

Extension Program on Knowledge About Balanced Nutrition and Health Examination for Reducing Non-Communicable Diseases in the Baduy Community

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Abstrak: *Desa Kanekes merupakan wilayah tempat tinggal masyarakat suku Baduy yang memiliki keterbatasan akses terhadap layanan pendidikan dan kesehatan serta masih memegang teguh nilai-nilai adat dalam kehidupan sehari-hari. Data dari puskesmas setempat menunjukkan bahwa hipertensi dan diabetes melitus termasuk dalam sepuluh penyakit terbanyak yang ditemukan di wilayah tersebut. Meskipun sebagian masyarakat telah menerapkan pola makan tradisional yang relatif sehat, pemahaman mengenai Pedoman Gizi Seimbang sebagai acuan pola makan sehat di Indonesia masih terbatas. Kegiatan pengabdian kepada masyarakat ini bertujuan untuk meningkatkan pengetahuan masyarakat tentang gizi seimbang sekaligus melakukan deteksi dini kondisi kesehatan sebagai upaya pencegahan penyakit tidak menular. Metode yang digunakan meliputi penyuluhan, diskusi interaktif, pemeriksaan antropometri, pengukuran tekanan darah, serta pemeriksaan kadar glukosa darah, kolesterol, dan asam urat. Evaluasi peningkatan pengetahuan dilakukan melalui pemberian pre-test dan post-test. Kegiatan ini melibatkan mahasiswa Fakultas Kedokteran Universitas Trisakti dan seorang mahasiswa Fakultas Kedokteran Universiti Sains Malaysia. Hasil kegiatan menunjukkan adanya peningkatan pengetahuan peserta sebesar 25% setelah mengikuti penyuluhan. Selain itu, hasil pemeriksaan kesehatan mengidentifikasi adanya kasus malnutrisi dan berbagai gangguan metabolik pada peserta. Kegiatan ini terbukti efektif dalam meningkatkan pengetahuan masyarakat mengenai gizi seimbang serta memberikan gambaran awal kondisi kesehatan masyarakat. Tindak lanjut berupa edukasi berkelanjutan dan pemantauan kesehatan secara berkala diperlukan untuk mendukung upaya penurunan angka kesakitan dan kematian akibat penyakit tidak menular, khususnya pada masyarakat Desa Kanekes, Provinsi Banten.*

Kata kunci: *Baduy, Desa Kanekes, edukasi, gizi seimbang, penyuluhan*

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Abstract: *Kanekes Village is home to the Baduy indigenous community, which has limited access to educational and healthcare services and continues to strongly uphold its traditional customs and values. Local health center data indicate that hypertension and diabetes mellitus are among the ten most prevalent diseases in the area. Although some community members have adopted relatively healthy dietary habits, their understanding of the Balanced Nutrition Guidelines, which serve as the national reference for healthy eating practices in Indonesia, remains limited. This community service program aimed to improve public knowledge of balanced nutrition while conducting early health screening as a preventive measure against non-communicable diseases (NCDs). The program employed health education sessions, interactive discussions, anthropometric assessments, blood pressure measurements, and examinations of blood glucose, cholesterol, and uric acid levels. Knowledge improvement was evaluated using pre-test and post-test assessments. The activity involved medical students from the Faculty of Medicine, Universitas Trisakti, and a medical student from Universiti Sains Malaysia. The results demonstrated a 25% increase in participants' knowledge following the educational intervention. In addition, health examinations identified cases of malnutrition and various metabolic disorders among participants. The program effectively enhanced community awareness of balanced nutrition and provided preliminary insights into the health status of the community. Continuous health education and regular health monitoring are recommended to support efforts to reduce morbidity and mortality associated with NCDs, particularly among the residents of Kanekes Village, Banten Province.*

Key words: *Baduy, balanced nutrition, education, extension program, Kanekes Village*

1. Introduction

Indonesia is a country with various ethnicities and cultures that reside in all corners of the archipelago, called *Nusantara* in Indonesian. The Baduy ethnic group is one of these ethnicities, who reside on Mount Kendeng, Kanekes village, Leuwidamar District, Lebak Regency, Banten Province. The Baduy community is divided into two villages, namely Inner Baduy and Outer Baduy. The fundamental difference between the two groups lies in their following of the traditions. The Inner Baduy still adhere strictly to the traditions and follow the traditional rules, whereas the Outer Baduy are not strict rules. (Aprianti *et al.*, 2024; Zid *et al.*, 2017).

The Baduy community has a social system based on characteristic cultural traditions. The application of tradition in the Baduy community may be seen in various aspects of life such as social, economic, and farming aspects (Mirajiani & Widi, 2022). The socio-cultural aspects play a role in causing food problems in the community (Sukandar & Mudjajanto, 2009). The cultural factors sometimes give rise to dietary customs that contradict nutritional science. Cultural differences are also seen in the different roles and values in regard to foods. The Baduy community has a system of logistics that is integrated with the traditions in guaranteeing the availability and authenticity of local commodities for community staple foods of acceptable

and affordable quality in order to meet the food requirements of the Baduy community (Mirajiani & Widi, 2022).

The nutritional status of an individual is the health condition of that individual that is based on food consumption, absorption, absorption, and utilization of food nutrients. The evaluation of an individual's nutritional status may provide a picture of its quality. The nutritional status of an individual is a reflection of food consumption and utilization by that individual's body (Anwar & Riyadi, 2009). Nutritional status is also associated with the diseases of an individual (Permanasari *et al.*, 2023).

Kanekes Village currently lacks hospital facilities, limiting access to advanced healthcare services. Primary healthcare services are available through the Cisimeut Public Health Center, a Regional Technical Implementation Unit (RTIU) (Unit Pelaksana Teknis Daerah, UPTD) located in Leuwidamar District. One of the activities of the Cisimeut Public Health Center RTIU comprises nutritional services by conducting nutritional extension programs, such as a community nutritional extension program, managing high risk nutritional cases, extension program on exclusive breast feeding, administration of supplemental feeding in children with poor nutrition and undernutrition, and others. Data show that the non-communicable diseases (NCDs), namely hypertension and diabetes, are among the 10 most frequent diseases that are diagnosed at the Cisimeut Public Health Center RTIU. Evidently this has attracted attention, because NCDs have the highest mortality rate in Indonesia (Arifin *et al.*, 2022). In the management of NCDs, nutrition is one of the important factors, in addition to pharmacological treatment. Latest guidelines on healthy foods in Indonesia refer to balanced nutrition (Food and Agriculture Organization of the United Nations, 2014).

In view of the limited number of extension programs on balanced nutrition and screening of non-communicable diseases, such as hypertension, diabetes, and hypercholesterolemia, we held an extension program on balanced nutrition and conducted health examinations.

2. Methods

The method of managing community services for the Outer and Inner Baduy ethnic communities on the topic of balanced diet for preventing non-communicable diseases and health examinations, comprising anthropometric examinations and blood examinations. The extension program activity and health examinations were conducted in the aula of the National Elementary School 02 of Kanekes Village, Leuwidamar District, Banten Province, Indonesia,

on Friday August 8, 2025 from 07.00 to 14.00. The location of the activity is shown in the map given in Figure 1.

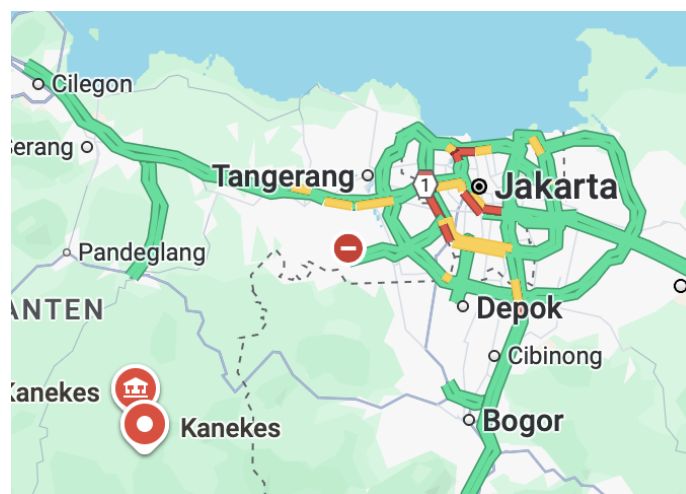


Figure 1. Venue of Community Service in the aula of the National Elementary School 02 of Kanekes Village, Leuwidamar District, Banten Province

The participants of this activity consisted of all adult Baduy community members, both male and female adults. The working community service program that was implemented comprised a preliminary phase and an execution phase. The preliminary phase consisted of an analysis of the problem existing in the community. The Public Health Center showed that the NCDs hypertension and diabetes belong to the 10 most frequent diseases that were diagnosed in the Cisimeut Public Health Center RTIU. Subsequently our team coordinated with the team from Cisimeut Public Health Center and the traditional headman of Kanekes Village, after a consensus was reached between the coordinators.

The executive phase comprised working out the pre-test questions, delivering the extension program, questions and answers, working on the post-test questions and conducting the health examinations. The pre-test was used to evaluate knowledge on balanced nutrition in the community, followed by the extension program on balanced nutrition and the post-test. The questionnaire consisted of five items that were answered by the participants with assistance of the extension program team, because not all participants were literate. The extension program media consisted of posters containing topics on balanced diet for the prevention of non-communicable diseases and food models to assist in presenting information on food types.

The extension program team consisted of lecturers and students of the Faculty of Medicine, Universitas Trisakti, and students of the Faculty of Medicine, Universiti Sains

Malaysia. Standardization of views on the questionnaire and allocation of tasks was done before the start of the activity. The lecturers administered the extension program and the students assisted in health examinations and provided guidance on the filling-in of the pre-test and post-test questionnaires. The change in the level of nutritional knowledge before and after the extension program was analyzed by means of the Wilcoxon test in the SPSS program version 30.0.0 at significance level of $p < 0.05$.

In this community service activity was also performed screening for non-communicable diseases by determination of blood pressure, weight, height, random blood glucose, cholesterol, and uric acid on the participants. The blood pressure examinations were done using the Omron HEM 7120 digital sphygmomanometer made in Vietnam. Body weight and height were determined respectively with the Seca 876 and Seca 213 (Hamburg, Germany). Random blood glucose, cholesterol, and uric acid concentrations were determined with the Easy Touch® GCU blood monitoring device (Taiwan).

Blood pressure was categorized into systolic blood pressure (SBP), with normal value of < 120 mmHg and diastolic blood pressure (DBP) with normal value of < 80 mmHg; high normal SBP and DBP were 120-129 mmHg and < 80 mmHg, respectively; in hypertension, SBP and DBP were 130-139 mmHg and 80-89 mmHg, respectively; in stage 2 hypertension SBP ≥ 140 mmHg or DBP ≥ 90 mmHg (Jones *et al.*, 2025). Nutritional status was evaluated by calculating the body mass index (BMI) which is weight in kilograms divided by height in meters squared. Nutritional status was categorized into underweight, normal weight, overweight, as well as stage 1 obesity and stage 2 obesity, with respective BMI values of < 18.5 kg/m², 18.5–22.9 kg/m², 23–24.9 kg/m², 25–29.9 kg/m², and ≥ 30 kg/m². Blood glucose concentration was categorized into normal blood glucose at < 200 mg/dL and high blood glucose at ≥ 200 mg/dL (American Diabetes Association Professional Practice, 2024). Cholesterol was categorized into normal < 200 mg/dL and abnormal ≥ 200 mg/dL (Aman *et al.*, 2021). There was hyperuricemia if uric acid concentration was 2.5 – 7.0 mg/dL in males or 1.5 – 6.0 mg/dL in females (Maloberti *et al.*, 2024).

3. Results and Discussion

In the Baduy community, the staple food is primarily grown in farming fields, with the majority of the food plants being rice that is cultured and mandated by the customary government. Other food commodities are in the form of tubers and vegetables that are planted

by intercropping (Mirajiani & Widi, 2022). The strategy used in meeting the food and nutritional requirements of the Baduy community will determine their food security and nutritional status. The Baduy community also cultivates fruit trees such as *rambutan*, *durian*, *langsar (duku)*, and bananas, to add to the food security. In addition, the Baduys also utilize natural resources originating from the forest, such as bamboo, honey, and wood (Mirajiani & Widi, 2022). Socio-cultural factors play a role in the occurrence of food problems in the Baduy community. Food distribution and food consumption are intimately connected with food preparation that ultimately decides the dietary customs of the Baduy community (Syaltut *et al.*, 2023). The dietary pattern of the Outer Baduy is three times daily and their dinner is generally consumed at around 5-6 o'clock in the evening. Their foods are prepared by being fried, cooked, and roasted (Syaltut *et al.*, 2023).

This activity was attended by 51 participants, but there were four participants who did not completely fill-in the pre- and post-test questionnaires, therefore it was decided to exclude their data, using only the remaining data from 47 participants that were included in the final analysis. There were two participants from the Inner Baduy community who attended this community service (Table 1).

Table 1. Characteristics of respondents (n=47)

Variable	n (%)
Ethnic group	
Outer Baduy	45 (95.7)
Inner Baduy	2 (4.3)
Age (years)	
<40	33 (70.2)
≥40	14 (29.8)
Sex	
Male	14 (29.8)
Female	33 (70.2)
Level of education	
No schooling	34 (72.3)
Elementary school	9 (19.1)
Junior High School	1 (2.1)
Senior High School	3 (6.4)

The majority of the participants were from the Outer Baduy community (95.7%). The participation of the Inner Baduy community showed that they are adapting by becoming familiar with modern health standards. As to the age of the participants, most (70.2%) were in

the age group of < 40 years and consisted of females. The extension program was held from morning to afternoon, such that the men may still have been working in the fields. The high proportion of participants without formal education (72.3%) may have been caused by the prohibition to attend formal schools. Basically the Baduy ethnic group are a community of avid students. The prohibition to follow formal education was made because of the belief that formal education will detract from the working hours and that after having formal education the graduates will not want to return to working in the fields (Rosmilawati & Darmawan, 2020). Education was also believed to be able to destroy their culture (Rosmilawati & Darmawan, 2020). Education for the ethnic Baduy community should be increased to raise the quality of life of the community.

In the pre-test the median (p25-p75) was 80 (60 – 80), whereas in the post-test there was an increase of 25% to a median (p25-p75) of 100 (80-100), as shown in Table 2. Based on the Wilcoxon test, the value of $p < 0.001$ was found, meaning that there was a significant difference between before and after the extension program. This indicates that the provided extension program could be grasped and understood by the participants. Hereby the participants from the Baduy community increased their knowledge and outlook about balanced nutrition.

Table 2. Statistical test results of the extension program's influence on pre- and post-test results

	Median (p25-p75)	p value
Results of pre-test	80 (60-80)	<0.001*
Results of post-test	100 (80-100)	

*Wilcoxon test

During the health examinations, several health problems were found, where 6.4% of participants were categorized into undernutrition. In spite of this, an interesting fact about the anthropometric examination results was the relatively large number of participants (57.4%) who were overweight up to stage 2 obesity (Table 3). These results align with the increased prevalence of overweight in urban and rural areas in Indonesia (Vanessa *et al.*, 2019). Kurniawan *et al.* (2024) analyzed the 2018 Indonesian Health Survey data (*Riset Kesehatan Dasar*, Riskesdas) and found that the prevalences of overweight and obesity in rural areas were 15.0% and 28.9%, respectively. This shows that more attention should also be paid by the stakeholders to the prevention and management of obesity in rural areas, especially Kanekes

village, Banten Province. The influencing factors of obesity are known to comprise genetics, unhealthy dietary pattern (foods high in calories, sugar, salt, and saturated fats), insufficient physical activity, and obesogenic environmental factors (Latifah *et al.*, 2025).

Table 3. Health examination results

Variable	Median (p25 – p75)	n (%)
Blood pressure		
Systolic (mmHg)	116.5 (110.0 – 126.8)	
Diastolic (mmHg)	81.5 (72.8 – 88.3)	
Normal		17 (36.2)
High-normal		4 (8.5)
Stage 1 hypertension		12 (25.5)
Stage 2 hypertension		13 (27.7)
Data not available		1 (2.1)
Weight (kg)	57.0 (48.0 – 65.3)	
Height (cm)	151.8 (148.5 – 158.4)	
Body mass index (kg/m ²)	23.9 (20.3 – 27.8)	
Nutritional status		
Undernutrition		3 (6.4)
Normal nutrition		17 (36.2)
Overweight		8 (17.0)
Stage 1 obesity		12 (25.5)
Stage 2 obesity		7 (14.9)
Random blood glucose (mg/dL)	120.0 (105.0 – 134.5)	
Normal		43 (91.5)
High		2 (4.3)
Data not available		2 (4.3)
Cholesterol (mg/dL)	201.5 (171.3 – 231.3)	
Normal		20 (42.6)
Abnormal		26 (55.3)
Data not available		1 (2.1)
Uric acid (mg/dL)	6.2 (5.2 – 7.5)	
Normal		26 (55.3)
Hyperuricemia		20 (42.6)
Data not available		1 (2.1)

High blood pressure (hypertension) was also a finding in the majority of participants (53.2%). Hypertension was notably among the 10 most frequently diagnosed diseases in Cisimeut Public Health Center RTIU. Similar findings were shown by Juliastuti *et al.* who conducted health screening in Kanekes Village with 50% participants of the extension program having hypertension (Juliastuti *et al.*, 2025). There were 2 participants (4.3%) with abnormal blood glucose concentrations. Other metabolic disorders found among the participants were high cholesterol and uric acid concentrations at 55.3% and 42.6%, respectively. Health

management for hypertension, diabetes, hypercholesterolemia, and hyperuricemia needs to be instituted to reduce complications and mortality as a result of non-communicable diseases. Institution of education on balanced nutrition has succeeded in increasing the knowledge of the participants, and is furthermore expected to be able to increase awareness of behavior in connection with healthy food patterns.

Photographic proofs of the activity are attached to Figure 2. This community service activity was also published online in the national electronic media on August 13-14, 2025 with the following links: <https://kabarbanten.pikiran-rakyat.com/seputar-banten/pr-599571325/fk-universitas-trisakti-gelar-pengabdian-community-di-kanekes-warga-baduy-antusias>, <https://jabodetabeknews.com/utama/20287/>, and https://www.antaraneews.com/berita/5034349/fk-trisakti-tingkatkan-health-baksos?utm_source=antaranews&utm_medium=mobile&utm_campaign=latest_home as shown in Figure 3.



Figure 2. Conduct of health examinations and extension program activities with participants.

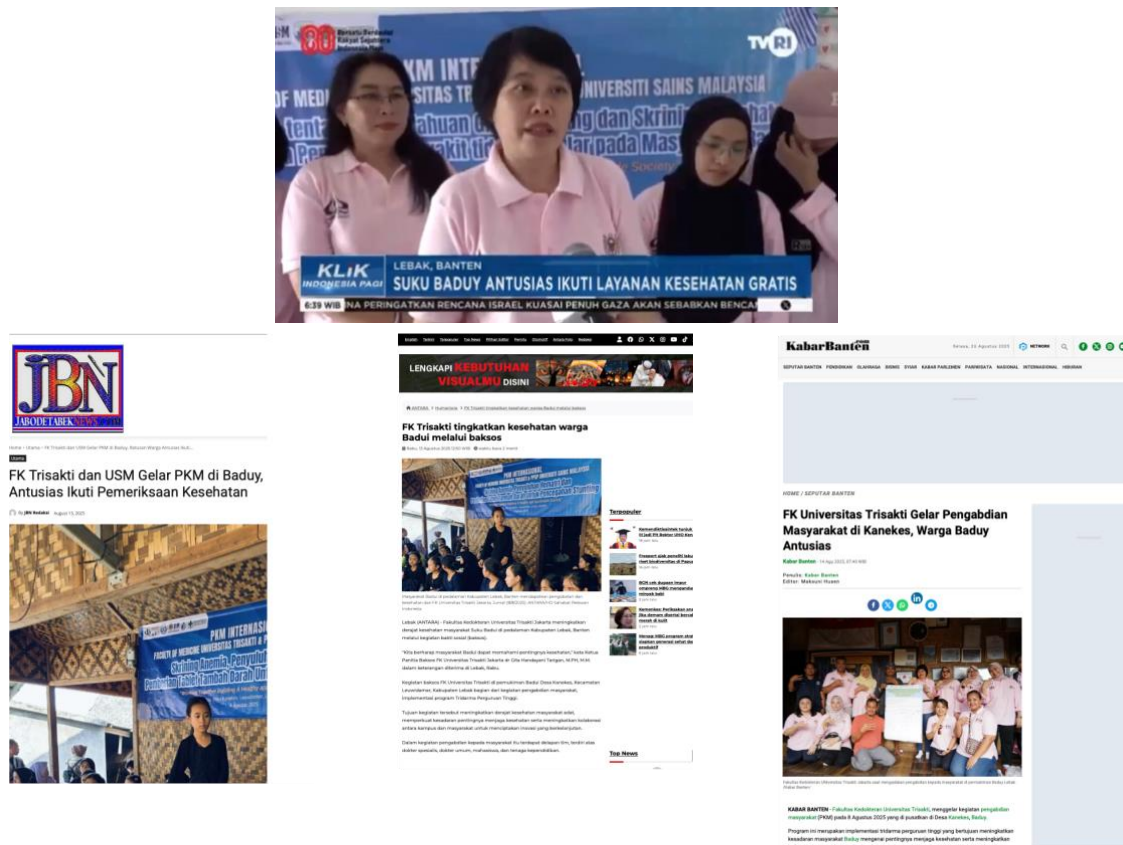


Figure 3. Publication of the activity through online national electronic media

4. Conclusion

The community extension program on balanced nutrition and health examinations for the Baduy ethnic community was successfully implemented, as evidenced by a significant improvement in participants' knowledge of balanced nutrition following the educational intervention. In addition, the health examinations, including assessments of nutritional status, blood pressure, blood glucose, cholesterol, and uric acid levels, provided valuable baseline information regarding the health profile of the participants and enabled the early identification of nutritional and metabolic health issues. This program also demonstrated effective collaboration among the Faculty of Medicine, Universitas Trisakti, the Cisimeut Public Health Center, and the Kanekes Village administration in supporting efforts to prevent and control non-communicable diseases (NCDs) within the community. To achieve sustainable improvements in public health and contribute to reducing NCD-related morbidity and mortality, similar educational and health screening programs should be conducted regularly and on a broader scale, particularly among underserved and indigenous populations such as the Baduy community in Banten Province.

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