
Overview of Hypertension Cases and Control Efforts at the Candilama Community Health Center in Semarang City 2024–2025

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Abstract . Hypertension is one of the non-communicable diseases that is a major health problem in the working area of the Candilama Community Health Center in Semarang City. Service data shows an increase in the number of hypertension cases from 2024 to 2025, so a clear picture of the condition and efforts to overcome it at the primary health care level is needed. This study aims to describe the profile of hypertension cases and the efforts made to address them at the Candilama Community Health Center in Semarang City in 2024–2025. This study used a qualitative method with a descriptive design. Data were collected through in-depth interviews with the person in charge of the hypertension program and analysis of hypertension case reports sourced from the Community Health Center Management Information System (SIMPUS). The results showed that the number of hypertension cases increased from 5,673 cases in 2024 to 6,064 cases in 2025, with more cases occurring in the elderly and female groups. Control efforts included screening, health education, treatment, and implementation of the Chronic Disease Management Program (Prolanis), but still faced patient compliance issues. It was concluded that hypertension control needed to be strengthened through continuous promotional and preventive efforts.

Keywords: hypertension, health center, control effort, overview, descriptive

INTRODUCTION

Hypertension, or high blood pressure, is one of the most common noncommunicable diseases (NCDs) in the community and a major challenge in the global health system. This condition is characterized by a persistent increase in systolic blood pressure ≥ 120 mmHg and/or diastolic blood pressure ≥ 80 mmHg. Hypertension is chronic and generally does not cause symptoms in the early stages, so it is often referred to as a silent killer. If not properly controlled, hypertension can lead to serious complications such as coronary heart disease, stroke, kidney failure, and other vascular disorders (1)(2).

The World Health Organization (WHO) states that hypertension is one of the main risk factors for premature death worldwide, especially in low- and middle-income countries undergoing epidemiological transition. Changes in people's lifestyles, such as consumption of foods high in salt and fat, low physical activity, increased stress, and smoking, contribute to the increasing prevalence of hypertension. The impact of hypertension is not only felt in terms of individual health, but also imposes a significant economic and social burden on families and the healthcare system (3)(4).

In Indonesia, hypertension has become a national public health problem. Data shows that approximately one in three adults in Indonesia has hypertension, with a prevalence ranging from 30–34% in 2023 (5). Central

Java Province is one of the regions with a high prevalence of hypertension, at around 37.57% of the adult population. This figure shows that hypertension remains a health problem that needs serious attention, especially through prevention and control efforts at the primary health care level (6).

This phenomenon is also reflected in the Candilama Community Health Center, where the number of recorded cases of hypertension has increased every month from 2024 to 2025. Based on data from the Candilama Community Health Center, the number of hypertension cases in 2024 was recorded at 5,673 cases, and increased in 2025 to 6,064 cases (7). This upward trend shows that hypertension is still a dominant health problem in the Candilama Community Health Center's working area. This condition requires the active role of the health center in strengthening promotional and preventive efforts, such as early detection, lifestyle change education, and sustainable hypertension management to reduce the increase in cases and prevent complications. Thus, this study aims to describe the profile of hypertension cases and the efforts made to combat them at the Candilama Community Health Center in Semarang City.

METHODS

This study used a qualitative method with a descriptive design to describe the phenomenon of hypertension cases in the Candilama Community Health Center (Puskesmas) area. This descriptive approach was used to gain an in-depth understanding of the conditions, program implementation, and efforts made by the Puskesmas in the treatment and prevention of hypertension.

Data were collected through several techniques, namely in-depth interviews and document analysis. In-depth interviews were conducted with those responsible for the hypertension program at the Candilama Community Health Center. This technique aimed to understand the role of the Community Health Center in preventing cases of hypertension in the Candilama area. Meanwhile, document analysis was carried out by reviewing hypertension case reports from 2024-2025 based on sources from SIMPUS.

RESULT AND DISCUSSION

A. General Situation of Hypertension in the Candilama Community Health Center Working Area

Based on interviews with key informants, hypertension is one of the main health problems in the Candilama Community Health Center working area. In the past year, the number of hypertension cases has shown an upward trend on an annual basis, although there have been monthly fluctuations.

"Cases of hypertension in the Candilama area have increased annually, but monthly figures can go up or down." (Key Informant)

Key informants explained that these monthly fluctuations are common, but do not change the fact that hypertension remains a health problem with a high prevalence.

The age group most affected by hypertension is generally between 40 and 45 years old. However, in recent times, there has been an increase in cases among the productive age group.

"Usually it is people aged 40-45 years, but lately there have been many cases of hypertension among the productive age group." (Key Informant)

B. Risk Factors in the Population

The most common risk factor for hypertension found in patients in the Candilama Community Health Center working area is genetic or hereditary factors. In addition, unhealthy eating and lifestyle patterns also play an important role in the occurrence of hypertension.

"The most common risk factors found are genetic or hereditary factors and the patient's eating and lifestyle patterns." (Key Informant)

The characteristics of the community in the working area are also considered to contribute to an increased risk of hypertension, particularly based on age and gender. Men are said to be more vulnerable than women, which is associated with a less controlled lifestyle.

"Yes, age and gender have an effect. Men are more vulnerable because of their unhealthy lifestyle, such as smoking." (Key Informant)

C. The Urgency and Problems of Hypertension Control

One of the main challenges in controlling hypertension in the Candilama Community Health Center working area is low patient compliance with treatment. Key informants said that some patients stop taking their medication when their blood pressure improves and they feel healthy.

"Sometimes patients who are undergoing treatment find that their blood pressure has improved and they feel healthy, so they stop taking their medication." (Key informant)

Hypertension is one of the main priorities of service at the Candilama Community Health Center because it has the highest number of cases compared to other health problems.

“Yes, it is a priority because hypertension cases are the highest among other health problems.” (Key informant)

D. Sources and Types of Data

Data on hypertension cases in the Candilama Community Health Center working area comes from the Community Health Center Management Information System (SIMPUS).

“Hypertension case data comes from SIMPUS.” (Key informant)

However, the data is still recorded separately based on each patient's medical records and has not been fully integrated.

“The data is still separated based on each patient's medical records.” (Key informant)

Nevertheless, the key informant stated that the available data is relatively complete and can be used for analysis purposes.

“It is complete.” (Key informant)

E. Overview of Hypertension Cases

The number of hypertension cases in the Candilama Community Health Center working area has increased from year to year. In 2024, there were 5,673 cases, while in 2025, the number increased to 6,064 cases. Thus, the total number of hypertension cases during the 2024–2025 period reached 11,737 cases.

“If the number of hypertension cases in 2024 was 5,673, then in 2025 the number of cases was 6,064.” (Key informant) This number includes new cases as well as old cases that are still recorded in the service.

F. Clinical Overview and Emergency Cases

Hypertension case data is recorded routinely every month and can be traced from the beginning of 2024 to 2025 if necessary.

“Hypertension case data is available routinely and recorded every month.” (Key informant)

Hypertension emergencies and urgent cases were also found, especially in patients with very high blood pressure and severe symptoms.

“If blood pressure is above 200 and accompanied by severe symptoms, patients are usually immediately referred to the hospital.” (Key informant)

G. Patient Compliance and Behavior

Some hypertensive patients attend regular check-ups through Prolanis activities and monthly medication collection. However, the exact number of patients who attend regular check-ups is not directly known.

“The data is available; from Prolanis activities and monthly medication collection, we can see who attends regularly and who does not.” (Key informant)

Non-compliance with medication is still found in significant numbers, although no exact figures are available.

“There are no exact figures, but the number is quite large.” (Key informant)

H. Risk Factors and Comorbidities

Risk factors and comorbidities such as obesity, diabetes mellitus, dyslipidemia, and smoking habits are indeed found in hypertensive patients. However, this data has not been documented in detail and integrated.

“Risk factors and comorbidities do exist, but they have not been documented in detail.” (Key informant)

I. Complications of Hypertension

Data related to complications of hypertension such as stroke, chronic kidney disease, or coronary heart disease are difficult to establish at the community health center level. Patients with signs of complications are generally referred directly to the hospital so that they are no longer recorded as cases of hypertension.

“If there are signs of complications, they are usually referred directly to the hospital.” (Key informant)

J. Number of Hypertension Cases at Candilama Community Health Center

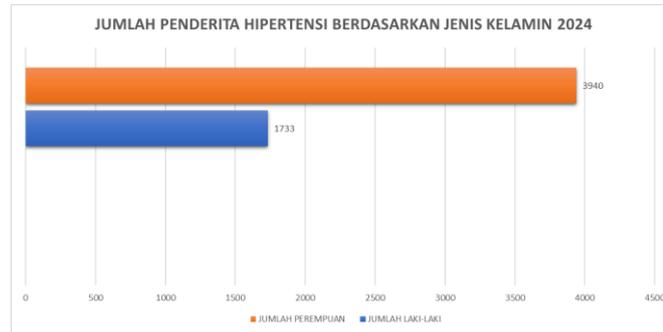


Figure 3.1 Hypertension Patients by Gender in 2024
Source: SIMPUS 2024

The graph shows that the number of hypertension patients in 2024 is higher among women (3,940 cases) than men (1,733 cases).



Figure 3.2 Hypertension Patients in the Candilama Community Health Center Area in 2024
Source: SIMPUS 2024

Based on the graph, the highest number of hypertension patients in 2024 is found in Jomblang Village (2,347 cases), followed by Karanganyar Gunung (1,320 cases) and Jatingaleh (681 cases). Meanwhile, Jangli Village has the lowest number of hypertension patients, with 193 cases.

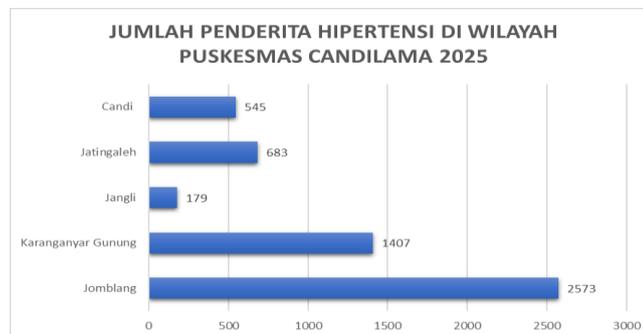


Figure 3.3 Hypertension Patients in the Candilama Community Health Center Area in 2025
Source: SIMPUS 2025

In 2025, the highest number of hypertension patients was still found in Jomblang Village (2,573 cases), followed by Karanganyar Gunung (1,407 cases) and Jatingaleh (683 cases). Jangli Village remained the area with the lowest number of hypertension patients, namely 179 cases, while Candi Village recorded 545 cases.



Figure 3.4 Hypertension Patients by Gender in 2025
Source: SIMPUS 2025

The graph shows that the number of people with hypertension will be higher among women (4,077 people) than among men (1,987 people) in 2025.

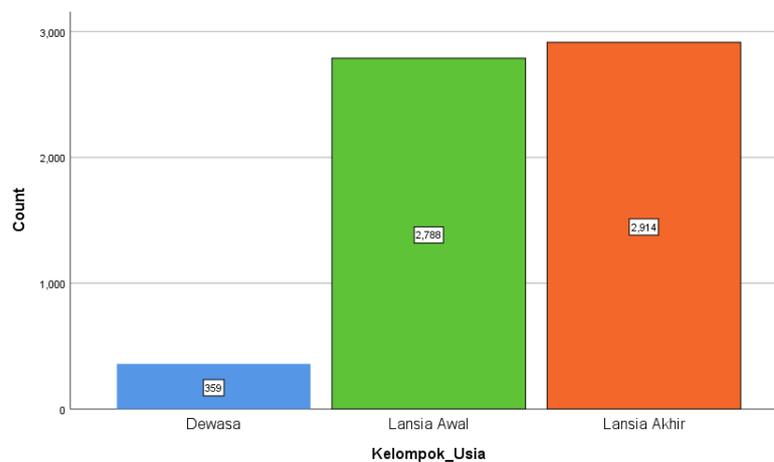
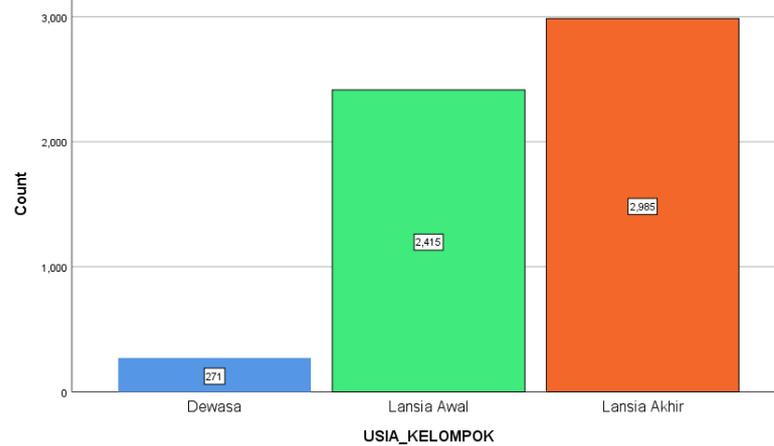
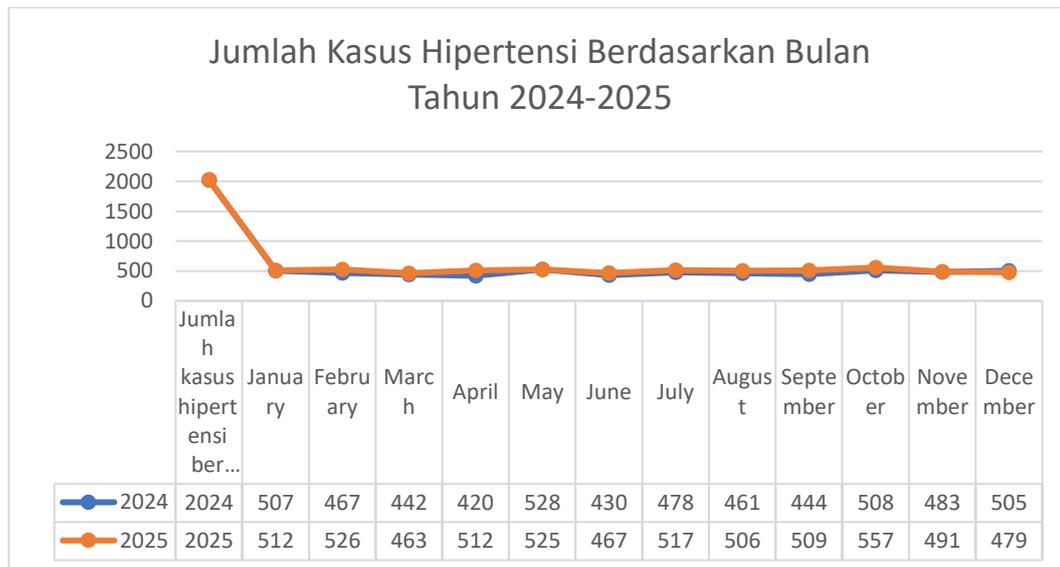


Figure 3.5 Hypertension Patients by Age in 2024 and 2025
Source: Primary Data

Based on the graph showing the distribution of hypertension cases by age group, it can be seen that most cases of hypertension occur in the elderly age group. In the first graph, the late elderly group shows the highest number of cases, namely 2,985 cases, followed by the early elderly with 2,415 cases, while the adult group has the lowest number of cases, namely 271 cases.

A similar pattern is shown in the second graph, where the late elderly group continues to dominate with 2,914 cases, followed by the early elderly with 2,788 cases, and the adult group as the group with the lowest number of cases, namely 359 cases.

Overall, these findings indicate that hypertension cases are more prevalent in the elderly age group, both early and late elderly, compared to the adult age group. This condition illustrates that increasing age plays a role in the high incidence of hypertension, thus requiring more focused and sustained attention and control efforts in the elderly age group in the Candilama Community Health Center working area.



Based on the graph of the number of hypertension cases by month in 2024–2025, it can be seen that the number of hypertension cases fluctuates each month with a relatively stable pattern. In 2024, the number of hypertension cases ranged from 420 to 528 cases per month, with the lowest number recorded in April (420 cases) and the highest in May (528 cases). The other months show a relatively even number of cases without significant spikes.

Meanwhile, in 2025, the number of hypertension cases tends to be slightly higher than the previous year, ranging from 463 to 557 cases per month. The lowest number of cases was recorded in March (463 cases) and the highest in October (557 cases).

In general, the graph shows that the number of hypertension cases in 2025 is relatively higher than in 2024 in almost all months. Despite monthly fluctuations, hypertension cases are consistently found throughout the year, illustrating that hypertension is an ongoing health issue in the Candilama Community Health Center's working area.

Based on data from 2024–2025 in the Candilama Community Health Center working area, the number of people with hypertension shows a relatively consistent pattern based on both gender and region. In both years of observation, women dominated the number of hypertension cases compared to men. In 2024, there were 3,940 cases among women and 1,733 among men, while in 2025 the number of cases increased to 4,077 among women and 1,987 among men. This condition indicates that women are a more vulnerable group, which is likely related to hormonal factors, age, and higher utilization of health services compared to men.

In terms of regional distribution, Jomblang Village consistently had the highest number of hypertension cases in both 2024 and 2025. An increase in the number of cases was also seen in several other areas, such as Karanganyar Gunung and Jatingaleh, although with lower proportions. Meanwhile, the Jangli area showed the lowest number of cases in both years of observation. These differences reflect

variations in risk factors between regions, such as population density, socioeconomic characteristics, and community health behavior patterns.

In general, the data shows an upward trend in the number of people with hypertension from 2024 to 2025, which may be influenced by increased case detection through routine screening, an aging population, and suboptimal treatment adherence and risk factor control. These findings underscore the importance of strengthening hypertension control programs that focus on high-risk groups and areas with the highest case loads.

K. Trends in Hypertension Cases at the Candilama Community Health Center

Research results show an increase in the number of hypertension cases in the Candilama Community Health Center working area from 2024 to 2025. The total number of hypertension cases recorded increased from 5,673 cases in 2024 to 6,064 cases in 2025. This increase may be influenced by various factors, such as improved early detection through routine screening activities, an aging population, and a lack of public awareness regarding risk factor control. A similar pattern was also reported in a national study, which showed that the prevalence of hypertension in Indonesia has increased consistently over the past five years, especially among the productive age population (8). This may also be influenced by improvements in the case recording system through the SIMPUS application, so that hypertension data is better identified.

In addition to reporting system factors, the increase in the number of cases may also reflect the success of early detection efforts at the primary care level. The blood pressure screening program routinely implemented at the Candilama Community Health Center has enabled the discovery of more new cases that were previously undiagnosed. However, on the other hand, this phenomenon also shows that preventive interventions are not yet optimal, especially in changing people's behavior towards a healthy lifestyle. Research by Ekaputri and Listian states that although nutrition education and physical activity efforts have been widely implemented, their sustainability is often hampered by low community participation and a lack of post-counseling assistance (9).

L. Distribution of Cases Based on Gender and Region

Data shows that women have a higher prevalence of hypertension than men in 2024–2025. This condition is likely related to hormonal and physiological factors that make women, especially during perimenopause and menopause, more susceptible to increased blood pressure due to decreased estrogen levels (10). In addition to biological factors, differences in health care utilization behaviors also contribute to this disparity. Women generally undergo health checkups more regularly than men, resulting in a higher number of hypertension cases identified among women (11). This suggests that the higher incidence of hypertension among women is not solely due to the condition itself, but also because men are less likely to undergo regular blood pressure screenings.

In terms of location, Jomblang Village consistently recorded the highest number of hypertension cases among the areas served by the Candilama Community Health Center. This area has a high population density, many densely populated settlements, and intense economic activity, which can increase stress and affect people's lifestyles. This condition is consistent with Darmo Karno's research, which reported that residential density and environmental stress are factors that exacerbate the incidence of hypertension in urban areas in Indonesia (12). Meanwhile, the Jangli area, which is quieter and has a relatively stable socioeconomic level, has the lowest number of cases. These differences emphasize the importance of a contextual approach based on regional characteristics in planning hypertension prevention programs.

M. Risk Factors and Community Behavior

The interview results show that the main risk factors for hypertension in the Candilama Community Health Center area include genetic factors, high-salt diets, smoking, low physical activity, and stress due to work and environmental pressures. Genetic factors play a significant role in determining a person's susceptibility to hypertension, especially if there is a family history of high blood pressure (13). However, unhealthy lifestyles remain the dominant factor triggering the clinical manifestation of the disease. Amin Kutbi's research suggests that urban communities tend to have high stress levels and sedentary lifestyles (lack of exercise), which directly increase the risk of hypertension even if individuals do not have a genetic predisposition (14).

In addition, the habit of consuming fast food, high sodium, and low fiber foods has also been found to be a cause of increased blood pressure in the community (15). Low awareness of the need for regular check-ups exacerbates the condition, as many patients only discover their hypertension after

experiencing symptoms or complications. Therefore, improving health literacy is a key factor in controlling hypertension. Nutrition education, increased physical activity, and campaigns to reduce salt consumption need to be carried out continuously with an approach tailored to the characteristics of the Candilama community.

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O. Compliance and Treatment Challenges

Patient compliance with hypertension treatment remains a major challenge in the Candilama Community Health Center working area. Based on interview results, many patients stop taking their medication when their blood pressure returns to normal, without understanding that hypertension is a chronic disease that requires long-term therapy. This is consistent with Dewi Sinta's research, which found that approximately 37.1% to 41% of patients were non-compliant with medication (16). Other factors influencing non-compliance include medication side effects, lack of family support, and negative perceptions of long-term treatment.

In addition, limited consultation time and the number of health workers are also obstacles to consistently monitoring patients with hypertension. Low patient involvement in routine control programs, such as Prolanis, results in inconsistent blood pressure monitoring. Firmanda's research emphasizes that the success of hypertension control is highly dependent on effective communication between health workers and patients, as well as the use of technology for medication reminders (17). Therefore, digital-based innovations such as reminders via text messaging and self-reporting of blood pressure can help improve patient compliance in this region.

P. Program Evaluation and Improvement Efforts

The Prolanis program run by the Candilama Community Health Center has had a positive impact on some of the participants who regularly attend the activities. The program includes health education, group exercise, and regular blood pressure checks. According to research by Ruth Stefany Pagoray, community-based activities such as Prolanis can increase adherence to treatment and improve the quality of life of patients with hypertension (18). However, the effectiveness of the program is still limited by low patient participation and the limited capacity of health workers to provide ongoing support. Some patients reported difficulty attending due to work commitments, while others did not feel they benefited directly from the activities.

In the long term, Prolanis needs to be accompanied by the development of a home visit model that focuses on non-compliant patients, as well as the integration of patient data through a centralized health information system for more efficient monitoring. Endang Supriyanti's research suggests that home-based blood pressure monitoring with the assistance of health cadres can reduce average blood pressure by 10 mmHg in six months (19). Therefore, the Candilama Community Health Center can adopt a community-based and technology-based approach to expand the reach of its hypertension control program in the future.

CONCLUSION

Hypertension is a major health problem in the working area of the Candilama Community Health Center, Semarang City, with an increasing trend in cases from 2024 to 2025. The total number of recorded hypertension cases increased from 5,673 cases in 2024 to 6,064 cases in 2025, indicating that hypertension remains a significant case for primary health care. Hypertension cases at the Candilama Community Health Center are more prevalent in women than in men, and the highest incidence occurs in Jomblang Village, which is thought to be related to population density, socioeconomic characteristics, and urban lifestyles.

The main risk factors contributing to hypertension include genetic factors, unhealthy diets, smoking, low physical activity, and stress. In addition, low patient compliance with long-term treatment is a major challenge in controlling hypertension, with many patients stopping medication when their blood pressure improves. Control programs such as Prolanis have benefited some patients, but their effectiveness is still limited by low participation, limited health personnel, and suboptimal continuous monitoring.

Based on the results of the interviews, prevention and health promotion efforts need to be continuously strengthened through ongoing education, increased patient compliance with treatment, utilization of health information systems, and approaches that involve the community and are tailored to regional conditions. Hypertension control at the Candilama Community Health Center needs to be carried out in a comprehensive and coordinated manner in order to reduce the number of cases and prevent complications in the future.

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