

RUANG NADI: A Community-Based Blood Pressure Education And Screening Program For Early Hypertension Detection In Ngasem Village, Kediri Regency

Selly Septi Fandinanta¹, Mahardiantika Industriani Putri², Puput Luxfiana Sari³, Titis Wahyu Giri Suci⁴, Arel Mitra Anjeli Wagho⁵, Wiyan Cahyo Dwi Wicaksono⁶, Cahya Aprilia Harwoko⁷, Margarince Wungo⁸, Jumita Angriva Bulu⁹, Marviana Pisceksa Njurumana¹⁰, Nur Azizah Maesie Avianti¹¹, Anri Wani Pahkoib¹²

^{1,7} Faculty of Pharmacy, Universitas STRADA Indonesia, Kediri, Indonesia

^{2,3,12} Faculty of Nursing, Universitas STRADA Indonesia, Kediri, Indonesia

^{4,6,10,11} Faculty of Health, Universitas STRADA Indonesia, Kediri, Indonesia

^{5,8,9} Faculty of Midwifery, Universitas STRADA Indonesia, Kediri, Indonesia

*Corresponding author: sellyfandinata@strada.ac.id

ABSTRACT

Hypertension remains a major non-communicable disease in Indonesia and is often called the “silent killer” because it may be asymptomatic despite the risk of serious complications. This community service program aimed to provide structured hypertension education and facilitate early detection through free blood pressure screening in Ngasem Village, Kediri Regency. The “Ruang Nadi” program was conducted on 23 August 2026 and involved 25 residents. The intervention consisted of standardized leaflet-based education, an interactive question-and-answer session, blood pressure measurement using a digital sphygmomanometer, and individualized counseling based on screening results. Evaluation included participation, screening completion, observed engagement, blood pressure category distribution, and responses to follow-up recommendations. Data were analyzed descriptively using frequencies and percentages. Screening showed that 7 participants (28%) had normal blood pressure, 5 (20%) had prehypertensive readings, 3 (12%) had stage 1 hypertension-range readings, and 10 (40%) had stage 2 hypertension-range readings. Four of the 13 participants (30.8%) with hypertension-range readings were reluctant to seek further evaluation because they experienced no symptoms. The program facilitated community-based education and early identification of elevated blood pressure. However, educational effectiveness in terms of knowledge gain could not be quantified because standardized pre-test and post-test instruments were not administered. Future programs should incorporate validated knowledge assessments, repeated blood pressure measurements, and structured referral and follow-up mechanisms.

Keywords : Blood Pressure Screening, Community Education, Early Detection, Hypertension, Rural Community.

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INTRODUCTION

Hypertension, or high blood pressure, remains a major public health concern in Indonesia. The World Health Organization (WHO) estimates that approximately 1.3 billion adults worldwide have hypertension, yet only about one in five achieve adequate blood pressure control. The 2023 Indonesian Health Survey reported that the prevalence of hypertension among individuals aged ≥ 18 years was 30.8% based on blood pressure measurements, whereas only 8.6% had previously been diagnosed by a physician. This discrepancy indicates a substantial gap between the actual burden of hypertension and the number of clinically detected cases (Kementerian Kesehatan RI, 2023). The prevalence of hypertension increases markedly with age. However, many affected individuals remain unaware of their condition because hypertension is often asymptomatic in its early stages. For this reason, hypertension is frequently referred to as the “silent killer.” (Octaryana & Syarif, 2025). If not detected and managed at an early stage, hypertension can lead to serious complications, including stroke, kidney failure, and coronary heart disease. (Lukitaningtyas & Cahyono, 2023).

Physiologically, elevated blood pressure may result from the interaction of several mechanisms, including arterial stiffness caused by reduced elasticity of the arterial walls; renal sodium and water retention, which increases extracellular fluid volume; activation of the renin–angiotensin–aldosterone system (RAAS), which induces vasoconstriction through angiotensin II; vascular endothelial dysfunction; and genetic factors that influence individual susceptibility. (Lukitaningtyas & Cahyono, 2023). Risk factors for hypertension are generally classified into non-modifiable and modifiable factors. Non-modifiable factors include age, sex, and family history, whereas modifiable factors include smoking, excessive salt and fat intake, physical inactivity, alcohol consumption, and stress. Individuals with a family history of hypertension have been reported to be more than five times as likely to develop the condition as those without such a history. Advancing age is also consistently associated with an increased risk of hypertension because of reduced vascular elasticity and age-related impairment of renal function in blood pressure regulation. (Sugiyanto & Husain, 2022; Sihombing *et al.*, 2023).

Low public awareness of the importance of routine blood pressure monitoring contributes to the high number of undiagnosed hypertension cases. Many individuals become aware of their condition only after complications have developed. This problem is further aggravated by unhealthy lifestyle behaviors, including physical inactivity, excessive salt intake, smoking, and excessive coffee consumption. (Sofia *et al.*, 2026). Various community service activities based on hypertension screening and education conducted in different regions of Indonesia have consistently found a considerable proportion of residents with high blood pressure during early detection activities, for example among employees of a shipping company (Nurbaiti *et al.*, 2025), rural residents in Aceh (Lubis *et al.*, 2023), and elderly groups (Ernawati *et al.*, 2023; Kusumawati *et al.*, 2026). These activities generally combine face-to-face counseling with printed educational materials, such as leaflets, which provide health information in a simple and accessible format that participants can retain and review when needed. The value of practical take-home materials is also supported by Fandinata and Ernawati (2020), who found that self-reminder cards significantly improved medication adherence among patients with hypertension. Although the intervention focused on medication adherence rather than knowledge improvement, the findings demonstrate that simple printed tools can support continuous hypertension self-management beyond face-to-face education.

For example, a previous non-communicable disease screening program for older adults in Kediri City demonstrated that routine blood pressure monitoring at integrated health posts

(posyandu) could improve participants' knowledge and motivation to adopt preventive measures. Nevertheless, sustaining the active participation of community health volunteers (cadres) and residents remains a challenge in implementing integrated non-communicable disease posts (Posbindu PTM) in other regions. (Rahayu *et al.*, 2021; Suatmi, 2023).

Based on these considerations, the community problem addressed by the program was the limited awareness of routine blood pressure monitoring and the persistence of symptom-based perceptions of hypertension, in which residents may not consider further evaluation necessary when they feel well. Students from Group 7 of the Community Service Program at Universitas STRADA Indonesia, assigned to Ngasem Village, Ngasem Subdistrict, Kediri Regency, therefore initiated the "Ruang Nadi" program. The name Ruang Nadi, meaning "a space for the pulse," represents a community forum for individuals to identify their blood pressure status, understand the risks associated with hypertension, and begin adopting healthier lifestyle habits. The program comprised a standardized interactive educational session supported by the same core leaflet for all participants, followed by free blood pressure screening. Leaflets were selected because their concise, portable, and easy-to-read format enables participants to retain and revisit essential health information. This educational medium has also been reported to improve public knowledge and attitudes toward various health issues, including non-communicable diseases (Pratiwi *et al.*, 2022).

This activity aimed to: (1) provide community education on hypertension, including its risk factors, asymptomatic nature, and long-term complications; (2) provide practical information on healthy lifestyle practices for preventing and controlling hypertension; (3) provide free blood pressure screening for early detection; (4) describe participant engagement during the educational session; (5) offer counseling and follow-up recommendations to residents with elevated blood pressure; and (6) distribute leaflets as practical educational resources for continued use at home. Because no standardized pre-test and post-test were administered, improvement in knowledge was not specified as a measurable outcome of this evaluation.

METHOD

This community service program employed a community-based health education and screening approach with a descriptive quantitative evaluation. It was conducted on Sunday, 23 August 2026, from 18:30 to 20:00 Western Indonesian Time (WIB), at the residence of the Head of Neighborhood Unit (RT) 01, Community Unit (RW) 05, Ngasem Village, Ngasem Subdistrict, Kediri Regency. The target participants were residents attending a regular rotating savings and social gathering. Integrating the program into this existing community activity enabled the team to reach residents efficiently without organizing a separate mass gathering.

The activity involved seven Community Service Program (Kuliah Kerja Nyata or KKN) students from various academic programs and 25 residents. Its implementation consisted of preparation, execution, and evaluation stages, following a commonly applied framework for community-based health education and screening programs (Sofia *et al.*, 2025). The instruments and materials used were a digital sphygmomanometer for blood pressure screening, a recording sheet for participant age and blood pressure results, a standardized hypertension leaflet, and an observation-based record of participant engagement during the question-and-answer session. During the preparation stage, the team prepared the screening equipment and identical core leaflets containing information on the definition of hypertension, its risk factors, blood pressure classifications, preventive measures, and dietary recommendations for individuals with elevated blood pressure. During the execution stage, the same core educational material was provided to all participants before an interactive

educational session. This was followed by a question-and-answer session, blood pressure measurements for all participating residents, individualized counseling based on the screening results, and activity documentation

Blood pressure was measured once for each participant using a digital sphygmomanometer while the participant was seated. The results were recorded in millimeters of mercury (mmHg). Blood pressure categories were determined according to the adult blood pressure classification described by Jones et al. (2025), which classifies blood pressure into four categories: normal, elevated, stage 1 hypertension, and stage 2 hypertension. Because each participant underwent only a single measurement, the results were interpreted as preliminary screening findings rather than a definitive diagnosis of hypertension. Participants with elevated results were advised to undergo repeated blood pressure measurements and further evaluation at a healthcare facility.

Table 1. Blood Pressure Classification

Classification	Systolic	Diastolic
Normal	≤120 mmHg	≤80 mmHg
Pre-Hypertension	121-129 mmHg	≤80 mmHg
Stage 1 Hypertension	130-139 mmHg	80-89 mmHg
Stage 2 Hypertension	≥140 mmHg	≥90 mmHg

The quantitative evaluation focused on descriptive screening outcomes. Blood pressure category and age-group data were summarized as frequencies (n) and percentages (%). Educational activity was evaluated as a process outcome through direct observation of residents' participation during the question-and-answer session and documentation of the topics raised by participants. Following blood pressure screening, residents with elevated readings received individualized education and recommendations for further evaluation. Standardized pre-test and post-test knowledge instruments were not administered; therefore, changes in participants' knowledge could not be quantified and participant engagement was not interpreted as evidence of knowledge improvement. A future evaluation should administer the same validated hypertension-knowledge questionnaire immediately before and after education and compare pre-test and post-test scores using an appropriate paired analysis.

RESULTS

The "Ruang Nadi" community service program was conducted on 23 August 2026 and involved seven KKN students and 25 residents of Ngasem Village. All 25 residents participated in the hypertension education session and completed blood pressure screening; therefore, screening data were available for all participants. The results were analyzed descriptively according to age group, blood pressure category, participant engagement, and responses to follow-up recommendations.

Table 2. Distribution of Participants by Blood Pressure Category

Blood Pressure Category	Threshold (mmHg)	Number (n)	Percentage (%)
Normal	≤120/80	7	28
Pre-hypertension	121-129/≤80	5	20
Stage 1 hypertension	130-139/81-89	3	12
Stage 2 hypertension	≥140/90	10	40
Total	-	25	100

As shown in Table 2, 7 participants (28%) had blood pressure readings in the normal category, 5 (20%) were in the pre-hypertension category, 3 (12%) were in the stage 1 hypertension category, and 10 (40%) were in the stage 2 hypertension category. Overall, 18 participants (72%) had readings above the normal category, including 13 (52%) whose readings

fell within the stage 1 or stage 2 hypertension ranges. Because blood pressure was measured only once, these findings represent screening classifications and not definitive clinical diagnoses.

Table 3. Distribution of Participants by Age Group

Age Group (years)	Number (n)	Percentage (%)
30-39	5	20
≥40	20	80
Total	25	100

Table 3 presents the participants' age distribution. Most participants were aged 40 years or older ($n = 20$; 80%), whereas 5 participants (20%) were aged 30–39 years. All participants received the same core leaflet and hypertension education; individualized counseling was provided only after screening according to each participant's blood pressure result and questions. Participants actively engaged in the question-and-answer session, particularly by asking about salt intake, coffee consumption, and the use of traditional remedies for hypertension. After screening, residents with elevated readings received individualized education and were advised to undergo repeated blood pressure measurements and further evaluation at a healthcare facility. Nevertheless, 4 of the 13 participants (30.8%) whose readings were in the stage 1 or stage 2 hypertension ranges expressed reluctance to seek follow-up care because they did not experience symptoms such as dizziness. Participant engagement was assessed through direct observation. Changes in knowledge were not measured because standardized pre-test and post-test instruments were not administered; consequently, no claim of knowledge improvement was made.



Figure 1. Blood Pressure Check

DISCUSSION

The principal finding of the "Ruang Nadi" program was the high proportion of participants with above-normal blood pressure readings. Of the 25 residents screened, 18 (72%) had readings above the normal category and 13 (52%) had readings within the stage 1 or stage 2 hypertension ranges. The activity also demonstrated strong interest in hypertension-related information, but it identified an important barrier to follow-up: some participants with hypertension-range readings were reluctant to seek further evaluation because they did not experience symptoms.

Blood Pressure Screening Findings

The proportion of participants with hypertension-range readings was higher than the national hypertension prevalence of 30.8% among Indonesian adults reported in the 2023 Indonesian Health Survey. However, these figures are not directly comparable. The national estimate was derived from a population-based survey, whereas the present activity involved a small convenience group attending a community gathering, 80% of whom were aged 40 years

or older. In addition, blood pressure was measured only once; therefore, the findings indicate screening categories rather than confirmed hypertension. Despite these limitations, the results reinforce the practical value of community-based screening for identifying individuals who may require repeated measurement and clinical evaluation. Comparable community programs have likewise identified substantial numbers of participants with elevated blood pressure during outreach activities (Nurbaiti et al., 2025; Lubis et al., 2023).

Age Profile and Hypertension Risk

Most participants were aged 40 years or older ($n = 20$; 80%). Older age is an established risk factor for hypertension because arterial elasticity declines and vascular resistance rises with age (Octaryana & Syarif, 2025). However, the present program did not cross-tabulate or statistically analyze blood pressure category by age group. Therefore, the high proportion of participants aged ≥ 40 years should be reported as a characteristic of the screened group and should not be used to infer that age explained the observed blood pressure distribution. Screening and educational programs commonly prioritize middle-aged and older adults because of their greater risk of undiagnosed hypertension and related complications (Debora, 2023; Kusumawati et al., 2026).

Embedding screening within an existing rotating savings and social gathering provided a feasible way to reach residents without organizing a separate mass event. This approach may be particularly useful for engaging adults who do not routinely attend preventive health services. The present findings support the integration of periodic blood pressure monitoring into established community activities, provided that abnormal readings are followed by repeated measurements and referral pathways.

Educational Engagement and the Role of Leaflets

Participants actively asked questions during the educational session, particularly about salt intake, coffee consumption, and traditional remedies. This observed engagement indicates participation in the educational process, but it does not demonstrate an increase in knowledge. Leaflets complemented the discussion by providing concise information that residents could retain and review at home. Previous studies have reported that printed educational materials can support health knowledge and attitudes (Pratiwi et al., 2022), while simple take-home tools such as self-reminder cards can strengthen medication adherence among patients with hypertension (Fandinata & Ernawati, 2020). To evaluate whether education actually changes knowledge in future implementation, participants should complete the same validated hypertension-knowledge questionnaire immediately before and after the session. Individual paired scores can then be compared and the magnitude of change reported, rather than using observed participation as a proxy for knowledge gain.

Questions concerning coffee and traditional remedies also indicate areas in which residents may need clear, evidence-based guidance. Rather than recommending uniform restriction, counseling should consider the amount and frequency of consumption, individual blood pressure responses, concurrent treatment, and other cardiovascular risk factors. The reported relationship between coffee consumption and blood pressure among older adults with a history of hypertension further supports addressing this topic during individualized counseling (Sari & Zulfitri, 2021).

Asymptomatic Hypertension and Barriers to Follow-up

Four of the 13 participants (30.8%) with readings in the stage 1 or stage 2 hypertension ranges expressed reluctance to seek further examination because they did not experience

symptoms such as dizziness. This response reflects a common misconception that high blood pressure is clinically important only when symptoms are present. From the perspective of the Health Belief Model, the absence of symptoms may reduce perceived susceptibility and perceived severity, thereby weakening motivation to pursue further evaluation (Sumiyem et al., 2023; Laili et al., 2023).

This finding highlights the need for hypertension education to emphasize that elevated blood pressure is often asymptomatic and that a screening result requires confirmation rather than dismissal. Education should therefore be paired with specific and achievable follow-up instructions, including where to obtain repeated measurements and when to seek medical assessment. Ongoing reminders may also help translate initial awareness into action; Fandinata and Ernawati (2020), for example, demonstrated that a self-reminder card improved medication adherence among patients with hypertension.

Family involvement may further strengthen follow-up and long-term self-management. Previous evidence indicates that family support is associated with adherence to low-salt diets and antihypertensive medication (Nasution & Rambe, 2022; Rinawati & Marasabessy, 2022). In similar programs, family members could therefore be encouraged to support repeated blood pressure monitoring, healthcare visits, medication use, and sustainable dietary changes.

Proposed Follow-up Plan

A structured follow-up plan is proposed for the 13 participants with hypertension-range readings, with priority given to the four who were initially reluctant to seek further care. The KKN team and local health cadres could facilitate repeated blood pressure measurements, home-based reminders, and referral to Ngasem Community Health Center for diagnostic confirmation and appropriate management. A summary of screening results and educational leaflets could also be provided to the RT 01/RW 05 administrators and health cadres to support continuity. Periodic blood pressure screening may be incorporated into established community activities, such as social gatherings or religious meetings. Future implementation should document referral completion and evaluate follow-up outcomes at predefined intervals.

Limitations

This activity had several limitations. First, it involved only 25 residents from one neighborhood unit who attended an existing community gathering; the findings are therefore not representative of Ngasem Village or other rural populations. Second, blood pressure was measured once using a digital device, without repeated measurements on the same or different days, so the screening categories cannot establish a diagnosis of hypertension. Third, participant characteristics and potential risk factors were not analyzed in relation to individual blood pressure results. Fourth, standardized pre-test and post-test instruments were not used; thus, changes in knowledge and attitudes could not be quantified, and observed engagement cannot be considered proof of educational effectiveness. Finally, follow-up visits and referral completion were not systematically documented. Future programs should include repeated blood pressure measurements, validated knowledge assessments, individual-level risk-factor data, and structured follow-up to evaluate both educational and clinical outcomes.

CONCLUSION

The “Ruang Nadi: Recognizing Hypertension, Understanding Risks, and Changing Habits” community service program was implemented in Ngasem Village, Ngasem Subdistrict, Kediri Regency, through standardized interactive education using leaflets and blood pressure screening. Among the 25 residents screened, 7 (28%) had normal blood pressure, 5 (20%) had

readings in the pre-hypertension range, 3 (12%) in the stage 1 hypertension range, and 10 (40%) in the stage 2 hypertension range. Overall, 13 participants (52%) had readings within the hypertension range. Participants actively engaged in the educational session, but this engagement was a process observation rather than a measure of knowledge improvement. Because standardized pre-test and post-test assessments were not administered, changes in knowledge could not be quantified. Several participants with hypertension-range readings remained reluctant to seek follow-up care because they did not experience symptoms. Future programs should incorporate validated paired pre-test and post-test knowledge assessments, repeated blood pressure measurements, structured referral mechanisms, family involvement, and follow-up monitoring.

REFERENCES

- Debora, C., Tolimba, C., Palunggi, S., Siregar, D., & Harefa, L. (2023). Risk factors for hypertension among adults living in a rural area, Minahasa. *Jurnal Keperawatan Indonesia*, 26(1), 36–45. <https://doi.org/10.7454/jki.v26i1.2527>
- Ernawati, E., Santoso, A. H., Tan, S. T., Firmansyah, Y., Tamaro, A., & Satyanegara, W. G. (2023). Community service activities – Counseling and blood pressure screening (hypertension disease). *Jurnal Pengabdian Masyarakat*, 2(1), 63–70.
- Fandinata, S. S., & Ernawati, I. (2020). The effect of self-reminder card to the level of adherence of hypertension patients in community health center in Surabaya. *Open Access Macedonian Journal of Medical Sciences*, 8(E), 647–652. <https://doi.org/10.3889/oamjms.2020.5389>
- Jones, D. W., Ferdinand, K. C., Taler, S. J., Johnson, H. M., Shimbo, D., et al. (2025). 2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGI M guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: A report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*, 152(11), e114–e218. <https://doi.org/10.1161/CIR.0000000000001356>
- Kementerian Kesehatan RI. (2023). Survei Kesehatan Indonesia (SKI) 2023. Kementerian Kesehatan Republik Indonesia.
- Kusumawati, D., Suproborini, A., Sari, D. E. D., & Lestari, A. P. (2026). Pemberdayaan lansia melalui skrining tekanan darah dan edukasi literasi hipertensi di Desa Sumberejo. *Jurnal Pengabdian Masyarakat*, 2(2), 353–364
- Laili, N., Aini, E. N., & Rahmayanti, P. (2023). Hubungan model kepercayaan kesehatan (Health Belief Model) dengan kepatuhan minum obat pada pasien hipertensi. *Jurnal Kesehatan Holistik*, 7(2), 1–13.
- Lubis, S. P. W., Muzana, S. R., Samsuar, Hasanah, Akhairi, F. A., Fadli, M., et al. (2023). Pemeriksaan tekanan darah dan edukasi hipertensi pada warga Gampong Lambunot. *Eastasouth Journal of Effective Community Services*, 1(3), 84–90.
- Lukitaningtyas, D., & Cahyono, E. A. (2023). Hipertensi: Artikel review. *Jurnal Pengembangan Ilmu dan Praktik Kesehatan*, 2(2), 100–117.
- Nasution, L. K., & Rambe, N. (2022). Dukungan keluarga dengan kepatuhan penderita hipertensi menjalani diet rendah garam di Puskesmas Sibuhuan. *Jurnal Mutiara Ners*, 5(1), 1–6.
- Nurbaiti, Adawiah, R., Asih, H. A., & Haerani. (2025). Skrining dan edukasi tekanan darah sebagai langkah preventif dalam deteksi hipertensi pada karyawan PT Dharma Lautan Utama Banjarmasin. *Jurnal Pengabdian Masyarakat Bangsa*, 2(11), 4924–4929.

- Octaryana, & Syarif, S. (2025). Hubungan obesitas sentral dengan hipertensi derajat 1 pada wanita di Indonesia (Analisis data SKI 2023). *Jurnal Kesehatan Prepotif*. <https://doi.org/10.31004/prepotif.v9i2.47303>
- Pratiwi, G. D., Lucya, V., & Paramitha. (2022). Efektivitas penggunaan media leaflet dalam peningkatan pengetahuan dan sikap terhadap pencegahan tuberkulosis. *Jurnal Ilmiah Keperawatan*.
- Rahayu, D., Irawan, H., Santoso, P., Susilowati, E., Atmojo, D. S., & Kristanto, H. (2021). Deteksi dini penyakit tidak menular pada lansia. *Jurnal Peduli Masyarakat*, 3(1), 91–96.
- Raising, R., Hemawatiningsih, O. D., Basy, L. L., & Yetti. (2025). Masyarakat sadar hipertensi: Penyuluhan dan deteksi dini lewat pemeriksaan tekanan darah. *Jurnal Abdimas PHB*, 8(3), 571–578.
- Rinawati, R., & Marasabessy, N. B. (2022). Dukungan keluarga dan kepatuhan diet rendah garam pada penderita hipertensi. *Jurnal Kesehatan Terpadu*, 13(2), 117–129.
- Roslaini, Asniar, & Susanti, S. S. (2022). Faktor-faktor yang berhubungan dengan aktivitas fisik lansia dengan hipertensi. *Quality: Jurnal Kesehatan*, 16(2), 102–108.
- Sari, F., & Zulfitri, R. (2021). Hubungan kebiasaan konsumsi kopi dengan tekanan darah pada lansia riwayat hipertensi. *Jurnal Vokasi Keperawatan*, 5(2), 138–147. <https://doi.org/10.33369/jvk.v5i2.24114>
- Sari, T., Santoso, A. H., Gunaidi, F. C., Jap, A. N., & Teguh, S. K. M. M. (2025). Skrining dan edukasi tekanan darah untuk deteksi dini hipertensi. *SEWAGATI: Jurnal Pengabdian Masyarakat Indonesia*, 3(2), 23–29.
- Sihombing, E. P. R., Hidayat, W., Sinaga, J., Nababan, D., & Sitorus, M. E. J. (2023). Faktor risiko hipertensi. *PREPOTIF: Jurnal Kesehatan Masyarakat*, 7(3), 16089–16105.
- Sofia, S., Juwita, J., Miftahuddin, M., Maulana, T., Fitri, N. A., Hafifatunnur, H., et al. (2026). Skrining kesehatan dan edukasi gaya hidup sehat untuk pengendalian risiko hipertensi. *Jurnal Inovasi Hasil Pengabdian Masyarakat*, 9(1), 33–50. <https://doi.org/10.33474/jipemas.v9i1.24454>
- Suatmi, B. D. (2023). Partisipasi berkelanjutan kader posyandu lansia dan Posbindu Penyakit Tidak Menular terintegrasi di RW 06 Baranangsiang Indah Kota Bogor. *Jurnal Abdimas*, 1(1), 1–16.
- Sugiyanto, M. P., & Husain, F. (2022). Hubungan tingkat stres terhadap kejadian hipertensi pada lansia. *Jurnal Multidisiplin Dehasen*, 1(4), 543–552.
- Sumiyem, Agustina, R., Nugrahanto, I. A., & Gita, Y. (2023). Memahami perilaku ketidakpatuhan penggunaan obat di kalangan penderita penyakit hipertensi: Aplikasi teori Health Belief Model. *Jurnal Farmasi dan Kesehatan Indonesia*, 3.
- World Health Organization. (2023). Global report on hypertension: The race against a silent killer. World Health Organization. <https://www.who.int/publications/i/item/9789240081062>