

Description of Behavior of Community's Healthy Lifestyle in Buibau Village Baucau District Timor Leste

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ABSTRACT

The importance of maintaining a healthy lifestyle in a **Keywords:** community is critical, particularly when data indicates a high Healthy Lifestyle; Health incidence of lifestyle-related diseases. For instance, in Buibau Education; Physical Village, Baucau District, Timor Leste, 98 individuals suffer Activity; Hand Hygiene from hypertension, diarrhea, and other preventable conditions, emphasizing the need for a focus on healthy lifestyle behaviors. This study aims to assess the community's healthy lifestyle behaviors in Loidua Hamlet, Buibau Village, Baucau District. The research uses a descriptive approach with a survey design, conducted from April 1 to April 3, 2018. The population consisted of 216 residents aged ≥14 years, with 68 respondents selected through accidental sampling. Data collection was carried out using structured questionnaires, and data analysis involved descriptive statistics to categorize the health behaviors observed. The findings reveal that 58.8% of respondents exhibit good healthy lifestyle behaviors, particularly in maintaining a balanced diet, engaging in regular physical activity, and practicing hand hygiene. However, issues such as a lack of awareness regarding stress management and substance abuse were noted. These behaviors reflect the community's need for continuous health education. In conclusion, although there is a positive trend in healthy lifestyle behaviors, further educational interventions are required to address areas such as stress management and substance avoidance. Health institutions are encouraged to use these findings as a foundation for improving health education in the community and promoting sustainable health practices.

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Introduction

Health is a human right that must be respected. Health is also an investment that increases work productivity and improves family welfare. Healthy lifestyle behavior is a reflection of a family lifestyle that always pays attention to and maintains the health of all family members. All health behaviors are carried out on awareness so that family members or families can help themselves in the health sector and can play an active role in health activities regarding healthy lifestyles in family members (Proverawati & Rahmawati, 2012). Prevention is better than cure, this health principle is the basis for the implementation of healthy living behavior. A healthy lifestyle must be applied as early as possible so that it becomes a positive habit in choosing health because health needs to be maintained, maintained and improved by every household member and fought for by all parties (Proverawati & Rahmawati, 2012). Therefore, on March 22, 2002, an Act of the Assembly of the Democratic Republic of Timor Leste or the Constitutional Assembly of the Republica Demokratica Timor Leste committee to provide quality health services efficiently and effectively in an effort to overcome various health problems experienced by the people of Timor Leste. The Ministry of Health of Timor Leste has initiated a national health development program to provide quality health services as written in the Law of the Democratic Republic of Timor Leste or the Republic of Timor Leste Constitutional Assembly of the Democratic (RDTL) article 57 paragraph 3 explains about health, namely: 1) the government says that all people have the right to live a healthy life, get water that is suitable for consumption and also must protect each other's rights, 2) the government runs and builds national cooperation in the field of health in general for all people according to their respective abilities without payment according to the rules of the law, 3) health services must be located everywhere, not just in one place, so that everyone can get health services (Asossiasaun Enfremeiro Timor Leste, 2002).

Health development is an integral part of national development so that it must have a clear reference about the direction of health development that can be used as a guide by all components of development actors, for which strong national health support is needed (Notoatmojo, 2012).

The impact of healthy lifestyle behavior on health status is quite large, so various efforts are needed to change unhealthy behavior into healthy ones, namely: (1). environment (factors that influence healthy living behavior). (2). behavior (behavior is the second factor that affects the degree of public health because the healthy or unhealthy health environment of individuals, families and communities is highly dependent on human behavior itself). (3). health services (health services are the third factor that affects the degree of public health because the existence of health facilities is very decisive in health recovery services, prevention of disease, treatment and nursing as well as community groups that need health services). Fourth, heredity (heredity (genetic) is a factor that has existed in humans who are carried from birth, for example from hereditary diseases such as diabetes mellitus and bronchial asthma (Blum, 2009).

Observation data obtained, about healthy lifestyles in the East Timorese community in Loidua Hamlet, Buibau Village, Baucau District is still low. Data obtained from the Head of Buibau Village there are 216 people. Data obtained from health workers in Loidua Hamlet, Buibau Village from 216 people who have not fulfilled a healthy lifestyle, among others: Drinking - alcoholic beverages around the environment, smoking habits in the house, not having a family toilet, not having clean water, not doing physical activities every day (such as sports),

there is no awareness for environmental hygiene (such as, no ventilation in every house, garbage disposal in places). From the problem of patternsproblemshealthy living above, there are diseases that are unwittingly suffered by the local community such as hypertension, diarrhea, dengue fever, and heart.

Based on a preliminary study of data obtained from the Baucau hospital from 216 people in Loidua Hamlet, Buibau Village, there were 98 people suffering from diseases including 62 people suffering from hypertension, 15 people suffering from dengue fever, 18 people suffering from diarrhea, and 3 people died from heart attacks. Many Timorese people, especially in Loidua Hamlet, Buibau Village, Baucau District, have a free lifestyle because it is one of the cultural and environmental factors so that they ignore the impact of lifestyle, and until now there has been no follow-up from health workers because there is still a lack of health services in Buibau Village, Baucau District. Therefore, the researcher is interested in conducting a study with the title "An overview of the healthy lifestyle of the community in Buibau village, Baucau district, Timor Leste" as an effort to identify healthy lifestyles early.

Based on the description above, the researcher is interested in knowing about "An Overview of Healthy Lifestyle Behavior in Buibau Village, Baucau District, Timor Leste" as an effort to identify early healthy living behavior patterns such as (1). Eat a variety of foods. (2). Doing physical activity regularly. (3). Controlling stress. (4). Avoiding drugs (narcotics, psychotropic substances and other addictive substances). (5). Not having sexual intercourse outside marriage.

The purpose of this study was to identify a description of the healthy lifestyle behavior of the community in Loidua Hamlet, Buibau Village, Baucau District, Timor Leste.

Research Method

This research plan is that the researcher chose a descriptive research design with a survey design, because the purpose of this study was to describe healthy lifestyle behavior in the community. The population in this study were residents in Loidua Hamlet, Buibau Village, Baukau District, Timor Leste, who were aged ≥ 14 , a total of 216 people. The sample was 68 respondents with this research was *incidental sampling*. Variables are behaviors or characteristics that give different values to something (objects, people, etc.). The type of variable used is 1 variable, healthy lifestyle.

Data collection procedure

There were 470 respondents who participated in this study, consisting of 35.96% male and 64.04% female. More than half of the samples (54.9%) were 31-55 years old. Most of the sample occupations were housewives (36.60%) and 1.70% of the samples were health workers (midwife, nurse). The majority of the samples were senior high school graduates (39.15%), married (74.68%) and had low income (60.43%). Only 13.83% of the sample had health insurance (private or national health insurance).

The results of this study identified several sources of information regarding selfmedication with analgesics, including health workers (39.79%), family (17.87%), pharmacy officers (12.77%), friends (9.57%), neighbors (7.23%), advertisements (0.85%) and internet (0.43%). About half of the sample (52.3%) lived close to a health facility (<10km). There were several reasons for self-medicating analgesics, including accustomed to doing it (34.25%), saving money (26.17) and mild symptoms (22.34%). There were 15.53% of the sample who self-medicated on analgetics because they were afraid of contracting COVID-19 when they went to a health facility.

Result and Discussion

The research carried out was then processed and obtained the results were as follows:

No.	Age	Frequency	Percentage
1	Early Adolescents (12- 15)	11	16,2
2	Late adolescence (16- 19)	10	14,7
3	Early adulthood (20-30)	32	47,1
4	Semi Old (31-59)	13	19,1
5	Old (≥60)	2	2,9
	Total	68	100

Table 1. Frequency distribution of respondents based on age in Loidua Hamlet, Buibau Village,
Baucau District, Timor Leste on April 01 to April 03, 2018

Table 1 shows that 47.1% (32 respondents) of the respondents in Loidua Hamlet, Buibau Village, Baucau Regency, Timor Leste are aged (early adulthood, namely 20-40 years, according to John W. Santrock).

Table 2. Frequency distribution of respondents based on gender in Loidua Hamlet, Buibau
Village, Baucau District, Timor Leste on April 01 to April 03, 2018.

No.	Gender	Frequency	Percentage
1	Male	37	54,4
2	Female	31	45,6
	Total	68	100

Based on Table 2, it can be seen that the number of respondents in Loidua Hamlet, Buibau Village, Baukau Regency, Timor Leste, is male as many as .54.4% (37 respondents)

 Table 3. Frequency distribution of respondents based on occupation in Loidua Hamlet, Buibau

 Village, Baucau District, Timor Leste on April 01 to April 03, 2018

Vinage, Daucau District, Timor Leste on April 01 to April 05, 2010			
No.	Jobs	Frequency	Percentage
1	Teacher	8	11,8
2	Housewife	12	17,6
3	Students	28	41,2
4	Nurse	2	2,9
5	Farmers	12	17,6
6	PNS	2	2,9
7	Private	4	5,9
	Total	68	100

Table 3 shows that 41.2% (28 respondents) of respondents in Loidua Hamlet, Buibau Village, Baucau Regency, Timor Leste are students.

No.	Education	Frequency	Percentage
1	S1	9	13,2
2	D3	9	13,2
3	Senior High School	30	44,1
4	Junior High School	20	29,4
	Total	68	100

 Table 4. Frequency distribution of respondents based on their latest education in Loidua

 Hamlet, Buibau Village, Baucau District, Timor Leste on April 01 to April 03, 2018.

Table 4 shows that 44.1% (30 respondents) of the respondents in Loidua Hamlet, Buibau Village, Baucau District, Timor Leste are high school students.

 Table 5. Frequency distribution of respondents based on information about healthy lifestyle

 health in Loidua Hamlet, Buibau Village, Baucau District, Timor Leste on April 01 to April 03,

2018			
No.	Information	Frequency	Percentage
1	Ever	56	82,4
2	Never	12	17,6
	Total	68	100

Based on table 5, it can be seen that the number of respondents in Loidua Hamlet, Buibau Village, Baucau District, Timor Leste, who have received information about healthy lifestyles is 82.4% (56 respondents).

Table 6. Frequency distribution of respondents based on material about healthy lifestyle health provided in Loidua Hamlet, Buibau Village, Baucau District, Timor Leste on April 01 to April 03, 2018.

00,2010.			
No.	Information	Frequency	Percentage
1	MKS	5	8,9
2	MS	5	8,9
3	MAF	24	4,8
4	MN	10	17,8
5	MMR	9	16,0
6	TBSM	3	5,3
	Total	56	100

Table 6 shows that 43% of respondents in Loidua Hamlet, Buibau Village, Baucau District, Timor Leste, have received material about physical activity (24 respondents).

Table 7. Frequency distribution of behavior of healthy lifestyle respondents in Loidua Hamlet,
Buibau Village, Baucau District, Timor Leste April 01 to April 03, 2018.

No.	Behavior	Frequency	Percentage
1	Good	40	58,8
2	Simply	28	41,2
	Total	68	100

Table 7 shows that 58.8% of respondents in Loidua Hamlet, Buibau Village, Baucau District, Timor Leste have good, healthy lifestyle behaviors (40 respondents).

Discussion

Based on the results of research conducted in Loidua Hamlet, Buibau Village, Baucau Regency, Timor Leste, it was found that residents had a lifestyle behavior of as many as 40 (58.8%) respondents. This is in line with research (Dewi, 2014), which states that one of the factors that result in healthy lifestyle behavior is the level of formal education. Education is the guidance given by someone to others about something so that they can understand something.

Of the total 40 (58.8%) respondents who have a healthy lifestyle, they are high school educated or above. From educated S1 5 (7.4%) and D3 6 (8.8%) respondents fall into the category of healthy lifestyle behavior. healthy lifestyle behavior, the higher a person's level of education, the easier it is for them to receive information. In the end, they need more knowledge in implementing healthy lifestyle behavior in healthy living. will improve their

Based on the results of this study, as many as 40 (58.8%) respondents have a healthy lifestyle, and as many as 15 (22.1%) early adult respondents have a healthy lifestyle. Healthy lifestyle behavior is said to be good. We can know if residents have material about healthy lifestyles, such as washing hands, doing physical activities such as sports, etc. so that it can support healthy lifestyle behavior; this study tends to be more in early adulthood than in late adolescence and early adolescence. aged above entering the concrete operational stage of development, apart from age factors, there are factors of knowledge, experience, environment, and patterns of daily living habits. This is in accordance with what was stated (Notoatmodjo, 2012). A person's age can affect the increase in knowledge and behavior he acquires. Likewise, the older the child, the better the child in implementing good healthy lifestyle behavior.

The results of this study show that as many as 40 (58.8%) respondents have a healthy lifestyle, and 30 (44.1%) respondents have received information about a healthy lifestyle. information about a healthy lifestyle that residents have obtained is as material or knowledge for daily use. Health education is essentially an activity or effort to convey health messages to the community, group, or individual, with the hope that with these messages, the community, group, or individual can gain knowledge about better health (Soekidjo Notoatmodjo, 2012). More than that, health education ultimately not only achieves health in the community but, more importantly, achieves health behavior (*healthy behavior*). Health is not only known or realized (*knowledge*) and addressed (*attitude*), but must be done or implemented in everyday life (*practice*). This means that the ultimate goal of health education is for the community to practice healthy living for themselves and the community, or the community can have a *healthy lifestyle* (Notoatmodjo, 2012).

Of the 40 (58.8%) respondents who have a healthy lifestyle, it was also found that 10 (14.7%) respondents had received material about healthy lifestyles, namely doing physical activity / exercise and washing hands. (First, regular physical activity can have a positive impact on health. Physical fitness development in youth can be useful for achieving health and physical fitness in adulthood and old age. Physical activity and exercise are beneficial for physical health, such as preventing overweight, improving heart, lung, and muscle function, and delaying aging. Habits are generally ingrained in a person, including habits that are beneficial to health, so it is difficult to change. This habit arises from the teachings taught by parents in the community to always maintain health by doing physical activities such as elderly gymnastics (Adiningsih, 2010), in (Hendrikus, 2016). This shows that residents of Loidua hamlet are very concerned about health by doing physical activity every day). (Second,

according to (Bowen & Kenah, 2010), in (Anisah, 2014). Saying that the positive impact of hand washing is hand washing to maintain health and avoid disease. We recommend teaching good hand-washing habits to young children because one of the diseases that often kills young children is diarrhea, which can be prevented by teaching children to wash their hands. As we know, throughout the day, we will have much direct contact with people, contaminated surfaces, food, and even animals and animal feces. This will certainly cause the accumulation of disease seeds on the hands, especially the palms. Therefore, if we do not wash our hands often enough, we can contract various diseases through touch (for example, we unconsciously touch our eyes, nose, and mouth with our palms. This will certainly result in germs and bacteria attached to the palm moving to the eyes, mouth, or nose, which will cause various diseases. Without realizing it, we can also spread disease to others through direct touch or through the surface media of the objects we touch (Bowen & Kenah, 2010), in (Anisah, 2014).

Based on the results of the study, 40 (58.8%) respondents had a healthy lifestyle, and 21 (30.9%) respondents were female. (Wardah, 2011) gender is a predisposing factor or a factor that makes it easier for someone to behave. this may be due to differences in the biological and psychological development of boys and girls. Generally, girls are more able to maintain personal hygiene than boys Wardah, (2011) in (Hendrikus, 2016). This may be because girls have been acculturated in their daily lives to be more obliged to maintain personal and environmental hygiene. For example, girls have been accustomed to sweeping to maintain environmental cleanliness or maintaining personal hygiene for everyday life, such as cleaning inside the house, helping mothers to wash, and others that aim to maintain appearance.

Of the 40 (58.8%) respondents who had a healthy lifestyle, were also found to 3 (4.4%) respondents be teachers. According to (Hendrikus, 2016) states that teachers can have a positive or negative influence on their students. Teachers are second parents because students spend much time interacting with teachers. Teachers play a role in student success. Teacher attitudes have a positive influence on students over a long period. Teachers are a reference for their students. Teachers are a reinforcing factor in the formation of healthy behavior for their students. Healthy behavior is not only shaped by good knowledge and attitudes, especially in children; there are factors from outside themselves that are very instrumental in shaping their behavior, which can be an example for them, such as teachers and parents (Hendrikus, 2016). It is evident in this study that good healthy lifestyle behavior is 20 (29.4%) students.

Conclusion

The results of research and data analysis show that the community of Loidua Hamlet, Buibau Village, Baucau District, Timor Leste has a healthy lifestyle behavior of as much as 58.8% (40 respondents) and a fairly healthy lifestyle behavior of as much as 41.2% (28 respondents).

For the community It is hoped that this research will increase cultural values in the community that support a healthy lifestyle and always be involved in activities related to a healthy lifestyle.

For health institutions, It is recommended that the results of this study be used as an additional reference and discourse in the educational environment and as further study material, especially for similar studies. It is hoped that the institution will provide more references about

clean and healthy lifestyles so that it can facilitate further research that wants to continue research on this topic.

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