enhances the community's engagement in health promotion and self-care practices.

For healthcare professionals, integrating *gethok tular* into health promotion strategies can strengthen community involvement and improve health outcomes, particularly in rural areas. It offers a culturally relevant approach to hypertension prevention and management, leveraging local networks to spread health information and encourage behavior change. However, it is essential that the information shared is accurate and valid to avoid the dissemination of misleading health advice.

While the younger generation's engagement with *gethok tular* has diminished due to the increased use of technology for information

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dissemination, it remains a powerful tool for health education. To optimize its impact, health policymakers, healthcare providers, and community leaders should create reliable self-care management materials, presented through creative formats such as audiovisuals and printed media, that appeal to younger audiences.

Once educational content is developed, its dissemination should proceed through *gethok tular*, with training provided to *posbindu* cadres, elderly groups, and community leaders. By using trusted local figures to deliver health messages, *gethok tular* can foster deeper community trust and involvement, ultimately strengthening health behaviors and supporting sustainable hypertension management.

This study highlights the strength of focusing on the culturally significant approach shared by Indonesia's largest ethnic group, revealing self-care practices among elderly Javanese women through an ethnographic lens. However, limitations include a small sample size, potential bias in self-reported data, and limited generalizability of the findings, which may only apply to a specific population.

CONCLUSION

This study highlights *gethok tular* as a key source of self-care knowledge among older women with hypertension, primarily shared during monthly *posbindu* activities and within their communities. Self-care practices identified include dietary habits, physical activity, and sleep routines, with participants continuing daily work and household chores despite their condition. Their diets, rich in oily and coconut-milk-based foods, are complemented using herbal remedies. The *gethok tular* approach, deeply rooted in local culture, can enhance rural health education by integrating modern methods such as audiovisual materials and printed resources. Training *posbindu* cadres, elderly groups, and community leaders to disseminate hypertension management information through this approach fosters greater community acceptance and promotes self-management. Future research should investigate the potential of *gethok tular* as an intervention to reduce blood pressure and modify health behaviors among older women in Java.

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