Spatial Routes of Baduy Community Activity Actor in Clean and Healthy Living Behavior

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Abstract. There is a wide variety of Activity Actors that can be found in the Baduy area, and each of these Activity Actors may be placed into several categories. Among the many vocations that fall under this category of Activity Actors are painters, farmers, and traders, amongst others. A number of different geographical routes are used by the Baduy people in order to carry out their activities. The objective of this study is to identify and map those routes in order to better understand how they are utilized. In addition, the objective of this research is to analyze the connection that exists between the routes that have been discussed above and the implementation of the Clean and Healthy Living Behavior (PHBS) project. This investigation made use of a qualitative technique, which included both direct observation and geographical mapping as components of the research. Both of these components were carried out as part of the The seller route and the artisan route are both related to the same phbs spatial route, which is around one to two kilometers in length. The length of the distance route, which is three to three kilometers in length, is also connected to the same phbs spatial route. Taking into consideration all of this information, it is possible to draw the conclusion that the farmer's path is around two to three kilometers in length, making it the longest of all of the PHPS spatial routes combined.

Keywords: Spatial route, Activity actors, PHBS.

1 Introduction

The Baduy Tribe who inhabit the Kendeng Mountains area in Kanekes Village, Leuwidamar District, Lebak Regency, Banten Province. It is an ethnic group known for their adherence to customs and a way of life that is in harmony with nature. Their territory is very beautiful with hilly and undulating topography, being at an altitude of 300-600 meters above sea level. This area is also included in the Kendeng Mountains Cultural Heritage, which maintains their natural and cultural authenticity. Kanekes is located about 40 km from the capital of Lebak

Regency, Rangkasbitung. This area is divided into three main villages for inner Baduy , namely Cikeusik, Cikertawana, and Cibeo[1]. These villages are located around the Ciujung River, which is the main source of livelihood for them. Although their area is quite remote, the Baduy people are very protective of their relationship with the surrounding nature. They have an average temperature of about 20° C, which makes this region quite cool and comfortable to live in. The fertile natural conditions also support their agricultural life.

Figure 1 shows the Baduy people are located in the Lebak Regency area, Banten, and are known for their well-preserved customs, as well as a way of life that is very tied to nature and tradition. The Baduy community is divided into two groups, namely the Inner Baduy and the Outer Baduy, with each group having strict rules regarding daily life, including in terms of technology and access to information. This affects their mobility patterns and interactions with the outside world. This research is located in Outer Badauy with a total area of +2000m2.



Fig.1. Site Research Source: Research Analysis

The Baduy people are very dependent on their surrounding environment to meet their daily needs. Activities such as gardening, foraging for water, and interacting with local markets affect the spatial routes they take. The existence of restrictions on the use of technology and modernity, especially among the Baduy Dalam, can affect the acceptance of modern health information and PHBS teaching methods.

The Baduy community, especially in inner Baduy, still uses a very simple sanitation system and relies on water from nature such as rivers or springs. This can lead to health problems related to hygiene. The health behavior carried out by the Baduy people is based on personal understanding to help themselves and their families[2]. The implementation of a Clean and Healthy Lifestyle (PHBS) in the Baduy community is not good enough, especially in terms of hand washing, waste management, and the use of clean sanitation facilities. The main challenges stem from culture and lack of understanding of its importance PHBS [2].

The specific objectives of this study are as follows: a. Identify the relationship between spatial routes and the application of PHBS in the daily lives of the Baduy people, such as handwashing habits, waste management, and clean water use. b. Mapping the spatial routes of the Baduy community as a basis to understand how their travel patterns can contribute to the effectiveness of the implementation of PHBS. c.Develop relevant strategic recommendations to improve the implementation of PHBS through an approach that respects local wisdom and the lifestyle of the Baduy people, in order to improve their welfare and health in a sustainable manner.

In the context of architecture, "route" refers to a circulation or accessibility pathway that connects different parts of a building or complex. This can be a path, an alleyway, a staircase, or any other element that allows people to move from one place to another. Routes in architecture can also refer to the patterns of movement of users within a space or area, including entry paths, return paths, and recreational paths[3]. Important Elements in the Architectural Route: Circulation Path; These are the physical paths used to move, such as roads, sidewalks, or corridors. The presence of physical elements along this path can create the character and atmosphere of the space. Node; Important points on the route that are temporary stops or destinations, such as reception areas, waiting rooms, or attractions. Landmark; Prominent and easily recognizable reference points that help users to navigate and orient within the route. Rutgers Hierarchy; Routes can have hierarchies, such as wider main lines and narrower secondary lines, that reflect the level of importance or function of those lines.

Baduy is a tourist attraction formed with a Pedestrian Route in accordance with the pattern of Baduy community activities. Routes in the spatial inventory pattern (space) include the availability of the main elements and supporting elements of tourism such as: tourist attractions, transportation, accommodation, supporting facilities and services, and the availability of adequate infrastructure [4].

Spatial mapping of unmet health service needs is an important step because it serves as a tool in identifying areas that require special interventions to improve the quality of health services [5]. In addition, the importance of the role of the village government in supporting the implementation of PHBS [6]. With the mobility of village officials who are active in socialization and education, the distribution of health information can be evenly distributed, so that it is easier for people to access health services and implement PHBS

This study discusses how culture is inseparable from the pattern of community activities and how geographical factors affect regional cultural diversity [7]. The wider the area, the more complex the cultural differences that emerge. What happens in traditional communities or groups. Actors of Baduy Community Activities on their daily trips have several travel destinations. The main factors that affect travel are as follows[4]: 1. Profiles can be grouped into 2 (two) categories, namely: Socio-economic characteristics which include age, education and income level, Behavioral characteristics (Behavioural Characteristics) which include motivation, attitudes and desires. 2. Knowledge to travel (travel awareness) which includes information about the destination area and the availability of facilities and services. 3. Travel characteristics include distance, time spent in the destination area, cost and travel time. 4. Resources and characteristics of destinations which include types of attractions, accommodation, availability and quality of service facilities, environmental conditions.

Clean and Healthy Living Behavior (PHBS) is a series of behaviors that aim to improve the quality of individual and community health, including the habit of maintaining personal and environmental hygiene. PHBS activities include washing hands with soap, using clean water, waste management, and controlling infectious diseases, doing physical activities every day [8] . In the context of the Baduy community, the main challenge in implementing PHBS is the lack of knowledge about modern health standards and the customs that are already part of their traditions. Many indigenous communities, the implementation of PHBS is often hampered by entrenched customary practices and lack of access to modern health facilities [9]. The study also states that although governments have developed PHBS programs, their implementation in indigenous peoples is often unsuccessful due to mismatches between community practices and modern hygiene standards. According to the Regional Apparatus, the Coordinator of the Indonesian Volunteer Friends (SRI), said that five health problems in the Baduy area are tuberculosis or TB, high maternal mortality rates (AKI) and infant mortality rates (AKB), snake bite cases, skin diseases and hypertension [10]. In addition, there are several health problems in the Baduy area regarding the problem of ISPA (Respiratory Tract Infection) due to smoke exposed from firewood smoke.this is because the custom of the Baduy people still uses firewood in daily activities such as cooking[11].

A culture-based approach is a strategy for designing health intervention programs that pay attention to local values, customs, and customs that exist in the community. According to [12] the importance of integrating social and cultural aspects in health interventions. The involvement of indigenous leaders and traditional practices in health programs increases the acceptance and effectiveness of interventions in communities with strong cultural values. Research conducted by [13] also stated the importance of integrating local values and traditions in public health programs in culturally diverse regions. The results show that approaches that take into account local traditions are more effective in driving behavioural change towards clean and healthy living

For the Baduy people, a culture-based approach in the implementation of PHBS is very necessary. This involves empowering indigenous leaders and community members to become agents of change who disseminate information about the importance of cleanliness and health. According to [14] The success of health programs in indigenous communities will be more achieved if the approach used adapts to their way of life and beliefs.

The spatial mapping can identify health problems and improve the accessibility and quality of health services through optimizing the distribution of health facilities. This mapping is critical to identifying critical locations, such as water collection sites, community gathering areas, and waste management channels. In the Baduy community, spatial route mapping can indicate areas that require special attention in the implementation of PHBS, such as water sources that may be contaminated or places that have the potential for disease spread [15].

2 Method

This research aims to identify and map the spatial routes of Baduy community activities in the context of Clean and Healthy Living Behavior (PHBS). To achieve this goal, this study uses a descriptive approach with a qualitative method with the Triangulation Table 1. Variables of

Baduy Community Activity Actors Source explained in table 2 and Variables of Spatial Route in PHBS Source explained in table 3.

Table 1. Triangulation Table Source: Research Analysis

Informant	Data	Conclusions	
	Interview Result	Documentation	
Head of Kenekes Village, Outer Baduy	The Baduy community's movement patterns are based on daily activities such as farming, trading, and weaving. For PHBS (Health and Wellness) practices, public bathrooms are provided within the (bathroom system), and only a few homes have toilets.		Regarding the PHBS (Health and Wellness) including sanitation and hygiene (WC) practices, not all residents have toilet facilities in their homes; they use public toilets and rivers in their neighborhoods.
2 Baduy Community Activity Actors as A street Seller	The majority of the Outer Baduy people's daily activities include trading, craftsmanship, farming, and family care. For PHBS (Health and Wellness) activities, toilets and bathing are conducted in the nearest river.		The Baduy community's life styles include farming, Trading, and weaving. They are taught to trade from an PHBS (Health and Wellness), including sanitation and hygiene (WC) practices, not all residents have toilet facilities in their homes; they use public toilets and rivers in their neighborhoods.

Supporting	Data Source		Conclusions
Informant	Interview Result	Documentation	
Baduy people (ages 7-10 years)	Selling and weaving cloth are taught from an early age (from the age of 9). Due to the strong Baduy customs, formal education (schooling) is not permitted. For PHBS (Clean and Healthy Living) activities, they are taught handwashing from an early age.		The Baduy community's life styles include farming, Trading, and weaving. They are taught to trade from an early age. Regarding the PHBS (Health and Wellness) pattern, including sanitation and hygiene (WC) practices, not all residents have toilet facilities in their homes; they use public toilets and rivers in their neighborhoods.

Sample: The sample of this study consists of a group of Economic Activity Actors as Baduy Community Activity Actors, namely: Communities involved in economic activities that affect mobility patterns, such as the collection of food or other necessities such as Traders, Craftsmen and Farmers.

The determination of sampling or the number of respondents is to pay attention to the level of accuracy and the number of community populations in a certain area and time using the developed formula [9]as follows:

$$\frac{n=N}{1+N(e)^2} \tag{1}$$

n = Required sample size

N = Population Size

E = Critical Value/Permissible Margin of Error (accuracy limit 5-10 percent or up to 0.2)

The population used in this study is the average number of Baduy people, namely 11,700 people (at 2023), so the number of samples can be determined as follows:

$$n = \frac{11700}{1 + 11700(0,15)^2}$$
$$n = \frac{11700}{1 + 263,25}$$

$n = \frac{11700}{264,25}$

$n = 44,23 \rightarrow 44$ Respondens

Table 2. Variables of Baduy Community Activity Actors Source

Variable	Indicator	Parameter	Theory
Baduy Community Activity Actors	Farmers Street Sellers	Segmentation By Sosiodemographic Origi; Gender, visiting time, Age, The main purpose, Transportation	Pearce in Ghina 2018 Foster in Ghina 2018
	Craftsmen	-	

Table 3. Variables of Spatial Route in PHBS Source

	Table 0. Variables of	Spanai Koule III PHD	
Variable	Indicator	Parameter	Theory
NODE (Key Points on the Route)	Washing Hands with soap Use of clean water	Location of Clean Water Supply Clean water sources, sanitary facilities, and infrastructure	Kevin Linch in M. A. Salipu, Hasrul, I. I. , Nashrudin, and A. M. Shofiyulloh 2019
	Waste Management Health Facilities	Waste collection and disposal area Clinic or Community Health	
Circulation Path	Handwashing facilities with soap, Use of clean water Waste management facilities Health Facilities	Path to Clean Water Supply Clean water sources, sanitation and hygiene facilities path to the waste collection and disposal area route to the clinic or community health center	Kevin Linch in M. A. Salipu, Hasrul, I. I. 2019 Nashrudin, and A. M. Shofiyulloh 2019

Transpottations	Handwashing	Mode of	
Mode	facilities with soap,	transportation used to	Pearce in Ghina 2018
	Use of clean water	reach handwashing	
		facilities with soap	
		Use of clean water	
	Waste management	mode of	
	facilities	transportation used to	
		reach the point or	
		area for waste	
		collection	
		and disposal	
	Health Facilities	mode of transportation	
		used to reach the	
		Clinic or Community	
		Health Center	

3 Result and Discussion

3.1 Responden Node

They are Responden Node with the 44 Respondens Consisting of 12 villages shown in figure 2. Variables of Spatial shown in table 4.



Fig.2. Responden Node Source

 Table 4. Characteristic Respondents

	Table 4. Characteristic Respondents			0		
Numb	Name	Gend			ge	Origin
1	Sinta	Woman	Man	20-40	41-60	Kaduketug
2	Yarci	√			V	Kanekes
3	Odah	√		,	•	Kanekes
4	Raisah	V		√		Kaduketug
5	Nata	v	,	√		Cigula
6	Ahmad		V	√		Batara
7	Jaja	,	V	V		Cigula
8	Jaja Jaiti	V		√ √		Cigula
9	Asmah	√		√		Cigula
10	Ijot	V		√ √		Kanekes,
10	IJοι	~		√		Kadujangkung
11	X	✓		✓		Kanekes,
						Kadujangkung
12	Asniah	✓		✓		Ciwaringin
13	Jamah	✓			✓	Kadu Gede
14	Karinah	✓		✓		Cipil
15	Nani	✓		✓		Ciranji
16	Marni	✓		✓		Ciranji
17	Arnasih	✓			✓	Leuwihandam
18	Artisah	✓		✓		Leuwihandam
19	Sani	✓		✓		Kaduketug
20	Patimah	√		√		Kaduketug
21	Narman		✓	√ -		Kaduketug
22	Sarhani			·	✓	Kaduketug
23	Sarni	1	·	1	•	Kanekes
24	Nita	1		./		Kanekes
25	X	•	✓	•	✓	Kaduketug
26	Kasmin		√	./	•	Ciwaringin
27	Arman		√	v	✓	Kadu Gede
28	Jasman		√	./	•	Kadu Gede Kadu Gede
29	Rembas		√	./		Ciwaringin
30	Sadi		√	./		Kaduketug
31	Ijom		√	•	1	Ciwaringin
32	Asep		√	./	•	Ciwaringin
33	Medi		√	•	✓	Kaduketug
55	Marsinun		V		V	Tradaketag
34	Dadi		✓	✓		Kanekes
35	Samin		✓	✓		Kaduketug
36	Ambura Shita	✓		✓		Kaduketug
37	Ambu Jali	✓		✓		Kaduketug
38	Rani	✓			✓	Kanekes
39	Jari	-	✓	✓	•	Kaduketug

40	Jani	✓		✓		Kanekes
41	Amunah		✓		✓	Cempaka
42	Juned		✓		✓	Cikopeng
43	Jami	✓		✓		Ciwaringin
44	Casma		✓	✓		Kaduketug

3.2 Farmer Area Node

Agricultural areas consist of 2 areas, namely: field or plantation areas and rice barn areas. It shown in figure 3.



Fig.3. Farmer Area Node Source: Research Analysis

3.3 Street Sellers Area Node

The Street Seller are active in selling typical Baduy souvenirs such as Baduy honey, Baduy woven cloth, and machetes as typical Baduy weapons. It shown in figure 4.

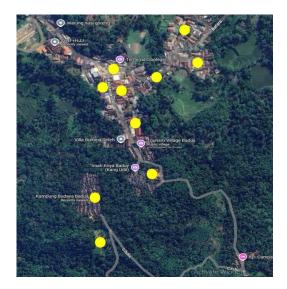


Fig.4. Street Sellers Area Node Source: Research Analysis

3.4 Craftsmen Area Node

In Baduy, Baduy craftsmen work as weavers of typical Baduy woven cloth, some of the craftsmen's areas are as shown in figure 5.



Fig.5. Craftsmen Area Node Source

3.5 Health and Water Supply Area Node

Facility Area, Health Facilities And Infrastructure Consists Of Public Health Facility Area And Clean Water Supply. There are Health and Water Supply area Node. It shown in figure 6.



Fig.6. Health and Water Supply Area Node Source

3.6 Route (Circulation Path)

Route of Baduy Activity Actors Source shows on figure 7







AVERAGE DISTANCE 1-2 KM

Fig.7. Route of Baduy Activity Actors Source

3.7 Activity Actors

Table 5. Activity Actors Source

Activity Actors	Farmers Routing	Sellers Routing	Craftsment Routing	
A.	Segmentation By S	Sosiodemographic		
a.1. Age_20-40 th	81 %	27 %	21 %	
a.1. Age_40-60 th	90 %	27 %	18 %	
B. Transportation Mode				
	b.1. Age_20	0-40 th		
b.1.1 Walk	91 %			
b.1.1 Bicycle	3 %			
b.1.3 Motorcycle		6 %		
	b.2. Age_40	0-60 th		
b.1.1 Walk		82 %		
b.2.1 Bicycle 8 %				
b.2.3 Motorcycle		0 %		
C. Cle	ean and Healthy Liv	ring Behavior (PHBS)		

c.1. Going To the Public Health

c.1.1. Age_20-40 th

Sometimes 82 %

Always	15 %				
c.1.2. Age_40-60 th					
Sometimes	100 %				
Always	0 %				
c.2. Clean	Water Source Age 20-40 th				
c.2.1. Clean Water Source From Lakes	76 %				
c.2.2. Clean Water Source From Residential Toilet	15 %				
c.3. Clean	Water Source Age 40-60 th				
c.3.1. Clean Water Source From Lakes	91 %				
c.3.2. Clean Water Source From Residential Toilet	9 %				
c.4. Washing Hand	ds After Doing Activity Age 20-40				
c.4.1. Sometimes	82 %				
c.4.2. Always	18 %				
c.5. Washing Hand	ds After Doing Activity Age 40-60				
c.5.1. Sometimes	79 %				
c.5.2. Always	21 %				
c.6. The Garbage Burning Area	Is In The Areas Around The Residential 20-40				
c.6.1. The Garbage Burning	51 %				
c.6.2. Garbage Is Collected And Then Thrown Away	79 %				
c.7. The Garbage Burning Area	Is In The Areas Around The Residential 40-60				
c.7.1. The Garbage Burning	82 %				
c.7.2. Garbage Is Collected And Then Thrown Away	45 %				

The analysis of sociodemographic segmentation, transportation mode, and clean and healthy living behavior (PHBS) among different actors—farmers, sellers, and craftsmen—reveals notable variations influenced by age and occupational characteristics shown in table 5.

3.8 Sociodemographic Segmentation

The findings indicate that the majority of individuals within the productive age group (20–40 years) and the older group (40–60 years) are predominantly engaged as farmers, with participation rates of 81% and 90%, respectively. In contrast, only a small proportion of individuals are involved in seller and craftsman activities, particularly among the older group. This pattern suggests that agricultural work remains the primary livelihood across both age groups, reflecting the rural economic structure where farming continues to dominate. The lower participation of younger individuals in seller or craftsman roles may also imply limited diversification of economic activities in rural areas [7].

3.9 Transportation Mode

In terms of transportation mode, walking remains the most common means of mobility for both age groups, with 91% among those aged 20–40 years and 82% among those aged 40–60 years. The reliance on walking suggests a high level of proximity between residential and working areas and possibly limited access to motorized transport. Younger respondents show a slightly higher use of motorcycles (6%) compared to older respondents (0%), which may reflect generational differences in mobility preferences or economic capacity. The minimal use of bicycles in both age groups (3–8%) also indicates that non-motorized transport other than walking is relatively uncommon, possibly due to terrain or infrastructure limitations [5].

3.10 Clean and Healthy Living Behavior (PHBS)

The assessment of PHBS indicators reveals suboptimal health-related behaviors across both age groups. Regarding health service utilization, 82% of respondents aged 20–40 years and 100% of those aged 40–60 years reported visiting public health facilities only "sometimes," suggesting limited regular engagement with formal health services. This pattern could reflect accessibility barriers, low health awareness, or cultural factors influencing healthcare-seeking behavior [9].

In terms of clean water access, both age groups predominantly rely on lake water as their main water source (76% among the 20–40 age group and 91% among the 40–60 age group). The relatively low proportion obtaining water from residential facilities (15% and 9%, respectively) indicates that clean water infrastructure remains inadequate, posing potential health risks related to waterborne diseases [10].

Handwashing practices after activities show a modest level of adherence to hygiene behavior, with only 18% of younger respondents and 21% of older respondents consistently washing hands. These results highlight the need for intensified health promotion on hygiene practices, as irregular handwashing increases the risk of infectious diseases [11].

Waste management practices also differ between age groups. Among respondents aged 20–40 years, 51% reported burning garbage near their residential area, while 79% stated that waste was collected and disposed of elsewhere. Conversely, in the 40–60 age group, garbage burning was more prevalent (82%), and only 45% practiced proper waste disposal. This suggests that environmentally harmful waste disposal behaviors remain common, particularly among older populations, potentially due to a lack of waste management infrastructure or awareness of environmental impacts [11].

3.11 Overall Interpretation

Overall, these findings illustrate that while basic awareness of health and cleanliness exists, consistent implementation of clean and healthy living behaviors remains limited. The reliance on unsafe water sources, irregular hygiene practices, and poor waste management

indicates a need for community-based health education programs. Interventions should particularly target older adults and farmers, as they represent the largest demographic group yet display the least consistent adoption of PHBS practices.

Community empowerment approaches and local government involvement are essential to improving infrastructure for clean water and waste management. Strengthening access to health services and promoting behavioral change through participatory health promotion strategies could significantly enhance the quality of life and reduce the risk of disease in rural populations.

3 Conclusion

The farmer's route is the longest PHBS spasial route, around 2-3 km, the seller route and the craftsmen route have the same PHBS spatial route of around 1-2 km, based on the distance route (1-3 km), all of them can be covered by the baduy people activity actors by walk. There are no obstacles in reaching the route with that distance. But based on data, they are less concerned about cleanliness and their habits are still closely linked to their daily habits, such as burning garbage.

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