

Motivation can improve medication adherence in hypertension patients

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ABSTRACT

Introduction: Motivation is essential in improving medication adherence in hypertensive patients. Non-adherence to medication is often a significant obstacle in the management of high blood pressure, leading to an increased risk of serious complications such as heart disease and stroke. This study analyzes the relationship between patients' motivation levels and adherence to hypertension treatment regimens.

Methods: The research design used is descriptive-analytical with a cross-sectional approach to hypertensive patients in a health clinic. Data were collected through questionnaires that measured motivation and adherence to medication.

Results: The analysis showed that patients with high motivation had better compliance levels than those with low motivation ($p < 0.05$). Contributing motivational factors include family support, understanding of the benefits of treatment, and confidence in managing the hypertension condition.

Conclusions: Strong motivation plays a significant role in improving medication adherence in hypertensive patients, so health workers need to strengthen the motivational aspect of patient education and counseling programs. This is expected to help reduce the risk of complications and improve the quality of life of hypertensive patients.

Keywords: hypertension, medication adherence, motivation.



INTRODUCTION

Hypertension or high blood pressure is one of the health problems that often occur in the elderly and can increase the risk of heart disease, stroke, and other complications. Good knowledge about hypertension in the elderly can help them identify risk factors, recognize early symptoms, and understand how to manage them appropriately (Harkin et al., [2023](#)). However, some studies show that the level of knowledge of the elderly about hypertension is still low, which results in a lack of adherence to medication and blood pressure control. This study aims to explore how the elderly describe their level of knowledge about hypertension; by understanding how the elderly view hypertension, it is hoped that educational interventions can be adapted to improve the understanding and ability of the elderly to prevent more serious complications (Huber et al., [2024](#)). Hypertension is the leading cause of various cardiovascular diseases, such as heart disease, stroke, and kidney failure, which contribute to high global morbidity and mortality rates. According to the latest data, the prevalence of hypertension continues to increase, along with modern lifestyle changes that tend to be less healthy, such as poor diet, lack of physical activity, and prolonged stress. Hypertension has become a public health problem that needs serious attention (Almarzooqi et al., [2023](#)).

The main challenge in the management of hypertension is the low level of patient adherence to treatment. Many hypertensive patients do not follow treatment recommendations consistently, be it in terms of taking medication, maintaining a healthy diet, or implementing an active lifestyle (Huang et al., [2023](#)). This non-compliance not only inhibits blood pressure control but also increases the risk of long-term complications. One of the factors that can increase treatment adherence is intrinsic motivation, which comes from within the patient, and extrinsic motivation, driven by the support of family, friends, or medical personnel (Radparvar et al., [2024](#)). Motivation has a major influence on medication adherence in patients with chronic diseases, including hypertension. Motivation can help patients be more aware of the importance of medication, provide an emotional boost, and make them more committed to maintaining their health. Motivated patients tend to be more obedient in taking medicines on schedule, more open to medical advice, and more disciplined in living a healthy lifestyle. In addition, motivation also helps patients overcome obstacles such as drug side effects, boredom in carrying out long-term treatment, and the influence of a less supportive environment (Komaç & Duru, [2024](#)).

Healthcare worker support is also important in building and maintaining patient motivation. Through comprehensive education, an empathetic approach, and good communication, healthcare professionals can help patients understand the importance of adherence in hypertension treatment and the impact of such non-compliance (White et al., [2024](#)). In addition, education involving the patient's family and surrounding environment can provide additional support that helps the patient feel supported and motivated in treatment. As understanding health behaviors develops, motivation-based approaches are increasingly recognized as effective strategies for addressing medication adherence challenges. The study focuses on how motivation, both intrinsic and extrinsic, can play a role in improving medication adherence in hypertensive patients (Mo & Park, [2023](#)). Through this study, it is hoped that deeper insights can be found on ways to improve patient compliance to help reduce morbidity and mortality rates due to hypertension. Motivation in a medical context can be understood as an impulse or desire from within a person or from external factors to undergo the necessary treatment to achieve better health outcomes. In treating hypertension, motivation is the main driving force for patients to stay committed to undergoing therapy and maintaining a healthy lifestyle. Motivated patients tend to be more disciplined in taking medications, dieting, and routinely checking blood pressure. This motivation can come from the patient's understanding of the risks and benefits of treatment or support from family, friends, and health workers (Green et al., [2023](#)).

Strong motivation in hypertensive patients encourages them to adhere to treatment and

improves their quality of life. This motivation can motivate patients to adopt a sustainable healthy lifestyle, such as exercising regularly, reducing salt intake, and managing stress (Jo et al., [2024](#)). With motivation, patients are more likely to see hypertension treatment as part of an effort to achieve long-term health rather than just a temporary obligation. Therefore, understanding and developing effective strategies to increase hypertensive patients' motivation is key to improving their medication adherence. With a motivation-focused approach, it is hoped that hypertension patients can be more disciplined in undergoing therapy and avoid the risk of dangerous complications.

MATERIALS AND METHODS

This study uses an analytical descriptive method with a cross-sectional approach. The descriptive analytical approach aims to identify and analyze the relationship between two main variables, namely motivation and medication adherence. The cross-sectional approach was chosen because it allows researchers to collect data at a particular time, making it efficient to see the relationship between motivation and adherence in one population group. The population in this study is all hypertensive patients who visit a specific clinic or health facility during the study period. Samples were taken using the purposive sampling technique, which is the selection of samples based on particular criteria relevant to the research objectives. The inclusion criteria set are Patients aged 40 years and older with a diagnosis of hypertension. Patients who have been undergoing hypertension treatment therapy for at least six months. Be willing to participate in research and provide the information needed. The sample size selected was 100 hypertensive patients; this number was chosen to obtain representative results, taking into account the time and resources of the study.

Data was collected using a questionnaire consisting of two main parts: Motivation Questionnaire: Measuring the level of motivation of patients towards hypertension treatment, which includes several aspects of motivation such as family support, awareness of the benefits of treatment, and self-confidence in managing hypertension. Each questionnaire item is structured on a 5-point Likert scale, ranging from "strongly disagree" to "strongly agree." Medication Adherence Questionnaire: Measures patients' adherence to their hypertension treatment regimen, with indicators such as medication regularity, adherence to maintaining a healthy lifestyle, and attendance in routine controls. The questionnaire also uses the Likert scale to assess compliance levels, with higher scores indicating better levels of compliance. Data collection is carried out in the following stages: Consent and Informed Consent. Before data collection, each participant has explained the research objectives and procedures and their rights. After agreeing, participants sign informed consent. Questionnaire Delivery: Questionnaires are distributed directly to participants who meet the inclusion criteria. Participants are given 15–20 minutes to fill out a questionnaire with the guidance of a researcher or assistant if there are any questions. Data Check: After filling out the questionnaire, the researcher checks the completeness of the questionnaire to ensure that no data is missing or incomplete before conducting the analysis.

Data analysis is carried out with the help of statistical software. Here are the steps analysis used: Univariate analysis: Data from the questionnaire was analyzed to obtain the frequency distribution of each variable, namely motivation level and compliance level. This analysis aims to find out how large the proportion of patients who have high, moderate, or low motivation, as well as the proportion of treatment adherence levels. Bivariate Analysis: The Chi-square statistical test or the Pearson/Spearman correlation test (depending on the data distribution) was used to test the relationship between motivation and medication adherence. The results of this statistical test will show whether there is a significant relationship between patients' motivation level and treatment adherence. Interpretation of Results: The resulting data was analyzed to see if there was a pattern or correlation between the patient's motivation and their level of adherence in carrying out hypertension treatment. The researchers also discussed the implications of the results, particularly related to the importance of motivation in improving compliance and preventing hypertension complications. Validity and Reliability of Data: To ensure that the instrument used

has an adequate level of validity and reliability, validity and reliability tests are conducted on the questionnaire before the main study begins. Validity tests are conducted to ensure that each questionnaire item measures the intended aspects of motivation and compliance. Reliability tests (e.g., using Alpha Cronbach) were undertaken to ensure the consistency of participants' answers on each questionnaire item.

RESULTS

Table 1 Respondent Characteristics

Variable	N	%
Age		
< 40 years old	16	23,9
40 – 49 years old	22	32,6
> 50 years old	29	43,3
Gender		
Man	34	50,7
Woman	33	49,3
Education		
Elementary school	3	4,5
High school	34	50,7
University	30	44,8
Occupation		
Civil servant	10	14,9
Private Employees	18	26,9
Entrepreneur	8	11,9
Farmer/Laborer	2	3,0
Not working	13	19,4
Housewife	16	23,9
Years of Hypertension		
< 5 years	29	43,3
> 5 years	38	56,7
Motivation		
High	18	26,9
Low	49	73,1

Table 1 shows demographic data by age group where most respondents (43.3%) were >50 years old. More than half of the respondents (50.7%) were male. Most respondents (50.7%) graduated from high school, and most were private employees (26.9%). The percentage of patients suffering from hypertension for >5 years was 56.7%. Most respondents (62.7%) had high knowledge about hypertension. Most respondents (73.1) had high motivation for medical treatment. Most respondents (71.6) had high family support for seeking treatment.

Table 2 Bivariate Analysis Variable

Motivation	Medication Compliance						P
	Disobedient		Compliant		n	%	
	n	%	n	%			
High	13	19,4	5	7,5	18	26,9	0,000
Low	1	1,5	48	71,6	49	73,1	

Table 2 Results of chi-square test analysis of motivation level variables to seek treatment with a value of $p = 0.000$. A value of $p < 0.05$ means that the hypothesis is accepted so that the motivation variable of hypertension patients is received. Motivation plays a vital role in improving medication adherence in hypertensive patients. When hypertensive patients are motivated, they are more likely to understand the importance of following a consistent treatment regimen to manage their blood pressure. With the right motivation, patients feel more responsible for their health, encouraging them to be more compliant in taking their medications, follow their doctor's advice, and live a healthy lifestyle. Motivational support from medical personnel and the

surrounding environment can be crucial for hypertension patients in achieving optimal treatment outcomes.

DISCUSSION

Researchers revealed that motivation is crucial in improving hypertensive patients' medication adherence. When hypertensive patients are motivated through family support, health workers, or other intrinsic factors, they tend to be more consistent in carrying out the therapy the doctor recommends. Motivation often comes from a good understanding of the disease itself. When patients are motivated to learn more about hypertension, the risks, and the benefits of treatment, they tend to have a deeper understanding of the importance of compliance. This helps patients be aware of the dangers of uncontrolled blood pressure so they are more motivated to follow medical advice. Emotional support coming from family or medical personnel can be a strong motivation for patients. When patients feel supported, they tend to be more motivated to take care of their health for the sake of their loved ones. Feeling loved and cared for gives patients a solid reason to keep working on treatment (Ismail et al., [2024](#)).

Motivation is closely related to the patient's self-perception and attitude towards treatment. Patients who are internally motivated, i.e., motivated to be healthy, tend to be more obedient to treatment. This motivation is often related to the patient's understanding of the long-term benefits of hypertension treatment (Te Paske et al., [2023](#)). Those with a positive mindset and feel responsible for their health usually show higher levels of compliance. When patients set clear life goals, such as staying healthy, being with their family longer, or enjoying retirement more productively, their motivation to maintain health increases. Specific life goals help patients be more disciplined in therapy and maintain a healthy lifestyle. Extrinsic motivations, such as doctor reminders and appreciation from family or the environment, can encourage patients to comply with their treatment (Majd et al., [2024](#)).

Meanwhile, intrinsic motivation, such as a sense of responsibility for oneself, also significantly ensures that patients continue their treatment routines without feeling overwhelmed. With strong motivation, patients are likelier to adhere to a medication schedule, maintain a diet, and perform recommended physical activity (Rosendo-Silva et al., [2023](#)). Not only does this help keep blood pressure within normal limits, but it also reduces the risk of long-term complications, such as stroke or heart failure, which can result from non-adherence to treatment (Wijayanti et al., [2023](#)). Motivation cannot be underestimated when it comes to medication adherence. With the right approach, motivation can be the primary driver that encourages hypertensive patients to continue to comply with their treatment, thereby improving their overall quality of life (Kordvarkane et al., [2023](#)).

Health education or counseling has an important role in building motivation. Hypertensive patients who get complete information about the importance of keeping blood pressure within normal limits tend to be more aware of the risk of hypertension if it is not controlled, such as heart disease, stroke, and kidney disorders (Munir et al., [2024](#)). With this understanding, patients are motivated to follow treatment consistently. Education carried out by medical personnel also helps patients understand the mechanism of action of hypertension medication and the importance of a regular medication schedule. Support from family, friends, and the health community has a significant effect on patient motivation (Kanyongo & Ezugwu, [2023](#)). Research shows that hypertensive patients who have social support tend to be more disciplined in their treatment. This support can be in the form of reminders to take medication, help in living a healthy lifestyle, or even emotional encouragement. An active family providing support can be the primary driver for patients to continue receiving treatment as recommended (Kwakye et al., [2024](#)). Healthcare workers are important in motivating patients through an empathetic approach and effective communication. A strategy that focuses on medical instructions and includes encouragement and emphasis on the patient's progress is essential. Using techniques such as motivational interviewing can help patients explore self-motivation to stay committed to treatment. For

example, appreciating a patient's consistency in treatment or discussing long-term health goals can encourage patients to be more compliant (Andala et al., [2024](#)).

Intrinsic motivation comes from within the patient himself, often influenced by their understanding of the long-term benefits of the treatment and the desire to live a healthier life (Wagaye et al., [2024](#)). Intrinsically motivated patients are more likely to understand the importance of keeping blood pressure regular to prevent complications such as stroke and heart disease. Awareness of the importance of this treatment makes them more disciplined in taking medicine, following a healthy lifestyle, and undergoing treatment responsibly (Boima et al., [2024](#)). Medication adherence driven by strong motivation not only improves patients' physical health but also improves their overall quality of life. Patients motivated to maintain their health are more likely to adopt a sustainable healthy lifestyle, such as a healthy diet, physical activity, and stress management (Burnier, [2024](#)). Thus, motivation has a dual role as a driver of treatment adherence and a factor that improves the patient's well-being and quality of life in the long term. Motivation is important in encouraging hypertensive patients to comply with their treatment (Kamaruddin, [2023](#)). Whether through intrinsic motivation rooted in self-awareness or extrinsic motivation derived from social support, motivation is a critical force that helps patients consistently maintain their health. This approach that prioritizes strengthening motivation is indispensable in clinical practice to overcome the challenge of non-compliance and improve the overall treatment outcomes of hypertension patients (Ladyani et al., [2021](#)).

CONCLUSIONS

It can be concluded that motivation has a significant role in improving medication adherence in hypertensive patients. Self-motivation (intrinsic motivation) and environmental support (extrinsic motivation) have been shown to help patients be more disciplined in undergoing treatment and maintain a healthy lifestyle. Comprehensive education, consistent social support, and an empathetic approach from healthcare professionals all motivate patients to comply with treatment. In addition, clear life goals and periodic evaluations of patients' health developments can strengthen their motivation to follow medical recommendations. Thus, an approach that focuses on increasing motivation is one of the important strategies in ensuring the success of hypertension treatment and preventing long-term complications.

REFERENCES

- Almarzooqi, I., Zakaria, H., Aleabova, S., Caccelli, M., Ozkan, C., Skaf, J., Bangayan, J., Catapang, D., Jaafar, Z., Hashemi, A., & Said, Y. (2023). Effectiveness of a hybrid technology-enabled care model as measured by ICHOM standard set on established and managed type 2 diabetes already using medications: A RWE retrospective study. *Metabolism Open*, 20, 100262. <https://doi.org/https://doi.org/10.1016/j.metop.2023.100262>
- Andala, S., Sofyan, H., Hasballah, K., & Marthoenis. (2024). Knowledge and acceptance associated with medication adherence among hypertension individuals in Aceh province, Indonesia. *Helicon*, 10(7), e29303. <https://doi.org/https://doi.org/10.1016/j.helicon.2024.e29303>
- Boima, V., Doku, A., Agyekum, F., Tuglo, L. S., & Agyemang, C. (2024). Effectiveness of digital health interventions on blood pressure control, lifestyle behaviors and adherence to medication in patients with hypertension in low-income and middle-income countries: a systematic review and meta-analysis of randomized controlled trials. *EClinicalMedicine*, 69, 102432. <https://doi.org/https://doi.org/10.1016/j.eclinm.2024.102432>
- Burnier, M. (2024). The role of adherence in patients with chronic diseases. *European Journal of Internal Medicine*, 119, 1–5. <https://doi.org/https://doi.org/10.1016/j.ejim.2023.07.008>
- Green, M. D., Dalmage, M. R., Lusk, J. B., Kadhim, E. F., Skalla, L. A., & O'Brien, E. C. (2023). Public reporting of black participation in anti-hypertensive drug clinical trials. *American*

- Heart Journal*, 258, 129–139. <https://doi.org/https://doi.org/10.1016/j.ahj.2023.01.001>
- Harkin, K., Apostolopoulos, V., Tangalakakis, K., Irvine, S., Tripodi, N., & Feehan, J. (2023). The impact of motivational interviewing on behavioural change and health outcomes in cancer patients and survivors. A systematic review and meta-analysis. *Maturitas*, 170, 9–21. <https://doi.org/https://doi.org/10.1016/j.maturitas.2023.01.004>
- Huang, X., Xu, N., Wang, Y., Sun, Y., & Guo, A. (2023). The effects of motivational interviewing on hypertension management: A systematic review and meta-analysis. *Patient Education and Counseling*, 112, 107760. <https://doi.org/https://doi.org/10.1016/j.pec.2023.107760>
- Huber, M., Busch, A. K., Stalder-Ochsner, I., Flammer, A. J., & Schmid-Mohler, G. (2024). Medication adherence in adults after hospitalization for heart failure: A cross-sectional study. *International Journal of Cardiology Cardiovascular Risk and Prevention*, 20, 200234. <https://doi.org/https://doi.org/10.1016/j.ijcrp.2023.200234>
- Ismail, M., El-Nayal, M., & Domiati, S. (2024). Exploring the impact of subjective well-being on medication adherence: A cross-sectional study among individuals with multiple chronic diseases. *Exploratory Research in Clinical and Social Pharmacy*, 15, 100496. <https://doi.org/https://doi.org/10.1016/j.rcsop.2024.100496>
- Jo, S., Um, T., Shin, J., Lee, D., Park, K., & Son, M. (2024). Factors associated with suboptimal adherence to antihypertensive medication: Cross-sectional study using nationally representative databases. *Heliyon*, 10(19), e38531. <https://doi.org/https://doi.org/10.1016/j.heliyon.2024.e38531>
- Kamaruddin, M. I. (2023). Factors that affect the activeness of the elderly in participating in prolonged gymnastics in patients with hypertension. *Jurnal Edukasi Ilmiah Kesehatan*, 1(2), 85–91. <https://doi.org/https://doi.org/10.61099/junedik.v1i2.20>
- Kanyongo, W., & Ezugwu, A. E. (2023). Feature selection and importance of predictors of non-communicable diseases medication adherence from machine learning research perspectives. *Informatics in Medicine Unlocked*, 38, 101232. <https://doi.org/https://doi.org/10.1016/j.imu.2023.101232>
- Komaç, F., & Duru, P. (2024). The effect of education based on a health belief model and motivational interviews on cardiovascular disease risk factors and healthy lifestyle behaviour changes in patients with essential hypertension: A randomized controlled trial. *Patient Education and Counseling*, 120, 108126. <https://doi.org/https://doi.org/10.1016/j.pec.2023.108126>
- Kordvarkane, Z., Oshvandi, K., Mohammadi, Y., & Azizi, A. (2023). Effect of education based on the Common-Sense Model of Self-Regulation on blood pressure and self-management of hypertensive patients: A clinical trial study. *International Journal of Nursing Sciences*, 10(3), 294–301. <https://doi.org/https://doi.org/10.1016/j.ijnss.2023.06.009>
- Kwakye, A. O., Kretchy, I. A., Peprah, P., & Mensah, K. B. (2024). Factors influencing medication adherence in co-morbid hypertension and diabetes patients: A scoping review. *Exploratory Research in Clinical and Social Pharmacy*, 13, 100426. <https://doi.org/https://doi.org/10.1016/j.rcsop.2024.100426>
- Ladyani, F., Febriyani, A., Prasetya, T., & Berliana, I. (2021). Relationship between Exercise and Stress with the Level of Hypertension in the Elderly. *Jurnal Ilmiah Kesehatan Sandi Husada*, 10(1 SE-Articles). <https://doi.org/https://doi.org/10.35816/jiskh.v10i1.514>
- Majd, Z., Mohan, A., Fatima, B., Johnson, M. L., Essien, E. J., & Abughosh, S. M. (2024). Trajectories of adherence to ACEI/ARB medications following a motivational interviewing intervention among Medicare Advantage beneficiaries in Texas. *Patient Education and Counseling*, 119, 108073. <https://doi.org/https://doi.org/10.1016/j.pec.2023.108073>
- Mo, Y., & Park, H. S. (2023). Message frame and health literacy: Strategies to improve adherence to antihypertensive medications. *Research in Social and Administrative Pharmacy*, 19(7),

- 1042–1047. <https://doi.org/https://doi.org/10.1016/j.sapharm.2023.04.116>
- Munir, A., Farooqi, H. A., Nabi, R., Hasnain, U., & Khan, M. (2024). Telemedical strategies for improving systolic blood pressure control in secondary prevention of cerebrovascular events-a systematic review and meta-analysis. *Journal of Stroke and Cerebrovascular Diseases*, 33(12), 108046. <https://doi.org/https://doi.org/10.1016/j.jstrokecerebrovasdis.2024.108046>
- Radparvar, A. A., Vani, K., Fiori, K., Gupta, S., Chavez, P., Fisher, M., Sharma, G., Wolfe, D., & Bortnick, A. E. (2024). Hypertensive Disorders of Pregnancy: Innovative Management Strategies. *JACC: Advances*, 3(3), 100864. <https://doi.org/https://doi.org/10.1016/j.jacadv.2024.100864>
- Rosendo-Silva, B., Ortigosa-Ferreira, A. C., Prazeres, F., Caramelo, F., Santiago, L. M., & Rosendo, I. (2023). Systematic review of motivational interventions to improve adherence to medication in patients with hypertension and meta-analysis. *Hipertensión y Riesgo Vascular*, 40(4), 174–196. <https://doi.org/https://doi.org/10.1016/j.hipert.2023.04.003>
- Te Paske, R., Vervloet, M., Linn, A. J., Brabers, A. E. M., van Boven, J. F. M., & van Dijk, L. (2023). The impact of trust in healthcare and medication, and beliefs about medication on medication adherence in a Dutch medication-using population. *Journal of Psychosomatic Research*, 174, 111472. <https://doi.org/https://doi.org/10.1016/j.jpsychores.2023.111472>
- Wagaye, M., Kumar, P., Yimam, W., Seid, F., Anteneh, S., Girma, M., Getachew, Y., Zenebe, Y., Debebe, Z., & W/Selassie, M. (2024). Factors associated with uncontrolled blood pressure in adult hypertensive patients on follow-up at Enat General Hospital, Amhara, Ethiopia, 2021. *International Journal of Africa Nursing Sciences*, 20, 100641. <https://doi.org/https://doi.org/10.1016/j.ijans.2023.100641>
- White, M. S., Bush, N., Hennion, M., & Bush, B. (2024). Promoting health and improving quality of life in heart failure patients. *Clinics in Integrated Care*, 25, 100215. <https://doi.org/https://doi.org/10.1016/j.intcar.2024.100215>
- Wijayanti, L. A., Indriani, R., Salomon, G. A., Asrina, R., Nur, M. P., & Suprpto, S. (2023). Knowledge and Attitudes With the Incidence of Hypertension. *Jurnal Ilmiah Kesehatan (JIKa)*, 5(2), 242–249. <https://doi.org/https://doi.org/10.36590/jika.v5i2.512>

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