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Original Research

Community Cultural Values and Control of Non-Communicable Disease Risk Factors: A Cross-Sectional Study

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Abstract

Background: Lack of knowledge about diseases, suboptimal quality of services, low awareness of risk factors, and low compliance with prevention measures are problems that arise in efforts to control Non-Communicable Diseases (NCDs) in various developing countries worldwide, including Indonesia. Perceptions that are not in accordance with health science can worsen the risk factors for non-communicable diseases, which are currently a major public health problem

Objective: to identify which values and cultures should be preserved, negotiated, and even changed.

Methods:study is descriptive-analytical, with a cross-sectional design, to analyze community cultural values as a means of controlling non-communicable diseases. This study was conducted in Wologai village, with 79 respondents. Data were analyzed using SPSS 25 software with Spearman's Rank Correlation Coefficient .

Results: Community perceptions and behaviors were significantly associated with efforts to control non-communicable disease risk factors (p-value <0.05), whereas traditional medicine, stigma and health, and community ritual and spiritual practices were not (p-value >0.05).

Conclusion: Public perception and behavior contribute to NCD risk factor control but are not the primary determinants. Therefore, attention is needed to consider other factors that may also influence the success of NCD risk factor control in the community.

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Keywords
Non-Communicable Diseases (NCDs); Risk Factors; Community Perception.

Background

Non-communicable diseases are the leading cause of death worldwide, accounting for 71%, or 41 million, of all deaths annually (1). Globally, new cases and deaths from non-communicable diseases increase annually, contributing to more than 80% of all premature deaths (1,2). Due to the epidemiological transition over the past three decades, the prevalence of non-communicable diseases has increased from 39.8% (1990) to 69.9% (2019), of which 10.9% are caused by stroke, 8.6% by malignant neoplasms, and 7.7% by ischemic heart disease.

The rising prevalence of non-communicable diseases is evident in many countries, including Indonesia and East Timor (3). Shifts in disease patterns are largely driven by environmental, demographic, technological, economic, and sociocultural changes, which subsequently influence individual behaviors and lifestyles (3). In Indonesia, challenges such as limited knowledge of disease, suboptimal service quality, low awareness of risk factors, and poor adherence to prevention measures hinder effective control of non-communicable disease risk factors. These challenges are the primary contributors to rising incidence and mortality rates associated with non-communicable diseases.

The success of controlling NCD risk factors is influenced not only by individual factors and health services, but also by the cultural values that develop within a society. Culture shapes how individuals understand health, disease, and actions considered appropriate for maintaining health. Cultural values can influence public health perceptions and behaviors, ultimately shaping a person's decisions regarding disease prevention and control efforts (4).

Public perceptions of disease are shaped by the prevailing culture within a society. Beliefs regarding the causes, progression, and treatment of diseases—whether aligned with or divergent from medical science—continue to influence non-communicable disease risk factors, often through widely disseminated and easily transmitted narratives (5). When these perceptions conflict with medical knowledge, they can intensify risk factors for non-communicable diseases, which remain a significant public health concern. Consequently, research is required to determine which cultural values should be maintained, adapted, or transformed.

Public perceptions and behaviors play a critical role in controlling non-communicable disease risk factors. Individuals who recognize the importance of health are more likely to participate in regular health screenings, maintain a nutritious diet, engage in physical activity, and avoid high-risk behaviors. In contrast, misconceptions or inaccurate beliefs can impede the adoption of healthy behaviors and reduce engagement

in prevention programs. Empirical evidence demonstrates that risk perceptions and health beliefs are closely linked to preventive behaviors, such as adopting healthy lifestyles, engaging in physical activity, and adhering to risk-factor control measures (6,7). Therefore, public perceptions and behaviors are essential determinants of successful non-cooperation. Beyond perceptions and behaviors, traditional medicine constitutes a significant aspect of Indonesian public health culture. Its use is frequently motivated by inherited beliefs, familial experiences, accessibility, and trust in its efficacy (8). Nevertheless, the effectiveness of traditional medicine in controlling non-communicable disease risk factors remains inconclusive and has not been demonstrated to substitute for prevention strategies grounded in health behavior modification. Five efforts based on health behavior change.

Stigma related to health can also shape public responses to health challenges. Health-related stigma may affect individuals' willingness to seek care, adhere to treatment, and participate in public health initiatives. Within the Indonesian cultural context, prevailing social values and levels of societal acceptance frequently influence personal health-related decision-making (9).

Ritual and spiritual practices continue to play a significant role in community life, especially among groups that uphold traditional cultural values. Activities such as prayer, traditional rituals, and spiritual engagement are believed to support health maintenance and facilitate recovery. While these practices may offer psychological benefits and enhance coping mechanisms, their influence on the control of non-communicable disease risk factors warrants further investigation (10).

The increThe rising incidence of non-communicable diseases, driven by environmental, behavioral, demographic, technological, economic, and sociocultural changes, may be further intensified by public perceptions that diverge from medical science. Accordingly, this research aims to identify community cultural values related to non-communicable diseases and to analyze their relationship with the control of associated risk factors.

Methods

The research design used in this study is descriptive-analytical, with a cross-sectional approach, to identify the community's cultural values and analyze their relationship to the control of risk factors for non-communicable diseases in Wologai Village, Detusoko District, Ende Regency. The study was conducted in the traditional area of Wologai Village, Detusoko District, Ende Regency. The study population was the community of Wologai Village, Detusoko District, Ende Regency. The sample in this study was the community that met the inclusion criteria: the indigenous community at the research location, aged >25 years, physically and mentally healthy, and willing to participate in the study. The sample size in this study reached 79 respondents. The sampling technique used was probability sampling with a simple random sampling approach. The instrument used in this study was a questionnaire. Before use, the instrument underwent validity and reliability tests (11). The instrument trial was conducted either in the same location as the

research or in a different location with the same characteristics as the research location, such as the same culture related to healthy and sick behavior in the community. For community cultural values, researchers analyzed dimensions related to perception and behavior, traditional medicine, health and stigma, and ritual and spiritual practices. This instrument was developed based on the concepts of the Cultural Health Beliefs and Values Scale, the Beliefs and Values Scale, and the Spiritual Involvement and Beliefs Scale, which explain how cultural values shape a person's perception of health, treatment-seeking, and health-related decision-making. Measurements were conducted using a Likert scale: Strongly Disagree (1), Disagree (2), Agree (3), and Strongly Agree (4). The scores for each item were summed to obtain a total cultural value score. The higher the score, the stronger the influence of cultural values on the respondent's health behavior. Furthermore, the total score was categorized based on the percentage of the obtained score relative to the maximum score: good if≥ 76%, fair if 56–75%, and poor if ≤ 55%. This instrument has high reliability with a Cronbach's Alpha of 0.92.

The NCD risk factor control instrument consists of six dimensions according to the CERDIK indicators: regular health check-ups and healthy conditions; eliminating cigarette smoke; regular physical activity; a healthy, balanced diet; getting enough rest; and stress management. Each dimension is measured through several statements describing the respondent's behavior in daily life. Measurements are carried out using a Likert scale with answer options Always (4), Often (3), Sometimes (2), Never (1). For negative statements, scoring is done in reverse, namely Always (1) to Never (4). All scores for each item are summed to obtain a total score for NCD risk factor control. Based on the percentage results, the level of NCD risk factor control is categorized as good if it obtains a score of 76–100%, sufficient if it obtains a score of 56–75%, and poor if it obtains a score of ≤55%. The higher the category achieved, the better the respondent's behavior in implementing NCD risk factor prevention and control efforts. Data analyzed using Spearman's Rank Correlation Coefficient. The test was conducted using SPPS 25.

Result and Discussion

Demographic Characteristic of Participant

The demographic characteristics of respondents identified in this research activity include age, gender, religion, marital status, education level, and occupation.

Table 1. Respondent Characteristics

Variable	f	%
Age (years)		
20 s.d 29 years	11	13.9
30 s.d 39 years	14	17.7
40 s.d 50 years	20	25.3
> 50 years	34	43.0

Gender		
Male	32	40.5
Female	47	59.5
Religion		
Catholic	77	97.5
Protestant	1	1.3
Islam	1	1.3
Marital Status		
Married	66	83.5
Single	13	16.5
Education Level		
Not Completed Elementary School	5	6.3
Elementary School	29	36.7
Junior High School	6	7.6
Senior High School	20	25.3
University	19	24.1
Occupation		
Housewife	7	8.9
Farming/Garden Worker	47	59.5
Private Sector	1	1.3
Civil Cervant/TNI/POLRI/BUMN/BUMD	9	11.4
Laborer	1	1.3
Not working	5	6.3
Other	9	11.4
Total	79	100.0

The demographic data indicate that most respondents in the Wologai traditional village (Indonesia) are over 50 years old (34 individuals, 43.0%). The majority are female (47 respondents, 59.5%), and most identify as Catholic (77 individuals, 97.5%). Most respondents are married (66 individuals, 83.5%), have completed elementary school (29 individuals, 36.7%), and work as farmers (47 individuals, 59.5%).

Community Cultural Value

The characteristics of community cultural values measured in this study include community perceptions and behaviors, traditional medicine, stigma, health, and ritual or spiritual practices. The distribution of these community cultural values is shown in the table below.

Table 2. Characteristics of Community Cultural Values

Variable	f	%
Community Perceptions and Behavior		
Good	23	29.1
Sufficient	35	44.3

Poor	21	26.6
Traditional Medicine		
Good	28	35.4
Sufficient	48	60.8
Poor	3	3.8
Stigma and health		
Good	41	51.9
Sufficient	34	43.0
Poor	4	5.1
Ritual dan spiritual prcatices		
Good	31	39.2
Sufficient	43	54.4
Poor	5	6.3
Total	79	100.0

Table 2 indicates that most respondents in Wologai traditional village, Indonesia, demonstrate fair perception and behavior (35 respondents, 44.3%). The majority of traditional medicine users also fall within the fair category (48 respondents, 60.8%). Regarding stigma and health, most respondents are categorized as good (41, 51.9%). Additionally, the majority of ritual or spiritual practices are classified as fair (43 respondents, 54.4%).

Risk Factors Controlling for Non-Communicable Diseases

The risk factors for non-communicable diseases assessed in this study include regular health check-ups regardless of health status, abstaining from smoking, engaging in regular physical activity, maintaining a healthy and balanced diet, obtaining adequate rest, and practicing effective stress management. The distribution of respondent characteristics according to non-communicable disease risk factor control is presented in the following table.

Table 3. Controlling Risk Factors for Non-Communicable Diseases

Variable	f	%
Regular health check-ups and healthy conditions		
Good	68	86.1
Sufficient	6	7.6
Poor	5	6.3
Eliminating cigarette smoke		
Good	30	38.0
Sufficient	46	58.2
Poor	3	3.8
Regular physical activity		
Good	61	77.2
Sufficient	16	20.3
Poor	2	2.5

Healthy and balanced diet		
Good	63	79.7
Sufficient	11	13.9
Poor	5	6.3
Getting enough rest		
Good	54	68.4
Sufficient	17	21.5
Poor	8	10.1
Stress management		
Good	79	100.0
Total	79	100.0

Table 3 indicates that most respondents in the Wologai traditional village undergo regular health checks, regardless of their health status (68 respondents, 86.1%). Additionally, the majority do not smoke (46 respondents, 58.2%), regularly engage in physical activity (61 respondents, 77.2%), follow a healthy and balanced diet (63 respondents, 79.7%), and obtain sufficient rest (54 respondents, 68.4%). All respondents report effective stress management (100.0%).

Relationship between Community Cultural Values and Control of NCD Risk Factors

Table 4. Relationship between Community Cultural Values and Control of NCD Risk Factors

Community Cultural Values		NCD Risk Factors		Correlation	
		Good	Sufficient	Coefficient	p Value
1	Community Perceptions and Behavior				
	Good	23	0	0,308	0,006
	Sufficient	33	2		
	Poor	16	5		
2	Traditional Medicine				
	Good	27	1	0,113	0,321
	Sufficient	42	6		
	Poor	3	0		
3	Stigma and Health				
	Good	40	1	0,203	0,072
	Sufficient	28	6		
	Poor	4	0		
4	Ritual dan spiritual Practices				
	Good	26	5	0,208	0,66
	Sufficient	41	2		
	Poor	5	4		

Table 4 demonstrates a significant positive relationship between community perceptions and behaviors and the control of non-communicable disease (NCD) risk factors, indicated by a p-value of 0.006 (<0.05) and a correlation coefficient of 0.308. Improved community perceptions and behaviors are associated with enhanced control of NCD risk factors.

Table 4 indicates no significant association between traditional medicine and the control of non-communicable disease risk factors (p = 0.321, >0.05). Additionally, there

is no significant relationship between stigma and public health and the control of non-communicable disease risk factors (p = 0.072, >0.05), nor between community ritual and spiritual practices and the control of non-communicable disease risk factors (p = 0.066, >0.05).

DISCUSSION

The Relationship between Perception and Behavior and Controlling Non-Communicable Disease Risk Factors

The results of the study showed a significant relationship between public perception and behavior regarding the control of non-communicable disease risk factors (p=0.006 < 0.05), with a relationship strength in the weak-to-sufficient category (0.308). This indicates that people with better perceptions and behaviors tend to make stronger efforts to control NCD risk factors. However, because the strength of the relationship is relatively low, it can be assumed that the control of NCD risk factors is influenced not only by public perception and behavior but also by other factors. Perception and behavior make only a limited contribution to controlling NCD risk factors, while other factors continue to influence them (7,12,13). These findings align with health behavior theory, which explains that an individual's perception of a disease influences their decision to take preventive measures. Individuals who perceive NCDs as a serious health problem and are aware of the risks they may experience tend to be more motivated to adopt healthy lifestyle behaviors, such as regular physical activity, healthy eating, avoiding smoking, and undergoing regular health checkups. A positive risk perception has been shown to be an important factor in encouraging chronic disease prevention behaviors (7,14).

However, the weak correlation (r = 0.308) indicates that controlling NCD risk factors is not solely influenced by public perception and behavior. Other factors, such as education level, health literacy, family support, access to health services, socioeconomic conditions, residential environment, and the success of health promotion programs, also play a role in determining the success of efforts to control NCD risk factors. The WHO emphasizes that controlling NCDs requires a multisectoral approach involving various social, economic, educational, and health system aspects (15).

The results of this study are also relevant to research by Arsyad et al. (2022), which showed that modifiable NCD risk factors remain prevalent in the Indonesian population, necessitating ongoing control efforts through increased awareness, behavior change, and routine risk-factor monitoring. Therefore, public perception and behavior remain important factors that require strengthening through health education and community empowerment, although they are not the sole determinants of successful NCD control (16).

The Relationship between Traditional Medicine and Controlling Non-Communicable Disease Risk Factors

The results of this study indicate no significant relationship between traditional medicine in the community and the control of non-communicable disease risk factors (p=0.312,>0.05).

These findings suggest that while communities still use traditional medicine as part of their health culture, this practice is not necessarily directly related to NCD risk-factor management behaviors. This is because NCD risk factor management is more determined by daily behaviors, such as a healthy diet, physical activity, smoking cessation, and regular health check-ups, than by the choice of treatment method. Traditional medicine is generally used when individuals already have specific health problems and focuses more on treatment than on preventing disease risk factors (17).

This finding is supported by research by Putro (2020) and Suandana et al (2024), which shows that people choose traditional medicine based on experience, beliefs, cultural values, and confidence in the effectiveness of traditional therapies. However, the use of traditional medicine is not always accompanied by the health behavior changes necessary to control NCD risk factors (8,18).

Research by Sinaga et al. (2021) also explains that traditional healing practices are generally based on local knowledge passed down through generations and have not been fully integrated with modern health approaches focused on controlling risk factors for chronic diseases (19).

Primary Health Care (PHC) is a strategy established by the Indonesian government to achieve universal health. Two important elements of PHC are the application of appropriate technology and community participation. Community participation in supporting health development based on PHC takes the form of traditional medicine efforts (20). Appropriate treatment generally plays a crucial role in controlling non-communicable diseases. Several factors are suspected to be associated with the low compliance of productive-age hypertension sufferers with regular treatment at the Hantara Community Health Center. These factors can be internal to the individual with hypertension or external. Internal factors influencing low compliance in productive-age hypertension sufferers include age, gender, education, knowledge, income, and duration of antihypertensive medication use. External factors influencing low compliance in productive-age hypertension sufferers include the role of the family, the role of health workers, and the distance from the sufferer's home to health care facilities (21,22). Mardiana research, showed that shamans (silala) in Talaga Dua Village are highly trusted for healing and have been proven to cure local illnesses (23). The Buton community believes that all their illnesses are caused by warnings from spirits and evil spirits, so they tend to seek treatment (24).

Another study by Kasole et al. found that the use of plants and traditional medicines can be beneficial and help stabilize diabetes patients, but also carry potential side effects. The physiological effects of traditional plant treatments on patients are not yet fully

understood, so there is no clear consensus on whether these treatments are beneficial, harmful, or detrimental to patients (25).

The Relationship between Health Stigma and Controlling Non-Communicable Disease Risk Factors

The study results showed no significant relationship between stigma and public health and the control of non-communicable disease risk factors (p=0.072,>0.05). These findings indicate that health stigma in society has not yet become a major factor influencing behaviors related to NCD risk factors. This may be because health stigma is more often found in conditions with strong social consequences, such as mental health disorders, HIV/AIDS, or diseases that lead to social discrimination. Meanwhile, most NCDs, such as hypertension, diabetes mellitus, and heart disease, have become common, so society tends to accept these conditions without attaching significant stigma.

According to WHO (2020), stigma in the health context is a negative association between an individual or group of people with certain characteristics and a particular disease(26). Within its scope, stigma is divided into three types: interpersonal, intrapersonal, and structural stigma. Stigmatization related to an individual's illness becomes a barrier to accessing healthcare. This barrier has the potential to contribute to more severe health problems, continued transmission, and difficulties in controlling infectious diseases during outbreaks (27).

Every individual tends to fear the unknown and potential threats to health or safety, such as illness, especially when they involve other individuals. This leads to social stigma and discrimination against certain ethnicities and those perceived to be related to the disease. Feelings of confusion, anxiety, and fear are understandable, but this does not mean we should be prejudiced against sufferers, caregivers, families, or those who are not sick but are related to individuals who are. Social stigma in society can cause people to hide their illness to avoid discrimination, prevent them from seeking immediate health assistance, and prevent them from adopting healthy lifestyles (28).

Santosa et al. (2024) explained that Indonesia's collectivist culture is heavily influenced by social recognition, community participation, and family reputation. However, the influence of stigma on health behaviors depends heavily on the type of disease and the underlying social context (9).

The results of this study also align with a systematic review by Rai, which found that stigma can affect quality of life and chronic disease management, but its influence on NCD risk-factor prevention and management behaviors is not always consistent across populations (29).

The Relationship between Ritual and Spiritual Practices and Controlling Non-Communicable Disease Risk Factors

The research results showed no significant relationship between community ritual and spiritual practices and the control of non-communicable disease risk factors (p=0.066> 0.05). These findings indicate that although spiritual practices remain an

important part of people's lives, they have not directly influenced behavior related to controlling NCD risk factors.

Non-communicable diseases can cause various complex psychosocial and spiritual problems that affect the quality of life of patients and their families (30). Preventing non-communicable diseases is a priority in health development, through various preventive measures implemented before disease occurs. Indigenous communities generally perform or participate in rituals to be protected from various diseases, to be granted longevity, and to be protected from various disasters. These rituals also typically occur for someone who has recovered from a previous illness (24). A person's spiritual values are believed to significantly influence their perception of illness. A nurse's spiritual values, or philosophical beliefs about illness and suffering, will determine the extent to which they can help a sick person find meaning, or lack thereof, in this situation (31).

Research by Odukoya explains that religious and spirituality-based interventions can support health promotion and NCD prevention, but their effectiveness largely depends on how these spiritual values are translated into concrete health behaviors in everyday life. In the context of indigenous communities, ritual and spiritual practices likely serve more as social and psychological support mechanisms than as primary determinants of NCD risk-factor control behaviors. Therefore, while spiritual values remain important in community life, they are not necessarily directly related to efforts to control NCD risk factors (32).

Conclusion

The research results indicate that public perception and behavior are critical in controlling risk factors for non-communicable diseases (NCDs). Communities that recognize the importance of NCD prevention and control typically exhibit healthier behaviors in managing disease risk factors. These findings suggest that enhancing public understanding and promoting positive behaviors may be an effective strategy for supporting successful NCD risk factor control.

In contrast, traditional medicine, stigma and health, as well as community rituals and spiritual practices, did not demonstrate a significant relationship with NCD risk factor control efforts. This finding suggests that these factors are not currently the primary determinants of community behavior regarding NCD risk factor control at the study site. Consequently, health interventions should prioritize fostering positive perceptions and encouraging healthy lifestyle behaviors within the community to prevent and control NCDs.

Declaration of Conflict of Interest
No conflict of interest declare

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Author Contributions

All authors contributed to the study's conception and design, data acquisition, and data analysis, wrote the first draft of the manuscript, revised the final draft, and gave final approval of the version to be published.

Data Availability Statement

The dataset generated and analysed during the current study is available from the corresponding author upon reasonable request.

Declaration of the Use of AI in Scientific Writing

There is nothing to declare.

References

1. Sirajudin S, Bela B, Arixellis H, Siti R, Gian H. Pelaksanaan Program Skrining Untuk Pengendalian Penyakit Tidak Menular Di Desa Hunuth. Pattimura Pengabdi (Jurnal Pengabdi Kpd Masyarakat). 2021;1(1):137–41.
2. Hamid A, Putri A. Penyuluhan "CERDIK" (Cek Kesehatan Secara Rutin) Sebagai Upaya Pengendalian Penyakit Tidak Menular. J Pengabdi Ilmu Kesehat. 2023;3(2):117–23.
3. RI KK. Rencana Strategis Kementerian Kesehatan Tahun 2020-2024. Permenkes No 21 Indonesia: Kementrian Kesehatan Republik Indonesia; 2020.
4. Rios-Duarte JA, Peña-Silva RA, Mendivil CO. cultural insights into non- - communicable disease perceptions : a nation survey. BMJ Public Heal [Internet]. 2025;3:1–12. Available from: https://doi.org/10.1136/bmjph-2024-001567
5. Putri D. Keperawatan Transkultural Pengetahuan dan Praktik Berdasarkan Budaya. Bantul: Pustaka Baru Press; 2018.
6. Wang T, Wang H, Zeng Y, Cai X, Xie L. Health beliefs associated with preventive behaviors against noncommunicable diseases. Patient Educ Couns [Internet]. 2022;105(1):173–81. Available from: https://doi.org/10.1016/j.pec.2021.05.024
7. Jane Ling, MY Ahmad, N Aizuddin A. Risk perception of non-communicable diseases: A systematic review on its assessment and associated factors. PLOS One J [Internet]. 2023;18(6). Available from: https://doi.org/10.1371/journal.pone.0286518
8. Putro BD. Persepsi dan perilaku pengobatan tradisional sebagai alternatif upaya mereduksi penyakit tidak menular. Sunari Penjor J Anthropol. 2021;4(2):87–94.
9. Santosa A, Sopamena Y, Visser M, Dadun D, Damayanti R, Yang L, et al. Interdisciplinary perspectives on ' what matters most ' in the cultural shaping of related stigma in Indonesia. BMJ Glob Heal [Internet]. 2024;9(9):1–9. Available from: https://doi.org/10.1136/bmjgh-2023-012394
10. Koenig HG. Religion , Spirituality , and Health : The Research and Clinical Implications. Int Sch Res Netw Psychiatry [Internet]. 2012;1–33. Available from: http://doi.org/10.5402/2012/278730
11. Notoatmodjo S. Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta; 2012.
12. World Health Organizatiton. Public perceptions of noncommunicable diseases: awareness and understanding. Geneva; 2023.
13. World Health Organizatiton. Noncommunicable disease: risk factors and conditions. Geneva; 2023.
14. Glanz K, Rimer BK, Viswanath K. Health behavior : theory, research, and practice 5th Edition. 5th ed. San Francisco, California: Jossey-Bass; 2015.
15. World Health Organizatiton. New report shows progress and missed opportunities in the control of NCDs at the national level. Geneva; 2022.
16. Arsyad DS, Westerink J, Cramer MJ, Ansar J, Visseren FLJ, Doevendans PA. Modifiable risk factors in adults with and without prior cardiovascular disease : findings from the Indonesian National Basic Health Research. BMC Public Health [Internet]. 2022;22(1):1–11. Available from: https://doi.org/10.1186/s12889-022-13104-0
17. Pradipta IS, Aprilio K, Febriyanti RM, Ningsih YF, Andhika M, Pratama A, et al. Traditional medicine users in a treated chronic disease population : a cross - sectional study in Indonesia. BMC Complement Med Ther [Internet]. 2023;23(1):1–9. Available from: https://doi.org/10.1186/s12906-023-03947-4
18. Suandana IA, Ayu P, Astuti S, Januraga PP. Factors Associated with the Utilization of Traditional Health Services among People with Non-Communicable Diseases in Indonesia : Findings from a Nationwide Survey. Tradit Integr Med [Internet]. 2024;9(4):379–89. Available from: http://doi.org/10.18502/tim.v9i4.17473%0ACitation:
19. Sinaga RM, Zuska F, Sitorus P. Indegenous Healer Knowledge About Illness and The Way to Make Traditional Medicine. Indones J Med Anthropol [Internet]. 2021;2(1):43–7. Available from: https://doi.org/10.32734/ijma.v2i1.5297

20. Dwisatyadini M. Pemanfaatan Tanaman Obat untuk Pencegahan dan Pengobatan Penyakit Degeneratif. In: Optimalisasi Peran Sains dan Teknologi untuk Mewujudkan Smart City. 2017.
21. Asikin A, Badriah D, Suparman R, Susianto S. Faktor-Faktor Yang Berhubungan Dengan Kepatuhan Melakukan Pengobatan Secara Teratur Pada Penderita Hipertensi Usia Produktif Di Puskesmas Hantara Kabupaten Kuningan. J Public Heal Innov. 2021;2(1):61–75.
22. Apriliani T, Suraya I. Faktor-Faktor yang Berhubungan dengan Tingkat Kepatuhan dalam Menjalani Pengobatan pada Penderita Hipertensi. J Sains dan Kesehat [Internet]. 2024;3(2):50–8. Available from: https://doi.org/10.57151/jsika.v3i2.316
23. Mardiana N. Silala: Pengobatan Tradisional Masyarakat di Desa T alaga Dua Kecamatan Talaga Raya Kabupaten Buto Tengah. Universitas Halu Oleo; 2016.
24. Nurliana N, Sifatu WO, Janu L. Tari Kompania: Sebagai Media Pencegahan Dan Pengobatan Penyakit Di Desa Wasalabose Kecamatan Kulisusu Kabupaten Buton Utara. J Etnoreflika [Internet]. 2018;7(2):91–7. Available from: https://doi.org/10.33772/etnoreflika.v7i2.517
25. Aprilia Krismandani I, Chayati N. Application Of Leininger Theory In Nursing Care Of Patients With Blood Glucose. 2020;1–6.
26. WHO. Social Stigma associated with COVID-19 A guide to preventing and addressing. 2020.
27. Nurhajar N, Kadar KS, Syahrul S. Stigma Pada Penderita Penyakit Infeksi Menular: Literatur Review. J Keperawatan Kendal [Internet]. 2021;13(2):523–34. Available from: https://doi.org/10.32583/keperawatan.v13i2.1539
28. Dai NF. Stigma Masyarakat Terhadap Pandemi Covid-19. In: Prosiding Seminar Nasional Problematika Sosial Pandemi Covid-19 “Membangun Optimisme Di Tengah Pandemi Covid-19.” 2020. p. 66–73.
29. Rai SS, Syurina E V, Peters RMH, Putri AI, Zweekhorst MBM. Non-Communicable Diseases-Related Stigma : A Mixed-Methods Systematic Review. Int J Environ Res Public Health [Internet]. 2020;17(18). Available from: https://doi.org/10.3390/ijerph17186657.
30. Irawan E. Pengaruh Perawatan Paliatif Terhadap Pasien Kanker Stadium Akhir. Ilmu Keperawatan. J Ilmu Keperawatan. 2013;1(1):34–38.
31. Alligood M. Nursing Theorists and Their Work. Missouri: Elsevier; 2022.
32. Odukoya OO, Jeet G, Adebusoye B, Idowu O, Ogunsola FT, Okuyemi KS. Targeted faith - based and faith - placed interventions for noncommunicable disease prevention and control in low - and middle - income countries : a systematic review protocol. BMC J [Internet]. 2022;11:1–10. Available from: https://doi.org/10.1186/s13643-022-01981-w

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