

# Promoting Healthy Lifestyles Among The Indonesian Academic Community In Thailand To Prevent Non-Communicable Diseases (NCDs)

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**Abstract:** *Non-communicable diseases (NCDs) are one of the leading causes of death in the world, including Indonesia. Non-communicable diseases (NCDs) such as diabetes mellitus, hypertension, heart disease, cancer, stroke, and mental health disorders are increasingly being found in young people or adolescents. Lack of knowledge in adolescents causes risk factors for unhealthy lifestyles in adolescents. This community service will explore the problem of non-communicable diseases in Indonesian students studying in Thailand, through brave lecture activities and surveys. The survey results showed that the subjects' awareness of healthy living practices was moderate. More than 50% of respondents avoided consuming sweet foods regularly and did physical activity at least once a week. However, several behavioral patterns need to be watched out for, especially the high percentage (35%) of respondents who used laptops for more than six hours every day which resulted in a sedentary lifestyle and musculoskeletal problems.*

## INTRODUCTION

Non-communicable diseases (NCDs) such as diabetes, hypertension, heart disease, cancer, stroke, and mental health disorders no longer only affect the elderly age group but are starting to be found in the younger age group. Unhealthy lifestyles, such as the consumption of foods high in sugar and fat, a lack of physical activity, as well as smoking habits and stress, are the main factors causing the increase in the incidence of NCDs in the productive age. Globally, NCDs are the leading cause of morbidity and mortality among adolescents, with estimates suggesting that NCDs represent about 38.8% of total deaths among adolescents aged 10-24 years (1,2).

Non-communicable diseases (NCDs) are among the most common causes of death in the world, including Indonesia. Adolescence is one period that determines the pattern of forming health status in adulthood. Risky behaviors generally begin in adolescence. Many factors, including knowledge, cause risk factors for an unhealthy lifestyle in adolescents. Knowledge or cognition is the realm that affects someone's actions or behaviors (Siswanto & Lestari, 2020)

An increase in the incidence of NCDs in adolescents in Indonesia can result in a decrease in

the viability of youth in activities. Increasing adolescents' awareness of this disease can be done in various ways, such as organizing workshops, seminars, and community events that focus on a healthy lifestyle can effectively reach adolescents (4). Campaigns that utilize social media platforms to share information about non-communicable diseases (NCDs) can be very effective. Younger audiences can receive targeted messages through platforms like Instagram and TikTok. This is based on the fact that adolescents are very active on social media (5).

PCIM Thailand, as a second home for the residents and sympathizers of the Muhammadiyah Organization, is developing and can provide the color of progressive da'wah in this land of white elephants. The main programs will focus on strengthening the existence and socialization of the Indonesian people in Thailand and the Muhammadiyah environment in Indonesia. Programs such as scientific discussions, thematic studies, scholarship socialization in Thailand, and initiation of cooperation with institutions in Thailand and Indonesia are flagship programs. Several institutions in Indonesia have already expressed their willingness to engage in some form of strategic cooperation. PCIM Thailand's strategy is to introduce Muhammadiyah to the land of white elephants. First, the approach with up-to-date science and knowledge is the initial strategy to introduce Muhammadiyah to Thailand's diaspora or Indonesian students. Second, there is also the potential to introduce Muhammadiyah to Thai citizens. This is because, historically, there are descendants of the founding family of Muhammadiyah in Thailand, one of which is Prof. Winai Dahlan, who is now actively involved in halal research and midwifery of halal certification institutions in Thailand. Third, the existence of local sympathizers who are recorded as having established the Muhammadiyah Thailand Organization, which is referred to as a sister organization, can be one of the supporters of the development of PCIM Thailand. The challenge of da'wah in the Land of the White Elephant is that there are cultural differences, and the number of Muslims in Thailand who are minorities is the main challenge of da'wah for local Thai citizens.

## METHODS

Activities are carried out through counseling and online surveys using Google Forms. The survey covers demographic aspects, food consumption habits, exercise, and the use of electronic devices (laptops). A total of 20 respondents, including students and lecturers, were involved in filling out the survey.

## RESULT AND DISCUSSION

Based on the online survey results, the study involved 20 subjects, predominantly female (75%) and mostly students (80%), aged between 20 and 41 years. The data provide insight into their lifestyle habits related to diet, physical activity, and screen time (Table 1).

**Table 1. Characteristic Subject**

<b>Variables</b>	<b>Sub catagories</b>	<b>%</b>	<b>n</b>
Number of subjects			20
Gender	Female	75	15
	Male	25	5
Employment status	Students	80	16
	Lecturers	20	4

Age range	20-41	
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Regarding diet, 55% of respondents reported not consuming sugary foods regularly, indicating awareness regarding healthy dietary practices. However, 45% still consumed sweet foods, suggesting the need for continuous education about balanced nutrition. As for frequently consumed foods, 35% favoured meat, followed by vegetables (30%), packaged or preserved foods (15%), fatty foods (10%), and other categories (10%) (Table 2).

**Table 2. Consumption patterns**

Variables	Sub catagories	%	n
Consumption of Sweet Foods	Yes	45	9
	No	55	11
Types of Foods Frequently Consumed	Meat	35	7
	Vegetables	30	6
	Packaged/preserved foods	15	3
	Fat	10	2
	Other	10	2

Regarding physical activity, the majority (65%) of participants engaged in some form of exercise at least once per week. Most respondents exercised once per week (40%), while others exercised two times (20%), three to four times (15%), and five to seven times (5%) weekly. A small number (5%) did not exercise at all. The preferred duration of exercise was between 16 to 30 minutes (45%), followed by 46–60 minutes (30%), less than 15 minutes (15%), and more than 60 minutes (5%). In terms of exercise type, jogging or running (25%) was the most popular, followed by gym/weightlifting (20%), cardio activities like swimming or walking (20%), yoga/gymnastics (10%), and other varied forms (20%) (Table 3)

**Table 3. Types of physical activity**

Variables	Sub catagories	%	n
Exercise Frequency per Week	1 x	40	8
	2 x	20	4
	3–4 x	15	3
	5–7 x	5	1
	Not exercising	5	1
	Other	15	3
Exercise Duration per	<15 minutes	15	3

Session			
	16–30 minutes	45	9
	46–60 minutes	30	6
	>60 minutes	5	1
	Other	5	1
Types of Sport	Jogging/run	25	5
	Gym/Weights	20	4
	Yoga/Gymnastics	10	2
	Cardio, swimming, walking, static bike	20	4
	Not exercising	5	1
	Other	20	4

Regarding screen time, 35% of the respondents reported using a laptop for more than six hours per day, which could contribute to sedentary behaviors. Half of the respondents used laptops between three to six hours, while only 15% reported usage below two hours (Table 4).

**Table 4. Screen time using laptop**

Variables	Sub catagories	%	n
Duration of Use per Day	<2 h	15	3
	3–6 h	50	10
	>6 h	35	7

Overall, the results highlight a mixed picture. While there is evident awareness of healthy living among participants, consistent implementation of such practices remains limited, particularly regarding screen time and regular physical activity.

The survey indicates a moderate awareness among respondents regarding healthy living practices. More than half avoid regular consumption of sugary foods and participate in physical activity at least once a week. However, some behavioral patterns raise concern, particularly the high percentage (35%) of respondents who use laptops for more than six hours daily, leading to sedentary lifestyles and musculoskeletal issues.

Studies support that increased electronic health literacy is associated with better health behaviors. Shudayfat et al. (2023) observed a positive relationship between health literacy and healthier eating and exercise habits among students. Nevertheless, academic and work demands may hinder actual behavior despite adequate awareness (Shudayfat et al., 2023). Laptop overuse can result in prolonged sedentary behavior. Shah & Ketkar (2020) found that students in computer science programs often sit for up to 9 hours daily, contributing to physical inactivity (Shah & Berry, 2020). In addition, research from Universitas Indonesia highlights the musculoskeletal problems related to improper gadget usage during prolonged WFH periods,

especially in non-ergonomic positions (Susilowati et al., 2022). Furthermore, cultural adaptation is necessary when designing health promotion strategies in diaspora settings. The Indonesian academic community in Thailand may face unique environmental, artistic, and logistical barriers to adopting healthy lifestyles. Time constraints due to academic workload, limited access to recreational spaces, and food availability or affordability differences can influence behavior. Recent studies have emphasized tailoring public health interventions to specific cultural contexts to enhance relevance and effectiveness (Joo & Liu, 2020; Kim et al., 2022)

These findings stress the importance of implementing a more holistic approach to health promotion. Not only is awareness needed, but active behavioral interventions are essential. Routine physical activity programs, ergonomic education, and structured screen-time management could be strategic components in community health planning. Furthermore, cultural adaptation is necessary when designing health promotion strategies in diaspora settings. The Indonesian academic community in Thailand may face unique environmental, artistic, and logistical barriers to adopting healthy lifestyles. Time constraints due to academic workload, limited access to recreational spaces, and food availability or affordability differences can influence behavior.

Health interventions should consider community-driven initiatives, peer-support mechanisms, and partnerships with local health institutions to address this. Building awareness alone is insufficient; consistent behavior change demands ongoing engagement and reinforcement. A participatory approach involving students, educators, and diaspora leaders may yield more sustainable results in cultivating healthy living habits.

## CONCLUSION

This community service activity succeeded in providing an overview of the academic community's lifestyle. It was the basis for planning advanced programs, such as routine morning gymnastics classes, nutrition and screen time management webinars, and healthy living campaigns through campus social media.

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