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The Role of Adolescents in Preventing Non-Communicable Diseases

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ABSTRACT

The incidence of Non-Communicable Diseases (NCDs) is predicted to reach 52 million people in 2030, which has an impact on decreasing the productivity and quality of the nation's generation. Early intervention through the role of community nurses is very necessary, especially in adolescent groups in Islamic boarding schools. This activity aims to increase preventive awareness and early detection capabilities of NCDs in students through promotive and preventive efforts. This research method uses a Pre-Experimental method with a One Group Pretest, Posttest design. From a population of 80 students and 9 health cadres of students in "Islamic boarding school environment and a sample of 57 regular student respondents and 8 health cadres, by accidental sampling. The research instrument is a knowledge and attitude questionnaire, analyzed by the Wilcoxon Sign Rank Test. implementation includes health education with lecture and question and answer methods, health screening (blood pressure and Body Mass Index), and training of health cadres of students in blood pressure measurement techniques. This activity was conducted on December 15, 2025. The results showed a statistically significant increase in knowledge after the education program. Respondents' behavior in the good category increased from 29 to 43 (n=57). Results detected adolescents with pre-hypertension and overweight. Skills training successfully improved partners' competence in independently measuring blood pressure. In conclusion, providing health education and routine screening is effective in increasing knowledge, changing health behavior, and is a crucial first step in controlling NCD risk factors among adolescents.

Keywords: Non-communicable Diseases, Adolescents, Health Education, Screening, Islamic Boarding School Students.

Background

The partners in this Community Service Activity were 80 regular students and 9 health cadres from the "Santi Husada" Islamic boarding school at the *Ibnu Mas'ud* Islamic boarding school in Garum District, Blitar Regency. This location was chosen because adolescents are an age group that is highly vulnerable to social and cultural influences. They often lack an adequate understanding of the importance of early NCD prevention. Unhealthy lifestyle tendencies among adolescents can increase the burden on public health in the future. Therefore, early intervention through health education is essential to prevent the increase in NCD incidence in adulthood.

Based on interviews with student mentors, this Islamic boarding school has never conducted counseling on non-communicable diseases (NCDs). Several interviews with students revealed limited knowledge about NCDs, such as hypertension and diabetes. Furthermore, some of the students had a family history of hypertension and diabetes.

WHO data shows that the death rate due to non-communicable diseases in the

Southeast Asia region is quite high, namely around 23% when compared to European countries (17%) and America (15%) (1). The incidence of non-communicable diseases reaches \pm 38 million sufferers and is predicted to continue to increase to reach 52 million people in 2030. This increase occurs generally in developing countries such as Indonesia, where it is usually highest in small and medium economic groups (2).

The impact of the increasing trend of non-communicable diseases (NCDs), which is largely caused by unhealthy lifestyles and a lack of awareness of the importance of preventive health, can affect morbidity, mortality, and disability in society. However, it also has an impact on decreasing human resource productivity and even the quality of the nation's generation (3). The impact of NCDs is very broad, not only reducing the quality of life of affected individuals, but also increasing the economic burden due to high medical costs and loss of work productivity (4). The increase in non-communicable diseases (NCDs) can reduce the productivity of human resources, even the quality of the nation's generation. This also has an impact on the large burden on the government because handling NCDs requires large costs. Ultimately, health will greatly affect social and economic development (5).

Children, adolescents, and the elderly are vulnerable to non-communicable diseases (NCDs), caused by unhealthy food, low physical activity, exposure to cigarettes, and alcohol use (6). In Indonesia, the growth of the food processing industry and ready-to-eat culinary industry is followed by the growth of fast food outlets, fast food chains, and restaurants. Changes in people's food consumption patterns with increased consumption of processed and ready-to-eat foods that are high in sugar, salt and fat and low in fiber accompanied by a lack of physical activity can increase the risk of contracting non-communicable diseases (NCDs) (7).

In Indonesia itself, many NCD prevention programs have been launched, including the Early Detection Program for NCD Risk Factors at the Integrated Development Post “*POSBINDU*”, the Integrated Service Program or comprehensive approach at the First Level Health Facilities (FKTP) “*PANDU*” NCD, to the NCD prevention program with a health movement from the Ministry of Health that encourages healthy living behavior to avoid Non-Communicable Diseases (NCDs) (8). In addition, preventive efforts by conducting early detection and prevention of non-communicable diseases (NCDs) are also included in the adolescent posyandu program targeting 10-18 years old (9). The success of the NCD prevention program in Indonesia requires the participation and support of all levels, from the government to the community.

Adolescents are an age group that is highly vulnerable to social and cultural influences. They often lack a sufficient understanding of the importance of early NCD prevention. Unhealthy lifestyle tendencies among adolescents can increase the burden on public health in the future. Therefore, early intervention is essential. Adolescents are an age group that is highly vulnerable to social and cultural influences. They often lack a sufficient understanding of the importance of early NCD prevention. Unhealthy lifestyle tendencies among adolescents can increase the burden on public health in the future. Therefore, early intervention is essential.

Health knowledge can certainly support a healthy lifestyle and prevent NCDs (10). Prevention of NCDs in adolescents can be done through health education, thereby increasing knowledge, attitudes, and actions ¹¹. This potential is an important asset in increasing knowledge in NCD prevention efforts. The higher an individual's understanding of NCDs, the higher their motivation to maintain a healthy lifestyle. Research results (11) showed an 82% increase in participants' understanding of NCDs, a 72% increase in participation in physical activity, and an increased awareness of healthy eating patterns and stress management. This activity successfully had a positive impact on participants in forming healthy lifestyle habits to prevent NCDs among adolescents.

The community currently has not received any information or education about non-communicable diseases (NCDs). This lack of exposure to information should be supported by

empowerment programs about Non-Communicable Diseases (NCDs) to prevent NCDs early. Counseling is a learning process for the community aimed at achieving a desired outcome. It is an effort to change knowledge, attitudes, habits, and skills by helping influence and motivate the community to improve their standard of living. Counseling is conducted systematically with the goal of empowering the community to be willing, able, and self-sufficient in improving or enhancing the well-being of their families and the wider community. Counseling provides a relaxed and independent learning experience for those receiving the material (12)

In accordance with the role of nurses in providing community nursing care with promotive and preventive efforts with the aim of maintaining optimal health and preventing the occurrence of disease, especially in special groups of adolescents.

Methods

This study uses a Pre-Experimental method with a One Group Pretest, Posttest Design. To improve the knowledge and attitudes of students for the prevention of non-communicable diseases by conducting counseling with power point media, and providing material on checking blood pressure according to SOP using power point media. The population in this study were all students at the Ibnu Mas'ud Islamic boarding school foundation, a total of 80 students and 9 health cadres "*santri husada*". The sample in this study were students at the *Ibnu Mas'ud* Islamic boarding school foundation who were there at the time of the research accidental sampling with a total of 57 students and 8 health cadres of students. This study used a 10-question knowledge questionnaire, a 10-question attitude questionnaire, and a checklist to assess the students' understanding of blood pressure measurement according to standard operating procedures (SOP). The Wilcoxon Sign Rank Test was used to analyze the data.

Results

General Data

General data includes gender and age.

Table 1: Participant Characteristics by Gender and Age

Characteristics	f	%
Gender		
Female	30	52,6
male	27	47,5
Age		
13 – 14 Years	32	56,1
14 – 15 Years	25	43,9

Based on table 1 above, the majority of respondents were female with a total of 30 people (52.6%), and male respondents numbered 27 people (47.4%), the largest age group was 13-14 years, with a total of 32 people (56.1%), and the 15-16 year age group numbered 25 people (43.9%).

Table 2 pre-test and post-test knowledge levels

Knowledge Category	Pre test	Post test
	F	F
Poor	4	0
Sufficient	32	4
Good	21	53
Total	57	57

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number of respondents with insufficient knowledge decreased drastically, from 4 in the pre-test to 0 in the post-test. All respondents initially in the insufficient category moved to the sufficient category (3 respondents and 1 respondent in the good category). The number of respondents with good knowledge increased from 21 in the pre-test to 53 in the post-test.

Table 3 pre-test and post-test behavior

Behavior Category	Pre test	Post test
	F	F
Poor	1	0
Sufficient	27	14
Good	29	43
Total	57	57

Based on table 3 above, there are 57 respondents in this community service. Initial Condition (Pre-test): The majority of respondents (29 people) have good behavior, followed by sufficient behavior (27 people), and only 1 person has poor behavior. Final Condition (Post-test): There was a significant increase in the Good behavior category (from 29 people to 43 people out of 57 total respondents), 12 respondents remained with Sufficient behavior and 15 respondents became good behavior.

Table 4 Non-Communicable Disease Risk Examination Based on blood pressure

Blood pressure category	f	%
Normal (90-129)per (60-84)	56	98,2 %
Pre hypertension (130-139)per(85-89)	1	1,8 %
TOTAL	57	100 %

Table 4 above shows the blood pressure screening results for 57 participants. The majority of participants (56 people) had normal blood pressure, while a small number (1.8%) were in the prehypertension category.

Table 5 Non-Communicable Disease Risk Examination Based on Body Mass Index (BMI)

IMT Category	f	%
Ideal body weight	32	56,1 %
Low body weight	24	42,1 %
Excess weight	1	1,8 %
TOTAL	57	100 %

Based on Table 5 above, more than half of the respondents (56.1%) had an ideal body weight. A large number of other respondents (42.1%) were categorized as underweight, and

only one respondent (1.8%) was overweight

Table 6 Results of the training assessment Measuring blood pressure

Assessment score	f	%
87,5 %	3	1,8 %
81,5 %	5	98,2 %
TOTAL	8	100 %

Based on Table 6 above, the blood pressure measurement training attended by eight "Santri Husada" student health cadres resulted in three students achieving a score of 87.5%. Five other students achieved a score of 81.5%.

Discussion

Pre-test and Post-test Knowledge Level

The table above shows that most respondents experienced an increase in scores from the pre-test to the post-test, reflecting an increase in knowledge after the intervention. Based on data analysis using the Wilcoxon Signed Rank Test, a significance value of $p=0.000$ ($p < 0.005$) was obtained. This indicates a statistically significant difference between the students' knowledge levels before and after health education. Therefore, it can be concluded that health education has a positive effect on increasing respondents' knowledge.

The results of this study indicate a significant increase in knowledge in the good category, where the highest achievement was dominated by respondents in the 13-14 year age range. At this age, individuals begin to enter the formal operational stage, where abstract thinking, logistics, and the absorption of new information develop optimally. Meanwhile, the high level of knowledge in females is rationally influenced by psychological maturity and learning interest. Female adolescents tend to have a faster rate of maturity than their male peers, who often fall asleep with thoroughness in absorbing information and a more proactive attitude towards the educational material provided. The combination of cognitive maturity in early adolescence and gender precision factors is the main driver of the creation of a superior knowledge profile in this study.

Health education for adolescents as an effort to prevent non-communicable diseases from an early age has been shown to significantly increase knowledge about preventing non-communicable diseases in adolescents. This demonstrates that delivering information through health education using PowerPoint media has proven effective in increasing knowledge about non-communicable diseases among adolescent students (13).

Partners in empowering adolescents in preventing non-communicable diseases (NCDs) showed a significant increase in knowledge after receiving interventions through lecture methods, delivering information using PowerPoint media that supports practical understanding of the material. Interactive PowerPoint-based media can help present material visually, dynamically, and easily understood by students so that students are more active in participating and are able to attract attention and increase student learning motivation (14).

The partners in this activity showed enthusiasm and a very positive response to the series of activities. This is inseparable from the extension method with power point media which contains animation, interactive quizzes, and other elements, students can feel a more interactive and enjoyable learning experience, thereby increasing the effectiveness of learning as a whole (15). Thus, the use of interactive power point learning media makes students feel happy and interested in learning and understanding the learning material, so that students can build their knowledge and experience in learning. The use of interactive power point learning media can increase students' understanding of concepts and motivation in learning (14).

Pre-test and Post-test Behavior Level

The table above shows that most respondents experienced an increase in scores from the pre-test to the post-test, reflecting an increase in knowledge after the intervention. Based on the results of data analysis using the Wilcoxon Signed Rank Test, a significance value of $p = 0.000$ ($p < 0.005$) was obtained. This indicates a statistically significant difference between the level of student behavior before and after receiving health education. Thus, it can be concluded that providing health education has a positive effect on improving respondent behavior.

The results of the study indicate an increase in behavior in the prominent good category, with the majority distribution in the 15-16 year age group. In this phase, individuals begin to have a more mature social awareness and the ability to consider the consequences of their actions (value internalization). This age group has generally passed the fluctuating early puberty period, so it tends to be more stable in adopting positive behaviors that are in accordance with the norms or education received. This study indicates that the majority of good behaviors were found in female respondents. Female adolescents generally have higher levels of empathy and compliance with rules than males. In addition, the gender socialization process often encourages women to be more communicative and cooperative, which directly manifests in more measured and positive actions or behaviors in the context of this study.

Health education for adolescents as an effort to prevent non-communicable diseases from an early age has been shown to have a significant influence on the behavior of preventing non-communicable diseases in adolescents. This proves that the visual components in PowerPoint have been proven to be influential in supporting conceptual understanding and the formation of positive attitudes towards health behaviors (16). Thus, health education activities cannot be separated from the media because through media the messages conveyed can be more interesting and understandable, so that the target can study the message until they understand it and are able to decide to adopt it into positive behavior (17).

Non-communicable disease screening results

The table above shows that blood pressure screening results indicate that adolescents were diagnosed with NCDs, with their blood pressure falling into the pre-hypertension category. Furthermore, BMI screening results also identified adolescents with overweight. Therefore, it can be concluded that early screening for non-communicable diseases (NCDs) is crucial for reducing NCD rates in adolescents.

The study found a significant increase in BMI in the overweight category, particularly among girls aged 15–16. This phenomenon indicates a shift in nutritional status during middle adolescence, requiring special attention. Psychologically and in lifestyle, the age of 15–16 is often accompanied by changes in eating patterns, such as a tendency to consume fast food or high-calorie snacks due to peer group influences. Lack of physical activity in adolescent girls, often lower than in adolescent boys, is also a contributing factor to the tendency for overweight to be found in this gender group.

The study showed a significant prevalence of pre-hypertension among respondents aged 15–16, particularly among girls. At this age, adolescent girls experience hormonal fluctuations related to the menstrual cycle, which can affect sodium retention and fluid balance. These findings indicate that the risk of blood pressure disorders begins to emerge during middle adolescence, which, if left untreated, can progress to hypertension in adulthood.

Non-communicable diseases (NCDs) are increasing among adolescents due to unhealthy lifestyles, including lack of physical activity, unbalanced diets, and academic stress. This can be controlled by developing long-term follow-up screening programs that involve more parties, such as schools, health workers, and communities. With a more systematic and sustainable approach, it is hoped that healthy behavior changes can be realized more optimally among

adolescents (18).

The skills of the "Santri Husada" Student health cadres in measuring blood pressure

The activity, which taught blood pressure measurement to "Santri Husada", was held over a single day and attended by eight participants. The goal was to enable partners to independently and routinely check their blood pressure within their community. Following the training session on blood pressure measurement techniques, evaluation results indicated that partner representatives had improved their understanding and skills in performing blood pressure checks.

Ease of access to information presented in various formats, such as power points, material sheets and live demonstrations, also contributes to increasing participants' understanding of the material presented. This finding is in line with the concept that a person's skills in implementing an action are greatly influenced by the level of knowledge they have (19).

The blood pressure measurement training conducted has significantly improved the knowledge and skills of partners. The success of this training is evident in the increased understanding, skills, and confidence of partners in performing independent blood pressure checks. To maintain and improve these skills, regular follow-up training and the provision of adequate blood pressure measuring equipment within the partner group are recommended.

Through the increased knowledge gained from blood pressure measurement training, partners are able to internalize the information, process it cognitively, and apply it in concrete actions. This ability demonstrates that partners are not merely recipients of information but also active and independent individuals in managing their health, particularly in conducting regular blood pressure monitoring in their community (20).

Community Service Activities of Partners

Health education activities are carried out through regular health education for 2 meetings. The first activity, namely health education, was given to 57 santri partners using the lecture method with Power point materials delivered including definitions, types of diseases, risk factors, prevention and control of non-communicable diseases. Then continued with screening (measuring blood pressure and measuring BMI). And the second activity, namely the second health education, was carried out on 8 santri health cadres "santri husada", using the lecture method with Power point materials delivered including understanding, interpretation of results, important things to pay attention to from measurements, stages of anthropometric measurements ((BB, TB, and BMI), and blood pressure. And continued with a demonstration of how to measure blood pressure, and the last is the assessment of *santri husada* skills in measuring blood pressure.



Figure 5.1 Providing counseling and screening for non-communicable diseases (measuring blood pressure and BMI)



Figure 5.2 Screening for Non-Communicable Diseases (measuring blood pressure and BMI)

The first stage of implementation in this activity is the preparation stage, at this stage preparations are carried out in the form of pre- and post-test questionnaires, counseling materials that will be used in this activity, tools to measure participant improvement in the form of questionnaires, and tools for demonstrations are manual sphygmomanometers and stethoscopes. In the implementation stage, counseling activities are carried out using the lecture method, this activity aims to provide education to participants for efforts to prevent non-communicable diseases (NCDs). This activity aims to increase partner knowledge about NCDs.



Figure 5.2 Training santri health cadres "Santri husada" to measure blood pressure

Demonstration training activity for student health cadres "santri husada" in measuring blood pressure to provide understanding and improve partner skills in measuring blood pressure as a form of early screening in efforts to prevent NCDs. Through this demonstration, partners are expected to be able to independently measure blood pressure, so that it can be applied in everyday life as an early screening for NCDs. This community service program activity ended with a post-test given to participants using the same questionnaire containing the same questions as the pre-test questions. Activities and measuring the skills of student health cadres "santri husada" with a checklist of SOPs for measuring blood pressure. providing education, NCD screening and training in measuring blood pressure as an effort to prevent NCDs.

Conclusions and Recommendations

This intervention has been proven to effectively improve participants' knowledge and practice in conducting self-screening as an early detection measure for Non-Communicable Diseases (NCDs). This success was also seen in the youth Islamic boarding school (santri) partner groups, who showed significant improvements in implementing regular health management, particularly in adopting a healthy lifestyle and monitoring their physical condition. Furthermore, independence was also fostered through the role of *Santri Husada* cadres, who are now able to independently perform blood pressure checks as part of preventive efforts. All results of this activity have great potential for publication in the Open Journal System (OJS) and electronic media to broaden public education regarding the importance of

early NCD prevention.

Based on the results of the activities that have been implemented, it is hoped that the santri partners can continue to consistently implement preventive measures for Non-Communicable Diseases (NCDs) from an early age. For future community service researchers, it is recommended to develop similar activities by expanding the scope of participants to various community groups and increasing the frequency of screening to optimize early detection of NCDs. Furthermore, for related institutions, strengthening community-based programs is expected to continue to support empowerment initiatives, especially for adolescents, as a strategic effort to reduce the prevalence of NCDs in Indonesia sustainably.

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