

Implementation of Swedish Massage Therapy for Reducing Blood Pressure in Elderly Patients with Hypertension

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Abstract. Hypertension is a major health problem among older adults and requires appropriate management to prevent serious physical and psychological complications that can reduce quality of life. In addition to pharmacological treatment, nonpharmacological interventions are increasingly recommended as complementary approaches to blood pressure control. Swedish massage has been recognized as a safe and effective relaxation therapy that may help reduce blood pressure through improved circulation and decreased muscle tension. This study aimed to determine the effect of Swedish massage therapy on blood pressure in elderly patients with hypertension. A quantitative pre-experimental study with a one-group pretest-posttest design was conducted in Kedungdowo Village, Kaliwungu District, Kudus Regency. Blood pressure was measured before and after the intervention. Swedish massage, consisting of effleurage, petrissage, friction, tapotement, and vibration techniques, was administered for 20–30 minutes per session, three times a week for two weeks. Before the intervention, 72.7% of participants had Grade 1 hypertension and 27.3% had Grade 2 hypertension. After the intervention, 90.9% of participants were classified as prehypertensive, while only 9.1% remained in the Grade 1 hypertension category. The mean diastolic blood pressure decreased from 93.42 mmHg before treatment to 83.52 mmHg after treatment. The Wilcoxon Signed-Rank Test showed significant reductions in both systolic and diastolic blood pressure ($p = 0.003$ for each), indicating that Swedish massage significantly lowered blood pressure in elderly patients with hypertension. These findings suggest that Swedish massage is an effective complementary therapy for reducing blood pressure and may be incorporated into non-pharmacological hypertension management for older adults.

Keywords: Elderly, hypertension, swedish massage

INTRODUCTION

Old age (the elderly stage) is the final phase of human life, characterized by a decline in physical, psychological, spiritual, and social functions. During this stage, the deterioration of bodily functions increases the risk of developing degenerative diseases such as heart disease, osteoporosis, type 2 diabetes mellitus, cancer, and hypertension. Hypertension is one of the most common conditions affecting the elderly population (Fahriyah *et al.*, 2021). It is a dangerous non-communicable disease often referred to as the "silent killer" because it typically presents no symptoms; the condition is usually only detected after complications affecting bodily organs have already occurred ((Nursiswati *et al.*, 2023). Hypertension occurs when systolic blood pressure exceeds 140 mmHg and diastolic blood pressure exceeds 90 mmHg. Systolic blood pressure occurs when the heart contracts, whereas diastolic blood pressure occurs when the heart rests between beats (Halim *et al.*, 2024).

World Health Organization (WHO) data estimates that 1.28 billion adults aged 30 to 79 worldwide suffer from high blood pressure. The majority of them (two-thirds) live in low- and middle-income countries. It is estimated that approximately 46% of adults with high blood pressure are unaware of their condition. Less than half (42%) of adults with high blood pressure are diagnosed and treated. About one in five adults (21%) with high blood pressure have their condition under control. Hypertension is a leading cause of premature death worldwide. One of the global targets for non-communicable diseases is to reduce the prevalence of hypertension by 33% between 2010 and 2030 (World Health Organization, 2023).

According to the 2023 Indonesian Health Survey, the prevalence of hypertension in Indonesia was 50.1% among those aged 55–64, 58.6% among those aged 65–74, and 65.2% among those aged 75 and older (Kementerian Kesehatan Republik Indonesia, 2023). Central Java Province ranked fourth highest for hypertension prevalence, with 94,142 cases; this figure comprised 145,909 individuals aged 15–59 and 48,223 individuals aged 60 and older (Dinas Kesehatan Provinsi Jawa Tengah, 2023). In Kudus Regency, the prevalence of hypertension totaled 231,816 cases, consisting of 130,245 cases among women and 101,271 cases among men (Kudus Regency Health Office, 2024). The highest number of hypertension cases within Kudus Regency was recorded in Kaliwungu District (844 people), with the highest figure at the village level found in Kedungdowo (107 people) (Dinas Kesehatan Kabupaten

Kudus, 2025).

Preliminary study results from Kedungdowo Village, conducted on May 1, 2026, indicate that a number of residents suffer from hypertension and are enrolled in the village-level Prolanis (Chronic Disease Management Program). Village Prolanis data shows that the hypertensive population consists predominantly of elderly individuals. Blood pressure measurements for three respondents revealed persistently high readings: Mrs. S at 140/90 mmHg, Mrs. P at 150/95 mmHg, and Mrs. S at 160/91 mmHg. Brief interviews with residents revealed that many still experience symptoms such as dizziness and neck stiffness, alongside a lack of knowledge regarding non-pharmacological hypertension management. Furthermore, current management efforts are limited to medication use, with little implementation of complementary therapies such as relaxation techniques or massage. Therefore, there is a need for additional, safe, and easily administered interventions such as Swedish massage to help control blood pressure in elderly patients with hypertension. The high incidence of hypertension can be attributed to non-modifiable risk factors often innate or associated with aging such as heredity, age, gender, race, and chronic kidney disease. Meanwhile, modifiable risk factors are linked to lifestyle choices, including physical inactivity, frequent consumption of foods high in salt and cholesterol, excess weight, alcohol consumption, smoking, and stress. (American Heart Association, 2023).

Hypertension in the elderly requires appropriate management to prevent various adverse effects. Effective management can help improve the quality of life for the elderly across physical, psychological, and social dimensions. Physically, hypertension can lead to coronary artery blockage, left ventricular enlargement, heart failure, cerebrovascular disorders, and arteriosclerosis, and is a leading cause of death. Psychologically, elderly individuals with hypertension often feel their lives lack meaning due to physical frailty and chronic illness; this creates a sense of unease and a need for special attention a particularly relevant issue in Indonesia. Consequently, the consequences of untreated hypertension are severe and can lead to a range of complications (Rumini, 2023).

Complications in patients with hypertension can be prevented through two approaches: pharmacological therapy and non-pharmacological therapy. Pharmacological therapy involves the administration of antihypertensive medications, such as diuretics, calcium channel blockers, and angiotensin-converting enzyme (ACE) inhibitors (Morika & Yurnike, 2016). However, alongside medication, non-pharmacological therapy offers a safe and viable alternative, encompassing stress management, weight loss, restrictions on alcohol, sodium, and smoking, as well as physical exercise. Additionally, other non-pharmacological interventions such as relaxation techniques, acupressure, meditation, yoga, foot massage, Benson's relaxation technique, dietary management, hypnotherapy, progressive muscle relaxation, and Swedish massage can also be employed. Swedish massage is one effective intervention for lowering blood pressure (Intari *et al.*, 2018).

Swedish Massage Therapy is a massage technique performed on the entire body. This therapy is beneficial for managing hypertension as it helps relax blood vessels. Such relaxation induces vasodilation, thereby improving blood flow and lowering blood pressure (Nursiswati *et al.*, 2023).. Swedish massage is advantageous in managing hypertension among the elderly because it exerts direct physiological and psychological effects on the body. Through rhythmic stroking, kneading, and pressure techniques, Swedish massage enhances blood circulation, improves venous return, and stimulates vasodilation. These effects contribute to a gradual reduction in blood pressure. Furthermore, stimulating body tissues during the massage can decrease sympathetic nervous system activity while increasing parasympathetic activity, leading to bodily relaxation and a lower heart rate. This relaxation effect is also associated with a reduction in stress hormones such as cortisol, which play a role in elevating blood pressure in the elderly (Putri, A. 2020).

Compared to other therapies such as Progressive Muscle Relaxation (PMR), Swedish massage is considered more effective for the elderly because it does not require active participation or a high level of concentration from the patient. PMR requires individuals to consciously and sequentially contract and relax their muscles, making it less optimal for elderly individuals with physical limitations, cognitive decline, or difficulty following instructions. In contrast, Swedish massage is a passive therapy; the elderly simply receive the treatment without exerting physical effort, yet still derive maximum relaxation benefits. Furthermore, compared to other non-pharmacological therapies like exercise or specific relaxation techniques, Swedish massage is easier to implement, requires no special equipment, and offers greater comfort. This makes the therapy more acceptable to the elderly, particularly those with

limited mobility or specific health conditions. Thus, Swedish massage emerges as a more practical, safe, and effective therapeutic choice for helping to lower blood pressure in elderly individuals with hypertension (Putri, 2020).

A study by (Haryadi *et al.*, 2021) demonstrated a reduction in blood pressure among 15 respondents following Swedish massage therapy; results showed a decrease in systolic blood pressure from 152.93 mmHg to 143.20 mmHg and in diastolic blood pressure from 98.20 mmHg to 91.20 mmHg. Another study by (Widyaningrum, 2020), utilizing a quasi-experimental design with 60 respondents, measured blood pressure after the Swedish massage intervention. The mean systolic blood pressure was 169.83 before the massage and 153.97 afterward, representing a mean difference of 15.86; the mean diastolic blood pressure was 93.42 before the massage and 83.52 afterward, a mean difference of 9.9. The study concluded that Swedish massage influences the reduction of both systolic and diastolic blood pressure in hypertensive patients. Research conducted by (Fitriana *et al.*, 2025), spanning one week with eight sessions, demonstrated that Swedish massage therapy is effective in lowering blood pressure among elderly individuals with hypertension. All ten respondents experienced a reduction in both systolic and diastolic blood pressure following the Swedish massage intervention. Pre-intervention blood pressure ranged from 180–200/110–120 mmHg, decreasing to 125–138/80–90 mmHg post-intervention. This consistent reduction across all respondents indicates that Swedish massage therapy provides a relaxation effect and helps improve blood circulation.

Based on the findings of several studies, it can be concluded that Swedish massage therapy has proven effective across various regions and with diverse groups of respondents, including both adults and the elderly. The observed reduction in blood pressure following Swedish massage therapy reinforces the evidence that this treatment significantly influences the lowering and stabilization of blood pressure in patients with hypertension; consequently, the author was motivated to conduct a study titled "The Application of Swedish Massage Therapy for Lowering Blood Pressure in Elderly Patients with Hypertension."

METHODS

This study employs a quantitative approach with a pre-experimental, one-group pretest-posttest design. This design was selected to evaluate the effect of Swedish massage therapy on reducing blood pressure in elderly patients with hypertension by comparing blood pressure measurements taken before and after the intervention. The massage therapy incorporates effleurage, petrissage, friction, tapotement, and vibration techniques; sessions last approximately 20–30 minutes and are administered three times a week for two weeks, in accordance with Standard Operating Procedures. The study will be conducted at the Kaliwungu Community Health Center (Puskesmas) in Kudus specifically in Kedungdowo Village from May 6 to May 19, 2026. The study population consists of elderly individuals with hypertension served by the Kaliwungu Community Health Center in Kudus, totaling 107 people (as of 2025). A sample represents a subset of the population's total size and characteristics. When the population size is too large to study every member due to constraints such as limited funds, personnel, or time—a sample drawn from that population may be used instead (Notoatmodjo, 2018).

This study employs purposive sampling, a technique involving sample selection based on specific criteria (Sugiyono, 2019). According to Arikunto (2013), determining the sample size does not rely on a specific mathematical formula but rather on a proportional (percentage) approach relative to the total population. The guidelines are as follows: if the population is less than 100, the entire population should be sampled (total sampling); if the population exceeds 100, a sample of 10–15%, 20–25%, or a higher percentage may be selected, depending on research requirements. This approach is utilized because it is considered practical and sufficiently representative, particularly for simple or pre-experimental studies (Arikunto, 2013). Based on the calculation using Arikunto's formula, the population for this study consists of 105 individuals; thus, the sample size is calculated as 10% of 107, resulting in 11 respondents. The sampling process for this study involved specific inclusion criteria characteristics that potential participants had to meet. Eligible elderly respondents were those with Grade 1 or Grade 2 hypertension (systolic pressure of 130–139 mmHg and diastolic pressure of 80–89 mmHg) aged 60–90 years, with no other comorbidities or complications. Participation required consent, evidenced by a signed statement of willingness, and the procedure was to be performed during the medication's half-life. Exclusion

criteria defined conditions under which a subject could not participate; these included hypertension patients with heart disorders, kidney disease, diabetes mellitus, gout, or thrombocytopenia. Additionally, exclusion applied to individuals with burns, redness, swelling, sprains, or joint inflammation in the massage area; varicose veins (enlarged, twisted veins caused by damaged valves); or contagious skin diseases such as tinea versicolor, scabies, or parasitic skin infections.

Data analysis in this study employed both univariate and bivariate methods. Univariate analysis utilized descriptive statistics to calculate frequency distributions and proportions, aiming to assess the application of Swedish Massage relaxation therapy among hypertensive patients before and after the intervention. Bivariate analysis was used to determine the effect of Swedish Massage therapy on blood pressure reduction in elderly patients with hypertension, comparing pre- and post-intervention measurements. Given that the data were ordinal and not normally distributed, the Wilcoxon Signed-Rank Test was applied using SPSS software, with a significance level of $\alpha = 0.05$. This test compared blood pressure levels before and after the administration of Swedish Massage relaxation therapy within the same group of respondents. The decision-making criterion was as follows: if the p-value ≤ 0.05 , the null hypothesis (H_0) is rejected and the alternative hypothesis (H_1) is accepted, indicating an effect of Swedish Massage therapy on blood pressure in elderly hypertensive patients; conversely, if the p-value > 0.05 , H_0 is accepted and H_1 is rejected, indicating no such effect. The results of the Wilcoxon Signed-Rank Test in this study showed a significance value of 0.003 ($p < 0.05$). This indicates a significant difference in systolic and diastolic blood pressure levels before and after the Swedish Massage therapy. Thus, Swedish Massage therapy is effective in lowering systolic and diastolic blood pressure in elderly patients with hypertension.

RESULTS AND DISCUSSION

This study was conducted from May 6 to May 19, 2026, in Kedungdowo Village, Kaliwungu District, Kudus Regency. The instruments used in this study were a 2025 Omicron-brand digital blood pressure monitor and a standard operating procedure (SOP) guide for Swedish Massage aimed at lowering blood pressure. The study involved a sample of 11 participants; the intervention was administered over a two-week period, consisting of six sessions lasting 15–20 minutes each, held on Wednesdays, Thursdays, and Fridays.

Table 1. Frequency distribution of respondent characteristics based on age

	N	Minimum	Maximum	Mean	Mode	Median
Age	11	60	70	63,09	64	63,00

Based on Table 1, the respondents' age characteristics show that the majority (mode) were 64 years old, with a median of 63.00 years and a mean of 63.09 years; the minimum age was 60 years and the maximum was 70 years. As individuals age, the likelihood of developing hypertension increases; this is because, with advancing age, blood vessels gradually lose their elasticity, leading to an abnormal rise in blood pressure (Aryani et al., 2023). This finding aligns with research conducted by Nurhayati in 2023, which identified a significant relationship between age and the incidence of hypertension; the study analyzed how the age-related decline in the body's cardiovascular system contributes to the prevalence of hypertension (Nurhayati et al,2023).

Table 2. Frequency distribution of respondent characteristics by gender

Gender	Frequency	Percentage (%)
Female	11	100%
Total	11	100%

Based on Table 2, the gender distribution of the respondents shows that the majority specifically 100%—were female. The research results indicate that the majority of hypertension sufferers in Kedungdowo Village, Kaliwungu District, Kudus Regency, were female (11 respondents, or 100%) and had reached menopause. In women, hormonal factors following menopause contribute to a higher incidence of hypertension compared to men. This is also linked to age-related characteristics that influence the onset of hypertension ((Utomo & Herbawani, 2022). These findings align with the theory proposed by Nurhayati (2023), which states that there is a significant relationship between gender and

hypertension; the study identifies gender as a factor influencing the rise in blood pressure leading to hypertension. This is because postmenopausal women experience a decline in estrogen levels hormones that play a role in boosting High-Density Lipoprotein (HDL), which helps prevent atherosclerosis. A decrease in HDL leads to atherosclerosis and elevated blood pressure, resulting in hypertension (Nurhayati *et al*, 2023).

Table 3. Frequency distribution of respondent characteristics based on occupation

Occupation	Number (n)	Percentage (%)
Laborer	1	9,1%
Housewife	8	72,7%
Trader	2	18,2%
Total	11	100%

Based on Table 3 regarding respondent occupation characteristics, the majority were housewives (8 respondents; 72.7%), followed by traders (2 respondents; 18.2%) and laborers (1 respondent; 9.1%). The majority of hypertension sufferers in Kedungdowo Village, Kaliwungu District, Kudus Regency were housewives, totaling 9 respondents (81.8%). Employment status indicates that housewives are vulnerable to disease; this is associated with a lack of exercise or the nature of the work, which does not require significant physical movement. Most respondents reported rarely engaging in physical exercise. Activity levels significantly influence the occurrence of hypertension; physical activity that burns calories can increase high-density lipoprotein (HDL) levels—associated with a 4.4 mmHg change (Batu Bara, 2015). Other research suggests that high stress levels are another factor contributing to the prevalence of hypertension among housewives (Andini *et al.*, 2019) when a person experiences stress, adrenaline is released, raising blood pressure through arterial constriction and increased heart rate, thereby leading to hypertension (Meylen South *et al.*, 2018).

Table 4. Frequency distribution of respondent characteristics based on education

Education	Frequency	Percentage (%)
Elementary School/SD	7	63,6%
Junior High School/SMP	2	18,2%
Senior High School/SMA	2	18,2%
Total	11	100%

Based on Table 4, the majority of respondents had an elementary school education (7 respondents; 63.6%), followed by junior high school (2 respondents; 18.2%) and senior high school (2 respondents; 18.2%). Education level plays a significant role in influencing the occurrence of hypertension; low levels of education are often associated with unhealthy lifestyles and limited knowledge regarding hypertension prevention (Sun *et al.*, 2022). Individuals with higher levels of education tend to possess better health awareness, actively seek information, and more easily comprehend education related to hypertension and healthy living behaviors (Liu *et al.*, 2024). Conversely, those with lower levels of education generally exhibit unbalanced diets, smoking habits, infrequent exercise, and excessive alcohol consumption—compounded by low psychological support—thereby increasing the risk of developing hypertension (Rachmawati *et al.*, 2021). This aligns with the study conducted by Moh. Alfaridzi *et al.* (2026) regarding the relationship between education level and the lifestyle of hypertension patients in Sibowi Village, Tanabulava District, Sigi Regency (Moh. Alfaridzi, Sabir, 2026).

Table 5. Frequency distribution of blood pressure measurements among hypertensive patients in Kedungdowo Village prior to Swedish massage therapy

Hypertension Category	Number (n)	Percentage (%)
Grade 1 (140-159/90-99)	8	72,7%
Grade 2 (160-179/100-109)	3	27,3%

Table 5 shows that prior to the Swedish massage therapy intervention, blood pressure measurements fell into the Grade 1 hypertension category for 8 respondents (72.7%) and the Grade 2 hypertension category for 3 respondents (27.3%). Interviews revealed that the majority of respondents frequently consumed foods known to raise blood pressure such as fried foods, high-salt foods, and fast food without realizing that poor dietary habits could increase their blood pressure. Respondents reported frequent dizziness and shoulder pain; they expressed fear regarding the recurring nature of this pain and stated

that they typically purchased medication from a pharmacy whenever symptoms arose. Most respondents reported rarely engaging in physical exercise, and some had a family history of conditions such as hypertension. Based on these interviews, it can be concluded that the respondents' high blood pressure was attributable to their diet and lack of physical activity.

Table 6. Frequency distribution of blood pressure measurements among hypertensive patients in Kedungdowo Village following Swedish massage therapy

Hypertension Category	Number (n)	Percentage (%)
Normal (<120/80 mmHg)	10	90,9%
Grade 1 1 (140-159/90-99)	1	9,1%

Table 6 shows that following the Swedish massage therapy intervention, blood pressure measurements fell into the normal category for 10 respondents (90.9%) and the Grade 1 category for 1 respondent (9.1%). Swedish massage can lower blood pressure; through techniques involving rhythmic stroking, kneading, and pressure, it enhances blood circulation, improves venous return, and stimulates vasodilation. These effects contribute to a gradual reduction in blood pressure. Furthermore, stimulating body tissues during the massage can decrease sympathetic nervous system activity while increasing parasympathetic activity, leading to bodily relaxation and a lower heart rate. This relaxation effect is also linked to a reduction in stress hormones such as cortisol, which play a role in elevating blood pressure among the elderly (Putri, 2024).

Table 7. Mean difference in blood pressure values before and after Swedish Massage therapy (mmHg)

Variable	Mean before Swedish Massage therapy	Mean after Swedish Massage therapy	Difference
Systolic blood pressure	152.55	130.00	25.55
Diastolic blood pressure	92.64	85.18	7.64

Table 7 shows that the difference in blood pressure values among hypertension patients in Kedungdowo Village before and after Swedish Massage therapy was 25.55 mmHg for systolic blood pressure and 7.64 mmHg for diastolic blood pressure. Foods that can trigger hypertension are unhealthy options, such as fatty foods, salty foods, fast food, and foods low in fiber. Excessive fat consumption poses a risk of hypertension because it raises blood cholesterol levels. This cholesterol adheres to blood vessel walls; over time, the vessels become obstructed due to plaque formation. This plaque narrows the blood flow, leading to an increase in both blood volume and blood pressure (Putri, 2024).

Diet is an effort to regulate the quantity and type of food to maintain health, nutritional status, and prevent disease during the healing process. A crucial aspect of a diet for someone with hypertension is controlling salt consumption. It is recommended that someone with hypertension reduce excessive salt consumption. A healthy diet tends to prevent hypertension, while a poor diet tends to increase the risk of stage I and II hypertension (Hasanuddin *et al.*, 2023). In addition to diet, physical activity is also a factor influencing the development of hypertension, with physical activity being a modifiable variable. Regular physical activity with an appropriate frequency and duration can help lower blood pressure. Adequate physical activity can also strengthen heart function, allowing the heart to pump blood more efficiently with less effort. With a lighter workload on the heart, pressure on the arteries is reduced, which can ultimately result in lower blood pressure. Many people choose to exercise in the morning after dawn when the air is still fresh (Kadek *et al.*, 2019). Lack of physical activity can impede blood and oxygen flow to the body's organs, leading to increased blood pressure. Elderly people experience decreased body function, which limits their daily physical activity to a light level. This condition causes the heart muscle to work less efficiently and requires extra effort to maintain optimal blood circulation (Adam, 2019).. People who are less physically active also tend to have a higher heart rate, requiring their heart muscle to work harder with each contraction. The harder and more frequently the heart muscle has to pump, the greater the pressure placed on the arteries (Chen, 2024). A lack of physical activity and poor diet can lead to various complications such as heart disease, stroke, kidney disease, retinopathy, peripheral vascular disease, and neurological disorders, even death. The higher the blood pressure, the higher the risk of damage to the heart and blood vessels in large organs such as the brain and kidneys (P2PTM Kemkes, 2019). If uncontrolled, hypertension can lead to premature death and result in the loss of productive years or Disability-Adjusted Life Years (DALYs) (Fauzi, 2014).

Table 8. Results of the Wilcoxon Signed-Rank Test for blood pressure before and after Swedish Massage therapy

Variable	Mean before Swedish Massage therapy	Mean after Swedish Massage therapy	p-value
Systolic blood pressure	152.55	130.00	0,003
Diastolic blood pressure	92.64	85.18	0,003

Based on the Wilcoxon Signed-Rank Test results for systolic blood pressure, a p-value of 0.003 ($p < 0.05$) was obtained. Similar results were found for diastolic blood pressure, with a p-value of 0.003 ($p < 0.05$). Consequently, H_0 was rejected and H_1 was accepted, indicating that Swedish Massage therapy has an effect on lowering blood pressure in elderly patients with hypertension. These findings align with the study conducted by Vera Fitriana *et al.* (2025) which involved eight sessions over the course of one week—demonstrating that Swedish massage therapy is effective in reducing blood pressure among elderly individuals with hypertension. All respondents ($n=10$) experienced a reduction in both systolic and diastolic blood pressure following the Swedish massage intervention. Pre-intervention blood pressure ranged from 180–200/110–120 mmHg, decreasing to 125–138/80–90 mmHg post-intervention. This consistent reduction across all respondents indicates that Swedish massage therapy provides a relaxation effect and helps improve blood circulation (Fitriana *et al.*, 2025).

CONCLUSION

The study, conducted in Kedungdowo Village, Kaliwungu District, Kudus Regency, over a two-week period comprising six sessions, found that prior to the Swedish Massage intervention, 8 respondents (72.7%) had Grade 1 hypertension and 3 respondents (27.3%) had Grade 2 hypertension. Following the intervention, 10 respondents (90.9%) fell into the pre-hypertension category, while 1 respondent (9.1%) remained in the Grade 1 category. The mean diastolic blood pressure was 93.42 before the Swedish massage and 83.52 after the procedure. Results from the Wilcoxon Signed-Rank Test showed p-values of 0.003 for systolic blood pressure and 0.003 for diastolic blood pressure. As these values were lower than $\alpha = 0.05$ ($p < 0.05$), it can be concluded that Swedish Massage therapy has an effect on lowering blood pressure in elderly patients with hypertension.

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