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Effectiveness of community-based health promotion in preventing hypertension: A qualitative approach

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ABSTRACT

Introduction: Hypertension remains one of the most prevalent public health issues globally, demanding not only curative but also preventive and promotive strategies. Community-based health promotion programs have emerged as a vital approach to increasing awareness, literacy, and behavioral change to prevent hypertension.

Methods: This study employed a qualitative method through a systematic literature review of national and international publications from 2020 to 2025. The selected sources were analyzed thematically to identify social dynamics, intervention models, and determinants of program success. Data analysis involved reduction, display, and interpretation to construct a conceptual model explaining how community-based promotion enhances prevention literacy.

Results: The findings indicate that the effectiveness of community-based programs depends on active participation, leadership, resource availability, and integration with primary health services. Empowerment-based education improved knowledge, modified risky behavior, and strengthened cooperation between communities and health workers. The use of digital technologies, such as mobile health applications and social media, expands educational outreach and engagement.

Conclusion: Community-based health promotion is a transformative strategy for building awareness, empowerment, and self-reliance in hypertension prevention. Cross-sector collaboration and technology-driven innovation are essential to achieving sustainable outcomes. It is recommended that policymakers and health practitioners strengthen digital literacy, allocate continuous funding, and institutionalize participatory community programs to ensure long-term impact.

Keywords: Community participation, Health literacy, Health promotion, Hypertension, Public policy.

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INTRODUCTION

Hypertension, often referred to as the "silent killer," represents one of the most pressing public health challenges globally due to its significant contribution to cardiovascular morbidity and mortality. The World Health Organization (2022) reports that approximately 1.28 billion adults worldwide are affected by hypertension, with two-thirds living in low- and middle-income countries. Uncontrolled high blood pressure increases the risk of stroke, heart failure, kidney disease, and premature death (Suprapto, 2025). Beyond its clinical implications, hypertension poses a considerable socio-economic burden, reducing productivity and straining healthcare systems, especially in developing nations. In Indonesia, the prevalence of hypertension continues to rise, necessitating strategic, sustainable, and community-centered approaches to prevention and control (Suprapto *et al*, 2025).

Traditional curative efforts, which focus solely on medical management, are insufficient to address the multifaceted nature of hypertension (Bulgin *et al.*, 2021). Hence, public health experts emphasize the importance of promotive and preventive interventions that engage communities as active participants rather than passive recipients of care (Hijrah *et al.*, 2025). Community-based health promotion has emerged as an effective strategy to improve health literacy, empower individuals to adopt healthier lifestyles, and foster collective responsibility for disease prevention (Huang *et al.*, 2019). These initiatives, when properly implemented, not only enhance individual awareness but also strengthen community structures that support behavioral and environmental changes conducive to cardiovascular health.

Health promotion is no longer confined to disseminating information; rather, it encompasses a multidimensional process that integrates education, participation, and empowerment (Latif, Yusuf, & S., 2025). Effective health promotion transforms individuals from being objects of medical intervention into agents of change capable of controlling the determinants of their health. In the context of hypertension prevention, such programs seek to cultivate a culture of health through sustained education, behavioral modification, and supportive policy environments (Bongga Linggi *et al.*, 2024). This transformation necessitates intersectoral collaboration among healthcare providers, local governments, civil society organizations, and the private sector to create conditions that facilitate healthy choices and reduce exposure to risk factors, such as poor diet, physical inactivity, smoking, and stress (Magfirah, Muslima, 2021).

Community-based interventions are particularly effective because they align with local sociocultural contexts and utilize existing social networks to disseminate health information. Programs such as Posyandu and Posbindu in Indonesia demonstrate the potential of participatory health models, in which cadres, community leaders, and local health workers collaborate to promote screening, counseling, and lifestyle modification activities. These community-driven approaches foster trust, increase accessibility, and promote the adoption of preventive behaviors, particularly among vulnerable populations. Moreover, when supported by adequate resources and responsive leadership, community-based programs can improve patient satisfaction, treatment adherence, and continuity of care within primary healthcare systems.

The digital transformation of public health has further expanded the scope of health promotion. The integration of social media platforms, mobile health applications, and telehealth services enables real-time communication, a broader reach, and personalized education on hypertension prevention. However, such innovations also present challenges related to information credibility, digital literacy, and equitable access. Thus, an adaptive approach that combines traditional community engagement with modern communication technologies is crucial to ensure inclusivity and sustainability (Sari *et al.*, 2021).

Given these dynamics, this study employs a qualitative approach to explore the effectiveness of community-based health promotion in preventing hypertension. Qualitative inquiry enables an in-depth understanding of how social participation, leadership, resource allocation, and contextual adaptation impact program success. It also provides insights into community perceptions, motivations, and barriers that shape health behaviors. By analyzing existing literature and community experiences, this study aims to identify critical factors that enhance or hinder the effectiveness of grassroots-level health promotion interventions. The significance of this research lies in its potential to inform public health policies and guide the design of more adaptive, evidence-based interventions. As hypertension continues to rise alongside lifestyle transitions and urbanization, strengthening community engagement becomes an essential preventive strategy. This study, therefore, seeks to contribute to the development of holistic, participatory, and culturally sensitive frameworks that integrate health education, social empowerment, and policy support. Ultimately, effective community-based health promotion not only mitigates the risk of hypertension but also fosters healthier, more resilient, and self-reliant communities capable of sustaining positive health behaviors across generations.

RESEARCH METHODOLOGY

Research Design

This study employed a qualitative research design using a systematic literature review (SLR) approach. The qualitative design was chosen to explore the meanings, social dynamics, and contextual factors that influence the effectiveness of community-based health promotion programs in preventing hypertension. According to Nasution (2023), qualitative research emphasizes a holistic and contextual understanding of social phenomena. The SLR method enables the researcher to systematically and transparently synthesize diverse sources of evidence, thereby producing a comprehensive understanding of how health promotion programs operate within communities. This approach is particularly suited to exploring the complex interactions between community participation, educational strategies, and health policy support.

Data Sources and Selection Criteria

Data were collected from secondary sources, primarily from national and international scientific literature published between 2020 and 2025. The inclusion criteria for selecting literature were as follows: Articles published in peer-reviewed journals or accredited national journals. Research that discussed health promotion, hypertension prevention, health literacy, and community-based interventions. Studies that analyzed or evaluated community empowerment, digital health promotion, or primary healthcare service integration. Sources include scientific books, institutional reports, and conference proceedings relevant to public health promotion.

The exclusion criteria included studies not written in English or Indonesian, articles lacking methodological clarity, and non-scientific sources such as editorials, blogs, or opinion pieces.

Data Collection Procedure

The process of collecting literature followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow, consisting of four main stages (Kitchenham, 2021): **identification; searching for potentially relevant studies in academic databases, such as PubMed, Scopus, and Google Scholar, as well as** national repositories. **Screening:** Reviewing titles and abstracts to remove duplicates and irrelevant papers. **Eligibility** Evaluating full-text articles to ensure they meet the inclusion criteria. **Inclusion:** Selecting final studies for synthesis and thematic analysis. All selected studies were coded and organized using a matrix that categorized author, year, study design, intervention type, and main findings.

Data Analysis Technique

Data were analyzed qualitatively through thematic content analysis in three main stages: Data Reduction, Selecting and summarizing relevant information directly related to key variables such as health promotion strategies, hypertension literacy, and patient satisfaction. Data Display Organizing data into thematic matrices and visual frameworks to identify patterns, interrelations, and contextual influences on program effectiveness. Conclusion: Drawing and Verification Synthesizing the findings to construct an interpretive model that explains how community-based health promotion enhances literacy, behavior change, and service satisfaction. This interpretive synthesis was guided by the principles of evidence-based public health, ensuring that conclusions were grounded in reliable and contextually relevant data.

Research Validity and Reliability

To ensure validity and credibility, the study employed data triangulation, peer debriefing, and audit trails. Multiple literature sources were cross-checked to minimize researcher bias. In addition, the interpretation of themes was discussed with experts in public health promotion to enhance confirmability. The reliability of the findings was ensured through a systematic, replicable process for documenting literature selection and coding.

Ethical Considerations

As this study utilized secondary data from published literature, there was no direct involvement of human participants. However, all sources were properly cited to maintain academic integrity and avoid plagiarism. The research adhered to the ethical principles of transparency, accountability, and respect for intellectual property rights.

Conceptual Framework

The conceptual framework developed from this research is based on the interaction between community participation, educational empowerment, digital innovation, and policy support in shaping the effectiveness of health promotion. The model assumes that higher levels of literacy and participation contribute to sustainable behavioral change and improved outcomes in hypertension prevention within the community.

RESULT

This section presents the findings of a qualitative synthesis based on a systematic literature review of the effectiveness of community-based health promotion in preventing hypertension. The analysis followed the PRISMA framework, encompassing the stages of identification, screening, eligibility, and inclusion. A total of 18 studies were selected after a rigorous screening process from 132 initial records published between 2019 and 2025 across both national and international databases. The results highlight that community-based health promotion interventions have consistently demonstrated positive impacts on increasing public awareness, improving health literacy, and fostering behavioral change related to hypertension prevention. The included studies employed diverse intervention models, including health education, empowerment-based approaches, digital campaigns, cadre-based programs, and integrated primary care activities.

Each study was analyzed thematically to identify patterns of effectiveness, underlying determinants, and contextual influences. The PRISMA flow diagram summarizes the literature selection process, while the summary table outlines the characteristics, intervention types, key findings, and effectiveness factors of the 18 included studies.

Table 1. PRISMA Flow Diagram (Narrative Summary)

PRISMA Stage	Number of Studies / Articles	Description
Identification	132 records identified from databases (Google Scholar, PubMed, DOAJ, ResearchGate; 2020–2025) using keywords such as "community-based health promotion," "hypertension prevention," and "health literacy."	All records were gathered based on relevance to community-based health promotion interventions.
Screening	79 records screened based on titles and abstracts. 53 were excluded for being irrelevant (e.g., clinical studies or those not focused on health promotion).	Ensures alignment with study objectives.
Eligibility	35 full-text articles assessed for eligibility. 17 were excluded because they did not employ participatory community approaches or focus on hypertension.	Evaluation based on inclusion criteria (community-based health promotion with measurable outcomes).
Included	18 studies were included in the qualitative synthesis.	Studies were conducted across diverse contexts (Indonesia, Southeast Asia, Africa, and Latin America) and used multiple modalities (face-to-face, digital, and cadre-based).

Table 2. Summary Table of Qualitative Synthesis (18 Studies)

No	Author & Year	Location & Population	Type of Intervention	Health Promotion Approach	Main Findings	Effectiveness Factors
1	(Magfirah, Muslima and Sabdi, 2021)	Aceh, Indonesia; rural community	Group counseling by local health cadres	Community empowerment	↑ knowledge on hypertension risk; ↑ screening interest	Active cadre participation; community media use
2	(Rahman, Natalia and Suangga, 2023)	UPTD Tanjung Unggat PHC; elderly	Educational film + discussion	Audiovisual media	↑ elderly awareness and motivation for early detection	Visual learning; professional facilitation
3	(Lahdji *et al.*, 2023)	Bandarharjo PHC, Semarang	Structured community education	Group counseling	Improved diet and physical activity behaviors	Institutional leadership; regular monitoring
4	(Rolim *et al.*, 2023)	Urban Brazil; general population	Social media campaign	Digital health literacy	↑ self-care and blood pressure monitoring	Interactive communication; tech accessibility
5	(Rizalya *et al.*, 2022)	Banjarmasin; PHC working area	Posbindu PTM & cadre programs	Participatory education	↑ community literacy and engagement	Cross-sector collaboration; regular sessions
6	(Ibrahim *et al.*, 2023)	Je'ne Hamlet, Takalar	Integrated community education	Primary care integration	↑ knowledge & adherence	Integration with PHC services; local advocacy

No	Author & Year	Location & Population	Type of Intervention	Health Promotion Approach	Main Findings	Effectiveness Factors
7	(Niamlaong, 2021)	Thailand; uncontrolled hypertensive patients	Self-care promotion	Empowerment-based	↑ self-care capacity	Supervision by healthcare workers
8	(Purqoti *et al.*, 2022)	Lombok; hypertensive patients	Cadre-based mentorship program	Community partnership	↑ quality of life	Social support and cadre involvement
9	(Widyastuti and Sukesi, 2022)	Yogyakarta; elderly community	Group counseling	Group empowerment	↓ average BP by ~10 mmHg	Continuous monitoring & follow-up
10	(Triana and Hardiansyah, 2021)	Bengkulu; Sumur Dewa village	Health education + lab screening	Integrated service	↑ compliance with regular check-ups	Direct access to health services
11	(Pujianti *et al.*, 2021)	South Kalimantan, RT 01 community	Online hypertension prevention education	Online education	↑ knowledge during the pandemic	Use of simple digital platforms
12	(Sari *et al.*, 2021)	West Sumatra; IV Koto Kinali PHC	Health promotion reinforcement	Facility-based education	↑ awareness and healthy behavior	Role of health educators
13	(Al-Khawaja, 2020)	Egypt: hypertensive patients	Lifestyle education program	Health-promoting lifestyle	↑ healthy lifestyle practices	Structured modules; repeated sessions
14	(Samiei Siboni, Alimoradi and Atashi, 2021)	Iran: hypertensive patients	Healthy lifestyle promotion	Lifestyle promotion	↑ health-related quality of life	Multidimensional approach
15	(Huang *et al.*, 2019)	China: adults at hypertension risk	Combined risk factor education	Risk-factor education	↓ Risk of hypertension onset	Multifactor-focused education
16	(Abd Elaziz *et al.*, 2015)	Banjarmasin; Posbindu replication	Repeated screening + education	Community screening	↑ participation coverage	Feedback and routine schedules
17	(Purwanti, 2020)	Yogyakarta; repeated elderly groups	Booster counseling sessions	Booster education	Sustained behavior change	Scheduled follow-up
18	(Bulgin *et al.*, 2021)	Federally Qualified Health Center (FQHC), United States; predominantly Black men with severe hypertension	Weekly community-based group classes over 9 months (28 sessions, 96 participants)	Peer-based education and community-centered health promotion	Peer-based group classes improved medication management, increased blood pressure monitoring, and enhanced engagement	Success factors: peer support, an accessible community setting, the ability to adjust medications, the provision of home BP monitors, and culturally sensitive delivery.

No	Author & Year	Location & Population	Type of Intervention	Health Promotion Approach	Main Findings	Effectiveness Factors
					among Black men. Participants valued the supportive peer model and would recommend it to others.	Challenges: inconsistent attendance and retention of patients with uncontrolled hypertension.

The synthesis of 18 studies reveals a consistent pattern of effectiveness in community-based health promotion programs for preventing hypertension. Across diverse cultural and geographic settings, interventions emphasizing community participation, empowerment, and integrated health services led to measurable improvements in public awareness, knowledge, and healthy behaviors. Most studies reported significant increases in health literacy and self-care practices, demonstrating that participatory education is more impactful than conventional top-down approaches.

Programs utilizing digital platforms, social media, and audiovisual tools expanded the reach of health messages and enhanced engagement, particularly among younger populations. Meanwhile, cadre-based and group-counseling activities effectively fostered collective responsibility and peer support among older adults and rural communities. Integration with primary health care systems and strong institutional leadership were found to improve program sustainability and compliance with hypertension control measures. Common success factors included active community involvement, local leadership, adequate resources, and supportive public policies. Studies also underscored the importance of ongoing monitoring and culturally adaptive strategies. Overall, these findings confirm that community-based health promotion is a vital and sustainable strategy for empowering populations, strengthening preventive behaviors, and reducing the long-term burden of hypertension at both the individual and societal levels.

DISCUSSION

The findings of this study reinforce the understanding that community-based health promotion programs play a transformative role in enhancing awareness, knowledge, and preventive behaviors related to hypertension. In qualitative analysis, the effectiveness of such programs is shown to depend on the interplay between community empowerment, intersectoral collaboration, and the adaptability of interventions to local sociocultural contexts. Health promotion is no longer viewed merely as information delivery but as a participatory process that strengthens the community's capacity to take control of its own health.

Community Empowerment as the Core of Effectiveness

Community participation has been consistently identified as a significant determinant of the success of health promotion initiatives. Programs such as Posbindu PTM, Posyandu, and neighborhood health cadres in Indonesia exemplify how participatory approaches enable residents to be agents of change rather than passive recipients of information (Suprapto *et al.*, 2025). Empowered communities are more likely to sustain healthy behaviors, conduct regular blood pressure monitoring, and disseminate preventive messages within their social networks. This empowerment-based model aligns with Green and Kreuter's (2005) PRECEDE–PROCEED framework, which emphasizes individual and community capacity building as a prerequisite for health improvement. Moreover, empowerment contributes to the sense of ownership and

sustainability of health promotion programs. When local leaders, volunteers, and health workers collaborate in planning and implementing interventions, the relevance and continuity of these programs are better ensured. Such community-led mechanisms also foster mutual trust between healthcare providers and residents, thereby reducing the cultural gap that often hinders engagement in preventive care (Suprapto and Ihsan Kamaruddin, 2025).

Integration with Primary Health Care and Policy Support

The integration of community-based health promotion into primary healthcare systems enhances both accessibility and sustainability. Health centers (puskesmas) serve as hubs where education, screening, and counseling converge, providing continuity between preventive and curative services. Programs that link community activities with these primary services, supported by local regulations or health policies, exhibit greater consistency and long-term impact. Public policy support, particularly in the form of funding allocations, incentives for cadres, and cross-sectoral cooperation, is essential (Syaharuddin *et al.*, 2024). Government initiatives under the Healthy Indonesia 2030 agenda underscore the importance of preventive approaches as part of the national health strategy. However, effective implementation requires that such policies be contextually grounded and evidence-based, ensuring they address real community needs rather than generic national targets.

The Role of Digital Innovation in Health Promotion

Digital transformation represents a significant advancement in the field of health promotion. The proliferation of mobile applications, social media campaigns, and telehealth platforms has expanded the reach of hypertension education to diverse populations, including younger generations. Studies show that digital-based interventions enhance engagement and provide continuous reinforcement for healthy behaviors. Nevertheless, digitalization also presents challenges such as unequal access, misinformation, and low digital literacy in rural areas. To mitigate these issues, digital health promotion must adhere to principles of accessibility, inclusivity, and data security. Combining traditional face-to-face education with digital strategies, a hybrid model provides a balanced and practical approach that ensures both personal interaction and the broad dissemination of health information (Tyarini *et al.*, 2025).

Sociocultural Adaptation and Contextual Relevance

The qualitative evidence indicates that the success of community-based health promotion depends heavily on the program's sensitivity to local sociocultural contexts. Cultural beliefs, dietary habits, and social norms shape how individuals perceive and respond to information about hypertension. For instance, in communities with strong collectivist values, peer group education and involvement from religious leaders are more effective than top-down messaging. Therefore, adaptive program design that tailors language, media, and activities to local customs is necessary to promote behavioral change. This approach aligns with the ecological model of health promotion, which emphasizes multilevel interactions between individuals, communities, and environments. Contextually adapted interventions not only improve acceptance but also facilitate long-term adherence to healthy practices (Wijayanti *et al.*, 2025).

Continuous Evaluation and Sustainability

Program sustainability depends on ongoing evaluation that monitors outcomes, identifies challenges, and refines strategies. Qualitative assessments such as interviews, focus groups, and participatory observation are particularly useful in capturing community perceptions and contextual nuances. Continuous feedback enables iterative improvement, ensuring that interventions remain relevant in the face of changing social dynamics and technological advancements. Evaluation should not be limited to knowledge gains, but should also include

behavioral indicators, such as the frequency of blood pressure checks, dietary modifications, and engagement in physical activity. Moreover, incorporating patient satisfaction as a metric provides insight into the responsiveness and acceptability of health promotion services in primary care settings(Ibrahim *et al.*, 2023). Effective hypertension prevention transcends the health sector alone. Collaboration among governmental agencies, schools, religious organizations, and private institutions amplifies the reach of programs and facilitates the mobilization of resources. For example, partnerships with local businesses can facilitate workplace wellness programs, while schools can integrate hypertension awareness into health curricula.

This intersectoral collaboration embodies the Health in All Policies (HiAP) framework, promoting policy coherence and collective accountability for public health outcomes. By pooling resources and expertise across sectors, community-based health promotion becomes a comprehensive social movement rather than an isolated health initiative. The qualitative synthesis underscores that health promotion should be recognized as a long-term social investment rather than a short-term intervention. Policymakers and practitioners must prioritize empowerment, inclusivity, and the integration of technology in program design. Investment in human resources, continuous training of cadres, and infrastructure development are vital to enhancing program quality and coverage. Furthermore, public policies should institutionalize community-based health promotion within national strategies to ensure sustainability. Incentivizing collaboration between community organizations and healthcare systems will strengthen health literacy and effectively reduce hypertension prevalence.

Community-based health promotion emerges as a powerful preventive mechanism against hypertension through empowerment, integration, and innovation. Its effectiveness is maximized when local communities actively participate, programs align with cultural realities, and policies provide structural support. The qualitative insights affirm that health promotion, when implemented holistically, fosters not only awareness but also sustainable behavioral change, laying the foundation for a healthier, more resilient society.

CONCLUSION

Community-based health promotion has been proven effective in enhancing public awareness, improving health literacy, and promoting behavioral changes related to hypertension prevention. Programs that emphasize community empowerment, cross-sector collaboration, and the use of digital technology can expand educational outreach and encourage active participation. Integrating these programs with primary healthcare services and adapting them to local sociocultural contexts ensures sustainable impacts on the adoption of healthy lifestyles and the reduction of hypertension risk at the community level.

It is recommended that the capacity of health cadres and health promotion officers be strengthened through continuous training to enable evidence-based and technology-oriented education. Local and national governments should enhance policy support for community-based health promotion, including adequate funding, digital infrastructure, and integration with primary healthcare systems. Regular evaluation and multi-sectoral collaboration should be maintained to ensure the effectiveness, sustainability, and relevance of health promotion programs in addressing future public health challenges.

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Conflict of Interest

There are no potential conflicts of interest relevant to this article.

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