

“SEHATKU” BOOK MODIFICATION FOR DISEASE PREVENTION IN THE SURABAYA DIASPORA COMMUNITY

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Abstract

The epidemiological shift from communicable to non-communicable diseases poses a significant challenge in today's health development efforts. Preventing chronic diseases has become a shared priority, one of which is through routine health screenings. The large number of adult and elderly members in the GBI Diaspora community highlights the need for health examinations as a concrete step in disease prevention. Psychological and financial barriers, along with often-overlooked documentation issues, can hinder individuals from undergoing health checks. A health record system was proposed as a solution through a mini project at GBI Diaspora Sejahtera Surabaya, delivered alongside health screening activities. The implementation involved collaboration and coordination in designing the “SEHATKU” pocketbook, which was distributed during the screenings. A total of 71 GBI Diaspora participants underwent health screenings and received the “SEHATKU” pocketbook as a tool for recording results and providing education. Post-activity questionnaires completed by 65 participants showed that more than 50% demonstrated increased knowledge and awareness of the importance of regular health check-ups. With the use of the “SEHATKU” pocketbook, proper documentation supports ongoing individual health monitoring within the community. Regular health screenings accompanied by the distribution of the “SEHATKU” pocketbook represent a promotive and preventive measure for non-communicable disease prevention at the primary care level.

Keywords: Disease Prevention, Health Examination, Health Screening

INTRODUCTION

Non-communicable diseases (NCDs) are the leading cause of death globally, regionally (Southeast Asia), and nationally. Of all NCD deaths, 73% occur in middle- and low-income countries (WHO, 2024). The leading cause of NCDs is heart and blood vessel disease, followed by cancer, chronic lung disease, and diabetes. The 2023 Indonesian Health Survey showed a still high prevalence of hypertension (30.8%) and diabetes (11.7%) based on blood pressure/blood sugar level measurements. The increase in cases is associated with unhealthy lifestyle changes such as fast food consumption, lack of exercise, inadequate rest, and smoking and exposure to cigarettes. Another factor is the lack of public awareness about regular health check-ups to prevent disease (Sukmana et al., 2020). Efforts to prevent and control NCDs need to be implemented as early as possible (Ministry of Health, 2023).

The transformation of primary care by the Indonesian Ministry of Health focuses on preventive promotive activities to create more healthy people, improve health screening, and increase primary care capacity. This aligns with global and national health data, particularly regarding NCDs. Regular health check-ups are a key strategy for disease prevention and early detection. Through regular health check-ups, individuals can assess their health status, detect health problems, and follow up on treatment to prevent health problems. The 2023 SKI results demonstrate the need to strengthen screening efforts and integrate services for disease control. Adults and the elderly are at high risk for chronic diseases such as hypertension, diabetes, and cardiovascular disease. One focus of primary care in family medicine is managing various health issues for individuals, families, and communities in a comprehensive, continuous, coordinated, and collaborative manner within the context of primary health care (Indonesian Medical Council, 2019).

Diaspora Sejahtera Community in Surabaya has a congregation with an average weekly attendance of 100 members. This church has been established for a long time and has a loyal congregation, with many adults and elderly members. Many members are unaware of the importance of regular check-ups as part of disease prevention screening. Preventive efforts through regular health check-ups are still largely unknown to this community. Yet, regular health check-ups are an effort to raise public awareness of the importance of healthy living (Ratnaningrum and Prihandani, 2020). Another issue is the lack of health records/test results to monitor health. Diseases caused by health disorders are risky, and awareness of health check-ups is crucial for prevention and early detection for appropriate treatment. Recording test results is crucial as it reminds individuals of their test results and can serve as a guide for subsequent health check-ups. This community service program aims to conduct health check-ups as a disease prevention effort in the community, equipped with the "SEHATKU" pocket book as a self-monitoring tool for health. Recorded test results for each participant can improve their quality of life, demonstrating the program's success (Soetoko and Fatmawati, 2022).

METHOD

Implementation Plan

The solution plan includes health check-ups and the distribution of "SEHATKU" pocket books for self-monitoring of participants' health. The solutions provided to address community issues include: a) Health check-ups and consultations. These check-ups include blood pressure, body mass index, blood sugar, uric acid, and cholesterol tests, doctor consultations based on the results of the health check-ups and treatment, along with education on regular check-ups at the participants' health facilities; b) Self-reliance in prevention and early detection through the distribution of "Sehatku" pocket books. The "SEHATKU" pocket books contain concise information on the importance of regular health check-ups, key points to consider regarding regular health check-ups, indicators of health check-up results, and a table of health check-up results over time. The "SEHATKU" pocket books are designed in layman's language, are easy to read, and are small in size, making them easy to carry. The health check-ups, along with recording the results in the pocket books, serve as self-monitoring tools for community participants.

Time and Location

This community service activity was conducted at the GBI Diaspora Sejahtera Surabaya community on Jl. Taman Prapen Indah, Surabaya. Preparation, implementation, and monitoring and evaluation of the activity were conducted over three months, from March to May 2025.

Population and Sample

The population for this community service activity was the adult and elderly members of the GBI Diaspora Sejahtera Surabaya congregation. This activity used a total sampling, consisting of all adult and elderly members present and willing to undergo health check-ups (approximately 100 members). Collaboration was carried out with stakeholders, including a health team consisting of four doctors and 13 medical students, and partners from the diaspora community. The collaboration included designing the "SEHATKU" pocketbook, acting as the medical team for the health check-up and distribution of the "SEHATKU" pocketbooks, and collecting data for monitoring and evaluation of the activity. Furthermore, collaboration was conducted with partners from the Diaspora Sejahtera Surabaya community. This collaboration included joint assessments, two-week socialization of the activity, and infrastructure support from partners in the form of providing and arranging tables and chairs, as well as the building where the activity will be held. Partner support in kind, namely the building where the activities are carried out and the socialization of the activities.

RESULTS AND DISCUSSION

This Community Service program was carried out in the following stages:

Preparation

Requests from the community were followed up with a joint discussion to identify needs and possible collaborations to address them. Partner collaboration included the provision of infrastructure and outreach assistance for two consecutive weeks prior to the activity. Activity posters were prepared and distributed to community partners for dissemination. Next, a health team consisting of doctors and medical students was formed. Online and offline coordination meetings were held to design the "SEHATKU" pocketbook and plan for effective activity implementation. Preparations for the health team included the availability of health examination equipment such as scales, height measuring devices, sphygmomanometers and stethoscopes, blood sugar, uric acid, and cholesterol test sticks, hand sanitizers, lancets, alcohol swabs, prescription paper, medications (cholesterol medication, uric acid medication, and diabetes medication), spare batteries, and stationery.

Implementation

The activity began with outreach through posters distributed to partners for two consecutive weeks. Socialization is carried out so that the community gets information about the activities that will be carried out.



Figure 1. Front cover of the pocket book “MY HEALTH” (left) and poster for socialization of health check activities (right)

The health checkup was held on Sunday, April 27, 2025, and was attended by 71 participants, consisting of adults and seniors. The health checkup was divided into five stages: 1) registration and booklet distribution, 2) weight and height checkup, 3) blood pressure and blood sugar, uric acid, and cholesterol checkup, 4) consultation and medication collection. The health checkup results are shown in Table 2 below.

Table 1. Characteristics of Health Check-up Results

Description (n = 71 partisipant)	Amount	Percentage
Sex		
Male	33	46,48 %
Female	38	53,52 %
Age		
Adult (18-59 Year)	50	70,42 %
Elder (\geq 60 Year)	21	29,58 %
BMI		
Low	4	5,63 %
Normal	26	36,62 %
Higher	41	57,75 %
Blodd Pressure		
Normal	24	33,8 %
Pre Hypertention	41	57,74 %
Hypertention	6	8,45 %
Blood sugar level (random)		
Normal	5	7,04%
Not sure Diabetes Mellitus	59	83,1 %
Diabetes Mellitus	7	9,86 %
Blood cholesterol levels		
Normal	38	53,52 %
High Avarage	26	36,62 %
High	7	9,86 %
Blood uric acid levels		
Normal	60	84,5 %
High	11	15,5 %

The examination results showed a BMI exceeding normal by 57.5%, pre-hypertension by 57.74%, and disturbed blood sugar levels by 83.1%. These results are a note for participants and early detection with regular check-ups to prevent further disease. Education on diet management, physical activity, and adequate rest both during consultations with doctors and through information in the "SEHATKU" pocket book helped participants monitor their health. For high test results, education, medication administration, and referrals to primary health facilities for further treatment were carried out. The community's enthusiasm for participating in this activity was evident in the participation of 71 adults and elderly people for health check-ups, as shown in Figure 3 below.



Figure 2. Documentation of community service activities in the form of health checks with modifications to the pocket book "SEHATKU"

Monitoring and Evaluation

Community participants were pleased to participate in this activity, especially after receiving the "SEHATKU" pocketbook, which records their health check results. This small, easy-to-carry and easy-to-understand pocketbook, using easy-to-understand language and illustrations, serves as a tool for monitoring community health. The brief educational material in the pocketbook helped increase knowledge about regular health checkups. A knowledge assessment was conducted at the end of the activity, after the "SEHATKU" pocketbooks were distributed and 65 participants completed the health checks. The results are shown in Tables 2 and 3 below. The evaluation of the regular health checkup activity with the modified "SEHATKU" pocketbook was deemed positive and beneficial by the community. These results are in line with educational activities to prevent metabolic diseases (Ritunga et al, 2024)

Table 2. Knowledge of Health Check-Up

Questions	Strongly disagree	Disagree	Netral	Agree	Strongly agree
I know regular checkups are important for early detection (disease prevention).	1 (1,5%)	0 (0%)	1 (1,5%)	6 (9,2%)	57 (87,7%)
I have regular checkups at least once a year.	7 (10,8%)	4 (6,2%)	2 (3,1%)	6 (9,2%)	46 (70,8%)
Regular check-ups are only necessary when you feel sick.	45 (69,2%)	9 (13,8%)	1 (1,5%)	2 (3,1%)	8 (12,3%)
Health checkups are only for people with complaints or symptoms.	47 (72,3%)	8 (12,3%)	2 (3,1%)	1 (1,5%)	7 (10,8%)
Health checkups are only for the elderly.	53 (81,5%)	8 (12,3%)	1 (1,5%)	2 (3,1%)	1 (1,5%)
Health checkups are uncomfortable and can be painful.	46 (70,8%)	3 (4,6%)	8 (12,3)	5 (7,7%)	3 (4,6%)

Table 3. Knowledge preparations required before periodic check-up

Preparations required before periodic check-up	Amount	Percentage
No preparation required	9	13,8%
Adequate rest	43	66,2%
Fasting for at least 10 hours (no more than 15 hours)	39	60%
No smoking/alcohol consumption/drug use	6	9,2%

Knowledge of the importance of regular health checks by the community is a positive result that is expected to lead to awareness in carrying out regular health checks independently in the future (Deliana et al, 2023; Wahyuningsih et al, 2025). Similarly, knowledge of preparation before undergoing regular health checkups is a crucial factor in community preparation for optimal results. This activity fosters awareness of disease prevention efforts through regular health checkups.

CONCLUSIONS

1. 71 adult and elderly participants participated in regular health check-ups in the GBI Diaspora Sejahtera Surabaya community.
2. The results of the health check-ups, as a preventative measure, were successful, as evidenced by some results being above normal and requiring follow-up, including education on healthy lifestyle modifications, medication administration, and regular monitoring.
3. Distribution of the "SEHATKU" pocket book to 71 adults and elderly in the community.
4. Utilization of the "SEHATKU" pocket book through recording participants' health check-up results.

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