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IDENTIFICATION AND INTERVENTION OF HEALTH ISSUES THROUGH FIELD LEARNING EXPERIENCES IN MEKAR SARI VILLAGE, DELI TUA DISTRICT, DELI SERDANG REGENCY

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Abstract

This study aimed to identify priority health problems as a basis for designing interventions through a Field Learning Experience (PBL) program in Mekar Sari Village, Deli Tua District, Deli Serdang Regency, in 2026. A descriptive design with a community survey approach was employed. A total of 107 respondents were selected using stratified sampling. Primary data were collected through a Community Self-Survey, while secondary data were obtained from the Mekar Sari Village Profile and the Deli Tua Primary Health Center. Health problem priorities were determined using the Pan American Health Organization (PAHO) method and analyzed with a fishbone diagram to identify root causes. Hypertension was identified as the leading health problem with 31 cases (24.41%) and the highest PAHO score of 2,744. Contributing factors included behavior, health promotion, facilities, funding, and environmental conditions. Implemented interventions included hypertension education, health screening, exercise sessions, and educational poster installation. Hypertension was established as the primary priority, and community-based interventions may support hypertension prevention and control in Mekar Sari Village.

Keywords: Hypertension, Health Problem Prioritization, Field Learning Experience

INTRODUCTION

Public health is one of the crucial elements in the development process because it affects the effectiveness and quality of people's lives. Based on Law Number 36 of 2009 concerning Health, a healthy condition includes physical, mental, spiritual, and social aspects that enable individuals to live productive lives both socially and economically (Ministry of Health of the Republic of Indonesia, 2014). However, rural communities still face a number of health problems that are more complex than those experienced by urban communities, due to limited access to health services, low levels of health knowledge, and lifestyles that do not fully support the achievement of optimal health (Raspiyahni et al., 2024).

Public health problems are complex issues because they are influenced by many factors, including the environment, individual behavior, health services, and genetic factors (Novianus et al., 2023). Therefore, identifying health problems is a very important step to understand the health conditions of a community and ensure that actions taken are appropriate to existing needs. By identifying problems, their causes and effects can be determined so that effective and sustainable solutions can be developed (Wahyudi et al., 2025).

After identifying health problems, the next step is to establish health problem priorities. Priority setting is important because resources such as personnel, time, and funding are limited, so not all health problems can be addressed simultaneously. Health program planning needs to be based on

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accurate problem identification so that interventions can be more effective and targeted. One method that can be used to determine health problem priorities is the Pan American Health Organization (PAHO) method, which considers various criteria in selecting the most urgent health problem to address (Sukartini et al., 2024).

The Field Learning Experience (PBL) was conducted in Mekar Sari Village, Deli Tua District, Deli Serdang Regency as part of an effort to analyze community health conditions. The problem identification process was carried out by collecting primary and secondary data, conducting field observations, and holding village discussions involving the village government, health workers, health cadres, community leaders, and other stakeholders. The initial identification and village discussions revealed three health problems that became the focus in Mekar Sari Village, namely hypertension, diabetes mellitus, and high cholesterol levels. After determining the problems to be prioritized using the PAHO method, intervention activities were directed primarily toward addressing hypertension as the most urgent health problem in the community.

Hypertension is a non-communicable disease characterized by a persistent increase in blood pressure. It is also known as a silent killer because it often causes no symptoms, yet it can increase the risk of heart disease, stroke, kidney failure, and premature death. The World Health Organization (WHO) estimated that in 2024 approximately 1.4 billion people aged 30–79 years worldwide had hypertension, with most cases occurring in low- and middle-income countries (World Health Organization, 2025). In line with this, the development of hypertension cases in developing countries, including Indonesia, continues to increase, requiring promotive and preventive efforts through education on healthy lifestyles, regular health examinations, and improved access to health services (Saputra & Nugroho, 2024).

The Field Learning Experience (PBL) is a learning model for public health students intended to train their ability to recognize public health problems, examine risk factors, develop alternative solutions, and design and implement health interventions based on community needs (Novianus et al., 2023). Therefore, this article seeks to determine health problem priorities in Mekar Sari Village, Deli Tua District, Deli Serdang Regency as a basis for developing health interventions through the Field Learning Experience program.

METHOD

This study was conducted as part of the Field Learning Experience (PBL) activities in Mekar Sari Village, Deli Tua District, Deli Serdang Regency in 2026. Sampling was carried out using stratified sampling, which means dividing the population into strata based on hamlet location and then determining the sample ratio in each hamlet proportionally so that all hamlets were represented in the study.

The study population consisted of all Family Cards (KK) in Mekar Sari Village, totaling 3,151 KK distributed across 9 hamlets. The sample size was determined using the Slovin formula with a 10% error margin.

$$n = \frac{N}{1 + N\,e^2}$$

Description:

n = sample size

N = population size (3,151 KK)

E = error rate (10% = 0.1)

Calculation:

= 96.92 = 97 respondents

The calculation resulted in a minimum sample size of 97 respondents. To account for potentially incomplete data or possible respondent loss (dropout), 10 respondents were added, resulting in a total of 107 respondents.

Next, the sample was proportionally distributed across the nine hamlets, namely Hamlet I with 12 respondents, Hamlet II with 12 respondents, Hamlet III with 12 respondents, Hamlet IV with 10 respondents, Hamlet V with 10 respondents, Hamlet VI with 10 respondents, Hamlet VII with 10 respondents, Hamlet VIII with 9 respondents, and Hamlet IX with 13 respondents, for a total of 107 respondents.

Primary data were collected through a Community Self-Survey using questionnaires completed by respondents. Secondary data were obtained from the Mekar Sari Village Profile and disease data from the Deli Tua Primary Health Center. Data analysis was conducted descriptively to describe respondent characteristics and identify health problems. Health problem priorities were determined using the PAHO (Pan American Health Organization) method, with scores ranging from 1 to 10 for each criterion. The health problem receiving the highest score was designated as the main priority. Subsequently, causal analysis was conducted using a fishbone diagram as the basis for formulating health interventions implemented in the Field Learning Experience (PBL) program.

RESULTS

Respondent Characteristics

Based on the results of the Community Self-Survey (SMD) conducted in Mekar Sari Village, 107 respondents participated. Respondent characteristics based on sex, age, highest educational attainment, and occupation are presented in Table 1.

Table 1. Respondent Characteristics Based on the Community Self-Survey (SMD) in Mekar Sari Village, 2026

Karakteristik	Kategori	N	%
Jenis Kelamin	Laki-laki	25	23,4
	Perempuan	82	76,6
Usia	10 – 18 tahun	-	-
	19 – 59 tahun	97	90,7
	>60 tahun	10	9,3
Pendidikan Terakhir	SD	13	12,1
	SMP	21	19,6
	SMA	65	60,7
	S1	8	7,5
Pekerjaan	Ibu Rumah Tangga (IRT)	55	51,4
	Pedagang/Wiraswasta	13	12,1
	Buruh	10	9,3
	Tidak Bekerja	10	9,3
	Karyawan/Pegawai (Swasta/PNS)	5	4,7
	Lain-lain	14	13,1
Total	Total	107	100,0

Most respondents in the Community Self-Survey (SMD) were female, namely 82 people (76.6%); were in the 19–59-year age group, namely 97 people (90.7%); had completed senior high school, namely 65 people (60.7%); and worked as housewives, namely 55 people (51.4%). These findings indicate that the SMD respondents were predominantly of productive age.

Health Problem Identification

A. Based on Secondary Data from the Deli Tua Primary Health Center

Table 2. Ten Most Common Diseases at the Deli Tua Primary Health Center, January–June 2026

No	Diagnosa	Jumlah Kasus
1	Dispepsia	604
2	Hipertensi Esensial (Primary Hypertension)	576
3	Diabetes Melitus Non-Insulin Dependen	542
4	Influenza akibat virus influenza lainnya	504
5	Penyakit Jantung Iskemik Kronis	417
6	Penyakit Jantung Hipertensi	367
7	Demam yang Tidak Diketahui Penyebabnya	319
8	Mialgia	202
9	Batuk	200
10	Infeksi Saluran Pernapasan Atas Akut (ISPA)	185

Based on Table 2, dyspepsia was the disease with the highest number of cases in the working area of the Deli Tua Primary Health Center during January–June 2026, with 604 cases. The next were essential hypertension with 576 cases and non-insulin-dependent diabetes mellitus with 542 cases. These data were used as an initial description of the health conditions of the community in the working area of the Deli Tua Primary Health Center.

B. Based on the Results of the Community Self-Survey (SMD)

Table 3. Diseases Identified through the Community Self-Survey (SMD) in Mekar Sari Village, 2026

No	Jenis Penyakit	Jumlah Kasus	Persentase (%)
1	Hipertensi	31	24,41
2	Diare	19	14,96
3	Kolesterol	16	12,60
4	Diabetes Melitus	15	11,81
5	Asam Lambung	9	7,09
6	Kudis	8	6,30
7	Asma	7	5,51
8	Tifus	4	3,15
9	Penyakit Jantung	4	3,15
10	Tuberkulosis (TB)	3	2,36
11	Campak	2	1,57
12	Pneumonia pada Balita	2	1,57
13	Stroke	2	1,57
14	Asam Urat	2	1,57

Based on Table 3, the most common health problem in Mekar Sari Village was hypertension, with 31 cases (24.41%), followed by diarrhea with 19 cases (14.96%), cholesterol with 16 cases (12.60%), and diabetes mellitus with 15 cases (11.81%). Based on these findings, secondary data from the Deli Tua Primary Health Center, and input from the Primary Health Center, hypertension,

diabetes, and cholesterol were selected as the three initial health problems to be prioritized using the PAHO method.

Determination of Health Problem Priorities Using the Paho Method

Table 4. Three Priority Health Problems Using the PAHO Method

No	Masalah Kesehatan	M	S	V	C	Total	Prioritas
1	Hipertensi	7	7	7	8	2.744	I
2	Diabetes Melitus	6	7	7	8	2.352	II
3	Kolesterol	5	6	5	6	900	III

Based on Table 4, hypertension received the highest PAHO score of 2,744, followed by diabetes mellitus with a score of 2,352 and cholesterol with a score of 900. Therefore, hypertension became the main priority in developing health interventions in the Field Learning Experience (PBL) activities.

Determination of Root Causes of the Problem

Based on the analysis using a fishbone diagram, the root causes of hypertension in Mekar Sari Village were grouped into five aspects: Man, Method, Material, Environment, and Money. The results of this analysis became the basis for developing the interventions implemented during the Field Learning Experience (PBL) activities.



Figure 1. Fishbone Diagram

Determination of Problem Intervention Efforts

Intervention activities were carried out in Mekar Sari Village in July 2026 involving the village government, health cadres, community members, and PBL Group 10 students of the Faculty of Public Health, UINSU. The interventions conducted were as follows:

1. Hypertension Education And Health Screening
2. Healthy Exercise For Hypertension Prevention
3. Development And Installation Of Hypertension Educational Posters



Figure 2. Hypertension Education and Health Screening



Figure 3. Healthy Exercise for Hypertension Prevention



Figure 4. Development and Installation of Hypertension Educational Posters

DISCUSSION

Respondent Characteristics

Based on the results of the Community Self-Survey (SMD) in Mekar Sari Village, the majority of respondents were female, namely 82 people (76.6%), while 25 respondents (23.4%) were male. The dominance of female respondents may have been caused by data collection being conducted during the daytime, when most men were working outside the home, while women, particularly housewives, were more likely to be at home and therefore easier to reach during the survey.

Most respondents were in the 19–59-year age group (90.7%), while older adults (>60 years) accounted for only 9.3%. This indicates that respondents were predominantly of productive age, who generally have an important role in making decisions related to family health behaviors.

Respondents' educational attainment was dominated by senior high school graduates, with 65 people (60.7%), followed by junior high school (19.6%), elementary school (12.1%), and higher education (7.5%). Educational attainment is one of the factors that influences a person's ability to receive health information and may therefore affect disease prevention behavior.

In terms of occupation, most respondents were housewives (51.4%), while the remaining occupations included traders/entrepreneurs, laborers, employees, those not working, and other occupations. This condition indicates that most respondents were a group with an important role in managing family health, particularly in regulating dietary patterns and implementing healthy behaviors.

Health Problem Identification Based on Secondary Data and the Community Self-Survey

Based on secondary data from the Deli Tua Primary Health Center for January–June 2026, the three most common diseases were dyspepsia (604 cases), hypertension (576 cases), and diabetes mellitus (542 cases). These data indicate that non-communicable diseases remain a fairly dominant health problem in the working area of the Deli Tua Primary Health Center.

Meanwhile, based on the Community Self-Survey (SMD), hypertension was the most frequently found disease, with 31 cases (24.41%), followed by diarrhea (14.96%), cholesterol (12.60%), and diabetes mellitus (11.81%). These findings show consistency between secondary and primary data, with hypertension being one of the main health problems in Mekar Sari Village.

These findings are consistent with the study by Dadang Darmawan et al. (2025), which showed that the Community Self-Survey in Mekarsari Village, Bandung Regency identified hypertension as the main community health problem. The study explained that the high incidence of hypertension was influenced by unhealthy lifestyles, such as insufficient physical activity, consumption of high-salt foods, and low awareness of routine health examinations. In addition, the study emphasized that community diagnosis through the Community Self-Survey can be used as a basis for determining health interventions appropriate to community needs (Darmawan et al., 2025).

These findings are also supported by the study of Septian Emma Dwi Jatmika et al. (2023), which stated that community diagnosis can systematically identify public health problems, thereby determining priorities and developing more targeted interventions. In that study, hypertension was also established as the main priority after identifying community health problems through field surveys and a Community Meeting at the Hamlet level (MMD) (Kesehatan et al., 2023).

Determination of Health Problem Priorities Using the Paho Method

Based on the assessment using the PAHO method, hypertension obtained the highest score of 2,744 and was therefore established as the main priority, followed by diabetes mellitus (2,352) and cholesterol (900).

Priority setting using the PAHO method is based on four assessment components, namely Magnitude (M), Severity (S), Vulnerability/Effectiveness (V), and Community Concern/Feasibility (C). Through this method, health problems with the greatest impact on the community and that are feasible to intervene receive the highest priority scores.

These findings are consistent with the study by Yulis Indriyani et al. (2026), which explained that the PAHO method is effective for determining health problem priorities because it considers the magnitude of the problem, severity, intervention effectiveness, and program feasibility. The study stated that priority-setting results provide a basis for developing health intervention programs that are more targeted and appropriate to community needs (Indriyani et al., 2026).

These findings are also supported by the study by Maulidina Sari et al. (2025), which stated that health problem identification followed by priority setting is an important step in health program planning. The study showed that selecting priorities using a systematic method helps develop more effective intervention solutions according to the root problems identified in the community (Sari et al., 2025).

Analysis of the Root Causes of the Problem

A. Human Factors (MAN)

The findings of this study indicate that human factors are one of the main causes of the high incidence of hypertension in Mekar Sari Village. These factors include low community knowledge about hypertension, lack of concern for health, the habit of considering hypertension harmless because it causes no symptoms, failure to have regular blood pressure checks, diets high in salt and fat, and low levels of physical activity.

Low knowledge causes people to have limited understanding of risk factors, symptoms, complications, and the importance of early detection of hypertension. This condition results in low awareness of the need to have blood pressure checked regularly. In addition, consuming foods high in salt and fat and engaging in insufficient physical activity are long-established risk factors associated with increased blood pressure.

This finding is consistent with Novianus et al. (2023), who stated that behavioral factors are among the main root causes of hypertension in the community. These behavioral factors include unhealthy eating habits, insufficient physical activity, and low awareness of the need for routine health examinations. The study emphasized that changing community behavior is an important component of hypertension prevention and control (Novianus et al., 2023).

B. Method Factors (METHOD)

Based on the findings, method-related factors were associated with the suboptimal implementation of hypertension health promotion programs. Hypertension education had not been conducted continuously, education about hypertension as a silent killer remained insufficient, and promotion of routine blood pressure checks had not been implemented optimally.

This condition indicates that promotive and preventive efforts at the community level still need to be strengthened. Hypertension often causes no symptoms in its early stages, so people may not realize that they have elevated blood pressure. Therefore, continuous education is very important so that the community understands the importance of early detection.

This result is consistent with Novianus et al. (2023), who showed that health service factors are among the causes related to hypertension. Limited health promotion, community education, and utilization of health services result in inadequate access to information about hypertension prevention and control (Novianus et al., 2023).

C. Funding Factors (MONEY)

This study also showed that funding is one of the factors affecting hypertension control efforts. The health promotion budget remains limited, so education, counseling, and community empowerment activities related to hypertension cannot yet be implemented optimally.

Limited funding can hinder the provision of educational media, implementation of mass blood pressure examinations, training of health cadres, and other promotive activities. If funding support is inadequate, hypertension prevention programs tend to be incidental and unsustainable. This finding is supported by Tira et al. (2025), who explained that fishbone analysis helps identify barriers to health programs, including limited resources and program support, and can therefore be used as a basis for developing public health intervention priorities (Tira et al., 2025).

D. Facility Factors (MATERIAL)

The findings show that facility-related factors include limited educational media about hypertension, suboptimal use of blood pressure monitors in community activities, and limited access to easy-to-understand health information.

Adequate facilities are important to support early detection of hypertension. Attractive and easy-to-understand educational media can improve community knowledge, while the use of blood pressure monitors in integrated health posts, community health posts, or other community activities can increase the coverage of routine blood pressure examinations.

Novianus et al. (2023) also showed that support from health service facilities and supporting resources plays a role in increasing community access to information and health examinations, thereby supporting more effective hypertension control (Novianus et al., 2023).

E. Environmental Factors (ENVIRONMENT)

Environmental factors in this study included unhealthy community lifestyles, a low culture of health checks, habits of consuming salty, fatty, and instant foods, and insufficient family support for routine blood pressure examinations.

The social environment has a major influence on health behavior. Family and surrounding community habits of consuming foods high in sodium and the low culture of health examinations can reinforce behaviors that increase the risk of hypertension. Conversely, family support can improve a person's adherence to blood pressure checks and treatment when hypertension has been diagnosed.

This finding is consistent with Novianus et al. (2023), who stated that environmental factors are among the main determinants of hypertension. The social and cultural environment and community habits contribute to the formation of behaviors that increase the risk of hypertension (Novianus et al., 2023).

F. Determination of Problem Intervention Efforts

The interventions conducted in Mekar Sari Village included hypertension education, health examinations, healthy exercise to prevent hypertension, and the development and installation of hypertension educational posters.

Health education and screening activities are efforts to promote and prevent health problems by increasing community awareness of the importance of early hypertension detection. This finding is consistent with Bura (2026), who stated that activities such as blood pressure checks, health education, and group exercise can increase community awareness of the importance of routine health examinations and regular physical activity to prevent hypertension and diabetes. The study also showed that active community participation is important for the success of community-based health interventions.

The results of hypertension education are also supported by a study by Lusida and colleagues in 2023, which showed that hypertension education significantly increased community knowledge after counseling, with a significance level of $p = 0.001$. Direct teaching to the community is a good way to improve understanding of the factors that can cause health problems, how to prevent them, and the importance of regular blood pressure checks. Thus, the education provided in this study can help the community recognize and prevent hypertension at an early stage.

In addition to education, healthy exercise as an effort to prevent hypertension is an intervention that helps change lifestyle habits toward healthier practices. Regular physical activity is known to help control blood pressure and reduce the risk of non-communicable diseases. This finding is consistent with Sukesi et al. (2026), who stated that group exercise as a community-based intervention can increase community awareness of the importance of exercise as part of hypertension control (Bura, 2026).

The development and installation of hypertension educational posters aims to serve as a health promotion medium that can provide information continuously to the community. Visual media such as posters can reinforce health messages delivered during education sessions, so that the community continues to receive reminders about how to prevent hypertension in daily life. This finding is consistent with Raspiyahni et al. (2024), who showed that public health interventions through education and health promotion after priority problems have been identified can improve community understanding and support sustainable disease prevention efforts.

Overall, the intervention results show that combining education, health examinations, healthy exercise, and educational media is an appropriate way to help prevent hypertension in Mekar Sari Village. These interventions not only help the community obtain health information more easily, but also encourage early recognition of symptoms and the development of healthy lifestyle habits as a means of preventing hypertension.

CONCLUSION

This study revealed that hypertension is an important health issue in Mekar Sari Village, Deli Tua District, Deli Serdang Regency in 2026 and became the main focus according to the PAHO method. Analysis using a fishbone diagram showed that the occurrence of hypertension was influenced by community behavioral factors, health promotion implementation, limitations in facilities and funding, and environmental conditions that did not support a healthy lifestyle. The interventions conducted included hypertension education and health examinations, healthy exercise to prevent hypertension, and the development and installation of hypertension educational posters as promotive and preventive measures at the community level.

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