



Empowerment of *Yasinan* Group in the Control of Non-Communicable Diseases Through Nursing Case Based on Complementary Therapy



^{CA}Rozhabbi Dwi Cahyono, Erni Setiyorini^{ID}, Raden Roro Dewi Rahmawaty Aktyani Putri^{ID}

STIKes Patria Husada Blitar, Indonesia

^{CA}Corresponding Author

Article Information

History Article:

Received, 07/08/2025

Accepted, 20/11/2025

Published, 28/11/2025

Keywords:

Non-Communicable Diseases, Acupressure, Health Education, Hypertension, Community Service

Abstract

Non-communicable diseases (NCDs) such as hypertension, diabetes, cholesterol, and uric acid are the leading causes of morbidity and mortality in Indonesia, especially among elderly populations in rural areas. Lack of knowledge, limited access to healthcare services, and poor early detection exacerbate this situation. This community service program aimed to implement the empowerment of the *Yasinan Group* (Qur'an Recitation Group) in controlling non-communicable diseases through nursing care based on complementary therapy. The program was carried out among a men's *Yasinan group* in RT 01 RW 02, Tlogo Village, Kanigoro District, Blitar, involving 35 participants. The method consisted of assessment, diagnosis, intervention, implementation, and evaluation. Interventions included health education, free health check-ups, and acupressure therapy training. The interventions include health education, free health check-ups, and the promotion of acupressure techniques based on the standard operating procedure (SOP) for acupressure. These interventions were delivered over three meetings and involved measuring blood pressure, blood sugar, uric acid, and cholesterol, alongside acupressure therapy. Results showed a reduction in uric acid levels among participants with elevated levels by 1–1.2 mg/dL, The prevalence of hypertension decreased from 17 participants to 10, and blood sugar levels normalized in all participants. There was also an increase in participants' knowledge and awareness of NCDs. Education-based interventions, routine health checks, and acupressure therapy were effective in reducing NCD risk and promoting healthy living behaviors. This model has potential for wider application as a community empowerment strategy in controlling NCDs.

© 2025 Journal of Community Service for Health

✉Correspondence Address:

STIKes Patria Husada Blitar– East Java, Indonesia

Email: rozhabbidwi@gmail.com

DOI: <https://doi.org/10.26699/jcsh.v6i2.1236>

E-ISSN: 2746-5195

This is an Open Access article under the CC BY-SA license (<https://creativecommons.org/licenses/by-sa/4.0/>)

INTRODUCTION

Non-communicable diseases (NCDs) remain a major challenge for public health in various regions of Indonesia. According to the World Health Organization (WHO), the prevalence of NCDs such as hypertension, diabetes, and cardiovascular diseases continues to rise, often associated with lifestyle and dietary changes. Currently, health problems—particularly NCDs—continue to increase and contribute significantly to the rising rates of morbidity and mortality in Indonesia. Consequently, NCDs are among the leading causes of death worldwide. Hypertension is often referred to as the “Silent Disease,” since many individuals are unaware, they have hypertension until their blood pressure is measured ([Fahdhienie et al., 2024](#)).

The activities carried out in this program included health education on NCDs, free medical check-ups (blood pressure, uric acid, cholesterol, and blood sugar levels), and complementary therapy in the form of acupressure. These activities were implemented through a participatory and community-based approach, focusing on improving knowledge, early detection, and empowering groups to independently manage their own health ([Fahdhienie et al., 2024](#)).

Health education aims to provide individuals, families, and communities with greater awareness of disease prevention, healthy lifestyles, and self-care practices. In addition, community nursing conducts various activities such as immunizations, routine health examinations, assistance for patients with chronic diseases, and community-based health interventions. This approach emphasizes not only treatment, but also community empowerment to enable people to maintain and improve their health independently and sustainably ([Komalasari et al., 2025](#)).

Non-communicable diseases remain the main contributors to morbidity and mortality in Indonesia. One of the most common conditions affecting the adult and elderly population is hypertension. In Tlogo Village, RT 01 RW 02, assessment results revealed that 48.5% of *Yasinan group* participants had hypertension, and most of them did not understand the risks or management strategies. Limited access to healthcare services, infrequent routine check-ups, and unhealthy lifestyles further worsened the condition. Another problem identified was the participants’ limited knowledge in

distinguishing symptoms and management strategies for hypertension, uric acid, cholesterol, and diabetes. Additionally, they were often reluctant or faced difficulties accessing healthcare facilities due to long distances, long queues, and limited transportation.

Through this community service activity, the implementing team offered a community nursing-based solution combined with complementary therapy in the form of health education and acupressure training. The empowerment aspect was emphasized to improve the participants’ ability to maintain and manage their own health. This empowerment is expected to enhance the quality of life of the *Yasinan group* by improving health awareness, promoting healthy lifestyles, and encouraging independent routine check-ups ([Eryanti & Sugiharto, 2021](#)).

Hypertension can be categorized into two types: primary (essential) hypertension and secondary hypertension ([Fadhilah et al., 2024](#)). The high prevalence of hypertension in the community is largely due to unhealthy lifestyle patterns. Consumption of sodium-rich food or beverages is one of the main causes of elevated blood pressure, such as excessive intake of salt, fatty foods, smoking, and lack of physical activity. Many factors contribute to the occurrence of hypertension, including uncontrollable (major) risk factors and controllable (minor) risk factors. Major risk factors include heredity, gender, race, and age. Minor risk factors include obesity, lack of physical activity, smoking, coffee consumption, low potassium levels, alcoholism, stress, occupation, education, and diet ([Putra Surya et al., 2022](#)).

Non-pharmacological therapies such as acupressure can stimulate mast cells to release histamine as a mediator for blood vessel vasodilation, thereby increasing circulation, leading to bodily relaxation, and ultimately lowering blood pressure. A relaxed state causes blood vessels to dilate, facilitating smooth circulation, reducing central venous pressure, and optimizing heart function ([Sukmadi et al., 2021](#)). Acupressure or massage stimulates superficial cutaneous nerves, which then transmit signals to the hypothalamus in the brain. The parasympathetic nervous system, which functions to regulate activities during relaxation, enables hypertensive patients to perceive touch as a relaxation stimulus, ultimately resulting

in reduced blood pressure ([Rasyidah et al., 2025](#)).

Based on the background presented, the problem statement for this activity is: How can nursing care-based empowerment of the *Yasinan Group* help in controlling non-communicable diseases through complementary therapy? The Objective was to implement the empowerment of the *Yasinan Group* in controlling non-communicable diseases through nursing care based on complementary therapy.

METHODS

This community service activity was carried out in RT 01 RW 02, Tlogo Village, Kanigoro District, Blitar Regency, involving 35 members all participants had received education and agreed to acupressure therapy, and had no contraindications

RESULTS AND DISCUSSION

Table 1. Comparison of Blood Pressure Before and After Intervention

Category	Before	After	Frequency
Hypertension	48,57%	28,57%	Before: 17, After: 10
Normal	51,43%	71,43%	Before: 18, After: 25
Asam urat	37,16%	22,86%	Before: 13, After: 8
Normal	28,57	71,43%	Before: 10, After: 25

1. Reduction in Blood Pressure (Hypertension)

Based on the blood pressure examinations of 35 male *Yasinan group* participants, it was found that during the initial (pre-test) assessment, 17 individuals (48.57%) experienced hypertension, with blood pressure exceeding 130/80 mmHg. After interventions in the form of health education on blood pressure management, limiting salt intake, increasing physical activity, and routine blood pressure monitoring conducted over three sessions, the follow-up (post-test) results showed a decrease in the number of participants with hypertension to 10 individuals (28.57%). This represents a 20% reduction in hypertension cases among the total participants. With this decrease, participants are expected to consistently maintain a healthy lifestyle to prevent recurrence of hypertension and associated ([Aminuddin et al., 2020](#)). This condition indicates an increasing trend of non-communicable disease (NCD) risk factors among this group of men (Firdaus et al., 2024). Therefore, regular health education, adoption of healthy eating patterns, increased physical activity, acupressure therapy to relieve existing complaints of pain, and routine health examinations are necessary to prevent more serious complications.

such as open wounds or fractures. of the *Yasinan group*. The methods included:

- 1) Initial assessment: Interviews and observations of participants' health conditions.
- 2) Health examination: Measurement of blood pressure, blood sugar, cholesterol, and uric acid.
- 3) Health education: Covering NCDs, risk factors, and healthy lifestyle practices.
- 4) Acupressure therapy: Training and independent practice.
- 5) Evaluation: Follow-up examinations and discussion of results. The Data were analyzed descriptively by comparing pre- and post-intervention values.

2. Reduction in Uric Acid Levels

Based on the implementation of three intervention sessions among 35 *Yasinan group* participants, data showed changes in uric acid levels before and after acupressure therapy. The pre-test results indicated that 10 participants (28.57%) had elevated uric acid levels above normal, while 25 participants (71.43%) were within the normal range. After routine acupressure interventions, post-test results showed a reduction in uric acid levels among those who initially had high levels, with an average decrease of 1–1.2 mg/dL. This finding suggests that light physical activity such as acupressure can support the body's metabolic processes in eliminating excess uric acid. In addition, the massage movements performed slowly and focused on specific areas also contributed to reducing uric acid crystal buildup and alleviating pain commonly experienced by individuals with hyperuricemia. Thus, acupressure therapy has the potential to be an easy-to-implement, safe, non-pharmacological intervention that can be used as a supportive therapy for managing uric acid levels in the community ([Irdiansyah et al., 2022](#)).

3. Control of Diabetes Mellitus Risk

The health examinations of the 35 male Yasinan group participants revealed that in the initial (pre-test) assessment, 1 person (2.86%) had a blood sugar level exceeding the normal limit (>180 mg/dL), indicating potential risk of diabetes mellitus. After health education interventions on healthy diet, the importance of physical activity, and routine blood sugar monitoring over three sessions, the follow-up (post-test) results showed that none of the participants had blood sugar levels above normal. This indicates a 2.86% reduction in diabetes mellitus risk among the participants. With this improvement, participants are expected to continue maintaining healthy lifestyles to keep the risk of diabetes mellitus under control in the future (Rochani & Pamboaji, 2022).

4. Improved Knowledge and Behavioral Change

Community knowledge about non-communicable diseases (NCDs) remains relatively low in many regions, especially in rural areas. Many individuals do not understand the risk factors, early symptoms, or preventive measures for NCDs such as hyperuricemia, diabetes, hypertension, and high cholesterol. Most community members seek treatment only when their condition becomes severe, due to limited information on the importance of early detection and healthy lifestyle practices. The lack of continuous health education and limited access to routine health services further aggravates the situation. In fact, improving community knowledge is essential to help them recognize early warning signs of NCDs, adopt behavior changes, and become more proactive in maintaining their health. Community-based education, such as through posyandu (integrated health posts), *Yasinan group*, or religious gatherings, can serve as effective platforms for raising awareness and understanding of NCDs (Nuraeni et al., 2024).

5. The Role of the Yasinan Group in Community Health Empowerment

After the interventions, based on health examinations of the Yasinan male participants in RT 01 RW 02, Tlogo Village, there was a significant decrease across various health indicators. The number of individuals with high uric acid levels dropped to only six, blood sugar levels returned to normal in most participants, and cholesterol levels showed meaningful improvements. Blood pressure

also demonstrated positive changes, with the majority of participants reaching normal values (120/80 mmHg) after many had previously been categorized as hypertensive. Additionally, participants reported feeling healthier, more energetic, and more enthusiastic in carrying out their daily activities. These results reflect that interventions such as health education, acupressure therapy, routine check-ups, and spiritual engagement within the *Yasinan group* not only increased awareness but also encouraged sustainable positive health behavior changes (Kurnianto et al., 2020).

6. Integrated Approach as a Model of Community Empowerment

This integrated approach is expected to serve as an effective model of community empowerment in preventing non-communicable diseases in rural settings. Participants reported feeling healthier, fitter, and more motivated in daily activities following the intervention. These results indicate that the interventions not only enhanced awareness but also successfully encouraged positive behavioral changes in health practices. Continuous health education, supported by acupressure therapy, routine health monitoring, and spiritual reinforcement through *Yasinan group*, proved effective in reducing the risk of NCDs in the community. This integrated approach is expected to become a replicable community empowerment model that can be widely implemented, particularly in rural areas, to improve public health status (Zakaria & Lestari, 2025).



Figure 1. Examination of blood pressure, uric acid, cholesterol, and blood sugar



Figure 2. Documentation of the activities

CONCLUSION

This program effectively reduced the prevalence of hypertension and high uric acid levels and improved community knowledge and awareness regarding NCDs. Combining health education with acupressure therapy is an effective, affordable, and easily implemented approach for community health improvement.

SUGGESTIONS

Health education should be routinely integrated into community activities such as Yasinan or elderly health posts. Simple health checks should be scheduled regularly with support from local healthcare workers. Spiritual approaches can be used as an entry point for community-based health interventions.

ACKNOWLEDGMENT

The authors would like to express their gratitude to STIKes Patria Husada Blitar, the *Yasinan* group of Tlogo Village, the supervisors, and all parties who contributed to the implementation of this activity.

FUNDING

This activity was self-funded as part of the completion of the Nursing Profession Program.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest in the preparation of this article.

REFERENCES

Fahdhienie F, Savitri H, Darwis A. Pendidikan tentang Pencegahan Penyakit Menular dan Penyakit Tidak Menular pada Masyarakat di Kabupaten Aceh Besar. *J Surya Masy*.

2024;7(1):53.

<https://doi.org/10.26714/jsm.7.1.2024.53-59>

Pratama YY, Salsabila CR, Rodiyah A, et al. Pemberdayaan dan peningkatan kualitas hidup masyarakat Ketos, Sriharjo, Imogiri, Bantul, Yogyakarta. *BEMAS J Bermasyarakat*. 2025;5(2):267-273. <https://doi.org/10.37373/bemas.v5i2.1426>

Komalasari T, Wati E, Rahmadanti T, Wijaya AA. Pengabdian dengan Metode Asuhan Keperawatan Komunitas di Desa Cikoneng UPT Puskesmas Sukahaji. *J Pengabd Masy Bhinneka*. 2025;3(3):71-77. <https://doi.org/10.58266/jpmb.v3i3.111>

Eryanti N, Sugiharto S. Terapi SEFT (Spiritual Emotional Freedom Technique) Sebagai Upaya Penurunan Hipertensi Pada Lansia: Literature Review. *Pros Semin Nas Kesehat*. 2021;1(2):1801-1808. <https://doi.org/10.48144/prosiding.v1i.934>

Fadhilah M, Rasyid A, Hutauruk M, Katuuk HM. HUBUNGAN GAYA HIDUP (LIFE STYLE) DENGAN TEKANAN DARAH PADA PASIEN HIPERTENSI DI WILAYAH KERJA PUSKESMAS TUMINTING KOTA MANADO The Relationship Between Life Style with Blood Pressure at Hypertension Patient in the Working Area of Tuminting Public Health Ce. Published online 2024:65-72. doi:Halim, R., & Sutriyawan, A. (2022). Studi Retrospektif Gaya Hidup Dan Kejadian Hipertensi Pada Usia Produktif. *Journal of Nursing and Public Health*, 10(1), 121– 128. <https://doi.org/10.37676/jnph.v10i1.2376>

Putra Surya D, Anindita A, Fahrudina C, Amalia R. Faktor Risiko Kejadian Hipertensi Pada Remaja. *J Kesehat Tambusai*. 2022;3(2):107-119. <https://doi.org/10.31004/jkt.v3i2.4400>

Sukmadi A, Alifariki LO, Arfini Kasman A IM, Siagian HJ. TERAPI AKUPRESUR MENURUNKAN TEKANAN DARAH PASIEN HIPERTENSI. *J Kesehat*. 2021;9(2):109-114. <https://doi.org/10.25047/jkes.v9i2.224>

Rasyidah A, Setyowati A, Rahmayanti D. Intervensi pemberian akupresur pada Ny . N dengan hipertensi di Desa Sungai Kitano Kecamatan Martapura Timur. *J Pengabd Kpd Masy Nusan*. 2025;6(2):3402-3408. doi:Rasyidah, A. ., Setyowati, A. ., & Rahmayanti, D. (2025). Intervensi Pemberian Jus Pepaya dan

- Akupresur pada Ny. N dengan Hipertensi Di Desa Sungai Kitano Kecamatan Martapura Timur. *Jurnal Pengabdian Kepada Masyarakat Nusantara*, 6(1), 1012-1018. <https://doi.org/10.55338/jpkmn.v6i1.5325>
- Firdaus OH, Fatmawati A, Syabariyah S, Yualita P, Yuliani A. Tekanan Darah Terkontrol dengan Rutin Pemeriksaan pada Program International Partnership Real Work College di Kampung Pandan Malaysia. *PengabdianMu J Ilm Pengabdi Kpd Masy*. 2024;9(1):36-40. <https://doi.org/10.33084/pengabdianmu.v9i1.5804>
- Irdiansyah I, Saranani M, Putri LAR. Pengaruh Senam Ergonomik terhadap Penurunan Kadar Asam UratIrdiansyah, I., Saranani, M., & Putri, L. A. R. (2022). Pengaruh Senam Ergonomik terhadap Penurunan Kadar Asam Urat pada Penderita Gouth Arthritis di Wilayah Kerja Puskesmas Bone Rombo Kabupaten B. *J Ilm Karya Kesehat*. 2022;02(2):1-7.
- Rochani S, Pamboaji G. Efektivitas Pendidikan Kesehatan dengan Flipchart Terhadap Pengetahuan dan Kepatuhan Pasien Dalam Melaksanakan Program Diet pada Pasien Diabetes Melitus. *J Wacana Kesehat*. 2022;7(2):89. <https://doi.org/10.52822/jwk.v7i2.411>
- Aminuddin A, Sudarman Y, Syakib M. Penurunan Tekanan Darah Penderita Hipertensi Setelah Diberikan Terapi Akupresur. *J Kesehat Manarang*. 2020;6(1):57. <https://doi.org/10.33490/jkm.v6i1.119>
- Nuraeni A, Darni Z, Keperawatan PS, Fatmawati S, Diploma P, Keperawatan T. Peningkatan Pengetahuan Lansia Melalui Edukasi Pencegahan Penyakit Tidak Menular Dengan Gerakan Cerdik Dan Patuh. *BERNAS J Pengabdi Kpd Masy*. 2024;5(1):306-313. <https://doi.org/10.31949/jb.v5i1.7454>
- Kurnianto A, Kurniadi Sunjaya D, Ruluwedrata Rinawan F, Hilmanto D. Prevalence of Hypertension and Its Associated Factors among Indonesian Adolescents. *Int J Hypertens*. 2020;2020(3):1-7. <https://doi.org/10.1155/2020/4262034>
- Zakaria A, Lestari I. MODEL PEMBERDAYAAN MASYARAKAT TERPADU : PENDEKATAN KELUARGA DALAM PENGUATAN EKONOMI , PENDIDIKAN , DAN pembaruan , dimana dalam proses pembaruan akan sarat dengan upaya pemecahan dapat dijadikan pegangan oleh para pelaku atau aktor pembaruan atau pembangu. *J Pengabdi Kpd Masy*. 2025;6(01):11-32.