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Health education and medical screening for community well-being in Sriwedari Village

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ABSTRACT

Eid al-Adha is a religious moment closely associated with the ritual slaughter of sacrificial animals and an increase in red meat consumption among the community. Although it carries profound religious and social values, excessive consumption may increase the risk of non-communicable diseases (NCDs) if not balanced with a healthy lifestyle. Based on this phenomenon, a community service program was carried out in Sriwedari Village, RT 03/RW 04, Karanganyar Subdistrict, Ngawi Regency, East Java, aiming to raise community awareness of the importance of early detection and prevention of NCDs. The program methods included health education through lectures and discussions, followed by medical screening of blood pressure, random blood glucose levels, and cholesterol. The results showed that 62 percent of residents experienced hypertension, 18 percent had high cholesterol, while the majority of blood glucose levels were within normal limits. Tangible benefits for the community were reflected in the increased awareness to conduct regular health check-ups, improve red meat consumption patterns, and support nutritional fulfillment for vulnerable groups. Furthermore, this program has the potential for sustainability through collaboration between universities, community health centers (puskesmas), and village governments as supporting partners.

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1. INTRODUCTION

Eid al-Adha is a major Islamic holiday rich in spiritual meaning and closely associated with the tradition of animal sacrifice. During this period, meat consumption, especially red meat such as beef and goat, tends to increase (Wibowo et al., 2024). These types of meat naturally contain saturated fats and cholesterol, which, if consumed excessively without a balanced lifestyle, can affect blood lipid levels (Kopèeková et al., 2020). Therefore, maintaining nutritional balance during the celebration is essential, particularly for adults and the elderly who are more vulnerable to non-communicable diseases (NCDs). According to the 2018 Basic Health Research (Riskesdas) report, there has been a rising trend in cases of hypertension, diabetes mellitus, heart disease, stroke, and chronic kidney disease (Kementerian Kesehatan Republik Indonesia, 2018). Most NCDs are degenerative diseases closely linked to the aging process, characterized by a gradual decline in organ or tissue function due to cellular changes that affect overall bodily systems. The rise in degenerative diseases is further driven by decreased physical activity,

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unhealthy lifestyles, and poor dietary habits (Karwiti et al., 2023). In Indonesia, the prevalence of NCDs has increased, with cancer rising from 1.4 percent to 1.8 percent, stroke from 7 percent to 10.9 percent, chronic kidney disease from 2 percent to 3.8 percent, diabetes mellitus (based on blood sugar tests) from 6.9 percent to 8.5 percent, and hypertension (based on blood pressure measurements) from 25.8 percent to 34.1 percent (Chayati et al., 2023). In this context, public awareness of balanced nutrition and early detection plays a crucial role in prevention efforts, not only during Eid al-Adha celebrations but also as part of daily life.

Individual negligence is not the sole cause of health problems; a lack of public knowledge about diseases can also contribute. The primary factor behind uncontrolled blood pressure, particularly among hypertensive patients in Asia, is insufficient knowledge among healthcare providers, patients, and the general public about hypertension. Health improvement is not merely about addressing physical abnormalities or damage. It involves complex individual needs, desires, and priorities, which can be achieved through intrapersonal communication encompassing the soul, will, awareness, and mind (Triana & Hardiansyah, 2021). A lack of information regarding dietary improvements for individuals with hypertension also contributes to the public's limited understanding. Communication is the transfer of messages or information from a source to a recipient, and it must be conveyed effectively to ensure comprehension. Health communication is essential, especially in decision-making and message delivery. Such communication can influence health management by providing information, increasing awareness, changing perspectives, and encouraging people to adopt healthy lifestyles. It is expected that the dissemination of health information can promote public health, as well as prevent and reduce disease incidence (Fitria & Waruwu, 2020).

Based on these circumstances, and in line with the Ministry of Health's vision of achieving "a healthy, independent, and equitable society," the government has implemented various initiatives, including encouraging higher education institutions to participate in public health programs. In accordance with the Tri Dharma of Higher Education, lecturers from the Pharmacy Study Program at the University of Darussalam Gontor conducted a health education and screening activity for residents of Sriwedari Village, Karanganyar District, Ngawi Regency, East Java. As of February 2024, Sriwedari Village had a total population of 2,241 people. Based on age distribution, adults made up 65.8 percent of the population, while the elderly accounted for 30.7 percent. The high proportion of elderly residents poses potential health challenges, particularly degenerative diseases such as hypertension, diabetes mellitus, and joint disorders. Preliminary observations and discussions with village officials and community health volunteers revealed that many residents, especially the elderly, do not routinely undergo basic health checkups (including blood pressure, blood sugar, and cholesterol measurements). Furthermore, public knowledge regarding healthy lifestyles and the prevention of degenerative diseases remains limited.

Limited access to medical services has become one of the main challenges, as the nearest healthcare facility is the Karanganyar Community Health Center, located several kilometers away from the village. Health services at the local community health post (*posyandu*) primarily focus on mothers and young children, leaving the health needs of the elderly population insufficiently addressed. Under these circumstances, the partners in this program include the Sriwedari Village government and *posyandu* volunteers, who play an active role in supporting community health initiatives. A needs analysis indicated that the residents of Sriwedari Village require interventions such as basic health screening and education on healthy lifestyles as efforts for early detection and prevention of degenerative diseases. Similar health

screening activities had rarely been conducted regularly in the past; therefore, this community service program represents an important step toward improving the quality of life of residents, particularly the elderly, in the village (Desa Sriwedari, 2024).

This community service program aims to promote health awareness through education and basic health examinations among the residents of Sriwedari Village. In addition to health checks, the program provides information on the importance of maintaining cholesterol levels, the dangers, symptoms, and causes of high cholesterol, tips for elderly individuals on consuming sacrificial meat, and guidance on managing high cholesterol based on the teachings of the Prophet Muhammad. Beyond its educational aspects, the program is also integrated with the distribution of sacrificial meat to underprivileged community members. This distribution not only reflects social solidarity but also serves as a platform to educate the public about the importance of healthy meat preparation and consumption. Thus, the activity supports a balance between fulfilling nutritional needs and preventing health risks, particularly those related to animal fat consumption.

Therefore, the celebration of Eid al-Adha can be utilized as a promotive and preventive health intervention through educational activities and simple health screenings, such as random blood glucose testing, cholesterol level measurement, and blood pressure monitoring. Through this approach, the community not only partakes in the blessings of the sacrificial ritual but also gains essential knowledge for early detection and prevention of long-term complications associated with non-communicable diseases (NCDs). Such educational efforts align with a community-based health approach, strengthening the integration of religious values and scientific awareness about the importance of maintaining a healthy lifestyle as an act of worship and a means of preserving the sanctity of life (*Hifz Al-Nafs*) within the framework of *Maqasid Shariah*.

2. METHODS

Time, Place, and Participants

The community service activity was held on June 7, 2025, at the residence of a village official in Wonoboyo Hamlet, Sriwedari Village, Karanganyar District, Ngawi Regency, East Java (Postal Code 63257). The event took place from 12:00 to 16:00 WIB and was attended by 76 residents of Sriwedari Village, consisting of both adults and elderly participants. According to registration data, the majority of participants were women (58 percent) aged between 40 and 70 years, while the remaining participants were men (42 percent) aged between 35 and 65 years. Most attendees worked as farmers and homemakers, reflecting the village's demographic profile. The partners in this program were the Sriwedari Village Government and *posyandu* (community health post) cadres, who played an active role in mobilizing participants and assisting throughout the event.

Activity Stages

Preparation stage

Coordination was carried out with village officials and *posyandu* cadres. Health education materials were prepared in the form of leaflets containing information about cholesterol, healthy eating patterns, tips for consuming sacrificial meat for the elderly, and recommendations for a healthy lifestyle according to the teachings of the Prophet Muhammad. Medical equipment was also prepared, including a glucometer with glucose strips, a cholesterol measuring device (GCU meter), manual and digital

sphygmomanometers, a stethoscope, lancets, alcohol swabs, and health record sheets for documenting examination results.

Implementation stage

Health education

Participants were given the opportunity to discuss and ask questions related to the presented material through an interactive lecture using a leaflet. The material focused on understanding cholesterol, its impact on health, risk factors, and prevention strategies based on a healthy lifestyle according to the teachings of the Prophet. The leaflet is shown in Figure 1. The discussion method involved a question-and-answer session related to the material delivered during the counseling.

Figure 1. Community service leaflet

Figure 1 shows the leaflet used in the community service activity, which contains information about the definition of high cholesterol, its dangers, symptoms, and causes. In addition, the leaflet provides information on ways to manage high cholesterol in accordance with the Prophet's teachings. The momentum of Eid al-Adha also served as an opportunity to promote proper ways for the elderly to consume sacrificial meat.

Health examination

The examination began with an anamnesis or interview to obtain the participant's identity, family medical history, and existing health conditions. This was followed by random blood glucose testing (RBG), blood pressure measurement, and cholesterol testing using a GCU-meter with the stick method. Blood samples were taken from the fingertip for analysis. During the examination, participants were also encouraged to consult with the committee regarding their results. The findings were recorded for further analysis. Community members with random blood glucose, blood pressure, or cholesterol levels above normal were advised to visit the nearest healthcare facility promptly to prevent possible complications.

Distribution of sacrificial meat

As a form of Islamic health implementation, sacrificial meat was distributed to participants after the health examination, accompanied by education on healthy meat preparation and consumption for the elderly. The distribution took place at the end of the session, following the completion of the community health screening. Documentation of the meat distribution activity is presented in Figure 2.

Figure 2. Distribution of sacrificial meat to residents

Figure 2 illustrates the enthusiasm of residents from RT 03/RW 04, Sriwedari Village, as they received the sacrificial meat. The distribution was carried out by the community service team in collaboration with the village officials after the health screening, as part of the healthy consumption education implementation. The meat distribution activity proceeded in an orderly and equitable manner.

Evaluation Stage

The evaluation of the activity was conducted through several approaches: direct observation of participant engagement and enthusiasm during the discussion; brief post-event interviews with 15 randomly selected participants to assess their understanding after the educational session; and analysis of health examination results to determine the proportion of residents with above-normal values. Although no written pre-test or post-test was administered, participants' comprehension was evaluated through question-and-answer sessions and discussions.

3. RESULTS AND DISCUSSION

Results

This community service activity focuses on healthy lifestyle education and early detection of non-communicable diseases (NCDs) through simple health checks (blood glucose, blood pressure, and cholesterol levels). This approach aligns with family- and community-based risk factor control efforts.

Participants' characteristics

This community service activity involved the participation of residents of Sriwedari Village, RT 03/ RW 04, Karanganyar District, Ngawi Regency, East Java, as a promotive intervention aimed at raising awareness of the importance of regular health check-ups. The main target group consisted of individuals

at risk of non-communicable diseases (NCDs), such as high blood pressure, uncontrolled blood glucose levels, and elevated cholesterol. The community's low awareness of early disease detection remains a significant challenge. Most residents tend to seek healthcare services only after symptoms appear, and many still prefer traditional remedies over medical consultation (Andriyanto & Sajidin, 2024). Through an educational approach, this activity aimed to improve public understanding of the importance of monitoring one's health condition even when appearing healthy. Documentation of the educational session is presented in Figure 3.

Figure 3. Health education

Figure 3 shows the lecturers from the Pharmacy Study Program of Universitas Darussalam Gontor delivering a health education session together with the community health volunteers (*posyandu* cadres) of Sriwedari Village. The session focused on the dangers of high cholesterol and the importance of a healthy lifestyle. The activity took place at the residence of a village official in RT 03/RW 04, Karanganyar District, Ngawi Regency. A total of 80 residents from RT 03/RW 04 participated in the event, and the distribution of participants is presented in Table 1.

Table 1. Distribution of gender and age groups of activity participants

Age Groups	Frequencies	%	Gender	Frequencies	%
Pre-elderly	46	57.5	Female	45	56.25
Elderly	34	42.5	Male	35	43.75
Total	80	100	Total	80	100

Table 1 presents the distribution of participants in the community service activity conducted in RT 03/RW 04, Sriwedari Village, Karanganyar District, Ngawi Regency. The data show the composition of participants based on gender (male and female) and age category (pre-elderly and elderly). Most participants were aged 35–60 years (57.5 percent), while the remaining 42.5 percent were over 60 years old. Female participants (56.25 percent) outnumbered male participants (43.75 percent). The high participation of pre-elderly and elderly groups indicates strong community enthusiasm for early detection of non-communicable diseases (NCDs). This also reflects the program's accurate targeting, considering that these age groups are at higher risk for degenerative diseases.

The health education and screening activities in Sriwedari Village, Karanganyar District, Ngawi Regency, revealed several key field findings. Based on observations, most attendees were elderly, with a relatively balanced gender distribution. This suggests that health awareness tends to be higher among older adults than among those of productive age. These findings are consistent with patterns commonly reported in similar initiatives, where elderly individuals are more proactive in participating in health services due to their greater medical needs (Ximenes, 2025).

Random Blood Glucose

The results of the Random Blood Glucose (RBG) examination are presented in Table 2. The findings indicate that all participants (100 percent) had blood glucose levels within the normal range (<200 mg/dL). This provides an initial indication that the risk of diabetes mellitus in the area is relatively low. However, since the examination was conducted only once without confirmatory testing, continued education on healthy eating patterns and routine monitoring remains essential. In the future, this activity could serve as a foundation for developing a regular screening program involving community health cadres (*posyandu*).

Table 2. Results of observations of random blood sugar levels

Blood sugar levels (mg/dl)	Descriptions	Frequencies	Percentages (%)
<200	Normal	80	100
>200	Hyperglycemia	0	0
Total		**80**	**100**
Gender	**Blood Sugar Levels (mg/dl)**	**Frequencies**	**Percentages (%)**
Females	<200	45	56,25
	>200	0	0
Male	<200	35	43.75
	>200	0	0
Total		**80**	**100**

Table 2 presents the results of the Random Blood Glucose (RBG) examination for residents of RT 03/RW 04, Sriwedari Village, Karanganyar District, Ngawi Regency. The examination was conducted using a glucometer, with a normal category defined as <200 mg/dL. All 80 participants showed normal RBG values, indicating that none experienced hyperglycemia.

Figure 4. Health examination

Physiologically, a person's blood glucose level can fluctuate throughout the day, especially after food intake. In the morning before eating, a condition known as fasting blood glucose the level typically reaches its lowest point (Adaobi et al., 2022). Based on the measurements taken, all respondents showed RBG values below the threshold, suggesting that the community's blood glucose levels were generally within the normal range. This finding indicates that residents may already have a relatively good awareness of maintaining healthy eating habits and lifestyles, although further education is needed to sustain and enhance this condition.

The RBG examination referred to the standards set by the Indonesian Ministry of Health, which state that RBG values below 200 mg/dL are classified as normal (Sumakul et al., 2022). Documentation of the health examination is presented in Figure 4.

Blood Pressure

The results of the blood pressure examination revealed a concerning condition. The majority of participants were found to have hypertension, with 45 percent classified as stage 1 hypertension and 52.5 percent as stage 2 hypertension, while only 2.5 percent had normal blood pressure. Analysis by gender showed that women were more likely to experience hypertension than men. This finding aligns with epidemiological data indicating that hypertension is among the most common non-communicable diseases (NCDs) in the elderly and serves as a major risk factor for heart disease and stroke. These results highlight the urgent need for community-level hypertension management programs that engage local health cadres in regular blood pressure monitoring. The results of the blood pressure examination are presented in Table 3.

Table 3. Results of blood pressure observations

Blood pressure (mmHg)	Descriptions	Frequencies	Percentages (%)
<120/80	Normal	2	2.5
140–159/90–99	Stage 1 hypertension	36	45
≥160/100	Stage 2 hypertension	42	52.5
Total		**80**	**100**
Gender	**Blood Sugar Levels (mg/dl)**	**Frequencies**	**Percentages (%)**
Female	<120/80	1	1.25
	140–159/90–99	16	20
	≥160/100	28	35
Male	<120/80	1	1,25
	140–159/90–99	20	25
	≥160/100	14	17.25
Total		**80**	**100**

Table 3 presents the results of blood pressure measurements among residents of RT 03/RW 04, Sriwedari Village, Karanganyar District, Ngawi Regency. The data are categorized into normal blood pressure, stage 1 hypertension, and stage 2 hypertension based on the decree of the Indonesian Ministry of Health (2021). Of the 80 participants examined, 2 individuals (2.5 percent) had normal blood pressure, 36 individuals (45 percent) were classified as having stage 1 hypertension, and 42 individuals (52.5 percent) as having stage 2 hypertension.

Blood pressure refers to the force exerted by circulating blood on the walls of the arteries. The peak pressure that occurs when the ventricles contract is called systolic pressure, while the lowest pressure that occurs when the heart rests is called diastolic pressure. According to the decree of the Ministry of Health, systolic blood pressure between 120–139 mmHg or diastolic pressure between 80–89 mmHg is categorized as pre-hypertension. Individuals with readings of 140–159/90–99 mmHg are classified as having stage 1 hypertension, while readings of e"160/100 mmHg indicate stage 2 hypertension.

The results of the blood pressure examination revealed a notable proportion of residents with stage 1 hypertension, reinforcing national health survey reports that hypertension remains the most prevalent health issue among the elderly. When compared with a similar community service program in Bitung City (Ardiningtyas, 2022), the findings in Sriwedari show a similar pattern, where hypertension is more commonly observed than hypercholesterolemia. This emphasizes that simple screening activities can effectively identify priority health problems in a community.

Participants with high blood pressure were provided with education and recommendations to begin lifestyle modifications, such as reducing salt intake, increasing physical activity, maintaining a healthy body weight, and avoiding alcohol consumption. Hypertension management can be approached in two ways: pharmacological and non-pharmacological. The pharmacological approach includes the administration of antihypertensive medication by healthcare professionals, while the non-pharmacological approach focuses on adopting healthy lifestyle habits, such as maintaining an ideal weight, exercising regularly, reducing sodium intake, and increasing potassium consumption from fruits and vegetables (Yusran et al., 2025).

Cholesterol Level

The cholesterol levels of participants were categorized as normal and hypercholesterolemic based on measurements using a GCU-meter. The data are shown in Table 4.

Table 4. Results of observations of total cholesterol levels

Cholesterol levels (mg/dl)	**Descriptions**	**Frequencies**	**Percentages (%)**
<200	Normal	13	44,8
>200	Hypercholesterolemia	16	55,2
Total		**29**	**100**
Gender	**Blood Sugar Levels (mg/dl)**	**Frequencies**	**Percentage (%)**
Female	<200	2	6,90
	>200	10	34,48
Male	<200	11	37,93
	>200	6	20,69
Total		**29**	**100**

Table 4 presents the cholesterol test results of residents from RT 03/RW 04, Sriwedari Village, Karanganyar District, Ngawi Regency. A total of 55.2 percent of participants were found to have hypercholesterolemia, while only 44.8 percent were within the normal range. Interestingly, the proportion of hypercholesterolemia was higher among women (34.48 percent) than men (20.69 percent). These findings highlight the importance of dietary education, particularly ahead of Eid al-Adha, when meat consumption tends to increase. The educational materials on healthy ways to consume sacrificial meat in accordance with the Prophet's guidance are culturally and religiously relevant strategies to encourage healthier behavioral change.

Cholesterol is the main type of sterol in the human body, serving as a structural component of cell membranes and a precursor for lipoproteins. A total cholesterol level below 200 mg/dL is considered normal (Yudha & Suidah, 2023). In this activity, the village government and *posyandu* cadres played active roles in coordinating residents, preparing the venue, and assisting with data recording. Their involvement was crucial for ensuring the program's sustainability. Moreover, the program provided not only valuable health data for residents but also: an increase in public awareness about the importance

of regular health checks, particularly for blood pressure and cholesterol; early behavioral changes, as seen from participants' commitments to reduce high-fat and high-salt foods; and follow-up healthcare actions, where residents with abnormal results were advised to visit Karanganyar Health Center for further examination.

This community service activity not only focused on promotive and preventive aspects of health but was also realized through a social action in the form of distributing sacrificial meat to local residents. The distribution served as an expression of social care and solidarity during Eid al-Adha, a moment rich with values of compassion and sacrifice. In addition to supporting the community's nutritional needs, particularly for animal protein, this activity also helped strengthen the bond between the service team and local residents. The distribution of sacrificial meat was expected to provide real nutritional benefits, especially for vulnerable groups such as the elderly, pregnant women, and children who require balanced nutrition to maintain their health. Through this holistic approach, the activity reflects the integration of religious, social, and health values in efforts to enhance community well-being.

Discussion

In the theoretical framework, age and gender are closely related to an individual's tendency to maintain their health (Rohmatulloh et al., 2024). As people age, the risks of developing hypertension, hyperglycemia, and dyslipidemia increase significantly due to degenerative physiological changes. Men in their productive years often pay less attention to preventive health measures as they focus more on work activities, while women tend to be more concerned with family health but may not always be aware of their own health risks. Therefore, implementing Communication, Information, and Education (CIE) strategies that target awareness improvement based on age and gender segmentation is essential (Sumampouw et al., 2023).

The blood glucose examination showed that most residents were within the normal range, although some individuals had glucose levels approaching the tolerance threshold. This finding highlights the importance of early detection as a preventive measure, allowing residents to be guided toward adopting a healthier lifestyle. These results are consistent with similar activities conducted in Nagari Sagalo Village, Pesisir Selatan Regency, where mass screenings successfully identified high-risk individuals for diabetes who had never previously undergone any health checkups (Oktora, 2025).

Residents of Sriwedari RT 03/RW 04, Karanganyar District, Ngawi Regency, East Java, have high cholesterol levels, which means they possess one of the risk factors for cardiovascular or other related diseases. The increase in cholesterol levels can be caused by three factors: a diet high in fat and cholesterol, low cholesterol excretion into the intestines through bile acids, and excessive endogenous cholesterol production in the liver associated with genetic factors. Diet and lack of physical activity can also contribute to elevated cholesterol levels. Cholesterol measurements by gender show that more women have high cholesterol levels compared to men. The increase in cholesterol levels among women is often linked to menopause, due to decreased estrogen hormone activity. This finding aligns with previous research stating that women have a higher risk of developing hypercholesterolemia compared to men (Mustika et al., 2024).

From a social perspective, this activity had a positive impact by increasing collective awareness of the importance of regular health check-ups. Residents provided feedback that the program made it easier for them to monitor their health without traveling far to medical facilities. Moreover, the involvement of local health cadres strengthened the program's sustainability, as they can continue routine monitoring using local resources. A key best practice identified is the importance of integrating health screenings

with cadre-based education so that interventions go beyond screening and lead to lasting behavioral change.

Field evaluation revealed several lessons learned. First, the use of simple instruments such as glucometers, digital sphygmomanometers, and cholesterol test kits proved effective and replicable in other areas with limited resources. Second, the community-based approach that involved local leaders and health cadres successfully increased resident participation. Third, program sustainability can be enhanced through regular follow-up education sessions and systematic recording of residents' test results for longitudinal monitoring.

Thus, this activity not only produced descriptive data on residents' health status but also made a tangible contribution to improving community quality of life. In the future, it is recommended that the program design adopt an outcome-based approach, such as measuring residents' knowledge before and after education sessions (pre–post tests), tracking changes in dietary and physical activity behaviors, and monitoring referrals for residents with abnormal test results. This approach would strengthen the academic value of the community service initiative while ensuring a lasting impact on partner welfare.

4. CONCLUSION AND RECOMMENDATIONS

The community service program in Sriwedari Village, RT 03/RW 04, Karanganyar District, Ngawi Regency, successfully improved public knowledge about healthy lifestyles through cholesterol and lifestyle education while also providing early detection of non-communicable diseases through blood glucose, blood pressure, and cholesterol screenings. The results showed that most residents had normal blood glucose levels, but more than half experienced hypertension and hypercholesterolemia. This activity effectively raised awareness among residents to conduct independent and regular health check-ups. In addition, collaboration between the service team, local health cadres, and the village government served as an important foundation for the sustainability of community-based health programs.

Based on the results of the community service activities in Sriwedari Village, several follow-up recommendations can be made to strengthen the program's sustainability: (1) Conduct regular health screenings at the neighborhood or hamlet level with support from local health cadres and the community health center to enable early detection of non-communicable diseases; (2) Provide advanced training on healthy lifestyles after Eid al-Adha, focusing on managing red meat consumption among pre-elderly and elderly populations; (3) Strengthen collaboration among universities, community health centers, and the village government to ensure program continuity and replication in other areas.

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