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ANALYSIS OF SURVEY RESULTS ON COMMUNICATION, INFORMATION, AND EDUCATION MEDIA IN KERTOSARI VILLAGE

Ericha Ainursavitri *, Nurul Fitriyah
Department of Epidemiology, Biostatistics, Population and Health Promotion, Universitas Airlangga
Jl. Dr. Ir. H. Soekarno, Mulyorejo, Surabaya, Jawa Timur 60115, Indonesia
Coresponden Email: erichasavitri29@gmail.com

Abstract

Health is a condition that enables individuals to live to their full potential. The Field Work Practice (PKL) activities use a descriptive approach, which is an activity that describes or outlines the picture of a health problem. In this case, the issue addressed is Non-Communicable Diseases (NCDs). Kertosari Village is one of the villages located in the Babadan District, Ponorogo Regency, East Java. The method of Problem identification based on secondary data found that there are 10 priority diseases in Kertosari Village, with hypertension being the main concern. Problem identification based on primary data was conducted through Focus Group Discussions, In-Depth Interviews, and questionnaire collection. The results was found that the residents of Kertosari Village have a good level of knowledge (54.55%), but the community's attitude is assessed as less favorable (62.12%). Alternative solutions were sought using the MEER system, and priority solutions were found, including the creation of hypertension-friendly recipes, education related to hypertension, cooking demonstrations, and training on digital-based data recording and reporting. Evaluation of activities is carried out after the program is implemented, including Pre-Test, Post-Test, and testimonials about the media.

Keywords: KEI, Social Health, Kertosari Village

Introduction

Health according to the World Health Organization is a state of complete physical, mental and social well-being, not just the absence of disease or infirmity. According to Health is a state that allows individuals to live to their full potential. In Law No.23 of 1992 Health is defined as a state of well-being of body, soul, and social that enables everyone to live a socially and economically productive life. The Ecological Model provides a framework by combining various theories and acts as a general model to emphasize the importance of taking into account environmental factors and policies in formulating an overall strategy for intervening in health behavior. The Ecological Model of Health focuses on the understanding that individuals' health is not only influenced by their own internal factors (such as genetics, behaviors, and lifestyle choices), but also by a variety of external factors. These external factors include the social and physical environment, as well as the broader health policy and service delivery system, Health Behavior and Health Education: Theory, Research, and Practice (2008). Therefore, according to the Canadian Public Health Association (1986), the maximum healthy living behavior is determined by the environment and policies that can support health and can motivate and educate individuals to make these choices.

The Faculty of Public Health at Universitas Airlangga has designed a curriculum for Field Work Practice (PKL) based on the Evidence Based Learning method which is a mandatory part of the academic program for fifth semester students of the Public Health study program. This curriculum

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aims to integrate students' skills, knowledge, and attitudes in the real environment of society or community. PKL is designed as a method of learning outside the campus environment, which allows students to gain practical experience in recognizing and understanding health issues in society and health services. It also encourages students to engage in community empowerment and develop social support activities and health advocacy, which not only improves networks and access to health services, but also strengthens the Tri Dharma of Higher Education. In addition, it allows students to make health assessments based on evidence and data for decision-making in solving public health problems. FKM UNAIR Field Work Practice Program 2024 Group 11 was held on December 8, 2024 - February 5, 2024 in the working area of Kertosari Village, Babadan District, Ponorogo Regency. Based on the 2023 Kertosari Village Population Demographic Data Report, there are 7,308 populations residing in Kertosari Village which consists of 50 RT 13 RW. The activities carried out are problem identification, problem prioritization, intervention program determination, and program evaluation monitoring (Glanz Karen, Rimer Barbara K, 2008). With this Field Work Practice (PKL), it is hoped that it can provide solutions to the community regarding health problems that occur in Kertosari Village, and increase public awareness about hypertension, especially in Kertosari Village, Babadan District, Ponorogo Regency

Method

2.1 Activity Method

Field Work Practice (PKL) activities use a descriptive approach study which is an activity that describes or describes a description of a state of health problems. In this case, the problem raised is about Non-Communicable Diseases (NCDs). Research activities were carried out in Kertosari Village, Babadan District, Ponorogo Regency for 30 days. The data used used primary and secondary data. Primary data came from the results of questionnaires and FGDs conducted with residents. Meanwhile, secondary data was sourced from Ponkesdes, village, and Puskesmas data. Data analysis used the R Studio application.

2.2 Sample Determination

In this study, the population was all families in Kertosari Village with a total population of 2342 families. The sample size was determined using the Lemeshow formula:

$$n = \frac{N\, Z^2_{1-\alpha/2}\, p(1-p)}{(N-1)d^2 + Z^2_{1-\alpha/2}\, p(1-p)}$$

Notes:

n : sampel size
N : total population
$Z^2_{1-\alpha/2}$: value distribution Z at the level of significance () 0,05 = 1,96
p : propotion of incidence = 0,5 because it is not yet know
d : precision used 0,1

Then,

$$n = \frac{2342.1{,}645^2.0{,}5(1-0{,}5)}{(2342-1)0{,}1^2 + 1{,}645^2.0{,}5(1-0{,}5)}$$

$$n = \frac{1584{,}377}{23{,}41 + 0{,}6765}$$

$$n = 65{,}778 \approx 66$$

Based on the results of the sample calculation above, a sample size of 66 respondents was obtained which represented KK.

2.3 Location and Time

The following are details of the location and time of implementation of PKL Phase 1 of group 11, namely:

2.4 Data Collection

Data were collected to determine health problems and risk factors for health problems in Kertosari Village, namely through primary data and secondary data. The data collection methods used include:

Primary Data

- In-Depth Interview
  In-Depth Interviews were aimed at policy makers and related stakeholders, in this case represented by the Village Midwife, Village Nurse, Lurah. In-Depth Interviews were conducted with both informants with the aim of digging up information about Maternal, Infant and Toddler Health, infectious diseases, and non-communicable diseases that are prioritized in Kertosari Village, exploring the roots of health problems to explore community attitudes that affect the behavior and health status of the community in Kertosari Village. Indepth interviews were conducted by making interview instruments in advance based on the results of secondary data review and also informal meetings before the PKL deployment.
- Survey through Questionnaire
  The questionnaire was distributed to residents of Kertosari Village, Babadan Subdistrict, Ponorogo Regency with a target of 66 households. The questionnaire data collection scheme was carried out using several methods, the first was done by giving a questionnaire to each RT to be distributed to residents. The second was done door to door by the students themselves and accompanied by the village nurse by asking residents to fill out the questionnaire directly. then the information obtained from the questionnaire was inputted using Microsoft Excel software to facilitate data processing and analysis (Nyongki Alexander, Shalma Adeesya, Nikmatul Khusna, 2022). The distribution of questionnaires was aimed at obtaining information about the sociodemographic characteristics of respondents, PHBS, health services, availability and preference of media channels, knowledge, attitudes, actions, and health problems other than hypertension experienced by respondents.
- FGD (Focus Group Discussion)
  FGD activities were conducted by inviting 10 residents of Kertosari Village. The FGD was guided by a facilitator and assisted by a co-facilitator and a village nurse. There were 2 notetakers, 2 documenters, and 5 participants. Before the FGD began, each participant was given a name tag to facilitate the notetaking process. The FGDs were aimed at exploring participants' perceptions and prioritizing health problems in Kertosari Village.

Secondary Data

Secondary data were obtained from Babadan Health Center data, Kertosari Village, Kertosari Ponkesdes, and literature studies. Data obtained from Babadan Health Center in the form of Babadan Health Center Profile in 2019-2022 and PKP Report in 2020-2022. Data obtained from Kertosari Village in the form of Kertosari Village Profile in 2022. Data obtained from Ponkesdes in the form of SP2TP data for 2020-2022, SPM for 2020-2022, PM and NCD Case Priority Reports for 2020-2022,

and Top 10 Disease Reports for 2020-2022. And for literature studies obtained from the PKL Report in 2022 and journals.

2.5 Data Processing

Data processing is carried out to obtain an interpretation of the results of data collection. In processing, this research uses the R-Studio program by testing the determinants of the results of data collection which are linked to serve as a reference for making program interventions. Determinants of data collection results in the form of questionnaire data processed by methods such as the following:

- Editing & Cleaning
  The editing stage was carried out by adding a list of questions at the end of the questionnaire related to other health problems suffered by respondents besides hypertension with the aim of knowing the priority health problems in Kertosari Village. Editing of the questionnaire was carried out because the questionnaire was designed directly to analyze risk factors for hypertension while the purpose of distributing questionnaires was to find out priority health problems in Kertosari Village. Cleaning was carried out on the answers to the question of other diseases suffered besides hypertension by selecting the first answer if more than one disease was mentioned.
- Coding
  Coding was carried out on respondents' answers, where the correct answer was coded “1”, while the wrong answer was coded “0”. Coding was also carried out on answers to questions on other diseases suffered besides hypertension, such as when not answering coded “none”.
- Tabulating
  Tabulating was done to measure the knowledge, attitudes, and actions of the Kertosari community. Knowledge of the Kertosari community is known by tabulating fifteen questions, while community attitudes are known by tabulating fifteen questions seventeen questions, and community actions are known by tabulating fifteen questions ten questions.

2.6 Data Analysis

Data analysis by transforming and presenting the results of data processing in the form of tables and diagrams. Data analysis is carried out with the aim of knowing the components that have the most extreme values so that the characteristics and health problems that occur in Kertosari Village are obtained.

Results

3.1 *Results of the Communication, Information, and Education (IEC) Media Survey*

The following results were obtained from the Kertosari Village IEC media survey:

Table 1 Kertosari Village IEC Media Survey Results

No	Question	Persentase
1.	What do you do when you have free time?	
	Accessing the internet	34,8%
	Listening to music	21,2%
	Watch	19,7%
	Read	15,2%
	Other	9,1%

No	Question	Persentase
2.	What do you often access when using the internet?	
	Social media	65,2%
	Online news	13,6%
	There isn't any	10,6%
	Stream movies	4,5%
	Online comics	4,5%
	Other	1,6%
3.	What social media do you use often?	
	What is it	42,4%
	YouTube	19,7%
	Instagram	13,6%
	There isn't any	12,1%
	Facebook	9,1%
	Twitter	3%
4.	What type of media do you like most?	
	Audiovisual	39,4%
	Visual	33,3%
	Audio	25,8%
5.	What visual media do you choose?	
	Brochure or brochure	31,8%
	Book	18,2%
	Fan	12,1%
	2D Posters	12,1%
	Sticker	9,1%
	3D Posters	7,6%
	Create 3D	4,5%
	Key chain	3,0%
	Koran	1,5%
6.	What's your favorite color?	
	Blue	31,8%

No	Question	Persentase
	Red	19,7%
	Black	16,7%
	Pink	10,6%
	Green	9,1%
	Yellow	4,5%
	Chocolate	4,5%
	Purple	3,1%
7.	What style of message communication through media most attracts your attention?	
	Messages delivered by experts	42,4%
	A little writing	31,8%
	Make images stand out	13,6%
	The message was delivered by idol worshipers	4,5%
	Colorful with animated characters	4,5%
	Lots of news, little advertising	1,5%
	There isn't any	1,5%

Based on table 3.1 above, it can be seen that the majority of respondents in Kertosari Village choose to access the internet when they have free time by 34.8%, 65.2% access social media when using the internet, and 42.4% choose WhatsApp as the social media used. In addition, followed by the most preferred type of media, the majority chose audio visual at 39.4%, followed by visual media at 33.3%. The majority of respondents in Kertosari Village chose visual media in the form of brochures or leaflets by 31.8% and blue as the color choice by 31.8%. Not only that, the majority of respondents in Kertosari Village chose the style of delivering messages through the media that attracted the most attention, namely messages delivered by experts at 42.4%.

3.2 ***Results of In Depth – Interview***

Results of In Depth - Interview with Lurah Kertosari

Exactly on Friday, December 22, 2023, a visit was made to the Head of the Village to ask permission to stay in the Kertosari area during the Field Work Practice (PKL). In addition, In Depth - Interviews were also conducted to obtain information or data about Kertosari Village. The In Depth - Interview was conducted as a data collection tool that was asked and answered orally about an issue. The Head of the Village told that Kertosari Village had never had students from the Real Work Lecture (KKN) or Field Work Practice (PKL). This was the first time Kelurahan Kertosari received a visit from students to carry out their duties.

The Head of Village provided demographic data of Kertosari Village and explained things about the Kertosari Village office:

> "*Every activity carried out by Kertosari residents is carried out at the Kelurahan Office, there are youth activities that occur every 1 (one) month. We do not provide a projector here, only a place, chairs, and tables.*"

For health activities in Kertosari, there are baby posyandu, elderly posyandu, stunting egg alms, and community service. The stunting egg alms activity consumes approximately 80-100 Kg which are distributed to stunted children, malnourished pregnant women, and malnourished nursing mothers. There is only one health facility in Kertosari, Pondok Kesehatan Desa (Ponkesdes), which has 1 village nurse and 1 village midwife. There are 25 posyandu cadres and 5 family planning cadres in Kertosari. Lurah also talked about the habits of the villagers:

> *"People often buy food instead of cooking it themselves, because the food here is cheap. There are many stalls selling cheap food in the Kertosari area."*

Results of In Depth - Interview with Village Nurse

In Depth - Interviews were conducted to obtain more information on community issues and data on public health. This interview was conducted in more depth with stakeholders who have good skills and understanding. In Depth - Interviews were conducted with the village nurse at Ponkesdes Kertosari. Health issues asked about communicable diseases and non-communicable diseases in Kertosari Village. The references used were based on the Regulation of the Minister of Health of the Republic of Indonesia Number 71 of 2015 concerning Non-Communicable Disease Management.

The first question we asked about whether the highest non-communicable diseases in Kertosari for 3 years were in accordance with the data that explained that gastritis, rheumatoid arthritis, and hypertension were the most common diseases. Gastritis and rheumatoid arthritis are indeed the most common non-communicable diseases in Kertosari Village. This is based on patient visit data and gastritis which is a comorbidity. Hypertension is also a disease that is suffered by many Kertosari residents, seen from the visit data and blood pressure checking data conducted during the elderly posyandu. Hypertension factors in Kertosari Village occur due to genetic factors. There is a gene mutation or genetic disorder inherited from parents that makes their offspring genetically hypertensive. In addition, diet is a cause of hypertension. According to the village nurse, Kertosari residents have a habit of heating vegetables cooked yesterday, called blendrang vegetable. This is supported by a statement expressed by the village nurse:

> *"People like to heat up the leftover vegetables from the previous day because it's a shame to throw them away."*

In addition to genetic factors and diet, the village nurse also stated that smoking is also included in the factors of hypertension in the community of Kertosari Village with the following statement:

> *"Smoking has become a risk factor that is difficult to overcome in the community, moreover the majority of Kertosari residents starting from adolescence have smoked."*

Efforts to prevent and control hypertension in Kertosari Village include the elderly posyandu program and elderly gymnastics. Posyandu for the elderly consists of education conducted by health workers to the elderly and health checks. The village nurse explained that:

> *"During health checks, the average tension of the elderly is quite high. We as health workers provide medicine to lower blood pressure. If the medicine runs out, they have to go to the Ponkesdes, but there are still many who do not check again."*

The village nurse further revealed that the Prolanis program is not optimal:

> *"Prolanis is only conducted once a year and the payment claim process to the BPJS is complicated, calculated per head and not including the health worker team. Even though it is the community's money, it is very calculated."*

Village nurses expressed their concerns regarding the attitude of people with hypertension, namely:

> *"They do not admit that they have hypertension and they only take it when their hypertension symptoms recur. So there are actually many cases of hypertension but they are not detected because they do not want to check at the Ponkesdes."*

Elderly gymnastics activities in Kertosari run twice a week, on Wednesdays and Fridays in the morning. The elderly who attend are around 20-30 people.

Results of In Depth - Interview with Village Midwife

In-depth interviews were also conducted with the village midwife of Kertosari Village. Questions were asked about infectious diseases using references from the Regulation of the Minister of Health of the Republic of Indonesia No. 82/2014 on Communicable Disease Management. Infectious diseases are also a special concern for Kelurahan Kertosari, especially dengue fever (DBD). Sanitation in Kertosari Village is still very poor, many people still do not care about cleanliness. And many people do not want to change their behavior so that dengue fever still occurs frequently. Clean and Healthy Living Behavior (PHBS) in Kertosari is still very poor, there are residents who have duck cages in the house so that the cleanliness of the house is not maintained. There are also some residents who often pile dirty clothes, rarely washed. The provision of education on PHBS is only followed at the beginning of time, then the community returns to their initial behavior that ignores cleanliness.

In addition to DHF, respiratory tract infections or ISPA are also common in Kertosari Village. The cause is the same as DHF, poor sanitation and lack of community knowledge. This was clarified by the village midwife:

> *"Many people sleep with no mattresses, family members smoke, and the level of awareness is very low."*

3.3 *Focus Group Discussion Results (FGD)*

Focus Group Discussions (FGDs) are conducted to explore ideas or opinions in the community about a problem that will later be used as data discovery and information regarding priority health problems in Kertosari Village. The FGD took place at the Kertosari Village Office, which was held on Friday, January 19, 2024 to discuss priority health problems in Kertosari Village, which was attended by residents of Kertosari Village. The questions asked concerned general questions ranging from prioritized health problems to healthy lifestyles that are carried out. The technical implementation of the FGD is explained as follows:

1. Introducing the research team and explaining the purpose of the Focus Group Discussion (FGD).
2. Introductions of participants in order of seating position.
3. Explaining that the Focus Group Discussion (FGD) was to collect data not to lecture.
4. Each participant's opinion or answer is very important.
5. Start the discussion by asking general questions.
6. Focus Group Discussion (FGD) participants answer questions in turn.
7. Summarize all the data that has been obtained and clarified to the participants.
8. Say thank you after the Focus Group Discussion (FGD) is over.

The following are the results of the Focus Group Discussion (FGD) that has taken place, namely:

Based on the first question, *"What health problems do you think are currently your priority issues?",* several respondents answered that the health problems that occur in Kelurahan Kertosari are diverse. Many answered that the health problems that often arise are stomach and knee pain or pegal linu (bone) as expressed by respondent 1: *"Stomach because I often eat spicy food and stress*", respondent 2: *"Stomach (stomach hurts a lot), knee pain (can't bend or there is calcification of the joints)*", respondent 3*: "After falling about 3 years ago which caused a fracture, the soles of the heels are tingling, if you walk too much the legs feel sore*", respondent 4: *"The shoulder hurts when lifted but the cause is unknown, aches and pains, if you turn the bone sounds"*, respondent 6*: "The finger cannot be bent, the joint feels stiff, like rheumatism*", respondent 9: *'Thighs have often been sore lately"*, respondent 10: *"Colds have not healed for a long time, the doctor said allergies, if the cold is hot, the cold heals, aches and pains"*. But there were also those who revealed high blood sugar, hypertension, and cholesterol, such as respondent 5: *"Mostly knee pain, high blood pressure*

sometimes up to 150 and usually 140, the cause is uncertain", respondent 7*: "High blood sugar although rarely consuming sweets but there is heredity and body aches and pains"*, and respondent 8: *"High cholesterol because I can't control my appetite".*

Based on the second question, *"Do you often experience stress in your family life, community or workplace? How do you deal with it? ",* some respondents cope with stress in different ways, some have to gather with friends or closest people and eat a lot, as expressed by respondent 1: *"Video call with grandchildren",* respondent 2: *"Eat a lot, gather with friends, karaoke",* respondent 3: *"Go find food, karaoke at home, istighfar"*, respondent 4: *"Gathering with friends, gymnastics, chatting, toys with grandchildren, eating together, karaoke"*, respondent 9: *"Find entertainment like going to friends' houses chatting, eating, often vacationing"*, and respondent 10: *"Same as others, but sometimes given medicine, the stress makes migraines, tiredness, going out to friends or neighbors".* There were also those who chose to refresh with gymnastics, as expressed by respondent 6: *"Gymnastics, listening to music, sholawatan",* respondent 7: *"Joining gymnastics, refreshing, joining positive gatherings".* There were also respondents who answered by choosing to avoid stress and increase religious teachings, such as respondent 5: *"Read the Qur'an more often"* and respondent 8: *"Not concentrating on the stress and avoiding the causes of the stress".*

Based on the third question, *"What flavors of food do you think you eat most often? Include reasons! ",* the majority of respondents often consume foods with savory, salty, and spicy flavors, as said by respondent 2*: "Like savory and salty, most often fried foods, such as tempe menjes",* respondent 3: *"Like savory and spicy, spicy and hot meatballs, drink warm orange with a little sugar and wry"*, respondent 7: *"Like savory-savory",* respondent 8: *"Like savory, fried foods, vegetables with leaves such as papaya leaves, kale, and spinach",* respondent 9: *"Like savory and spicy, like moderate saltiness",* There were also respondents who said they had a hobby of eating meatballs and liked soto with coconut milk as said by respondent 1: *"Hobby of eating meatballs"*, respondent 6: *"Soto with coconut milk*". But fortunately, there are respondents who often consume vegetables as said by respondent 4: *"Like fresh things like soto, vegetables that don't use coconut milk*", respondent 5: *"Like vegetables like chickpeas, like pecel, but rarely eat coconut milk"*. And finally, there is an answer that likes to consume blendrang vegetables or warmed vegetables as said by respondent 10: *"Like lodeh with coconut milk, blendrang (warmed vegetables)".*

Based on the fourth question, *"Do you exercise regularly, either independently or in activities organized by health facilities? Include reasons!",* all respondents answered that they exercised independently and regularly, as respondent 1, respondent 2, respondent 3, respondent 4, respondent 6, respondent 7, respondent 8, respondent 9, and respondent 10 said: *"Routinely". "Similarly"*, respondent 5 has been exercising three times a week since 2009: *"Routinely (Wednesday, Friday, Sunday) since 2009".*

Based on the fifth question, *"Do you think health workers in your area explain healthy lifestyles and do you follow them? Include the reason! ",* all respondents answered that they had followed the healthy lifestyle explained by health workers as said by respondent 1: *"Already following the advice of health workers, easy consultation"*, respondent 2: *"Already, told me to be regular, fried foods are left out, service is good"*, respondent 3: *"Already, told me to get enough rest, sweet must also be reduced"*, respondent 4: *"Already*", respondent 5: *"Already, always serving questions from patients/citizens*", respondent 6: *"Already*", respondent 7: "*Already*", respondent 8: *"Already, reminded not to eat blendrang and followed the advice"*, respondent 9: *"Already*", and respondent 10: *"Already and often remind the elderly posyandu".*

Based on FGDs with several residents of Kelurahan Kertosari, the results show that the prioritized health problems are stomach pain, aches and pains, high blood pressure, high blood sugar, high cholesterol, and cough and cold. In overcoming stress, residents overcome it in various ways, namely gathering with friends, doing karaoke, doing gymnastics, listening to sholawat, eating, playing

with grandchildren, and reading the Qur'an. Furthermore, foods that are often consumed by Kertosari residents are meatballs, fried foods, soup, pecel, lodeh, and blendrang vegetables. From these foods, it can be seen that residents prefer salty flavors. Foods that contain excessive salt content, such as salty foods, can trigger hypertension or high blood pressure. The people of Kertosari routinely exercise, ranging from light physical activities carried out at home to routine gymnastics which are carried out together 2 (two) times a week at the Kelurahan Office. Health workers in the Kelurahan Kertosari area have also provided consultations to residents, reminded them to attend posyandu for the elderly, and provided explanations about healthy lifestyles.

Discussion

The findings of this study reveal a significant gap between the level of health knowledge and the attitudes of the Kertosari Village community towards hypertension management. While 54.55% of respondents demonstrated a good understanding of health issues, 62.12% exhibited less favorable attitudes towards managing hypertension. This discrepancy aligns with the Health Belief Model, which posits that knowledge alone does not guarantee behavior change; rather, attitudes and perceived barriers play crucial roles in health behavior (Glanz & Rimer, 2008). The results suggest that despite having access to health information, the community may not feel empowered or motivated to act on this knowledge, indicating a need for targeted interventions that address both knowledge and attitude.

Moreover, the study highlights the prevalence of unhealthy habits among the residents, such as high-salt diets and smoking, which are known risk factors for hypertension. Previous research has consistently shown that dietary choices and lifestyle behaviors significantly influence hypertension rates (Faisal et al., 2022; Khoir, 2018). The findings suggest that cultural norms and social practices in Kertosari may contribute to these unhealthy behaviors. For instance, the preference for salty and spicy foods, coupled with a lack of awareness about the health risks associated with these dietary choices, underscores the importance of culturally sensitive health education programs that can effectively modify dietary habits and promote healthier lifestyles.

The awareness of hypertension management among the community is relatively high, which is a positive indicator for potential health interventions. This awareness aligns with the findings of Nyongki et al. (2022), who emphasized that increased health awareness can lead to improved health behaviors. However, the challenge lies in translating this awareness into action. The community's reluctance to seek regular health check-ups and engage in preventive measures suggests that there may be underlying barriers, such as fear of diagnosis or lack of trust in healthcare services. Addressing these barriers through community engagement and building trust in healthcare providers is essential for fostering a proactive approach to health management.

The Prolanis program's ineffectiveness in Kertosari Village further complicates the situation. Despite its potential to enhance community health awareness, the program has not been optimally utilized, as indicated by the findings of Ismiati et al. (2023). The complexity of the payment claim process and limited accessibility to health services may deter residents from participating in the program. This situation highlights the need for a comprehensive evaluation of existing health programs to identify and rectify barriers that hinder community participation. Simplifying processes and enhancing the accessibility of health services can significantly improve the effectiveness of health programs like Prolanis.

The results of this study underscore the necessity for integrated health interventions that not only enhance knowledge but also positively influence attitudes and behaviors towards hypertension management. Collaborative efforts between government, health institutions, and the community are crucial in creating an environment that supports healthy behaviors. By implementing culturally appropriate health education programs, addressing barriers to healthcare access, and fostering

community engagement, it is possible to reduce hypertension rates and improve the overall health outcomes of the Kertosari Village community. Future research should focus on evaluating the effectiveness of these interventions and exploring additional strategies to promote sustainable health behavior changes.

Conclusion

The Field Work Practice (PKL) conducted in Kertosari Village, Babadan District, Ponorogo Regency, provided profound insights into the health issues faced by the local community, particularly concerning Non-Communicable Diseases (NCDs) such as hypertension. Through the descriptive approach employed in this research, we successfully identified ten priority diseases in the village, with hypertension being the primary concern that requires more attention. Data obtained from surveys, in-depth interviews, and focus group discussions revealed that while the community's knowledge about health is relatively good, their attitudes towards health issues, especially hypertension, remain less supportive. Survey results indicated that 54.55% of respondents possess good knowledge regarding health; however, 62.12% of them exhibited less positive attitudes towards hypertension management. This indicates a gap between knowledge and the actions taken by the community. The residents of Kertosari tend to have habits that potentially increase the risk of hypertension, such as a high-salt diet and smoking. Additionally, genetic factors also play a role in the high prevalence of hypertension in this village, where many individuals have a family history of similar diseases. Through interviews with stakeholders such as the village head, village nurse, and midwife, it was revealed that despite efforts to raise health awareness through posyandu programs and exercise activities for the elderly, there are still many challenges to be faced. For instance, many residents are reluctant to undergo regular health check-ups, leading to numerous undetected cases of hypertension. Furthermore, the existing Prolanis program is not functioning optimally, with complicated payment claims and insufficient support for health workers. The focus group discussions involving village residents also provided a clear picture of the health problems they face. Many respondents complained of stomach pain, joint pain, and other health issues such as diabetes and high cholesterol. They also expressed various ways to cope with stress, such as gathering with friends, exercising, and engaging in other social activities. However, dietary habits that tend to prioritize savory and spicy flavors are concerning, as they may contribute to an increased risk of hypertension. From the data analysis, we recommend several solutions that can be implemented to enhance awareness and management of hypertension in Kertosari. One of these is the development of hypertension-friendly recipes and education on healthy eating patterns. Additionally, training on digital-based data recording and reporting can help in monitoring community health more effectively. Program evaluations conducted through pre-tests and post-tests are expected to provide constructive feedback for future improvements. Overall, this PKL activity not only offered a better understanding of health issues in Kertosari but also opened opportunities for students to contribute to improving community health. By involving the community in every step, it is hoped that the designed programs can be more accepted and effectively implemented, thereby reducing hypertension rates and enhancing the quality of life for the residents of this village.

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