

 <p>ISSN NO. 2320-5407</p>	<p>Journal Homepage: - www.journalijar.com</p> <p>INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)</p> <p>Article DOI: 10.21474/IJAR01/21149 DOI URL: http://dx.doi.org/10.21474/IJAR01/21149</p>	
---	--	---

RESEARCH ARTICLE

A QUALITATIVE STUDY TO ASSESS THE FACTORS LEADING TO MEDICATION NON ADHERENCE AMONG HYPERTENSIVE PATIENTS

Dharmesh Chaturvedi¹ and Vijay Singh Rawat²

1. Ph.D. Nursing Scholar, Sai Tirupati University, Udaipur, Rajasthan, India.
2. Principal, Venkateshwar College of Nursing Udaipur, Rajasthan, India.

Manuscript Info

Manuscript History

Received: 10 April 2025
Final Accepted: 13 May 2025
Published: June 2025

Key words:-

Medication, Non Adherence,
Hypertension, Participants, Factors

Abstract

Introduction: Medication adherence is an important path in controlling high blood pressure and curbing further complications. Uncontrolled blood pressure is mainly caused by medications non-adherence to antihypertensives. Hypertensive person with medication non adherence may leads to many complications like heart failure, ischemic heart disease, chronic kidney disease, recurrent stroke, dementia, aneurysm, blindness and high coronary disease risk. The present study was conducted to gain deeper understanding about the factors leading to medication nonadherence among hypertensive patients with medication non adherence attending OPD and admitted in IPD of Railway Hospital Rana Pratap Nagar Udaipur.

Methodology: Phenomenological Qualitative design was used, 19 participants (11 men and 8 women) were selected using purposive sampling technique as per the pre determined inclusion criteria. Semi structured questionnaires and in depth interview schedule was used for data collection. Voice recording of the conversation was done; the transcript was then thematically analyzed using Open Code 4.02 software.

Result: Coding and categorization of the transcript was done using the software, based on that, 6 major themes were emerged contributing to medication non adherence. The findings of the study revealed certain themes like individual factors, treatment related factors, health care system related factors, disease related factors, socio cultural factors and cognitive and psychological factors

Conclusion: Strict medication adherence is priority based intervention in prevention of complications among patients with hypertension. It can helps in saving both economical and man-power related resources.

"© 2025 by the Author(s). Published by IJAR under CC BY 4.0. Unrestricted use allowed with credit to the author."

Introduction:-

Blood pressure is the physical force exerted by the blood as it pushes against the walls of the arteries. It is produced primarily by the contraction of the heart muscle. Blood pressure is marked in two digits alienated by a streak. The top number represents the systolic blood pressure and the bottom number represents the diastolic blood pressure.¹

Corresponding Author:- Dharmesh Chaturvedi

Address:- Ph.D. Nursing Scholar, Sai Tirupati University, Udaipur, Rajasthan, India.

Elevated blood pressure is known as hypertension. It is a state in which the blood vessels have steadily elevated pressure. The power through which blood pushes against arterial walls or blood vessels when heart pump blood for circulation in whole body is termed as blood pressure. The higher the pressure, the harder the heart has to pump.² The client with hypertension, if not taken proper care may leads to many complications like heart failure, ischemic heart disease, chronic kidney disease, recurrent stroke, dementia, aneurysm, blindness and high coronary disease risk.³

As per NFHS-5, the prevalence of hypertension in India was 22.6%. It was found to be highest in Sikkim (37.9%), followed by Punjab (34.2%), Goa (33.6%), Kerala (31.1%), Arunachal Pradesh (28.9%), Telangana (28.6%), NCT of Delhi (28.0%), Manipur (28.0%), Andaman & Nicobar Islands (27.3%), Karnataka (27.2%) and Rajasthan (16.5%).⁴ PAHO (2023) report shows approximately 4 out of every 5 people with hypertension are not adequately treated, but if countries can level up coverage, 76 million fatality can be prevented between 2023 to 2050. Hypertension affects 1 in 3 adults worldwide.⁵

Medication adherence is a multidimensional problem and comprises of three elements: beginning, execution, and persistence. A combination of methods is recommended to measure adherence, with electronic monitoring and drug measurement being the most accurate.⁶

Medication Nonadherence is a rising alarm and is connected with unfavorable result. In chronic diseases like cardiovascular diseases (CVDs), regular adherence to medication is quiet difficult. Uncontrolled blood pressure is mainly caused by medications non-adherence to antihypertensives.⁷

Mathur D. et al (2020) revealed nonadherence to antihypertensive medications was seen more in males (60.0%) as compared to females (40.0%). The most common reason for nonadherence was found to be forgetfulness (27.6%) followed by poor knowledge about the hypertension and ignorance of long-term treatment (22.9%).⁸

Hossain A. et al (2024) found that while comparing to adherence good adherence were connected with improved control. Growing age, rural dwelling was linked with uncontrolled blood pressure. Multiple chronic diseases with multiple medicines added to comorbidities worsened BP control, and managing multiple medications contribute to reduced adherence and next grade hypertension.⁹

Ghaderi NZ et al (2024) carried out a qualitative study on the same topic found two main categories: individual and family factors and organizational support. Personal factors integrated motivational fears, acceptance of disease, fit lifestyle, and disease supervision with follow-up. Family factors included family support, while organizational support included governmental support to provide inexpensive medicines, comprehensive healthcare team support, health insurance access, and media training.¹⁰ **Shrestha S et al (2018)**, in their qualitative study also revealed major barriers including absence of symptoms, reluctance to take medicine, low perceived seriousness of the disease, challenges in behaviour change (diet and exercise), poor family support, and poor communication and mistrust with the service provider. The major reported facilitating factors were fear of consequences of the disease, and family support in controlling diet and adhering to treatment.¹¹

From clinical experience and review in literature, researcher felt the need to assess factors leading to medication among hypertensive patients, because in India majority of the patients are having poor adherence with their medication regime. Subjective reasons behind this non adherence are very less known and unclear.

Objectives of the Study:-

1. To gain deeper understanding about the factors leading to medication non adherence among hypertensive patients.
2. To identify factors leading to medication non adherence among hypertensive patients

Purpose of the Study:-

The information may be used to improve the patient care approach of the health care providers and to make aware the general public and health care providers about factors leading to medication non adherence among hypertensive patients.

Research Methodology:-**Research approach:**

Qualitative, phenomenological descriptive approach

Research design:

Qualitative design was used.

Setting:

OPDs and Indoor ward of railway hospital Rana Pratap Nagar Udaipur.

Population:

Hypertensive patients with medication non adherence attending OPD and admitted in IPD of all hospitals of Udaipur, Rajasthan.

Sample:

19 hypertensive patients with medication non adherence attending OPD and admitted in IPD of Railway Hospital Rana Pratap Nagar Udaipur.

Sampling technique:

Non probability purposive sampling technique

Tool:

The tools used in the study consisted of 3 sections.

Section I- Socio-demographic variables

Section II- Clinical variables

Section-III- Hill Bon Medication Adherence Scale (HB-MAS).^{24, 25, 26}

Section IV- Semi-structured questionnaire related to factors leading to medication non adherence among hypertensive patients.

Data Collection Procedure:-

The actual data collection period ranged from 15th May 2023 to 15th October 2023. Written permission from the authority was taken. 19 participants were selected for the study. Consent form was also distributed to the participants who agreed to participate in the interviews prior to the interviews. All participants were explained thoroughly about the purpose of study. Each participants timing was set for the interview according to their comfortable timings. Demographic questionnaire, clinical variables, Hill Bon Medication Adherence Scale (HB-MAS) and Semi-structured questionnaires and in-depth interviews were used as an instrument for collecting the required data and were devised in order to appropriately address the objectives of this study. In light of this, each participant was encouraged to express their lived feelings and experiences regarding factors leading to medication non adherence. During the interviews, the researcher also paid close attention to social cues from participants, which could be signs of discomfort. The initial interview questions were proceeded by open-ended questions that were unstructured and non-directive, with the sole purpose of providing the participants with the opportunity to share their personal experiences. In doing this, it enabled the researcher to gain more of an inside perspective into the factors leading to medication non adherence.

Findings:-**Section 1: Socio demographic characteristics**

Majority of the participants 78.95% were in age group of more than 41 years. More than half 57.90% were male and 94.74% belonged to Hindu religion. In terms to their educational status, nearly half of the participants, 47.37% were with secondary level education, nearly 15.79% had graduation and more. Regarding occupational status nearly half, 9 (47.37%) participants were Govt. employed. Around half 47.37% were moderate worker and 36.84% were sedentary workers. In terms of family income, majority of the participants 68.42% were having income >30001 Rs/- per month while remaining. Around 57.90% participants were residing with Nuclear family. Majority of participants 89.47% were married. More than three fourth participants, 78.95% were living in urban regions. Around half 52.63% were mix-vegetarian.

Section 2: Emerged Themes

Total six major themes have been come out from data analysis. They are:

Theme 1: Individual Factors

Individual factors include the patient's knowledge, awareness, beliefs, memory, cognitive skills, and attitudes toward medication and illness. These factors shape how patients perceive hypertension and determine their motivation and ability to follow treatment recommendations consistently.

Subtheme 1- Forgetfulness:

Forgetfulness was often linked to chaotic household environments or cultural events, where health routines were de-prioritized. Around 5 (26.32%) participants frequently forgot to take medication due to daily distractions, travel, events, or changes in routine. This behavioral factor is a common, unintentional cause of non-adherence.

“And sometimes I even forget—I go many days without taking it. Four or five days pass, then when I feel a bit of heaviness in the head, I take it.”(Participants-11)

Participants also gets distraction from other means and did not take medicines regularly, in the words of a participants

“One reason was that I kept forgetting to take the tablets. Also, I wasn’t sure which doctor to consult for treatment, and my friends kept suggesting exercise instead of medication.” (P-5)

Subtheme 2- Limited Health Literacy

: Many patients lacked formal education or did not receive adequate explanation from healthcare providers. As a result, they relied on informal sources, such as friends or community members, for health information. In the words of a participant-

“We just act carelessly, thinking nothing will happen. Now it’s up to you people to tell us what harm can happen if we don’t take it.” (P-11)

Subtheme 3- Symptom-driven medication use/hospital visit:

Medication is resumed only when symptoms recur, showing poor understanding of chronic disease management. Some awareness of risks, but equates symptom relief with cure and lacks long-term commitment.

“No, I didn’t consult anyone. I just felt like I wasn’t experiencing any symptoms, so I decided to stop taking the medicine to see what happens. And after stopping, I didn’t feel anything, so I stopped completely” (P-12)

Subtheme 4- False belief and misconception

Majority of the participants had baseless beliefs and misunderstandings regarding hypertension and its treatment.

“Some people say that if you start regular medicine at a young age, you get dependent. That was in my mind too.” (P-3)

Another participant told

“I believe these pills make you dependent. They do cause harm somewhere.

People get addicted—can’t live without them.” (P-13)

Subtheme 5- Self perception of disease and health

Majority of the participants has defined diseases and health in their own way without any scientific evidence or justification.

“I brought a BP machine home and checked my BP several times without taking any medicine—it came normal every time.” (P-14)

Subtheme 6- Occupational Demands

Demanding work schedules, travel, and physical exhaustion made it difficult to maintain routine visits or adhere to medication.

“My job often takes me out of town, so I would visit the doctor when I was home.” (P-3)

Theme 2: Treatment Related Factors

Treatment-related factors refer to all aspects of the medication regimen, prescribing practices, side effects, and communication from healthcare providers that directly influence how patients initiate, follow, modify, or discontinue their hypertension treatment. These factors encompass the nature of the treatment itself and how it is perceived, experienced, and implemented by the patient.

Subtheme 1- Complexity of Treatment Regimen:

Several participants struggled with complex regimens, particularly twice-daily dosing, with one preferring a once-daily schedule due to forgetfulness. Misunderstandings about treatment duration and inadequate or changing instructions contributed to non-adherence.

“I was told that if it gets worse, I should come back. If I take the medicine for 8 days and don’t feel better, then they would increase the dose and I would have to take a full month’s course. But since I felt better, I didn’t go back to the doctor.” (P-17)

Subtheme 2- Perceived Side Effects

Side effects contributed to non-adherence. These included feelings of weakness, bleeding, heaviness in the head, and anxiety due to the number of pills. One patient specifically noted stopping medication due to feeling weak and unwell

“The medicine makes me feel weak, and I don’t feel good taking it, so I don’t take my BP medicine.” (P19)

Subtheme (3) Medication Adherence

Participants often started medication but later stopped due to various reasons: advice from friends, unavailability of medicine, disappearance of symptoms, or lack of perceived benefit. One patient alternated between taking and skipping the medicine, while another felt unsupported by providers due to a lack of follow-up instructions

“I started Ayurvedic medicine in between. Sometimes BP would go down, sometimes go up.” (P-16)

Some participants stopped medication after a short course due to perceived improvement and reliance on other therapies (e.g., yoga, exercise).

“I took it regularly for 8 days and started feeling better. Then I joined Serajim... I didn’t go back to the doctor after that.” (P-17)

Theme 3: Health Care System Related Factors

Health system–related factors refer to the systemic gaps and limitations within the healthcare delivery process—such as inadequate communication, lack of structured follow-up, misdiagnosis, and poor counseling—that directly affect a patient’s understanding, engagement, and long-term adherence to hypertension treatment.

Subtheme 1- Poor provider communication

Many patients reported insufficient or unclear explanations about hypertension and the importance of consistent medication. Instructions were limited to basic advice like when to take pills, with no counseling on the risks of non-adherence.

“Check-up after one month was advised, but no sustained communication”. (P7)

Received general but incomplete guidance

“Just that I should keep taking the medicine and not stop it.” (P11)

Subtheme 2- Inadequate Follow-Up and Support

Follow-up systems were weak or nonexistent. Patients often received no instructions regarding return visits, dosage adjustments, or ongoing monitoring. Even when follow-up was mentioned (e.g., “return in 15 days”), it lacked emphasis or clarity, leading to irregular attendance

“They gave me 20 days’ medicine. I would go based on my availability. My job often takes me out of town, so I would visit the doctor when I was home.” (P-3)

Another participant stated that

“They told me that if it gets worse, I should come back. If I take the medicine for 8 days and don’t feel better, then they would increase the dose.” (P-17)

Subtheme 3- Initial Misdiagnosis and Contradictory Advice:

In some cases, participants were misdiagnosed or told their symptoms were due to other conditions (e.g., acidity instead of hypertension).

“No, they said it wasn’t too high. It was usually around 150-160. They told me to exercise and keep a normal diet. There was no medication required.” (P-5)

Theme 4: Disease Related Factors

Condition-related factors refer to how the nature, presentation, and patient understanding of hypertension as a disease influence medication adherence and health-seeking behaviors. These factors are shaped by how individuals perceive, experience, or fail to recognize the symptoms or seriousness of the condition.

Subtheme 1- Asymptomatic Nature of Hypertension

Many participants were unaware of their hypertension because they experienced no symptoms. Diagnosis was often incidental during unrelated medical checks.

In the words of a participant

“I didn’t feel anything related to high BP. I only had dengue symptoms – fever, chills, etc” (P3)

Another participant told

“I fell ill once, and that’s when the doctor told me. Otherwise, I had no idea on my own that I had sugar or BP. I had no idea at all.” (P-11)

Subtheme 2- Misconception about disease

Participants often underestimated the seriousness of hypertension, especially when symptoms were absent or BP appeared borderline, leading to poor adherence

“When I had high blood pressure, my whole body became numb, I felt extreme fatigue and weakness, and I fainted due to dizziness — I just couldn’t get up. Every time I tried to stand up, I would feel dizzy and fall again. Then I went to the hospital and got checked.” (P-12)

Participant also stated

“Doctor prescribed the tablets again, and I took them for another 15 days. After that, my symptoms started going away, so I stopped taking the tablets.” (P-12)

Subtheme 3- Fear of Complications

In contrast to the above, a few participants were clearly aware of the severe health risks posed by uncontrolled hypertension. This fear of complications like stroke, vision loss, or paralysis served as a strong motivator for medication adherence.

“If you don’t take the medication, BP can increase, and it can lead to serious issues like a stroke, vision problems, or even paralysis” (P4).

Theme-5: Socio-Cultural Factors

Socio-cultural and environmental factors encompass the beliefs, traditions, social norms, community influences, family dynamics, economic constraints, and lifestyle elements that shape how individuals perceive and respond to hypertension treatment.

Subtheme 1- Cultural and Social Disruption

Social events (e.g., weddings, funerals), cultural expectations, and spiritual beliefs often disrupted adherence. Participants avoided medication to maintain appearances or due to guidance from spiritual leaders

“When it’s crowded or busy, I forget.” “At weddings or events...” (P1)

Female participant also responded in same way.

““If someone comes to mourn, I have to cry too... guests would see me lying down and say, 'This is Bua?'” (P10)

Subtheme 2- Family Involvement and Influence

Many lacked family support for medication management—no reminders, assistance, or discussions about risks

“My child told me to take the medicine regularly, but I stopped on my own.” (P6)

In the words of a participant

“There are fights in the house, and that makes me angry.” “I get angry, and then I don’t take the BP medicine.” (P15)

Subtheme 3- Peer and Community Influence

Participants were heavily influenced by friends, neighbors, and community members who advised reducing or stopping medication. Alternatives like exercise, buttermilk, or homeopathy were promoted, often overriding medical advice

Discouraged from taking medication

“They suggest I do exercises or work out instead of taking pills regularly.” (P5)

In the words of a participant

“Doctor said it the first time itself—that I had to take it regularly. I started taking it accordingly. Later, on my friends’ advice, I stopped taking the medicine and even stopped going to him.” (P-8)

Subtheme 4- Alcohol Use and Dietary Restrictions

Cultural beliefs around mixing alcohol or non-vegetarian food with medication led to skipped doses, as patients feared harmful interactions.

“When there’s meat... or I eat fish, then I don’t take the medicine.” (P-11)

Subtheme 5- Gender Norms and Self-Image

Some male participants projected strength and independence, which discouraged long-term medication use. Admitting dependence on daily medication was shown as a weak point.

A participant worded

Of course I’m careless—why not? These pills and things—they’re all part of a scam.

You spend lakhs and crores (laughs with profanity), it’s all just a machine to fool people.

Wherever I go, people are full of life—they say “You came from Ajmer? You’re full of energy!”

Everyone else is dull. (P-13)

Theme 6: Cognitive and Psychological Factors

Cognitive factors refer to mental processes such as beliefs, judgments, perceptions, reasoning, and decision-making that shape how individuals interpret their health, assess risks, and choose behaviors. Cognitive factors are often unconscious or habitual and can include biases, misconceptions, and perceived control over health outcomes.

Subtheme 1- Cognitive Bias

This subtheme refers to internal mental shortcuts or beliefs that influence individuals' decisions regarding medication use, often leading to non-adherence

“No, I didn’t feel anything unusual. At that time, I had gone for a periodical medical examination (PME), and the doctor said that my BP was high.” (P-14)

Another participant told

“If you don’t take the medication, BP can increase, and it can lead to serious issues like a stroke, vision problems, or even paralysis.” (P-4)

Subtheme 2- Low Motivation

There was lack of proactive drive due to feeling well, absence of reminders, or discouragement from others. This subtheme captures both internal (e.g., apathy, lack of symptoms) and external (e.g., social discouragement, system gaps) factors that reduce adherence.

But when I saw that the symptoms were gone, I stopped. I didn't continue the medicine regularly." (P-12)

"Yes, and I kept checking my BP, even outside. It stayed normal. I feel my BP rises only when I go to the hospital (laughs)." (P-14)

Subtheme 3- Emotional Distress

Emotional trauma (any form) disrupts motivation and regular medication intake.

"After my brother passed, I started taking the medicine only once a day." (P-10)

"Everything at home falls on me—buying, running the house, everything." "He drinks. My younger son was very small when he got a second wife." (P9)

Subtheme 4- Carelessness and Self satisfaction

Some participant's passive or fatalistic attitudes toward health reduce medication adherence, including feelings of invulnerability or inevitability of death. In the words of a participant

When it seemed under control both at the clinic and pharmacy, I stopped the medicine on my own. After 2–3 months, when I felt my BP was under control, I stopped the medication as per my own decision." (P3)

Another participant stated

"Everyone has to die someday, why worry so much?" (P13).

Discussion:-

Individual factors influencing medication non-adherence include lack of knowledge, poor awareness, forgetfulness, and personal beliefs. Many participants relied on symptoms to guide treatment, discontinued medication when feeling better or believed lifestyle changes alone could manage blood pressure. Some avoided medication due to fear of dependency and instead used natural or alternative therapies. Misconceptions about health, risk-taking behavior, personal philosophies, and negative treatment experiences also contributed. Additionally, busy schedules, travel, and fatigue hindered consistent medication use and hospital visits.

Our findings supported by a qualitative study conducted by Gupta S. et al (2019)¹² with the same objectives. They also discovered that non-adherence to antihypertensive medications was associated with awareness of hypertension and its complications. Khatib R. et al (2014)¹³ revealed in their systematic review that lack of knowledge was the most common barrier to hypertension awareness while in Meta-Analysis forgetfulness was the chief barrier in medication adherence. Krishnamoorthy Y et al (2018)¹⁴ also found forgetfulness, lack of family support, substance abuse as major barriers for medication adherence. Basu S. et al (2020)¹⁵ found forgetfulness, carelessness and running out of drug stocks as major factors for medication non-adherence to antihypertensive treatment among patients attending a primary care clinic in Delhi.

Treatment-related factors comprise complex medicine regimens, puzzling instructions, and adverse effects. Participants struggled with multiple daily doses and preferred simpler schedules. Misunderstandings about treatment duration, inconsistent guidance from different healthcare providers, and unpleasant side effects (e.g., weakness, bleeding, heaviness, anxiety) led to non-adherence. Some stopped medication due to advice from others, unavailability, symptom relief, or a perceived lack of benefit. Health system-related factors contributing to non-adherence include poor communication, lack of follow-up, misdiagnosis, and inconsistent medical advice. Patients often received minimal explanation about hypertension and the importance of regular medication. Conflicting guidance from different doctors created confusion and mistrust. Follow-up instructions were unclear or missing, leading to irregular visits and medication lapses. Some patients were misdiagnosed or given alternative explanations for their symptoms, while inconsistent blood pressure readings at various facilities caused doubt about their condition and the necessity of treatment.

Our two above themes were also in connection with the findings of Dhar et al (2017)¹⁶ in which adverse effects of the medication, cost of medication, and patient dissatisfaction with services of the health facility, and poor physician–patient relationships were root cause behind medication non adherence among hypertensive patients

Disease condition-related factors impacting adherence stem from how patients perceive and understand hypertension. Many were unaware of their condition due to a lack of symptoms and were diagnosed incidentally. The absence of noticeable symptoms or borderline readings led to underestimation of the disease's seriousness and poor adherence. However, a few participants who understood the risks of uncontrolled hypertension—such as stroke or paralysis—were more motivated to follow treatment properly. Socio-cultural and environmental factors affecting adherence include cultural beliefs, social norms, family dynamics, and community influence. Social events, spiritual beliefs, and the desire to maintain appearances led some to skip medication. Preference for traditional remedies over allopathy was common. Lack of family support, conflicts, and external advice from friends or community often disrupted adherence. Cultural taboos (e.g., mixing medication with alcohol or non-veg food) also played a role. Some men avoided regular medication to project strength and independence, viewing reliance on treatment as a sign of weakness.

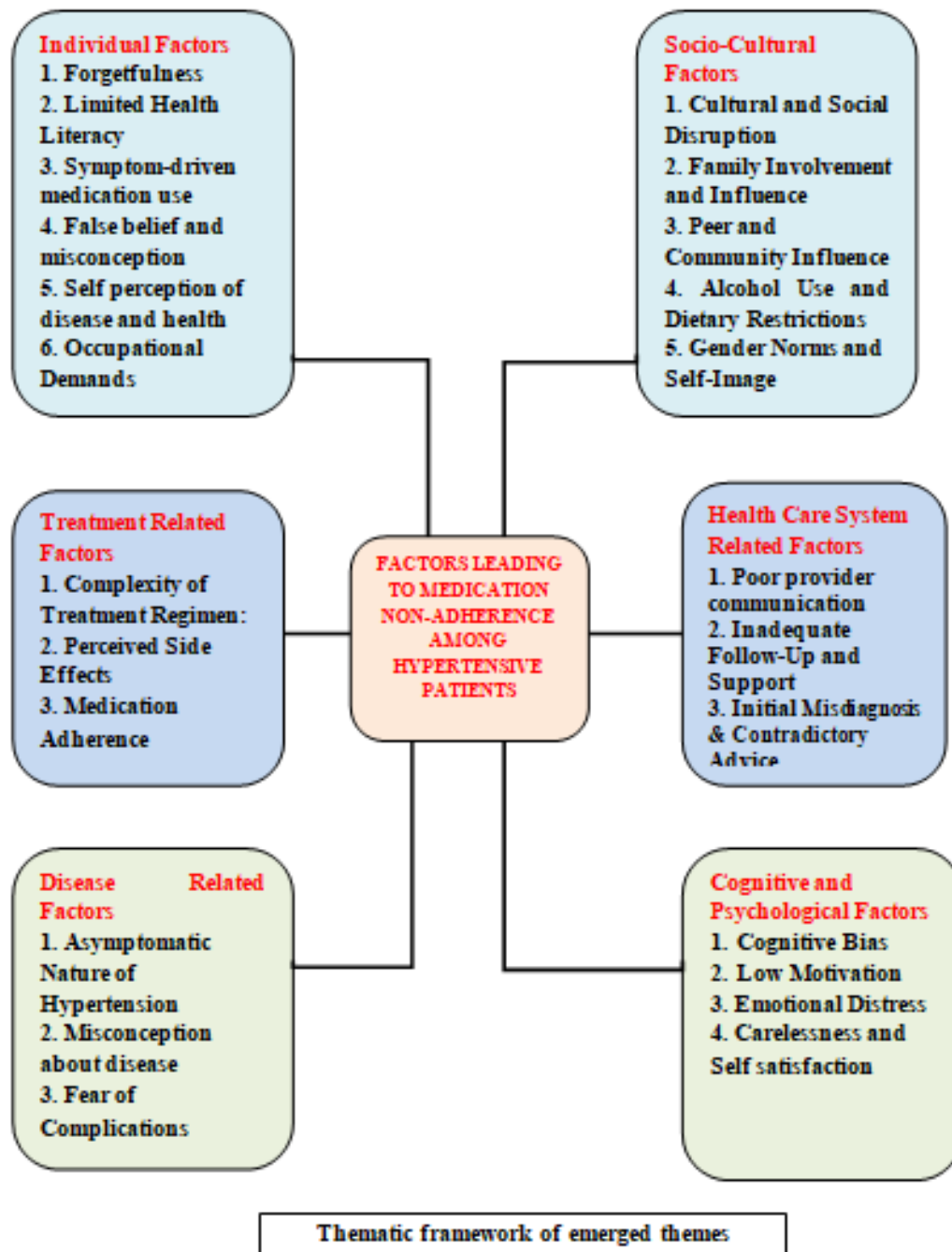
Gupta S. et al (2019)¹² found that half of the participant in their study used alternative systems of medicine for treatment of hypertension. Kumar A et al (2021)¹⁷ also found factors leading to medication non adherence which were lack of knowledge, poor attitude, lack of family support, forgetfulness, irregular follow up at health care facility, heavy alcohol use and switching between western medicines and alternative treatment.

Cognitive factors involve thought processes like beliefs, judgments, and reasoning that shape how individuals perceive hypertension and decide on treatment. Misconceptions, perceived control, and habitual thinking can lead patients to underestimate the condition or believe they can manage it without medication. Psychological factors relate to emotions, motivation, and mental health. Feelings such as fear, anxiety, low motivation, or emotional distress impact a patient's willingness and consistency in following their treatment regimen. While cognitive factors are thought-driven, psychological factors are emotion-driven.

Cinar FI et al (2020)¹⁸ also found that the patients who thought that drugs were overused and had concerns about this were seen to be less adherent with the medication. According to WHO (2023)¹⁹, medication adherence is known to be influenced by sociodemographic, health system, therapy-related, condition-related, and patient-related factors. These factors are also approximately correlated with our emerged themes. According to Wilkinson R. et al (2022)²⁰, factors behind medication non-adherence among people with hypertension were lack of symptoms from untreated hypertension, fear of medication side effects, interest in traditional herbal medicine, and the importance of family and community support. According to Zhou X et al (2024)²¹ lack of medication literacy, reduced sense of benefit from treatment, limited access to healthcare resources, and unintentional nonadherence were barriers of Medication Adherence in Hypertension Patients. Wejdan Shahin et al (2021)²² also discovered similar themes in their qualitative study, which were dealing with the illness as per knowledge of the symptoms and causes, self-managing of hypertension, and coping and acquaintance with the illness; theme 2 was beliefs, practices around medication adherence and the barriers and facilitators to taking medications regularly and theme 3 was healthcare encounters represented by participants trust in healthcare providers. Dalal JJ et al (2021)²³ discovered that socioeconomic status of lower grade, health awareness, asymptomatic presentation of illness, poor memory, price of medications and hypertension duration decide the medication adherence in India.

Conclusion:-

The findings of the present study provide a powerful picture of the variety of factors causing medication non adherence among hypertensive patients. By using this phenomenological material, we got information on subjective reality of individual and come to understand factors leading to medication non adherence and what sort of supportive framework needed for improved treatment outcome with reducing non adherence in hypertension. Our findings demonstrate that the medication non adherence was a complex phenomenon with multiple causative factors. We found that medication nonadherence was due to variety of reasons likely forgetfulness, lack of knowledge, improper communication, symptoms driven treatment seeking attitude, misperception of disease condition, peer pressure, alternative treatments and unrealistic beliefs about disease control. Researcher felt that there is a need to do further studies related to factors leading to medication non adherence and remedial steps to overcome this problem in management of chronic hypertension and reduction in complications.

**Source of funding:**

Researchers have self financed the current study.

Conflict of Interest:

No conflict of concern shown by researchers during study period.

References:-

1. Blood pressure definition - MedicineNet [Internet]. Medicinenet.com. [cited 2024 Sept 10]. Available from: https://www.medicinenet.com/blood_pressure/definition.htm
2. Hypertension [Internet]. Who.int. [cited 2024 Sept 12]. Available from: <https://www.who.int/health-topics/hypertension>
3. The seventh report of the joint national committee on prevention, detection, evaluation, and treatment of high blood pressure (JNC 7) [Internet]. Nih.gov. [cited 2024 July 14]. Available from: <https://www.nhlbi.nih.gov/health-topics/seventh-report-of-joint-national-committee-on-prevention-detection-evaluation-and-treatment-high-blood-pressure>
4. Mohammad, R., Bansod, D.W. Hypertension in India: a gender-based study of prevalence and associated risk factors. BMC Public Health 24, 2681 (2024). <https://doi.org/10.1186/s12889-024-20097-5>
5. PAHO (WHO). First WHO report details devastating impact of hypertension and ways to stop it. 19 Sep 2023. Available from <https://www.paho.org/en/news/19-9-2023-first-who-report-details-devastating-impact-hypertension-and-ways-stop-it>
6. Vrijens, B., Antoniou, S., Burnier, M., et al. Current Situation of Medication Adherence in Hypertension. Frontiers in pharmacology. 2017; 8;100. <https://doi.org/10.3389/fphar.2017.00100>
7. Burnier M. Drug adherence in hypertension. Pharmacol Res. 2017;125(Pt B):142–9. <https://doi.org/10.1016/j.phrs.2017.08.015>
8. Mathur, D., Deora, S., Kaushik, A., et al. Awareness, medication adherence, and diet pattern among hypertensive patients attending teaching institution in western Rajasthan, India. Journal of Family Medicine and Primary Care. 2020. 9, 2342 - 2349.
9. Hossain A, Ahsan GU, Hossain MZ, et al. Medication adherence and blood pressure control in treated hypertensive patients: first follow-up findings from the PREDICT-HTN study in Northern Bangladesh. BMC Public Health. 2024;25:250. doi:10.1186/s12889-025-21409-z
10. Ghaderi Nasab Z, Sharifi H, Mangolian Shahrbabaki P. Facilitators of medication adherence in patients with hypertension: a qualitative study. Front Public Health. 2024;12:1372698. doi:10.3389/fpubh.2024.1372698
11. Shrestha S, Shrestha A, Koju RP, et al Barriers and facilitators to treatment among patients with newly diagnosed hypertension in Nepal Heart Asia 2018; 10: e011047. doi: 10.1136/heartasia-2018-011047
12. Gupta, Shreya, Dhamija, Jas Pal, Mohan, Indu, Gupta, Rajeev, Qualitative Study of Barriers to Adherence to Antihypertensive Medication among Rural Women in India, International Journal of Hypertension, 2019, 5749648, 7 pages, 2019. <https://doi.org/10.1155/2019/5749648>
13. Khatib R, Schwalm J-D, Yusuf S, Haynes RB, McKee M, Khan M, et al. (2014) Patient and Healthcare Provider Barriers to Hypertension Awareness, Treatment and Follow Up: A Systematic Review and Meta-Analysis of Qualitative and Quantitative Studies. PLoS ONE 9(1): e84238. <https://doi.org/10.1371/journal.pone.0084238>
14. Krishnamoorthy Y, Giriappa DK, Eliyas SK, Priyan S, Saya GK, Lakshminarayanan S. Patient and Provider's Experience and Perspective in Addressing Barriers to Medication Adherence Among Noncommunicable Disease Patients in Rural Puducherry, South India—A Qualitative Study. Journal of Patient Experience. 2018;6(3):216-223. doi:10.1177/2374373518787288
15. Basu S, Engtipi K, Kumar R. Determinants of adherence to antihypertensive treatment among patients attending a primary care clinic with limited medical armamentarium in Delhi, India: A qualitative study. Chronic Illness. 2020;18(2):295-305. doi:10.1177/1742395320959418
16. Dhar L, Dantas J, Ali M. A systematic review of factors influencing medication adherence to hypertension treatment in developing countries Open J Epidemiol. 2017;7:211–50
17. Kumar, A., Mohammadnezhad, M., & May, W. (2021). Patients' Perception of Factors Influencing Noncompliance with Medication among Cardiac Patients in Fiji: A Qualitative Study. Patient Preference and Adherence, 15, 1843–1852. <https://doi.org/10.2147/PPA.S322731>
18. Cinar FI, Mumcu Ş, Kiliç B, Polat Ü, Bal Özkaptan B. Assessment of Medication Adherence and Related Factors in Hypertensive Patients: The Role of Beliefs About Medicines. Clinical Nursing Research. 2020;30(7):985-993. doi:10.1177/1054773820981381
19. World Health Organization. Adherence to Long-Term Therapies: Evidence for Action 2003 Last accessed on 2023 Mar 25 Geneva World Health Organization Available from: <https://apps.who.int/iris/handle/10665/42682>
20. Rachel Wilkinson, Evan Garden, Rose Clarke Nanyonga, Allison Squires, Florence Nakaggwa, Jeremy I. Schwartz, David J. Heller. Causes of medication non-adherence and the acceptability of support strategies for people with hypertension in Uganda: A qualitative study, International Journal of Nursing Studies. Volume 126. 2022. 104143. <https://doi.org/10.1016/j.ijnurstu.2021.104143>.

21. Zhou X, Zhang X, Gu N, Cai W, Feng J. Barriers and Facilitators of Medication Adherence in Hypertension Patients: A Meta-Integration of Qualitative Research. *Journal of Patient Experience*. 2024;11. doi:10.1177/23743735241241176
22. Wejdan Shahin, Gerard A. Kennedy, Ieva Stupans,. A qualitative exploration of the impact of knowledge and perceptions about hypertension in medication adherence in Middle Eastern refugees and migrants. *Exploratory Research in Clinical and Social Pharmacy*. Volume 3, 2021,100038. <https://doi.org/10.1016/j.rcsop.2021.100038>.
23. Jamshed J. Dalal, Prafulla Kerkar, Santanu Guha, Arup Dasbiswas, et al. Therapeutic adherence in hypertension: Current evidence and expert opinion from India. *Indian Heart Journal*. Volume 73, Issue 6, 2021, Pages 667-673. <https://doi.org/10.1016/j.ihj.2021.09.003>.
24. Kim, M.T., Hill, M.N., Bone, L.R., Levine, D.M. Development and testing of the Hill-Bone compliance to high blood pressure therapy scale. *Progress in Cardiovascular Nursing* Summer 2000, 90-96. <https://www.ncbi.nlm.nih.gov/pubmed/10951950>
25. Lambert EV, Steyn K, Stender S, Everage N, Fourie JM, Hill M. Cross-cultural validation of the Hill-Bone compliance to high blood pressure therapy scale in a South African, Primary Health Care Setting. *Ethnicity & Disease* 2006; 16:286-291. <https://www.ncbi.nlm.nih.gov/pubmed/16599385>
26. Nashilongo MM, Singu B, Kalemeera F, Mubita M, Naikaku E, Baker A, Ferrario A, Godman B, Achieng L, Kibuule D. Assessing Adherence to Antihypertensive Therapy in Primary Health Care in Namibia: Findings and Implications. *Cardiovasc Drugs Ther*. 2017 Dec;31(5-6):565-578. doi: 10.1007/s10557-017-6756-8.