


Identification of the 10 Most Common Diseases in Primary Care Facilities for the Period January 2024 - December 2024 at the Faculty of Medicine Educational Facilities

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Article Info	ABSTRACT
<p>Keywords: Infectious diseases, Non-communicable diseases, Prevalence, Community Health Centers</p>	<p>Health services are basically aimed at carrying out prevention and treatment efforts for a disease, including medical services based on the basis of individual relationships between doctors and patients who need healing for their illnesses. This study was conducted with the aim of knowing the 10 most common diseases in primary care facilities for the period January 2024 - December 2024 at the UMI medical faculty educational facility. Furthermore, this study uses a qualitative research type with a descriptive research design, using secondary data obtained from medical records, the sampling technique used in this study is the total sampling technique. And the data analysis technique uses univariate analysis techniques carried out by induction, namely by drawing general conclusions based on research that has been done at the beginning. The results of the study stated that the 10 most common diseases were obtained in all health centers that are educational facilities for the UMI medical faculty. With cases of non-communicable diseases. Non-communicable diseases include hypertension (25.91%), non-insulin DM (11.21%), diabetes mellitus (9.3%), gastritis (4.46%), myalgia (3.28%), and dermatitis (3.13%). Meanwhile, the infectious diseases listed are common cold (14.05%), acute rhinitis (13.82%), ARI (9.06%), and cough (5.76%).</p>
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INTRODUCTION

According to the WHO, health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. However, health problems remain prevalent in Indonesia. Indonesia is currently facing a triple burden of various disease problems: the presence of new and re-emerging infectious diseases such as COVID-19; communicable diseases that have not been adequately addressed; and non-communicable diseases (NCDs) that tend to increase annually.

The Primary Health Care Integration Program seeks to integrate public health services through health facilities at the sub-district (Puskesmas) and village (Pustu/Poskesdes/Polindes) levels, with community empowerment through the participation of Posyandu (Integrated Health Post) cadres. The implementation of the Primary Health Care Integration Program is fundamentally relevant to the concept of co-production in public administration. This concept can become a new paradigm where public service providers come not only from the government and private sectors but also involve community participation.

According to the Statistics Indonesia (BPS), the percentage of the population with health complaints in Indonesia remained relatively high in 2021, averaging 27.23%. Furthermore, over the past two decades, non-communicable diseases (NCDs) have become the leading cause of death in Indonesia. 23.9% - 25% of healthcare spending is allocated to catastrophic illnesses. Catastrophic spending will continue to rise as the number of NCDs increases. The four most common catastrophic illnesses are: heart disease, kidney failure, cancer, and stroke.

Health services are basically aimed at carrying out efforts to prevent and treat a disease, including medical services based on the basis of an individual relationship between a doctor and a patient who needs healing for the disease they are suffering from. A doctor is a party who has expertise in the medical field or medicine who is considered to have the ability and expertise to perform medical procedures. In the competency standards there are 4 levels of ability, namely: Ability Level 1: the doctor must be able to understand and explain. Ability Level 2: must be able to diagnose and refer (without therapy). Ability Level 3: must be able to diagnose, carry out initial management and then refer. This ability level is divided into 3A and 3B. Ability Level 4: diagnose, carry out management independently and completely.

The diagnostic classification of BPJS Kesehatan patients at community health centers also varies. There were 104 clinical diagnoses for patients with a general practitioner competency level of 3A, 125 for patients with a general practitioner competency level of 3B, and 87 for patients with a general practitioner competency level of 4A, with a total of 443 referrals. Sustainable healthcare requires disease data from primary and referral healthcare facilities. Therefore, the study focused on disease data from primary care facilities during the January-December 2023 period within the UMI Faculty of Medicine educational facility.

METHODS

This study used a quantitative method with a descriptive design to analyze medical record data at the Puskesmas (Community Health Center) of the Faculty of Medicine, Muslim University of Indonesia. The study was conducted from January to December 2024, using a total sampling technique. All medical record data that met the inclusion criteria and did not meet the exclusion criteria were used as samples.

Inclusion criteria included medical records from primary care facilities at the UMI Faculty of Medicine and medical records for infectious and non-infectious diseases. Exclusion criteria

included medical records that were difficult to read and medical records that did not contain a diagnosis.

Data analysis was conducted univariately using induction, drawing general conclusions based on the research conducted. This analysis aimed to describe the characteristics of the 10 most common diseases in primary care facilities from January to December 2024 at the UMI Faculty of Medicine.

RESULTS AND DISCUSSION

UMI Medical Faculty Network Health Center

Tamangapa Health Center

Table 1. List of the 10 most common diseases at Tamangapa Health Center

No	Disease	Total Cases	Percentage (%)
1	Acute upper respiratory infection	2223	25.20
2	Hypertension	1464	16.60
3	Non-Insulin DM	1293	14.66
4	Antenatal Screening	1277	14.48
5	Contraceptive Management	982	11.13
6	Pulp Necrosis	517	5.86
7	Dyspepsia	349	3.96
8	Cough	262	2.97
9	Dermatitis	233	2.64
10	Fever	220	2.49
Total		8820	100.0

Based on Table 1, the list of the 10 most common diseases shows that the most common diseases at Tamangapa Community Health Center are non-communicable diseases. These include hypertension, non-insulin diabetes mellitus, dyspepsia, dermatitis, and pulp necrosis. Meanwhile, the most common infectious diseases are acute upper respiratory infections, coughs, and fever.

Table 2. UMI's Competency Needs for Tamangapa Health Center

No	Disease	Total Cases	Percentage (%)
1	Acute upper respiratory infection	2223	26.92
2	Hypertension	1464	17.73
3	Non-Insulin DM	1293	15.66
4	Antenatal Screening	1277	15.47
5	Contraceptive Management	982	11.89
6	Cough	262	3.17
7	Dermatitis	233	2.82
8	Fever	220	2.66
9	Common Cold	193	2.34
10	Surgical Follow-up Care	83	1.01

No	Disease	Total Cases	Percentage (%)
11	Gastroenteritis	27	0.33
	Total	8257	100.00

Disease case data at the Tamangapa Community Health Center (Puskesmas) shows disease patterns that are highly relevant to the basic clinical competencies of young doctors at the UMI Faculty of Medicine. The most common cases found are acute upper respiratory tract infections, hypertension, non-insulin-dependent diabetes mellitus, antenatal screening, and contraceptive services. These five case types reflect the spectrum of diseases commonly encountered in primary care and encompass mandatory competencies in diagnosis, education, and initial management. Other cases, such as cough, dermatitis, fever, common cold, post-surgical follow-up, and gastroenteritis, also support the achievement of basic clinical skills, including patient communication, physical examination, and simple medical procedures. Overall, the types of cases found are highly representative and support the fulfillment of the clinical curriculum, making the Tamangapa Community Health Center an ideal educational platform for young doctors to strengthen their primary care competencies.

Minasa Upa Community Health Center

Table 3. List of the 10 Most Common Diseases at Minasa Upa Community Health Center

No	Disease	Total Cases	Percentage (%)
1	Acute upper respiratory infection	2040	24.59
2	Non-Insulin DM	1542	18.59
3	Hypertension	1314	15.84
4	Normal Pregnancy	1091	13.15
5	Cough	598	7.21
6	Pulpitis	582	7.01
7	Need for Immunization	462	5.57
8	Chronic Apical Periodontitis	245	2.95
9	Coronary Artery Aneurysm	212	2.56
10	Pulp Necrosis	211	2.54
	Total	8290	100.00

Based on Table 3, a list of the 10 most common diseases, the most common diseases at the Minasa Upa Community Health Center are non-communicable diseases. These include non-insulin diabetes mellitus (DM), hypertension, pulpitis, chronic apical periodontitis, coronary artery aneurysm, and pulp necrosis. Meanwhile, the most common infectious diseases are acute upper respiratory infections and coughs.

Table 4. UMI Competency Needs for Minasa Upa Health Center

No	Disease	Total Cases	Percentage (%)
1	Acute upper respiratory infection	2040	28.25
2	Non-Insulin DM	1542	21.36
3	Hypertension	1314	18.20

No	Disease	Total Cases	Percentage (%)
4	Normal Pregnancy	1091	15.11
5	Cough	598	8.28
6	Need for Immunization	462	6.40
7	Common Cold	99	1.37
8	Low Back Pain	29	0.40
9	Surgical Follow-up Care	23	0.32
10	Fever	22	0.30
	Total	7220	100.00

Case data at the Minasa Upa Community Health Center shows that the most frequently encountered illnesses closely align with the basic clinical competencies required by junior doctors at the UMI Faculty of Medicine. The most common cases include upper respiratory tract infections, non-insulin-dependent diabetes mellitus, hypertension, normal pregnancy, and cough. All of these are common illnesses found in primary care and provide ample opportunities for junior doctors to apply basic clinical skills, such as history taking, physical examination, patient education, and initial management according to primary care standards.

CPertiwi Community Health Center

Table 5. List of the 10 Most Common Diseases at Pertiwi Community Health Center

No	Disease	Total Cases	Percentage (%)
1	Common Cold	1673	46.98
2	Gastritis	448	12.58
3	Diarrhea	295	8.28
4	Allergic Contact Dermatitis	288	8.09
5	Abscess	264	7.41
6	Cough	202	5.67
7	Acute Pharyngitis	118	3.31
8	Febris	102	2.86
9	Vulnus	88	2.47
10	Tension Headache	83	2.33
	Total	3561	100.00

Based on Table 5, a list of the 10 most common diseases, the most common diseases at Pertiwi Community Health Center are evenly distributed. The infectious diseases listed are the common cold, diarrhea, cough, acute pharyngitis, and fever. Non-infectious diseases include gastritis, allergic contact dermatitis, abscesses, vulnus, and tension headaches.

Table 6. UMI's Competency Needs for Pertiwi Health Center

No	Disease	Total Cases	Percentage (%)
1	Common Cold	1673	47.60
2	Gastritis	448	12.75
3	Diarrhea	295	8.39

No	Disease	Total Cases	Percentage (%)
4	Cough	202	5.75
5	Acute Pharyngitis	118	3.36
6	Febris	102	2.90
7	Vulnus	88	2.50
8	Tension Headache	83	2.36
9	Gastroenteritis	80	2.28
10	Prop Serum	64	1.82
11	Allergic Conjunctivitis	55	1.56
12	Acute Rhinitis	47	1.34
13	Acute Urticaria	42	1.19
14	Otitis Externa	39	1.11
15	Abdominal Pain	38	1.08
16	Low Back Pain	36	1.02
17	Otitis Media	35	1.00
18	Normal Pregnancy	15	0.43
19	Hypertension	13	0.37
20	Pulmonary TB	12	0.34
21	Chronic Tonsillitis	12	0.34
22	Vertigo	10	0.28
23	Urinary tract infection	8	0.23
Total		3515	100.00

Data on disease cases at the Pertiwi Community Health Center (Puskesmas Pertiwi) during 2024 showed a predominance of diseases that closely align with the basic clinical competencies of young doctors at the UMI Faculty of Medicine. The most common cases were the common cold, followed by gastritis, diarrhea, cough, and acute pharyngitis. These diseases fall under the category of upper respiratory tract infections, gastrointestinal infections, and general complaints frequently encountered in primary care, and are included in the IVA competency. Although the number of cases, such as normal pregnancy, hypertension, and pulmonary tuberculosis, is relatively small, their presence still provides important exposure to reproductive competencies, chronic diseases, and pulmonary infections. With a diverse range of cases and compliance with national medical curriculum standards, the Pertiwi Community Health Center is a representative clinical facility and supports the development of young doctors' competencies as primary healthcare providers.

Mamajang Community Health Center

Table 7. List of the 10 Most Common Diseases at Mamajang Community Health Center

No	Disease	Total Cases	Percentage (%)
1	Hypertension	3509	28.94
2	Diabetes	2426	20.01
3	Influenza	1910	15.76

No	Disease	Total Cases	Percentage (%)
4	Heart	1159	9.56
5	Myalgia	874	7.21
6	Gastritis	797	6.57
7	Irritant Contact Dermatitis	400	3.30
8	Arthritis	368	3.04
9	Pharyngitis	354	2.92
10	Gea	326	2.69
Total		12123	100.00

Based on Table 4.7, a list of the 10 most common diseases, it can be seen that the most common diseases at the Mamajang Community Health Center are non-communicable diseases. These include hypertension, diabetes, heart disease, myalgia, gastritis, irritant contact dermatitis, and arthritis. Meanwhile, the most common infectious diseases are influenza, pharyngitis, and acute gastroenteritis (GAE).

Table 8. UMI Competency Needs for Mamajang Health Center

No	Disease	Total Cases	Percentage (%)
1	Allergies	3509	32.63
2	Irritant Contact Dermatitis	2426	22.56
3	Diabetes	1910	17.76
4	Pharyngitis	874	8.13
5	Gastritis	797	7.41
6	Gea	400	3.72
7	Hypertension	354	3.29
8	Hyperuricemia	326	3.03
9	Influenza	51	0.47
10	Muscle Pain	34	0.32
11	Pulmonary TB	26	0.24
12	Vertigo	24	0.22
13	Vulnus	24	0.22
Total		10755	100.00

Data on disease cases at the Mamajang Community Health Center shows that the majority of cases encountered significantly support the strengthening of basic clinical competencies for young doctors at the UMI Faculty of Medicine, particularly in the areas of dermatology and metabolic diseases. The most common cases are allergies and irritant contact dermatitis, which together account for more than half of the cases. Both are common diseases in primary care and fall under the IVA competency, making them highly relevant for training in skin examinations, differential diagnosis of dermatological disorders, and patient education on triggers and prevention. Cases of diabetes, pharyngitis, gastritis, and acute gastroenteritis (AE) strengthen learning in internal medicine and minor infections, while

hypertension and hyperuricemia provide experience in aspects of chronic metabolic disease and musculoskeletal symptom management.

Jongaya Community Health Center

Table 9. List of the 10 Most Common Diseases at Jongaya Community Health Center

No	Disease	Total Cases	Percentage (%)
1	Acute Rhinitis	1192	31.48
2	Gastritis	535	14.13
3	respiratory tract infection	504	13.31
4	Common Cold	467	12.33
5	Myalgia	301	7.95
6	Allergic Contact Dermatitis	231	6.10
7	Gastroenteritis	173	4.57
8	Tension Headache	144	3.80
9	Low Back Pain	121	3.20
10	Hypertension	119	3.14
Total		3787	100.00

Based on Table 9, a list of the 10 most common diseases, the most common illnesses at Jongaya Community Health Center are non-communicable diseases. These include gastritis, myalgia, allergic contact dermatitis, tension headaches, low back pain, and hypertension. Meanwhile, communicable diseases include acute rhinitis, acute respiratory infections (ARI), the common cold, and gastroenteritis.

Table 10. UMI's Competency Needs for Jongaya Health Center

No	Disease	Total Cases	Percentage (%)
1	Acute Rhinitis	1192	30.56
2	Gastritis	535	13.71
3	respiratory tract infection	504	12.92
4	Common Cold	467	11.97
5	Gastroenteritis	173	4.43
6	Tension Headache	144	3.69
7	Low Back Pain	121	3.10
8	Hypertension	119	3.05
9	Cerumen Prob	92	2.36
10	Mumps	91	2.33
11	Vulnus	57	1.46
12	Diarrhea	50	1.28
13	Diabetes mellitus	45	1.15
14	Acute Tonsillitis	43	1.10
15	Dyspepsia	41	1.05
16	Vertigo	38	0.97
17	Other External	36	0.92

No	Disease	Total Cases	Percentage (%)
18	Acute Pharyngitis	25	0.64
19	Furuncles and Carbuncles	24	0.62
20	Cough	19	0.49
21	Urinary tract infection	16	0.41
22	Mild Myopia	12	0.31
Total		3901	100.00

Case data at Jongaya Community Health Center shows that the most frequently encountered illnesses closely align with the basic clinical competencies required by young doctors at the UMI Faculty of Medicine. The most common cases include acute rhinitis, gastritis, acute respiratory infections (ARI), the common cold, and gastroenteritis. All of these are common illnesses encountered in primary care and provide ample opportunities for young doctors to apply basic clinical skills such as history taking, physical examination, patient education, and initial management according to primary care standards. Furthermore, a variety of other cases were found, such as tension headache, low back pain, hypertension, cerumen prob, mumps, and vulnus, demonstrating the diversity of cases to support cross-module learning. These cases support competency development in the areas of musculoskeletal, infectious diseases, and nervous system and skin disorders, thus enhancing the broad clinical experience for young doctors. Overall, the case pattern at Jongaya Community Health Center is highly relevant to the national curriculum and clinical competencies, making it an appropriate and representative educational platform for young doctors at the UMI Faculty of Medicine in developing their readiness as primary care physicians.

Cendrawasih Health Center

Table 11. List of the 10 Most Common Diseases at Cendrawasih Community Health Center

No	Disease	Total Cases	Percentage (%)
1	Common Cold	2341	33.63
2	Essential hypertension	1549	22.25
3	Type 2 diabetes mellitus	910	13.07
4	Dyspepsia	552	7.93
5	Cough	461	6.62
6	Fever	406	5.83
7	Dermatitis	246	3.53
8	Respiratory tract tuberculosis	177	2.54
9	Low Back Pain	170	2.44
10	Skin abscess	149	2.14
Total		6961	100.00

Based on Table 11, a list of the 10 most common diseases, the most common diseases at Cendrawasih Community Health Center are the same. Non-communicable diseases include essential hypertension, type 2 diabetes mellitus, dyspepsia (digestive disorders), dermatitis,

and low back pain. Infectious diseases include the common cold, cough, fever, respiratory tuberculosis, and skin abscesses.

Table 12. UMI Competency Needs for Cendrawasih Health Center

No	Disease	Total Cases	Percentage (%)
1	Common Cold	2341	31.85
2	Essential hypertension	1549	21.07
3	Type 2 diabetes mellitus	910	12.38
4	Dyspepsia	552	7.51
5	Cough	461	6.27
6	Fever	406	5.52
7	Dermatitis	246	3.35
8	Respiratory tract tuberculosis	177	2.41
9	Low Back Pain	170	2.31
10	Injury to body parts	136	1.85
11	Gastroenteritis	130	1.77
12	Epidemic parotitis	73	0.99
13	Follow-up medical care after surgery	50	0.68
14	Cosmetic procedures (e.g. plastic surgery)	47	0.64
15	Headache	41	0.56
16	Joint pain	32	0.44
17	Gastritis	30	0.41
Total		7531	100.00

The diverse range of cases, including fever, dermatitis, respiratory tuberculosis, low back pain, and body part injuries, supports cross-module learning. This diversity encompasses the management of infectious diseases, musculoskeletal disorders, and post-medical and cosmetic procedures, enriching the clinical experience of young doctors in various aspects of primary care. Overall, the case profiles at Cendrawasih Community Health Center are highly relevant to the national curriculum and clinical competencies. This makes the center an appropriate and representative educational platform for young doctors at the Faculty of Medicine, University of Muhammadiyah Malang (UMI), in developing their readiness as primary care physicians, with comprehensive and diverse learning opportunities tailored to the needs of public health services.

Sudiang Raya Community Health Center

Table 13. List of the 10 Most Common Diseases at the Sudiang Raya Community Health Center

No	Disease	Total Cases	Percentage (%)
1	Hypertension	2201	24.32
2	Diabetes Mellitus	1726	19.07
3	Arthritis	1130	12.49
4	Common Cold	815	9.01
5	respiratory tract infection	753	8.32

No	Disease	Total Cases	Percentage (%)
6	Vulnus	690	7.62
7	Cough	581	6.42
8	Dermatitis	549	6.07
9	Cough	333	3.68
10	Gastritis	272	3.01
Total		9050	100.00

Based on Table 13, a list of the 10 most common diseases, the most common diseases at the Sudiang Raya Community Health Center are fairly balanced. Non-communicable diseases include hypertension, diabetes mellitus, arthritis, dermatitis, and gastritis. Infectious diseases include the common cold, acute respiratory infections (ARI), vulnus, cough, and a cough.

Table 14. UMI Competency Needs for Sudiang Raya Health Center

No	Disease	Total Cases	Percentage (%)
1	HT	2201	24.22
2	Type 2 DM	1726	18.99
3	Common Cold	815	8.97
4	respiratory tract infection	753	8.29
5	Vulnus	690	7.59
6	Cough	581	6.39
7	Dermatitis	549	6.04
8	Cough	333	3.66
9	Gastritis	272	2.99
10	Fever	265	2.92
11	Injury	264	2.91
12	Dyspepsia	214	2.36
13	Fever	182	2.00
14	Diarrhea	123	1.35
15	Parotid	91	1.00
16	Impacted Cerumer	28	0.31
Total		9087	100.00

Case data at the Sudiang Raya Community Health Center (Puskesmas Sudiang Raya) shows that the most frequently encountered illnesses closely align with the basic clinical competencies required by young doctors at the UMI Faculty of Medicine. The most common cases include hypertension (HT), type 2 diabetes mellitus (DM Type 2), the common cold, acute respiratory infections (ARI), and vulnus. These five illnesses are common conditions frequently encountered in primary care and provide a significant opportunity for young doctors to practice their history-taking, physical examination, patient education, and initial management skills according to primary care standards. Furthermore, there are other case variations such as cough, dermatitis, gastritis, fever, injury, and dyspepsia, which expand the scope of cross-module learning. This variation supports competency development in the

management of infectious diseases, musculoskeletal disorders, dermatological conditions, and injury cases, enriching the clinical experience of young doctors. Overall, the case profile at the Sudiang Raya Community Health Center is highly relevant to the national curriculum and clinical competencies. With a comprehensive range of cases, this community health center is an appropriate and representative educational platform for young doctors from the Faculty of Medicine, UMI, in developing their readiness as primary care physicians, preparing them to face clinical challenges at the primary care level effectively and comprehensively.

Tabaringan Health Center

Table 15. List of the 10 Most Common Diseases at Tabaringan Community Health Center

No	Disease	Total Cases	Percentage (%)
1	Common Cold	1780	33.96
2	Essential Hypertension	571	10.89
3	Hypertension	563	10.74
4	Normal Pregnancy	440	8.39
5	Dyspepsia	435	8.30
6	Diabetes Mellitus	383	7.31
7	Pulp Necrosis	371	7.08
8	Other Arthritis	337	6.43
9	Cough	219	4.18
10	Myalgia	143	2.73
Total		5242	100.00

Based on Table 15, a list of the 10 most common diseases, it can be seen that the most common diseases at Tabaringan Community Health Center are predominantly non-communicable diseases. These include essential hypertension, hypertension, dyspepsia, diabetes mellitus, pulp necrosis, other arthritis, and myalgia. Meanwhile, the most common infectious diseases listed are the common cold and cough.

Table 16. UMI Competency Needs for Tabaringan Health Center

No	Disease	Total Cases	Percentage (%)
1	Common Cold	1780	32.92
2	Essential Hypertension	571	10:56
3	Hypertension	563	10:41
4	Normal Pregnancy	440	8.14
5	Dyspepsia	435	8.05
6	Diabetes Mellitus	383	7.08
7	Pulp Necrosis	371	6.86
8	Cough	219	4.05
9	Other Surgical Follow-up	110	2.03
10	Non-insulin Diabetes Mellitus	89	1.65
11	Diarrhea Presumed Infection	86	1.59
12	Contraceptive Management	69	1.28
13	Insulin Diabetes Mellitus	67	1.24

No	Disease	Total Cases	Percentage (%)
14	Cutaneous Abscess/Furuncle	59	1.09
15	Headache	51	0.94
16	Administrative Exam Encounter	30	0.55
17	Gastroenteritis	25	0.46
18	Low Back Pain	20	0.37
19	Military	20	0.37
20	Fever	19	0.35
Total		5407	100.00

Case data at the Tabaringan Community Health Center (Puskesmas Tabaringan) indicates that the most frequently encountered illnesses closely align with the basic clinical competencies required by young doctors at the Faculty of Medicine, UMI. The most common cases include the common cold, hypertension (both essential and hypertensive), normal pregnancy, dyspepsia, and diabetes mellitus. These five conditions are common diseases and clinical conditions in primary care, providing ample opportunities for young doctors to hone their skills in history taking, physical examination, patient education, and initial management according to primary care standards. Furthermore, various other cases, such as pulp necrosis, cough, post-surgical follow-up, contraceptive management, and cutaneous abscesses and furuncles, add to the variety of cases. This supports cross-module learning, including infectious disease management, obstetrics, dental and oral health, and post-treatment care. Overall, the case profile at the Tabaringan Community Health Center is highly relevant to the national curriculum and clinical competencies, making it an appropriate and representative educational platform for young doctors at the Faculty of Medicine, UMI. The center provides a comprehensive and realistic range of cases to build young doctors' readiness for comprehensive primary care practice.

Tamalate Community Health Center

Table 17 List of the 10 Most Common Diseases at Tamalate Community Health Center

No	Disease	Total Cases	Percentage (%)
1	Acute Rhinitis	4898	33.29
2	Hypertension	3716	25.26
3	Diabetes Mellitus	2146	14.59
4	Dermatitis	1211	8.23
5	Heart	707	4.81
6	Allergic Rhinitis	537	3.65
7	Gastroenteritis	427	2.90
8	Acute Pharyngitis	419	2.85
9	Myalgia	350	2.38
10	Otitis Media	301	2.05
Total		14712	100.00

Based on Table 17, a list of the 10 most common diseases, it can be seen that the most common diseases at Tamalate Community Health Center are evenly distributed between infectious and non-infectious diseases. Infectious diseases include acute rhinitis, allergic rhinitis, gastroenteritis, acute pharyngitis, and otitis media. Non-infectious diseases include hypertension, diabetes mellitus, dermatitis, heart disease, and myalgia.

Table 18. UMI Competency Needs for Tamalate Health Center

No	Disease	Total Cases	Percentage (%)
1	Acute Rhinitis	4898	33.00
2	Hypertension	3716	25.04
3	Diabetes Mellitus	2146	14.46
4	Dermatitis	1211	8.16
5	Allergic Rhinitis	537	3.62
6	Gastroenteritis	427	2.88
7	Acute Pharyngitis	419	2.82
8	Otitis Media	301	2.03
9	Acute Laryngitis	296	1.99
10	Tonsillitis	248	1.67
11	Lymphadenitis	195	1.31
12	Diarrhea	149	1.00
13	Furuncle	139	0.94
14	Serumem Prop	107	0.72
15	Tension Headache	52	0.35
Total		14841	100.00

Case data at the Tamalate Community Health Center shows that the most frequently encountered diseases closely align with the basic clinical competencies required by young doctors at the UMI Faculty of Medicine. The most common cases include acute rhinitis, hypertension, diabetes mellitus, dermatitis, and allergic rhinitis. These five conditions are common in primary care and provide ample opportunities for young doctors to apply their history-taking, physical examination, patient education, and initial management skills according to primary care standards. Furthermore, a variety of other cases, such as gastroenteritis, acute pharyngitis, otitis media, acute laryngitis, tonsillitis, and lymphadenitis, enrich young doctors' clinical experience in treating infectious diseases and inflammatory disorders. Cases such as diarrhea, furuncles, cerumen prob, and tension headaches also enhance the scope of cross-module learning, including the management of skin disorders, nervous system disorders, and symptomatic management. Overall, the case profile at the Tamalate Community Health Center is highly relevant to the national curriculum and clinical competencies, making it an appropriate and representative educational platform for young doctors at the UMI Faculty of Medicine. This health center provides a comprehensive range of cases, supporting the development of young doctors' readiness in practicing comprehensive and high-quality primary health care services.

Layang Community Health Center

Table 19. List of the 10 Most Common Diseases at Layang Community Health Center

No	Disease	Total Cases	Percentage (%)
1	Common Cold	2189	20.45
2	Fever	1410	13.18
3	Non-Insulin DM	1353	12.64
4	Hypertension	1134	10.60
5	Cough	1106	10:33
6	Normal Pregnancy	1006	9.40
7	Acute Apical Periodontitis	862	8.05
8	Acute Upper Respiratory	748	6.99
9	Retained Dental Root	531	4.96
10	Surgical Follow-up Care	363	3.39
Total		10702	100.00

Based on Table 19, a list of the 10 most common diseases, non-communicable diseases dominate at Layang Community Health Center. These include non-insulin diabetes mellitus (DM), hypertension, acute apical periodontitis, and retained dental roots. The communicable diseases listed include the common cold, fever, cough, and acute upper respiratory infection.

Table 20. UMI Competency Needs for Layang Health Center

No	Disease	Total Cases	Percentage (%)
1	Common Cold	2189	20.89
2	Fever	1410	13.46
3	Non-Insulin DM	1353	12.91
4	Hypertension	1134	10.82
5	Cough	1106	10:56
6	Normal Pregnancy	1006	9.60
7	ARI	748	7.14
8	Retained Dental Root	531	5.07
9	Surgical Follow-up Care	363	3.46
10	Other Specified Disorders of Skin	250	2.39
11	Headache	186	1.78
12	Dyspepsia	76	0.73
13	Gastroenteritis	63	0.60
14	Other Specified Counseling	62	0.59
Total		10477	100.00

Data on UMI's healthcare needs for the Layang Community Health Center shows that infectious diseases remain the main burden, with Common Cold (20.89%), Fever (13.46%), Cough (10.56%), and ISPA (7.14%), which cumulatively reached 52.05% of all cases. This high number indicates a high prevalence of acute respiratory infections and indicates the need

for continuous promotive and preventive efforts. On the other hand, non-communicable diseases also show significant numbers, especially Non-Insulin Diabetes (12.91%) and Hypertension (10.82%), which indicates the high prevalence of chronic diseases among the UMI community. Conditions such as normal pregnancy (9.60%), surgical follow-up care (3.46%), and other specialized counseling (0.59%) reflect the importance of support for reproductive health services, post-medical procedures, and psychosocial needs. Other health issues such as Retained Dental Root (5.07%), Other Specified Skin Disorder (2.39%), and Headache (1.78%) indicate the need for additional services in the areas of dental health, skin health, and other common disorders. Overall, these data underscore the importance of a comprehensive primary health care approach that is responsive to the specific needs of the UMI community.

Maccini Sawah Community Health Center

Table 21. List of 10 Most Common Diseases at Maccini Sawah Health Center

No	Disease	Total Cases	Percentage (%)
1	Hypertension	1795	25.38
2	Cough	1408	19.91
3	Type 2 DM	1022	14.45
4	ARI	967	13.67
5	Common Cold	796	11.25
6	Dyspepsia	418	5.91
7	Tonsillitis	213	3.01
8	Diarrhea	211	2.98
9	Pulpitis	102	1.44
10	Fever	82	1.16
11	Low Back Pain	33	0.47
12	Fever	26	0.37
Total		7073	100.00

Based on Table 4.21, a list of the 10 most common diseases, the most common diseases at the Maccini Sawah Community Health Center are balanced. Infectious diseases include cough, acute respiratory infection (ARI), the common cold, tonsillitis, and diarrhea. Non-communicable diseases include hypertension, type 2 diabetes, myalgia, diabetic ketoacidosis (DKA), and dyspepsia.

Table 22. UMI Competency Needs for Maccini Sawah Health Center

No	Disease	Total Cases	Percentage (%)
1	Hypertension	1795	25.38
2	Cough	1408	19.91
3	Type 2 DM	1022	14.45
4	ARI	967	13.67
5	Common Cold	796	11.25
6	Dyspepsia	418	5.91

No	Disease	Total Cases	Percentage (%)
7	Tonsillitis	213	3.01
8	Diarrhea	211	2.98
9	Pulpitis	102	1.44
10	Fever	82	1.16
11	Low Back Pain	33	0.47
12	Fever	26	0.37
Total		7073	100.00

Data shows that non-communicable diseases dominate the service burden, with Hypertension (25.38%) and Type 2 Diabetes Mellitus (14.45%) as the two main diseases, followed by gastric complaints such as Dyspepsia (5.91%) and musculoskeletal disorders such as Low Back Pain (0.47%), which overall indicates the need for special attention to chronic disease management and lifestyle. Meanwhile, infectious diseases remain significant, including Cough (19.91%), Acute Respiratory Infection (ARI) (13.67%), Common Cold (11.25%), Tonsillitis (3.01%), Diarrhea (2.98%), and Fever (1.53%). This condition reflects the high cases of respiratory and digestive tract infections, which are common in densely populated areas and require strengthening promotive-preventive strategies. Other health problems such as Pulpitis (1.44%) indicate the need for attention to dental and oral health. Overall, these data indicate that primary health care at the Maccini Sawah Community Health Center must be able to respond comprehensively to both chronic diseases and acute infections, which are the primary needs of the UMI community.

Ujung Pandang Community Health Center

Table 23. List of the 10 Most Common Diseases at the Maccini Sawah Community Health Center

No	Disease	Total Cases	Percentage (%)
1	Acute Rhinitis	5000	33.89
2	Hypertension	2744	18.60
3	Type 2 Diabetes Mellitus	1909	12.94
4	Gastritis	1143	7.75
5	Vulnus	998	6.76
6	Allergic Contact Dermatitis	869	5.89
7	Polymyalgia Rheumatica	716	4.85
8	Acute and chronic heart failure	583	3.95
9	Pulpitis	443	3.00
10	Rheumatoid Arthritis	350	2.37
Total		14755	100.00

Based on Table 23, a list of the 10 most common diseases, it can be seen that the most common diseases at the Maccini Sawah Community Health Center are non-communicable

diseases. These include hypertension, type 2 diabetes mellitus, gastritis, allergic contact dermatitis, polymyalgia rheumatica, acute and chronic heart failure, pulpitis, and rheumatoid arthritis. Meanwhile, the most common infectious diseases are acute rhinitis and vulnus.

Table 24. UMI Competency Needs for Ujung Pandang Health Center

No	Disease	Total Cases	Percentage (%)
1	Acute Rhinitis	5000	38.12
2	Hypertension	2744	20.92
3	Type 2 Diabetes Mellitus	1909	14.55
4	Gastritis	1143	8.71
5	Vulnus	998	7.61
6	Polymyalgia Rheumatica	716	5.46
7	Pulpitis	443	3.38
8	Rheumatoid Arthritis	89	0.68
9	Hyperuricemia	51	0.39
10	Otitis Externa	23	0.18
Total			100.00

Data shows the dominance of infectious diseases, especially Acute Rhinitis which reached 38.12% of the total cases, reflecting the high burden of upper respiratory tract infections in the UMI environment. This condition indicates the importance of increasing preventive efforts, health education, and environmental management to reduce the risk of transmission. On the other hand, non-communicable diseases are also very significant, with Hypertension (20.92%), Type 2 Diabetes Mellitus (14.55%), and Gastritis (8.71%), which indicates the need for long-term management of chronic diseases and digestive disorders. Other cases such as Vulnus (7.61%), Polymyalgia Rheumatica (5.46%), and Rheumatoid Arthritis (0.68%) highlight the importance of services for minor trauma and musculoskeletal disorders. Additional problems such as Pulpitis (3.38%), Hyperuricemia (0.39%), and Otitis Externa (0.18%) indicate the need for continuity of services in the field of dental health and ear infections. Overall, these data indicate that Ujung Pandang Community Health Center needs to provide integrated services for the treatment of acute infections and chronic diseases, which are the primary needs of the UMI community.

Most Common Diseases in Community Health Centers

Table 25. List of the 10 Most Common Diseases in All Community Health Centers in the UMI Faculty of Medicine Network

No	Disease	Total Cases	Percentage (%)
1	Hypertension	18559	25.91
2	Common Cold	10061	14.05
3	Acute Rhinitis	9898	13.82
4	Non-Insulin DM	8029	11.21
5	Diabetes Mellitus	6681	9.33
6	ARI	6487	9.06

Identification of the 10 Most Common Diseases in Primary Care Facilities for the Period January 2024 - December 2024 at the Faculty of Medicine Educational Facilities—Shafa

Camilia Umar, et.al

No	Disease	Total Cases	Percentage (%)
7	Cough	4128	5.76
8	Gastritis	3195	4.46
9	Myalgia	2350	3.28
10	Dermatitis	2239	3.13
Total		71627	100.0

Table 25 shows that the most common illnesses at the Community Health Center are non-communicable diseases. These include hypertension, non-insulin-dependent diabetes mellitus, diabetes mellitus, gastritis, myalgia, and dermatitis. The most common infectious diseases listed are the common cold, acute rhinitis, acute respiratory infections (ARI), and cough.

Discussion

Hypertension is the most common disease found in all community health centers within the UMI Faculty of Medicine network, accounting for 25.91% of all cases. This finding aligns with the 2018 Basic Health Research (Risikesdas), which showed an increase in the prevalence of hypertension in Indonesia to 34.1% from 25.8% in 2013. This increase is largely attributed to modern lifestyle factors such as a high-salt diet, obesity, and lack of exercise. Rachma Putri et al. (2024) highlighted the close relationship between fast food and sugary beverage consumption and increased blood pressure in the productive age group. Furthermore, a study by Afifa et al. (2022) showed that hypertension management in primary care still faces challenges in the form of low public awareness of the importance of blood pressure screening and control (Putri et al., 2024; Afifa et al., 2022).

Upper respiratory tract infections, such as the common cold and acute rhinitis, rank second and third most common. Transmission of these diseases is particularly high in environments with poor ventilation, overcrowding, and poor sanitation. A clinical study by Novitasari et al. (2023) found rhinovirus to be the primary cause of the common cold, which is self-limiting but significantly disrupts productivity. Furthermore, acute rhinitis is often associated with air pollution and extreme weather changes, which are increasingly common in tropical regions like Indonesia (Novitasari et al., 2023; Wijaya et al., 2021).

These two categories of diabetes combined represent nearly 20% of the total disease burden in community health centers, reflecting the increasing prevalence of metabolic syndrome. A study by Martini et al. (2023) found that 1 in 5 patients in primary care had blood glucose disorders associated with obesity and hypertension. In their study in Manado, Raranta et al. (2023) also highlighted poor patient adherence to medication and a healthy lifestyle as contributing factors to diabetes relapse. Strengthening the Prolanis program and improving clinical pharmacy education in community health centers are crucial for managing these cases (Martini et al., 2023; Raranta et al., 2023).

Acute Respiratory Tract Infections (ARI) and coughs represent a significant infectious burden at the primary care level. Densely populated environments and high air pollution contribute to the spread of these diseases. A study by Yuniarti et al. (2022) stated that

children and the elderly are the most vulnerable groups, and education on cough etiquette and handwashing habits has been shown to be effective in reducing the incidence of ARI. Community health centers (Puskesmas) play a crucial role in managing ARI through ongoing promotive and preventive activities (Yuniarti et al., 2022).

Gastritis, a non-infectious gastric disease, is a common problem in urban populations. Hilda et al. (2025) demonstrated a significant association between irregular eating habits, consumption of spicy/oily foods, and stress with the incidence of gastritis in college students. Furthermore, research by Kurnia et al. (2024) indicates that urban communities tend to ignore early symptoms such as nausea or heartburn, often resulting in delayed treatment. Gastritis treatment in community health centers should be directed toward education on healthy eating patterns and stress management (Hilda et al., 2025; Kurnia et al., 2024).

Myalgia, or muscle pain, often occurs due to excessive physical activity, non-ergonomic working postures, or stress. A study by Lestari and Handayani (2023) found that myalgia is a common complaint among office workers and students who sit for extended periods in non-ideal positions. Myalgia cases can generally be managed symptomatically at a community health center with simple therapies such as rest, analgesics, and posture education (Lestari & Handayani, 2023).

Dermatitis, an inflammatory skin disorder, is quite common in primary care. According to Nuraini et al. (2022), common triggers for dermatitis in Indonesia include the use of harsh soaps, hot weather, and high humidity. Education regarding the selection of appropriate skin products and personal hygiene is crucial in preventing recurrence. Dermatitis cases are also frequently used as educational case studies for medical students, teaching physical examination and topical management (Nuraini et al., 2022).

The majority of diseases identified in this study were non-communicable diseases, namely hypertension, diabetes mellitus, gastritis, myalgia, and dermatitis. This phenomenon aligns with the epidemiological transition trend also observed in the 2023 Indonesian Ministry of Health report, which stated that non-communicable diseases are the leading cause of death in Indonesia. The WHO (2023) further supports this finding with data that 73% of global deaths are caused by non-communicable diseases such as cardiovascular disease, diabetes, and cancer (Indonesian Ministry of Health, 2023; WHO, 2023).

The diverse range of cases presented at community health centers, from chronic diseases such as diabetes and hypertension to acute infections like the common cold and acute respiratory infections, reflects the ideal clinical spectrum for medical education. A study by Puspita and Khairunnida (2022) demonstrated that student involvement in primary care improves the clinical understanding and communication skills of young doctors. Therefore, the community health center network serves as a natural laboratory for medical students to develop basic competencies in family medicine and community medicine (Puspita & Khairunnida, 2022).

These data underscore the importance of strengthening primary care to simultaneously address the burden of chronic and infectious diseases. Healthy lifestyle education, strengthening Prolanis (National Health Insurance Program), and ongoing monitoring of acute

cases are crucial elements. As stated by Sofianingrum et al. (2023), strengthening referral systems and case management in community health centers contributes to the effectiveness of the overall health system (Sofianingrum et al., 2023).

CONCLUSION

Based on the research results and explanations above, it can be concluded that, overall, the burden of disease in the reviewed community health centers is dominated by non-communicable diseases such as hypertension, type 2 diabetes mellitus, gastritis, and myalgia. This reflects the pattern of chronic diseases closely related to the lifestyle of today's urban society. Infectious diseases, especially upper respiratory tract infections such as the common cold, acute rhinitis, acute respiratory infections (ARI), and coughs, remain a major health problem, especially in densely populated areas and with less than optimal environmental sanitation. The types of cases found in all community health centers strongly support the fulfillment of basic clinical competencies for young doctors of the Faculty of Medicine, UMI. These cases cover a broad spectrum, from chronic diseases to acute infections, as well as reproductive health services, making community health centers an effective and representative vehicle for clinical education.

REFERENCE

- Andika F, Safira A, Mustina N, Marniati. Edukasi tentang Pemberantasan Penyakit Menular pada Siswa di SMA Negeri 5 Kota Banda Aceh. *Jurnal Pengabdian Masyarakat (Kesehatan)*. 2020.
- Arianie CP. *Buku Pedoman Manajemen Penyakit Tidak Menular*. Kemenkes RI. 2019.
- Fadhlan, Akhyar A, Affan I. Tindakan Malpraktek Dokter Sebagai Akibat Kelalaian Dokter dalam Menangani Pasien ditinjau dari Perspektif Hukum Kesehatan. *Jurnal Ilmiah Metadata*. 2023.
- Hafiz A. *Perencanaan Klinik Terpadu di Kota Pontianak Kalimantan Barat*. Jurnal online mahasiswa Arsitektur Universitas Tanjungpura. 2019.
- Hariyoko Y, Jehaut YD, Susiantoro A. Efektivitas Pelayanan Kesehatan Masyarakat oleh Puskesmas di Kabupaten Manggarai. *Jurnal Good Governance*. 2021.
- Harsono RA, Pambudi SS. Co-Production: Pendayagunaan Posyandu dalam Program Integrasi Pelayanan Kesehatan Primer di Tingkat Desa. *Jurnal Analisis Kebijakan*. 2023.
- Hendrawan D, Nurcahyo C, Afdal A. Pelayanan Primer yang Berkualitas: Sebuah Tinjauan Literatur The Qualified Primary Care: A Literature Review. *Jurnal Jaminan Kesehatan Nasional*. 2021.
- Lestari TR. Penanggulangan Penyakit Menular di Puskesmas: Studi Kasus di Kabupaten Belu Provinsi Nusa Tenggara Timur. *Jurnal DPR RI*. 2017.
- Luqman, Sudaryo MK, Suprayogi A. Analisis Situasi Masalah Kesehatan Penyakit Menular di Provinsi Kalimantan Barat. *Jurnal Epidemiologi Kesehatan Komunitas*. 2022.
- Najah S. Literatur Review Implementasi SDGs pada Kebutuhan Sehat dan Kesejahteraan. *Jurnal Sains Edukatika Indonesia (JSEI)*. 2022.

- Paranadipa M. Pelayanan Estetika oleh Dokter Umum. Cermin Dunia Kedokteran. 2019.
- Puspasari Y. 10 Penyakit Terbanyak Peserta Rawat Jalan BPJS Kesehatan. 2020.
<https://databoks.katadata.co.id/datapublish/2020/09/09/10-penyakit-terbanyak-peserta-rawat-jalan-bpjs-kesehatan>
- Putri KMP. Gambaran Lingkungan Belajar Tahap Kepaniteraan Klinik Fakultas Kedokteran Universitas Lampung Menggunakan Kuesioner The Dundee Ready Education Environment Measure (Dreem). Universitas Lampung; 2018.
- Sekarrini R. Gambaran Faktor Risiko Penyakit Tidak Menular di Kelurahan Umban Sari Kecamatan Rumbai Pekanbaru menggunakan Pendekatan Stepwise WHO. Jurnal Ilmiah Multi Disiplin Indonesia. 2022.
- Umami LS, Soeharto BP, Wulandari DR. Analisis Pelaksanaan Rujukan Rawat Jalan Tingkat Pertama Peserta BPJS Kesehatan di Puskesmas. Jurnal Kedokteran Diponegoro. 2017.
- Wahid S. Standar Pendidikan Profesi Dokter Indonesia. Konsil Kedokteran Indonesia. 2019. 169 p.