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The Effect of Hypertension Education Using Video on Compliance Drink Drug Hypertension on Elderly in Sianpar Village, Sihailhail District Balige Toba District

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Abstract : Hypertension is one of the most dangerous health problems worldwide because hypertension is a major risk factor leading to cardiovascular disease. Management of hypertension can be done with pharmacological therapy by complying with medication and non-pharmacological in the form of hypertension education. Hypertension education using video is an effort to increase medication compliance in the elderly because video media involves two senses, namely sight and hearing, so that it can maximize the information received. The purpose of this study was to see the effect of hypertension education using video on medication compliance in the elderly in Sianipar Sihailhail Village, Balige District, Toba Regency in 2024. This study used a quasi experiment with a pre-post test with a control group. The sample of this study used a simple random sampling technique with a sample size of 42 respondents. The data collection method used the Morisky Medication Adherence scale (MMAS-8) questionnaire and data analysis in this study used the paired T test. The results of the study showed that the average compliance before education in the intervention group was 2.0952 after education became 3.1429, while the average in the control group before education was 2.3810 after education became 3.3333. In the marginal homogeneity test, the Asymp.Sig value was found. (2-tailed) or p value = 0.003 ≤ 0.05. The conclusion of the results of this study is that there is an effect of hypertension education using videos on compliance with taking hypertension medication in the elderly in Sianpar Sihailhail Village, Balige District, Toba Regency, it is recommended that elderly people with hypertension in Sianpar Sihailhail Village, Balige District, Toba Regency in 2019 be given hypertension education using videos to improve compliance with taking hypertension medication.

Keywords : Compliance, taking medicine, the elderly.

1. INTRODUCTION

Elderly is a continuation of adulthood and is a natural process that has been determined by God Almighty (Nugroho, 2008). The body system in the elderly will experience a decline in various aspects, both biological, physiological, psychosocial, and spiritual, which is an aging process (Stanley & Beare, 2006). As happens deterioration of cells due to the aging process which can result in organ weakness, physical decline, the emergence of various diseases, especially degenerative diseases (Supriyantoro, 2010). Disease degenerative At the moment There is around 50 disease, Wrong the only one is hypertension (Arisman, 2007). Hypertension is one of the health problems that is quite dangerous throughout the world because hypertension is a risk factor. major risk factors leading to cardiovascular disease like heart attack, failure heart, stroke and kidney disease, which in 2016 heart disease Ischemic heart disease and stroke are the two main causes of death in the world (World Health Organization / WHO, 2018).

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Hypertension is the number one cause of death in the world every year compared to 10 other deadly diseases. This is proven by the number of hypertension sufferers in 2015 as many as 1.13 billion people, meaning 1 in 3 people in the world are diagnosed with hypertension with an average increase of 9.4 million people each year (WHO, 2015). In the same period of time, the incidence of hypertension was higher in people in developing countries compared to developed countries, even almost 75% of people with hypertension lived in developing countries (Mills, 2016). The results of the Basic Health Research / Riskesdas (2018) showed that the prevalence of hypertension from the measurement results reached 34.1%, a sharp increase from 25.8% on year 2013, prevalence hypertension happen on group age 31-44 years old (31.6%), 45-54 years old (45.3%), 55-64 years old (55.2%). From the results of the study, most hypertension sufferers are experienced by the elderly group (Ministry of Health of the Republic of Indonesia 2018).

Hypertension is divided into two parts based on the cause, namely: hypertension primary (essential) And hypertension secondary (Smelter, 2013),. Primary hypertension is common in the adult population between 90% - 95%, primary hypertension has no identifiable clinical cause, and it is also likely that this condition is multifactorial (Smeltzer, 2013; Lewis, Dirksen, Heitkemper, & Bucher, 2014). Secondary hypertension is characterized by increased blood pressure and is accompanied by specific causes, such as renal artery narrowing, pregnancy, certain medications, and other causes. Secondary hypertension can also be acute, indicating that there is a change in cardiac output (Workman, & Rebar, 2017).

Hypertension has several risk factors, namely those that cannot be changed and those that can be changed (Fauzi, 2014). The first is that it cannot be changed, such as heredity, if in the family the parents or siblings have high blood pressure, then The suspicion of hypertension is greater, in addition to hereditary risk factors hypertension Which No can changed is age, the more A s a g e increases, the risk of suffering from high blood pressure increases, this is also related to different hormone regulation. For risk factors that can changed is smoke, excess heavy body, cholesterol, consumption salt and fat, caffeine, obesity, alcohol, stress levels, and low physical activity (Gunawan, 2001). If someone experiences high blood pressure and does not receive regular treatment and regular control, then this will lead the sufferer to serious cases and even death, continuous high blood pressure causes the heart to work extra hard, finally this condition results in damage to the blood vessels of the heart, kidneys, brain and eyes (Wolff, 2006).

Management of hypertension can be done with pharmacological therapy and non-pharmacological therapy. Pharmacological therapy is the management of hypertension using drugs known as antihypertensive drugs, both diuretics, adrenergic blockers and vasodilator (Divine, 2012). Non-pharmacological therapy is a treatment for hypertension that is carried out by adopting a healthy lifestyle, namely a low salt and cholesterol diet, stopping the use of substances that are harmful to the body, getting enough rest, managing stress, physical activity (Susilo & Wulandari, 2011). In order for the target of therapy to be achieved, compliance is required in carrying out therapy, but people often ignore compliance in therapy, after blood pressure returned to normal only 0.7% were remain compliant in taking hypertension medication (Riskesdas, 2013).

From the results of the Basic Health Research in 2018, the proportion of medication history and reasons for not taking medication in the hypertensive population based on a doctor's diagnosis or taking medication, where high compliance was 54.4%, moderate compliance was 32.3% and low compliance was 13.3%, where the reasons for not complying with taking medication were various reasons, namely 59.8% felt healthy and felt they did not need medication, 31.3% did not routinely go to health care facilities, 14.5% took traditional medicine, 12.4% others, 11.5% often forgot, 8.1% could not afford routine medication, 4.5% could not stand the side effects drug And 2.0% drug No There is in failure service health. There are many factors that often cause people to be non-compliant in taking medication, such as age, polypharmacy, and lack of social support. These can be the reasons for low community compliance in taking hypertension medication (Bates, Connaughton and Watts, 2009).

Compliance according to Gunawan (2011), is behavior individual in accordance with the advice recommended by health practitioners. Compliance is a form of a person's application of the treatment that must be undergone in his life. Patients who are compliant with treatment are those who complete treatment regularly and completely according to the advice of health workers (Katzung & Bertram, 2004). The indicator of compliance with taking medication is whether or not the patient comes after receiving advice to return for a check-up. A patient is said to be compliant with treatment if they take medication according to the rules of the drug package and are on time in taking the medication until the end of the period treatment (Khoiriyah, 2010). Somebody it is said obedient get medical treatment when willing to come to the designated health worker according to the schedule that has been set and willing to carry out what is recommended by the officer (Suparyanto, 2010). According to Morisky & Muntner (2008), the indicator of patient compliance in taking hypertension medication is based on a questionnaire in the form of a compliance score where compliance tall the score is 8,

compliance currently score his is 6- <8, And compliance low the score is <6.

The role of curative nurses and the role of rehabilitative nurses are efforts made to address compliance in taking hypertension medication. elderly. The role of curative nurses is to provide psychosocial and spiritual care to individuals, families and communities. The role of rehabilitative nurses is to provide health education in improving compliance with taking medication to monitor regular medication schedules, regular diets by reducing foods that contain a lot of salt, and advising hypertension sufferers to come to health services, to receive health education in creating a healthy lifestyle (Dina & Rahmawati, 2017). According to Khomeini, et al. (2007) education structured Which done by force health to patient hypertension own influence meaningful on patient medication compliance so that it can lower blood pressure.

Health education is an effort or activity to help individuals, families and communities improve their ability to achieve optimal health (Notoatmodjo, 2010). All health workers acknowledge that health education is important to support other health programs. Health education is a component of a health and medical program consisting of planned efforts to change the behavior of individuals, families and communities which is a way of changing thinking, attitudes and actions with the aim of helping treatment, rehabilitation, disease prevention and promotion of healthy living (Suhila, 2002). According to Effendi (1995), the most important goal of health education is to achieve changes in the behavior of individuals, families and communities in maintaining healthy behavior and playing an active role in realizing optimal health levels. According to Notoatmodjo (2012) there are several forms of health education media based on the method of media production, including electronic media in the form of videos. The results of previous research by Oktiani (2019) stated that counseling with video media can increase compliance with taking hypertension medication with a *p value* value 0.000 (<0.05). Other research from Nuridayanti (2018) after education was conducted there was a significant difference in medication adherence in control and intervention groups with a p Value of 0.001.

Video is a set of tools that can project moving images which are a combination of images and sound forming the same character as the original object (Hujair, 2009). According to Majid (2006) the advantages of video media are that it is more interesting and easier to understand, with video someone can learn by themselves, repeated, can display in detail, accelerated or slowed down, allows for comparison between two different scenes played at the same time, can be used as a display real from a scene, a situation discussion, documentation, promotion

a product, interview, and displaying an experiment in progress. This media is considered more interesting and more effective because it involves two senses, namely the sense of sight and hearing, which can maximize the reception of information. From the results of the study, audio-visual media can undoubtedly help in teaching if chosen wisely and used properly (Nurmayunita & Suratini, 2019).

The results of a preliminary study showed that 7 out of 10 elderly people with hypertension were not compliant in taking their medication, patients said they only took their medication and were diligent in taking their medication when there was a posbindu and felt that their bodies were healthy and did not need to take medication regularly, as well as data on monthly visits by elderly people to the Pasar Ikan Community Health Center for treatment or to take medication for... hypertension disease is not yet optimal, data on elderly visits for treatment or taking hypertension medication in October was only 101 out of 142 patients who were only recorded in September 2020. Based on this description, the author is interested in knowing more about the influence of hypertension education using video to compliance drink drug on elderly in Sianipar Sihaihail Village, Balige District, Toba Regency in 2024.

2. THEORETICAL STUDY

Understanding Hypertension

Hypertension is a condition where the pressure in the blood vessels increases chronically. This can happen because the heart works harder to pump blood to meet the body's oxygen and nutrient needs. Hypertension is often associated with hardening and loss of elasticity. wall arteries. Prisoner vascular peripheral increase in hard and inelastic blood vessels. This can be influenced by age factors. In the elderly, there are changes in the structure and function of blood vessels, namely the elasticity of blood vessels decreases and stiffness occurs. wall arterial blood vessels, so that development vessels blood becomes disturbed (Potter & Perry, 2005). Hypertension is a blood vessel disorder that results in the supply of oxygen and nutrients carried by the blood to the body's tissues being blocked, which will cause the heart to have to work harder, causing high blood pressure, a person is said to have high blood pressure if the systolic blood pressure is above 140mmHg and the diastolic is 90mmHg (Smeltzer, 2009).

Table 1. Category Pressure Blood

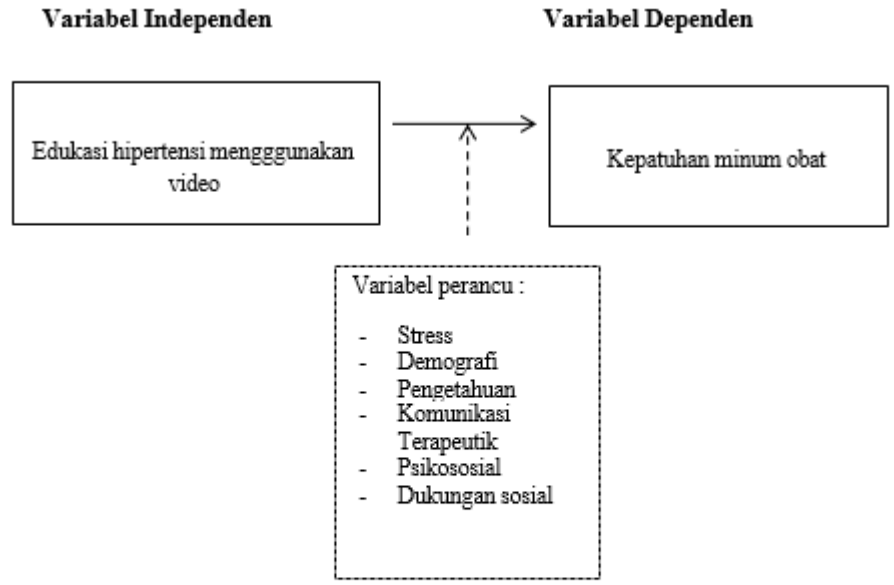
Category	Pressure Blood Systolic (mmHg)	Pressure Diastolic Blood (mmHg)
Normal	120-129 mmHg	80-89 mmHg
Normal tall	130-139 mmHg	89 mmHg
Hypertension degree 1	140-159 mmHg	90-99 mmHg
Hypertension degree 2	≥ 160 mmHg	≥ 100 mmHg
Hypertension degree 3	> 180 mmHg	> 110 mmHg

Education

Health education is an effort or activity to help individuals, families and communities improve their abilities. to achieve optimal health (Notoatmodjo, 2010). All health workers acknowledge that health education is important to support other health programs. Health education is a component of health and medical programs that consists of planned efforts to change the behavior of individuals, families and communities which is a way of change. think, behave And do with objective assisting with treatment , rehabilitation, disease prevention and promotion of healthy living (Suhila, 2002).

3. RESEARCH METHODS

The conceptual framework of research is a relationship or connection between one concept and another concept of the problem to be researched. Conceptual framework functioning For connect or explain a Topic Which will be studied (Setiadi, 2013). The diagram in the conceptual framework must show the relationship between the variables to be studied (Riyanto, 2011).



Bagan 1. Kerangka Konsep Penelitian

Keterangan :

: Diteliti

: Tidak diteliti

The design used in this study is a *quasi-experimental study with pre-test and post-test with control group*, where in this study the sample was observed first before being given treatment, then after being given treatment the sample was observed again (Jesica, 2019). The form of this research design is as follows :

A1 ———— PI ————A2

B1 ———— P2 ———— B2

Information :

A1 : Pre compliance test drink medicine on elderly

P1 : Giving education hypertension usingvideo

A2: Post-test of medication compliance in the elderly

B1 : Pre compliance test drink medicine on elderly

P2 : Giving education hypertension use leaflet

B2: Post-test of medication compliance in the elderly

In this study, a pre-test measurement (A1) was carried out on the elderly's medication compliance before providing education. hypertension use video (P1), Then done measurement post test (A2) on the compliance of taking medication in the elderly after being given hypertension education using video (P1), and a pre-test measurement (B1) will be carried out on the compliance of taking medication in the elderly before being given hypertension

education using leaflets (P2) then a post-test measurement (B2) will be carried out on the compliance of taking medication in the elderly after being given hypertension education using leaflets. Region Work in Sianipar Sihailhail Village, Balige District, Toba Regency in 2024

Population is the entirety of the research objects to be studied (Notoatmojo, 2010). The population in this study was the elderly with hypertension. The estimated population size seen from 2023 is known to be 593 elderly with hypertension in Sianipar Sihaihail Village, Balige District, Toba Regency in 2024 . Sample is part from the population that chosen with sampling certain to be able to represent the population (Notoatmojo, 2010). The sample in this study was some of the elderly in Sianipar Sihaihail Village, Balige District, Toba Regency in 2024 who met the criteria. In this study, the sample was taken using Simple Random sampling , so that the total number of samples was at least 42 people.

Criteria inclusion :

a) Willing become a respondent
b) Elderly Which No obedient drinking drug
c) Elderly Which in diagnosis hypertension by doctor
d) Capable see, read And hear
e) Capable communicate with Good
f) Understand Indonesian Age 50-65 year

Exclusion Criteria:

a) Moment study in progress Respondent experience condition Which may interfere with research.
b) Respondents No willing become Respondent in study

The instrument used in this study was the *Morisky Medication Adherence Scale* (MMAS-8) questionnaire in the form of a form or questionnaire containing several statements used to explore things needed by researchers from respondents. Morisky et al developed the MMAS to determine patient compliance in taking medication in the form of the Morisky Medication Adherence Scale (MMAS-8) questionnaire. Morisky et al published the latest version in 2008, namely the MMAS-8 with a higher reliability of 0.83 and higher sensitivity and specificity. Morisky specifically created a scale to measure compliance in consuming drugs that called the Morisky Medication Adherence Scale (MMAS), with 8 question items (Morisky & Muntner, 2008).

There is 7 question with response "Yes" or "No", Where “Yes” has a score of 0 and “No” has a score of 1 except for question number 5 where the answer “Yes” is worth 1. Meanwhile, for question number 8 there are several choices, “never” has a score of 1, “occasionally” has a score of 0.75, “sometimes” has a score of 0.5, “usually” has a score of 0.25, And "always" own score 0. Total score MMAS-8 can range from 0-8 and can categorized into the three level compliance: compliance tall (score = 8) , moderate compliance (score = 6 - <8), and low compliance (score = <6), (Okello et al, 2016)

Management data done if researchers have finish stages of data collection according to Hastono (2007) there are four stages in data processing that must be passed through the data process (*editing*), Code checking (*coding*), Processing, Cleaning data (*cleaning*). And data analysis using Univariate analysis and Bivariate Analysis.

Bivariate analysis is an analysis used to determine the effect of hypertension education using videos on medication adherence in the elderly in the work area of the Pasar Ikan Health Center. Before being carried out analysis bivariate moreover formerly done test normality on α 5%. Bivariate analysis using paired T test but if not normal then using Wilcoxon test to see the difference in average scores of elderly medication adherence before and after hypertension education using video.

4. RESULTS AND DISCUSSION

This study was conducted in the Sianipar Sihaihail Village, Balige District, Toba Regency, which aims to determine the Effect of Hypertension Education Using Videos on Medication Compliance. The study was conducted by bringing a research cover letter from the HKBP Baligke Nursing Academy and addressed to the head of Sianipar Sihaihail Village, Balige District, Toba Regency.

The first thing that was done in this study was to collect data on the number of elderly people who would participate in the selection of research samples, then the researcher selected samples according to the inclusion criteria. The sampling method was by using the *random sampling technique*, from the results of the sampling, 42 elderly people were obtained, consisting of 21 samples in the control group and 21 in the intervention group. During the study, no respondents withdrew or were excluded from the study.

Before the study began, the researcher conducted *informed consent*. After the consent was given, the respondents were given an initial questionnaire, namely medication adherence in the form of closed questions. Then the respondents were given media, for the control group they were given *leaflets* and the intervention group was given video media.

Univariate Analysis

Univariate analysis is used to see the characteristics of respondents. covering age, gender gender,level education, and work. Univariate analysis produces mean values, standard deviations, maximum values, minimum, percentage, as well as 95% CI for mean before And after intervention was carried out.

Description Characteristics Respondents

The number of respondents in this study was 42 people. Respondent characteristics in study This aims to determine the age, gender, occupation and education based on the table below:

Table 2. Overview Respondent characteristics Equality distribution frequency characteristics Respondent based on age, gender and occupation and education, in the elderly (n=42)
SD, Standard Deviation, sig p value > 0.05 *Sig.Test Chi Squer, Sig.Test T

No	**Variables**	**Group**		
		Control	Intervention	**p value**
1	**Age** Mean Min Max SD SE CI95%			
		61,4286 54.00 65.00 3.45791 0.75458 59,8545	59,1905 51.00 65.00 5.65349 1.23369 56,6170	0.006
2.	**Type** Male Female **gender**			0.123
		9 (42.85%) 12 (57.14%)	7 (33.3%) 14 (66.6%)	
3.	**Job** no work laborer housewife trader			0,000
		17 (80.95) 1 (4.76) 1 (4.76) 2 (9.52)	18 (85.71) 1 (4.76) 2 (9.52)	
4.	**Education**			0,000
	Elementary School Middle School High School D3	13 (61.90) 2 (9.52) 6 (28.57)	9 (42.85) 3 (14.28) 8 (38.09) 1 (4.76)	

Source: data processed by the author, 2024

Based on table 2. the average age in the intervention group was 59 years and in the control group the average age was 61 years. The average gender of the intervention group was female 14 (66.6%), and in the control group was female 12 (57.14%). The average occupation in the intervention group was 18 (85.71%) unemployed, and the control group 17 (80.95%) unemployed. The average education in the intervention group was 9 (42.85) elementary school

and in the control group there were 13 (61.90) elementary schools.

From the table above, it is obtained that the equality test shows that age, occupation, education have a p value <0.05, meaning that the variables are homogeneous. However, in the equality test on gender, a p value>0.05 is obtained, meaning that the variables are not homogeneous.

Analysis Bivariate

Bivariate analysis was conducted to determine the effect of hypertension education using videos on compliance with taking hypertension medication in the elderly. Before the bivariate analysis was conducted, the researcher Conducting a data normality test and the analysis results show that the data is normally distributed with a P value > 0.05, so that for the next analysis a parametric test is used, namely the paired simple T test, if the value Significance (2- Tailed) < 0.05 means there is an influence of hypertension education using videos on medication compliance in the elderly .

Table 3. Average compliance drink drug Respondent group intervention (n=21)

Variables	N	Mean	Median	SD	Min- Max	95% CI
Before	21	2,0952	2.0000	1.04426	1.00- 5.00	1.6199:2.5706
After	21	3,1429	3.0000	0.79282	2.00- 5.00	2.7820:3.5037

Based on table 3. the average compliance in taking hypertension medication before the intervention was given in the intervention group was 2.0952 with SD 1.04426 and after the intervention was 3.1429 with SD 0.79282.

Table 4. Average compliance drink Respondent's Drug group control (n=21)

Variables	N	Mean	Median	SD	Min- Max	95% CI
Before	21	2,3810	2.0000	0.74001	1.00- 4.00	2.0441:2.7178
After	21	3,3333	3.0000	0.48305	3.00- 4.00	3.1135:3.5532

Based on table 4, the average compliance in taking hypertension medication before the intervention was given in the control group was 2.3810 with SD 0.74001 and after intervention was given to the control group 3.3333 with SD 0.48305.

Table 5. Difference difference compliance drink drug before And after given intervention(n=42)

Variables differences in drinking compliance hypertension medication	∆ mean	Min- Max	SD	SE	CI 95%	P value
Group control compliance	0.9524	0.00- 2.00	0.58959	0.12866	0.6840 ;	
						0.003
Group Compliance Intervention	1.0476	0.00- 2.00	0.66904	0.13600	0.7431	

Based on table 5, the average compliance in the control group was 0.9524 with SD 0.58959, while in the intervention group, there was a significant increase in the average compliance value with an average increase of 1.0476 with SD 0.66904. The results of the statistical test using *t-independent* obtained a p value of 0.003, so it can be interpreted that there is an effect of hypertension education using video media on compliance in taking hypertension medication in the elderly at the Community Health Center.

Discussion

The results of the study showed that the average age of respondents in the intervention group was 59 years and the control group was 61 years with a *p Value of* 0.006 which means that there is an effect of age on compliance with taking hypertension medication in the elderly. The results of this study are supported by the research of Rahajeng and Tuminah (2009) which found that in the elderly compared to the age of 55-59 years with the age of 60-64 years there was an increase in the risk of hypertension by 2.18 times, the age of 65-69 years 2.45 times and the age> 70 years 2.97 times. Increased blood pressure in the elderly According to Jagadeesh (2015) caused by reduced elasticity of the central arteries. Increased diastolic blood pressure is caused by constriction of narrowing of the arteries, while increased systolic blood pressure is caused by decreased distension of dilated arteries, especially the aorta. As a gerontological consideration where there are structural and functional changes in the peripheral vascular system that are responsible for changes in blood pressure in the elderly. Changes in the elderly include atherosclerosis, where the elasticity of connective tissue is lost and there is decreased relaxation of smooth muscle of blood vessels, Which lower distensi And Power loose vessels blood.

The research results show that The respondents in this study were mostly women, where in the control group there were 12 (57.14%) and in the intervention group there were 14 (66.6%). The results of this study are supported by Anggara's research (2012) which found that more than half of hypertension sufferers were women, 61%. Gender can affect blood pressure which can be associated with the age of the individual. There is a gender difference in the relationship between age and systolic blood pressure. Men have lower systolic blood pressure higher systolic blood pressure levels than women during early and middle adulthood, while women tend to have higher systolic blood pressure levels after the middle decade. sixth (Joseph, 2008). Other research by Revelation And Exanoto (2013) Also show that women tend to suffer from hypertension higher than men. Women will experience an increased risk of high blood pressure after menopause, namely over the age of 45 years. Because women who have not yet gone through menopause are protected by the hormone estrogen which plays a role in increasing High Density Lipoprotein (HDL) levels. Low HDL and high LDL levels will affect the occurrence of atherosclerosis and result in high blood pressure, (Anggraini, et al., 2009).

The results of this study show that most of the respondents in this study big No Work. Where on group control There is 17 (80.95%) who were not working and in the intervention group there were 18 (85.71%) who were not working with a *p value of* 0.000 which means there is a relationship between work and compliance with taking hypertension medication in elderly. Results Study This supported by study Maulidin at all (2018), The relationship between work and the incidence of hypertension shows that those who do not work (67.2%) experience hypertension more than respondents who work (36.7%). Someone with light physical activity can cause excessive nutritional status or obesity. Every body movement will increase energy expenditure and excess weight also increases heart rate and insulin levels in the blood (Sheps, 2005). In this study, work is related to the incidence of hypertension, because more respondents do not work. Someone who does not work is likely to get hypertension due to lack of physical activity. active or light physical activity. This study is in line with the results of Anggara and Prayitno's research (2012) .

The results of this study show that most of the respondents in this study big only have education Where is the elementary school? on The control group consisted of 13 (61.90%) and the intervention group consisted of 9 (42.85%) with a *p value of* 0.000 which means there is a relationship between the level of education and compliance with taking hypertension medication in the elderly. Ross (1999) in his research concluded that there is a positive effect of the length (years) of education with consistent health, which states that the length of school years can develop effective life capacity that affects the level of knowledge about health,

including working full-time, being able to do a good job, improving welfare, economy, being able to control oneself, being able to support social, and having a healthy lifestyle. life Healthy

The effect of hypertension education using videos on medication adherence

In this study, the results showed that there was an effect of hypertension education using videos on medication adherence in the elderly with a *p value of* 0.003. The results of this study are in accordance with Nuridayanti's (2018) study which stated that after education there was a significant difference in medication adherence in the control and intervention groups with a *p value of* 0.001.

Nurse have the role that important in give health services. Tappen (2009) stated that one of the important roles of a nurse is as an educator. Nurses must be able to provide health education to hypertension sufferers in terms of disease prevention, disease recovery and providing accurate information about health. Education health Which given by power Nurses' health will improve compliance with hypertension therapy and control programs. Through educational activities carried out in a routine as well as the existence of activities control consumption drug on Hypertension sufferers indirectly increase the awareness of hypertension sufferers to control the consumption of drugs given by health workers. The results of this study are also supported by research conducted by Oktianti (2019), the results research shows that counseling using video media can increase compliance in taking hypertension medication at the Lerep Health Center and Gracia Clinic with a *p value of* 0.000 (<0.05).

The results of this study are also in accordance with research conducted by Harsono (2009), revealing that animation-based media with audio visuals actually produces better learning outcomes compared to other method approaches such as leaflets, brochures or other media. The use of video as a health education media, especially for hypertension patients who are used as respondents, can be well received. Providing drug information with video media has a significant effect on increasing compliance in taking medication for hypertension patients.

5. CONCLUSION AND SUGGESTIONS

The conclusion is written briefly, namely being able to answer the objectives or based on the results of research and discussion of the influence of hypertension education using videos on compliance with taking hypertension medication in the elderly, the following conclusions can be drawn:

1. The average age of the control group was 61 years and 59 years for the intervention group., the majority of female gender where the intervention group was 14 (66.6%) and the control group 12 (57.14%), with most of the jobs not working in the intervention group 18 (85.71%), and the control group 17 (80.95%), with the education level mostly elementary school where the intervention group was 9 (42.85%) and the control group 13 (61.90%).
2. The average score of medication adherence in the intervention group before the intervention was 2.0952 with SD 1.04426 and after the intervention was 3.1429 with SD 0.79282, while in the control group before the intervention was 2.3810 with SD 0.74001 and after the intervention was 3.3333 with SD 0.48305.
3. Compliance with taking medication after being given education using video obtained a *p value* 0.003 it can be concluded that there is an influence of hypertension education using videos on compliance with taking hypertension medication in the elderly.

The suggestion in this study is that it is hoped that after being given education using a video, compliance with drinking will increase. hypertension medication in the elderly can be maintained . And as an educational institution in the health sector, it is expected to participate in the application of Hypertension Education Using Video as one way to improve compliance in taking hypertension medication through community service activities or scientific seminars.

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