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Community-Embedded Hypertension Prevention: A Qualitative Study of Promotive and Preventive Strategies in Urban Indonesia

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Abstract:
Hypertension remains a critical non-communicable disease requiring comprehensive control strategies beyond purely curative clinical interventions. This study explores promotive and preventive health strategies used to mitigate the rising incidence of hypertension in the Palangka Raya City community. Employing a qualitative phenomenological design, researchers captured the lived experiences and strategic implementations of frontline health practitioners. Data collection encompassed in-depth interviews, direct observations, and comprehensive document reviews, utilizing rigorous source and method triangulation to ensure analytical credibility. The diverse participant cohort included public health workers, non-communicable disease program coordinators, community health cadres, hypertension patients, and Community Health Center directors. Ethical approval was obtained prior to data collection. Thematic analysis guided the systematic data reduction, presentation, and conclusion phases. Findings reveal that effective hypertension control relies on four interconnected operational pillars: data-driven advocacy, robust social support, grassroots community empowerment, and integrated promotive-preventive health services. These operational strategies strongly align with the Ottawa Charter principles and Social Support Theory, demonstrating how familial and communal networks facilitate sustained behavioral modifications. The research ultimately concludes that successful hypertension mitigation necessitates synergistic cross-sectoral collaboration, continuous social reinforcement, and sustainable community engagement. Integrating promotive and preventive paradigms through targeted health promotion offers a highly effective, scalable framework for reducing cardiovascular risks and improving long-term population health outcomes across diverse resource-constrained urban settings globally.

Keywords:
community empowerment, essential hypertension, health promotion, preventive health services, primary health care

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INTRODUCTION

Hypertension represents a critical global health challenge characterized by sustained elevated blood pressure that silently drives catastrophic cardiovascular and renal complications (Goorani et al., 2024). This condition is clinically characterized by specific systolic and diastolic blood pressure thresholds, serving as a primary catalyst for coronary heart disease and stroke (Volpe & Gallo, 2023). Asymptomatic progression frequently delays clinical intervention, earning the condition the moniker of a silent killer among vulnerable adult populations (Tradecki et al., 2025). Low- and middle-income countries currently bear the heaviest burden of these non-communicable diseases due to constrained healthcare infrastructure and limited diagnostic capacities (Mulure et al., 2024). Global

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health authorities emphasize that without immediate systemic interventions, these mortality rates will continue to escalate exponentially (Byiringiro et al., 2023).

Escalating global prevalence stems fundamentally from rapid urbanization and the widespread adoption of detrimental lifestyle behaviors across diverse demographics (Chaturvedi et al., 2024). Unhealthy dietary patterns, excessive tobacco and alcohol consumption, and physical inactivity create a perfect storm for systemic vascular deterioration (Fatma et al., 2024). A robust preventive approach offers the most viable countermeasure by early screening and targeted risk-factor modification at the population level (Wang et al., 2025). Routine screening enables timely clinical interventions before irreversible organ damage occurs, significantly improving long-term prognostic outcomes (Lin et al., 2025). Shifting focus from purely curative models to preventive paradigms remains essential for sustainable population health management (Gadjiev et al., 2024). Vaccination and environmental hazard reduction further complement these lifestyle modifications to ensure comprehensive disease prevention.

Contemporary public health frameworks advocate for integrated promotive and preventive strategies to cultivate sustainable community-wide behavioral modifications (Komi et al., 2024). Health promotion initiatives leverage educational campaigns, routine screenings, and community empowerment to enhance foundational health literacy (Bera et al., 2023). Programs emphasizing specific healthy lifestyle frameworks and integrated community posts facilitate continuous monitoring and early risk detection (Turkson-Ocran et al., 2024). Cross-sectoral collaboration and policy advocacy form the backbone of these modern non-communicable disease control efforts (Akselrod et al., 2024). Empirical evidence consistently demonstrates that community-embedded interventions significantly outperform isolated clinical treatments in fostering long-term patient adherence. Establishing supportive environments and strengthening community action remain paramount for achieving lasting epidemiological improvements (Owolabi et al., 2025).

Palangka Raya City presents a severe localized manifestation of this global epidemic with alarmingly escalating hypertension morbidity rates. Regional health data show a steady upward trend in the estimated number of hypertension cases over the past three years. Women and older adult demographics constitute the most vulnerable populations within this expansive Central Kalimantan municipality. The city's vast geographic spread severely complicates uniform healthcare delivery and routine epidemiological surveillance. Local community health centers currently absorb most of these patients diagnosed with these conditions seeking primary care (Hustrini et al., 2026).

Existing local health promotion programs suffer from suboptimal community engagement and limited strategic optimization despite active governmental deployment. Municipal authorities have implemented various strategic efforts, including the Healthy Living Community Movement and free screening posts. Community awareness regarding these promotive and preventive initiatives remains paradoxically low despite the availability of these resources. Many residents fail to comprehend or use the available educational and screening materials effectively. Optimizing these strategies requires deeper community partnerships, tailored empowerment mechanisms, and localized advocacy efforts (Fuady et al., 2024).

The current literature predominantly examines the clinical outcomes of isolated interventions while neglecting the integrated experiential strategies of frontline health workers. Previous studies have frequently quantified the physiological effects of specific educational modules or pharmacological treatments in controlled settings. A distinct gap exists in understanding how promotive and preventive approaches synergize within resource-constrained, rapidly urbanizing Indonesian municipalities. Qualitative exploration of the operational realities, advocacy efforts, and social support dynamics remains remarkably scarce in existing academic discourse (Febriyanti et

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al., 2025). This study fills that void by capturing the lived experiences and strategic adaptations of local health practitioners.

This research aims to comprehensively analyze health promotion strategies using promotive and preventive approaches to reduce the incidence of hypertension in Palangka Raya City. Understanding these localized strategies is urgently required to inform evidence-based policy adjustments and optimize municipal resource allocation. The findings will provide a scalable blueprint for effective community empowerment and advocacy models across similar demographic settings. Addressing this knowledge gap will directly support municipal efforts to reverse the rising tide of cardiovascular morbidity. This comprehensive analysis will directly guide the transition toward a more resilient, community-driven preventive healthcare ecosystem.

METHOD

Design

This study utilized a qualitative research design with a phenomenological approach. The methodology aimed to understand the experiences and strategies of health workers implementing health promotion to prevent hypertension.

Setting and Time

The research took place in Palangka Raya City, Central Kalimantan, Indonesia. Data collection occurred across multiple Community Health Centers, specifically Kayon, Menteng, and Bukit Hindu. The field study was conducted during February 2026.

Population Sample and Sampling

Informant selection relied on the principles of suitability and adequacy. The primary participants included health promotion workers, non-communicable disease program workers, health cadres, and patients with hypertension. A total of 12 main informants participated in the study. Three additional triangulation informants were included, comprising the Heads of the Kayon, Menteng, and Bukit Hindu Community Health Centers.

Instrument and Measurement Properties

The primary data-gathering instruments included in-depth interview guides, observation checklists, and documentation protocols. These tools were designed to capture the informants' subjective experiences and strategic implementations.

Data Collection Procedure

Researchers gathered data through in-depth interviews, direct observations, and document reviews. Source and method triangulation techniques were applied to verify the validity and credibility of the interview results.

Data Analysis

The collected data underwent thematic analysis. The analytical process consisted of data reduction, data presentation, and conclusion drawing.

Ethical Declaration

Ethical approval for this research was granted by the Postgraduate Program in Public Health at Universitas Strada Indonesia. All participants provided informed consent prior to their involvement in the study.

RESULT

Informants

The informants in this study were selected based on the principles of suitability and adequacy, namely, informants who possess knowledge of the research topic and can describe all phenomena related to it. Overall, this research was made possible by the informants' willingness to participate in in-depth interviews. The informants in this study were health promotion workers, health workers with non-communicable disease (hypertension) programs, health cadres, and 12 hypertension patients. To verify the validity of the interview results, the researchers also conducted interviews with three triangulated sources: the Head of the Kayon Community Health Center, the Head of the Menteng Community Health Center, and the Head of the Bukit Hindu Community Health Center. The characteristics of each informant varied. Details are shown in Table 1.

Table 1. Informant Characteristics

No. Respondent	Age	Gender	Occupation	Education	Period of Research
1	30	Female	Civil servants	Diploma 4	Friday, February 6, 2026. 09.50 WIB
2	49	Female	Civil servants	Magister	Friday, February 6, 2026. 08.50 WIB
3	55	Female	Self-employed	Senior High School	Thursday, February 12, 2026. 4:00 PM WIB
4	33	Male	BLU Contract	Diploma 3	Monday, February 9, 2026. 09.48 WIB
5	59	Female	Housewife	Junior High School	Saturday, February 14, 2026. 2:00 PM WIB
6	32	Male	Civil servants	Bachelor	Tuesday, February 10, 2026. 11:50 WIB
7	65	Male	Retired	Senior High School	Thursday, February 12, 2026. 5:00 PM WIB
8	48	Female	Housewife	Junior High School	Saturday, February 14, 2026. 5:00 PM WIB
9	55	Female	Self-employed	Bachelor	Thursday, February 19, 2026. 11:15 WIB
10	81	Female	Self-employed	Senior High School	Thursday, February 19, 2026. 12.00 WIB
11	44	Female	Civil servants	Bachelor	Friday, February 20, 2026. 10:00 WIB
12	27	Female	Civil servants	Bachelor	Friday, February 20, 2026. 11:00 WIB

Triangulation

This research also plays a crucial role. Triangulation is a method used in scientific research to enhance the validation, reliability, and credibility of data by combining multiple perspectives, approaches, or sources from informants. The term originates from navigation and geographic surveys, where three points are used to determine the precise location of a research project. Triangulation refers to the use of multiple methods or data sources to gain a deeper understanding

of complex phenomena. Triangulation in this research was used to verify the validity of the interview results. The researchers also conducted interviews with three triangulated sources: the Head of the Kayon Community Health Center, the Head of the Menteng Community Health Center, and the Head of the Bukit Hindu Community Health Center. The characteristics of each informant varied. Details are shown in Table 2.

Table 2. Triangulation Characteristics

No. Respondent	Age	Gender	Occupation	Education	Period of Research
1	48	Female	Civil servants	S1	Friday, February 20, 2026. 09.21 WIB
2	49	Male	Civil servants	S2	Saturday, February 21, 2026. 10:30 WIB
3	47	Female	Civil servants	S2	Saturday, February 21, 2026. 09.00 WIB

1. Advocacy in Hypertension Prevention

Research indicates that advocacy is a crucial strategy for implementing health promotion to prevent hypertension in the work areas of community health centers. Based on interviews with healthcare workers responsible for non-communicable disease (NCD) programs, advocacy is conducted by providing hypertension case data to community health center leaders and stakeholders at the village and sub-district levels. Presenting this data aims to increase awareness and support for hypertension prevention programs.

Advocacy strategies are generally implemented through forums such as community health center mini-workshops, cross-sector meetings, and coordination with community leaders and local government officials. In these forums, health workers present data on non-communicable diseases, including hypertension, which frequently ranks among the top ten most common diseases in the community health center's work area. This data presentation serves as the basis for encouraging decision-makers to support promotive and preventive programs.

> *"My main strategy is to present data every month at mini-workshops. We demonstrate that hypertension is almost always among the top ten most common diseases, making it a priority for community health center programs."* (01.I)

2. Social Support in Hypertension Prevention

Research indicates that social support from family and community plays a crucial role in hypertension prevention efforts. This support can take the form of emotional support, health information, and support in implementing a healthy lifestyle. Social support from family and community groups (such as exercise groups) is a key factor in hypertension sufferers' adherence to a healthy lifestyle. Patients tend to be more disciplined when they receive direct supervision from their immediate environment.

> *"The family plays a very important role in hypertension prevention. If one family member starts adopting a healthy diet, usually other family members will follow suit."* (02.M)

3. Community Empowerment in Promotional and Preventive Efforts

According to interviews with healthcare workers, social support is a crucial factor in the success of community hypertension prevention efforts. This social support is achieved through the involvement of families, community leaders, health cadres, and community groups, including exercise groups and activities at the integrated health post. Informants stated that patients with

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hypertension tend to be more disciplined in adopting a healthy lifestyle when they receive supervision and motivation from their immediate environment.

> *"We involve health cadres to help educate and monitor community blood pressure during community health post activities."* (03.N)

4. Health Promotion Strategy

Research findings indicate that promotive and preventive services are delivered through health education, blood pressure screening, and healthy lifestyle education. Health promotion strategies are approaches used to increase public knowledge and awareness of the importance of preventing hypertension. Based on the research findings, the health promotion strategies implemented by healthcare workers include health education, health promotion campaigns, early detection through integrated health posts, and educational activities across various community settings.

> *"We regularly conduct health education and blood pressure checks at integrated health posts and community visits."* (01.I)

DISCUSSION

The present qualitative investigation reveals that effective hypertension prevention in Palangka Raya City relies on four interconnected pillars: data-driven advocacy, robust social support, grassroots community empowerment, and integrated promotive and preventive health services. Health workers use localized epidemiological data during municipal mini-workshops to secure essential cross-sectoral support for non-communicable disease programs. Families and neighborhood cadres provide continuous emotional and instrumental support to patients navigating chronic dietary restrictions and medication regimens. Educational initiatives and routine screenings at integrated health posts facilitate early detection and sustained lifestyle modification among vulnerable demographics. These combined strategies create a comprehensive, multi-tiered ecosystem for managing cardiovascular risks at the population level, moving beyond purely curative clinical interventions to address fundamental behavioral determinants of chronic disease (Sun et al., 2025; Pusung & Patria, 2026).

Data-driven advocacy is a fundamental mechanism for securing the political and financial commitment needed to sustain community health initiatives over time. Presenting localized epidemiological evidence at municipal coordination forums effectively highlights the severe burden of hypertension to regional stakeholders, policymakers, and village heads. This empirical approach aligns directly with the Ottawa Charter's mandate to build healthy public policy through informed, evidence-based decision-making and resource mobilization (Saadati et al., 2022). Local government officials and community leaders translate this clinical data into actionable regulations, dedicated budget allocations, and physical facility support. The strategic use of objective health metrics bridges the critical gap between grassroots clinical realities and high-level public health policymaking, ensuring that hypertension remains a priority in regional development planning.

Familial and community networks are critical determinants of individual adherence to hypertension management protocols and long-term dietary modifications. The family unit serves as the primary socializing agent, shaping household purchasing habits, daily sodium intake, and collective physical activity routines. Patients receiving continuous interpersonal monitoring and emotional encouragement demonstrate significantly higher compliance with low-sodium diets, stress management techniques, and medication regimens. These observations strongly corroborate Social Support Theory, which posits that relational networks buffer psychological stress and promote

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health-enhancing behaviors through positive reinforcement (Wei & Kuang, 2026). The strong communal ties characteristic of the local Central Kalimantan population enhances the effectiveness of peer-led and family-based health interventions, creating a protective social environment against cardiovascular deterioration.

Grassroots empowerment through community health cadres transforms passive patients into active participants in their own epidemiological surveillance and preventive care routines. Lay health workers facilitate routine blood pressure screenings and disseminate targeted preventive education at neighborhood integrated posts for non-communicable diseases. This decentralized operational model reduces the administrative burden on formal clinical facilities while fostering localized health literacy, trust, and sustained patient engagement. The engagement of local volunteers ensures that preventive messaging remains culturally resonant, linguistically appropriate, and continuously accessible to marginalized or mobility-impaired groups. Such community-based interventions perfectly reflect the Ottawa Charter's core principle of strengthening community action to address endemic regional health threats through localized ownership and sustainable health governance (Saadati et al., 2022).

Multi-modal health education campaigns successfully translate complex clinical guidelines into actionable lifestyle modifications for diverse demographic groups across the municipality. Healthcare professionals deploy a combination of printed leaflets, digital media, and direct counseling to promote the national CERDIK behavioral framework and healthy eating habits. These diverse communication channels accommodate varying literacy levels, access to technology, and information preferences across age cohorts and educational backgrounds. Pender’s Health Promotion Model provides a robust theoretical basis for this approach, emphasizing the enhancement of self-efficacy through targeted skill-building and positive reinforcement (Rajati et al., 2025). Continuous educational outreach ensures that preventive knowledge remains salient in the daily lives of at-risk populations, who face high-salt local culinary traditions and sedentary occupational hazards prevalent in modern urban settings.

The current empirical evidence strongly corroborates existing global literature regarding the multifaceted, socio-ecological nature of cardiovascular disease prevention and management. Previous studies identified familial involvement as a primary catalyst for sustained behavioral change among hypertensive adults in community settings (Owusu et al., 2026). The use of localized data for policy advocacy mirrors successful primary care interventions documented in other low- and middle-income countries facing similar resource constraints. Early detection initiatives at community posts consistently reduce morbidity rates and improve clinical outcomes across diverse geographic settings and healthcare systems. The synthesis of these global findings confirms that isolated clinical treatments remain insufficient without concurrent socio-environmental, economic, and behavioral modifications.

Translating these qualitative insights into actionable public health policy requires systematic integration across multiple governmental, clinical, and societal sectors to ensure long-term viability. Municipal health offices must institutionalize data-sharing protocols to ensure that hypertension metrics routinely inform regional budget allocations, staffing decisions, and resource distribution. Training programs for community cadres need standardized, evidence-based curricula to maintain the quality, accuracy, and safety of grassroots health education and screening procedures. Healthcare facilities should adopt hybrid outreach models that combine digital health literacy campaigns with traditional home-visit protocols to reach geographically dispersed populations effectively (Zhang et al., 2026; Berek et al., 2026). Cross-sectoral task forces comprising health, education, and urban planning departments can collaboratively design municipal environments that inherently discourage hypertensive risk factors and promote cardiovascular wellness.

Several methodological and contextual boundaries necessitate cautious interpretation of the present qualitative findings and their broader applicability to different populations. The reliance on self-reported experiences introduces potential recall bias and social desirability effects among both healthcare workers and patient informants participating in the interviews. The specific socio-cultural, economic, and geographic characteristics of Palangka Raya City limit the immediate generalizability of the results to settings vastly different from Palangka Raya City. The cross-sectional nature of the qualitative data collection captures a singular temporal snapshot, precluding the observation of long-term behavioral adaptations or definitive clinical outcomes. Future quantitative investigations using longitudinal, multi-center designs are required to precisely measure the epidemiological impact and cost-effectiveness of these integrated promotional strategies across diverse demographic landscapes.

CONCLUSION

The implementation of promotive and preventive health promotion strategies in Palangka Raya City relies on a synergistic integration of data-driven advocacy, robust social support, grassroots community empowerment, and comprehensive health services to effectively mitigate the rising incidence of hypertension. Health workers successfully leverage localized epidemiological data to secure cross-sectoral policy backing and resource allocation for non-communicable disease programs. Concurrently, families and community cadres provide the essential interpersonal monitoring necessary to sustain healthy lifestyle modifications among patients. Decentralized interventions at integrated community health posts facilitate routine early detection and continuous health education, ultimately fostering localized health literacy and self-efficacy in managing cardiovascular risk factors. Sustaining the success of these multifaceted initiatives requires overcoming operational barriers, including constrained financial resources, inadequate educational materials, and fluctuating community participation rates. Future public health frameworks must prioritize institutionalizing dedicated hypertension control teams and optimizing digital health communication channels to ensure the long-term viability of community-based cardiovascular disease prevention.

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