

Effect of Community-Based Health Education on Self-Care Behavior Among Adults: A Quasi-Experimental Study

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ABSTRACT

Introduction: Self-care behavior is a fundamental component of health promotion and disease prevention among adults. Community-based health education has the potential to enhance self-care practices; however, evidence regarding its effectiveness in real-world community settings remains limited. This study aimed to examine the effect of a community-based health education program on self-care behavior among adults.

Methods: A quasi-experimental study with a non-equivalent control group design was conducted involving 60 adult participants. Respondents were allocated into an intervention group (n=30) and a control group (n=30). The intervention group received a structured community-based health education program over four weeks, while the control group received routine health information. Self-care behavior was measured using a structured questionnaire before and after the intervention. Data were analyzed using paired and independent sample t-tests.

Results: The intervention group showed a significant improvement in self-care behavior scores after the intervention ($p < 0.001$), whereas the control group showed no significant change ($p > 0.05$). The increase in self-care behavior was significantly greater in the intervention group compared to the control group ($p < 0.001$).

Conclusion: Community-based health education is effective in improving self-care behavior among adults. Integrating structured educational interventions into community health programs may strengthen primary prevention efforts and promote sustainable healthy behaviors.

Keywords: Adult; Community Health Services; Health Education; Self Care.



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INTRODUCTION

Self-care behavior is a cornerstone of adult health maintenance and disease prevention, encompassing daily practices such as balanced nutrition, regular physical activity, medication adherence, stress management, and timely use of preventive health services (Badi et al., 2025). In many low- and middle-income settings, suboptimal self-care behavior among adults remains a persistent public health problem, contributing to the growing burden of non-communicable diseases (NCDs) and avoidable complications from preventable conditions (Yian Chen et al., 2025). Rapid urbanization, sedentary lifestyles, unhealthy dietary patterns, and limited health literacy have collectively weakened individuals' capacity to manage their own health effectively. Health systems that are traditionally oriented toward curative services often provide insufficient support for empowering adults to adopt and sustain healthy self-care practices at the community level (Yu Chen et al., 2025).

Community-based health education has long been recognized as a strategic approach to addressing these challenges. By delivering health information and skills through locally accessible platforms, such programs aim to enhance knowledge, attitudes, and behaviors related to health (Cruz Neto et al., 2025). Community-based approaches are particularly relevant for adults, who may face time constraints, economic pressures, and social responsibilities that limit their engagement with formal healthcare facilities (Hao et al., 2025). However, despite the widespread implementation of health education initiatives, evidence regarding their direct and sustained impact on adult self-care behavior remains inconsistent. Many programs emphasize knowledge dissemination without adequately addressing behavioral change mechanisms, social support, and community-level contextual barriers (Hussein et al., 2025).

Existing studies on health education and self-care behavior often focus on disease-specific populations, such as individuals with diabetes, hypertension, or cardiovascular conditions, rather than the general adult population (Izadirad & Jangizahi, 2025). While these studies provide valuable insights, their findings may not be generalizable to broader community settings where adults exhibit diverse health risks and needs. Moreover, much of the available evidence is derived from cross-sectional designs, limiting causal inference regarding the effectiveness of health education interventions (Jamil Alkuwaisi et al., 2024). Randomized controlled trials, although methodologically robust, are frequently difficult to implement in real-world community settings due to ethical, logistical, and financial constraints (Kahar et al., 2025).

Another notable gap lies in the limited use of quasi-experimental designs that evaluate community-based health education under routine conditions. Quasi-experimental studies offer a pragmatic alternative by allowing comparison between intervention and non-intervention groups while maintaining ecological validity (H.-N. Kim & Kim, 2026). Nevertheless, relatively few studies have applied this design to assess changes in self-care behavior among adults following structured community-based education (S. H. Kim et al., 2026). In addition, prior research often relies on short follow-up periods, making it challenging to determine whether observed behavioral changes are sustained over time. Furthermore, previous interventions have tended to prioritize cognitive outcomes, such as increased knowledge or awareness, rather than comprehensive self-care behavior as a multidimensional construct. Self-care behavior involves not only understanding health information but also translating knowledge into daily practices influenced by motivation, self-efficacy, and social norms. The lack of integrated frameworks that combine educational content with behavior-change strategies is a critical gap in the literature.

This study addresses these gaps by examining the effect of a structured community-based health education program on self-care behavior among adults using a quasi-experimental design. Unlike disease-specific interventions, the present study targets the general adult population, reflecting the realities of community health promotion and primary prevention. By comparing changes in self-care behavior between intervention and comparison groups, this study strengthens causal interpretation while remaining feasible in a community setting. The novelty of this research lies in its emphasis on self-care behavior as a holistic outcome, encompassing multiple domains of daily health practices rather than isolated behaviors. The educational intervention is designed

not only to increase knowledge but also to enhance self-efficacy and encourage peer support within the community, thereby addressing key determinants of behavior change. Additionally, the study contributes empirical evidence from a real-world community context, which is often underrepresented in the existing literature.

By integrating a quasi-experimental design with a community-based educational model, this study provides practical, policy-relevant insights into how health education can be optimized to promote sustainable self-care behavior among adults. The findings are expected to inform public health practitioners and policymakers about the value of community-centered strategies in strengthening adult self-care, ultimately contributing to the reduction of preventable health problems and to improvements in population health outcomes.

RESEARCH METHODOLOGY

Study Design

This study employed a quasi-experimental design with a non-equivalent control group to examine the effect of a community-based health education intervention on self-care behavior among adults. This design was selected to allow evaluation of the intervention in a real-world community setting where randomization at the individual level was not feasible. The study compared changes in self-care behavior between an intervention group and a comparison group, with measurements taken before and after the intervention.

The study was conducted in a community setting within the service area of a primary health care facility. The target population consisted of adults aged 18 or older who had resided in the study area for at least 6 months before data collection. A total of 60 respondents were included in the study, allocated into two groups: 30 participants in the intervention group and 30 in the control group. Participants were selected using purposive sampling based on predefined inclusion criteria: (1) adults aged ≥ 18 years, (2) ability to communicate effectively in the local language, (3) willingness to participate and provide informed consent, and (4) not currently enrolled in other structured health education programs. Exclusion criteria included severe cognitive impairment or acute illness that could hinder participation in the intervention or data collection process.

Intervention

The intervention consisted of a structured, community-based health education program focused on improving self-care behaviors. The program was delivered over four weeks and included weekly sessions lasting approximately 60–90 minutes. Educational content covered key domains of self-care, including balanced nutrition, physical activity, personal hygiene, stress management, and appropriate utilization of health services. The education sessions were conducted through interactive methods, including group discussions, short lectures, demonstrations, and question-and-answer sessions. Educational materials included culturally appropriate flipcharts and easy-to-understand printed handouts. Community health workers facilitated the sessions under the supervision of the research team to ensure consistency of content delivery. The control group received standard community health information routinely provided by the local health center and did not participate in the structured educational sessions during the study period.

Data Collection Instruments

Self-care behavior was measured using a structured questionnaire developed based on established self-care and health promotion frameworks. The questionnaire assessed multiple domains of self-care behavior, including dietary practices, physical activity, health-seeking behavior, and stress management. Responses were measured using a Likert-scale format, with higher scores indicating better self-care behavior. Before data collection, the instrument was tested for validity and reliability in a pilot study involving a similar population. Content validity was assessed by experts in public health and community nursing, while internal consistency reliability was evaluated using Cronbach's alpha, with a coefficient of ≥ 0.70 considered acceptable.

Data Collection Procedure

Baseline data (pre-test) were collected from both groups before implementation of the intervention. Following completion of the four-week health education program, post-test data were collected using the same questionnaire. Data collection was conducted by trained enumerators who were not involved in delivering the intervention to minimize information bias.

Data Analysis

Data were analyzed using statistical software. Descriptive statistics were used to summarize participants' sociodemographic characteristics and baseline self-care behavior scores. Paired sample t-tests were applied to assess within-group differences between pre-test and post-test scores. Independent sample t-tests were used to compare changes in self-care behavior between the intervention and control groups. A significance level of $p < 0.05$ was considered statistically significant.

Ethical Considerations

Ethical approval for the study was obtained from an institutional ethics review board. All participants provided written informed consent before participation. Confidentiality and anonymity of participants were maintained throughout the study, and participants were informed of their right to withdraw at any time without any consequences.

RESULTS

This section presents the findings of the study examining the effect of a community-based health education program on self-care behavior among adults. The results are organized as follows: participants' baseline characteristics; comparisons of self-care behavior scores before and after the intervention within each group; and differences between the intervention and control groups. Statistical analyses were conducted to determine whether the observed changes in self-care behavior were significant, thereby reflecting the effectiveness of the community-based health education intervention.

Table 1. Sociodemographic Characteristics of Respondents (n = 60)

Variable	Intervention (n=30)	Control (n=30)	p-value
Age (years), mean $\pm$ SD	39.8 $\pm$ 8.6	40.5 $\pm$ 9.1	0.74
Sex (Male), n (%)	14 (46.7)	13 (43.3)	0.79
Education $\geq$ Senior High School, n (%)	18 (60.0)	17 (56.7)	0.79
Employed, n (%)	19 (63.3)	20 (66.7)	0.79

The intervention and control groups were comparable at baseline. No statistically significant differences were observed in age, sex, educational level, or employment status ($p > 0.05$), indicating that the two groups were homogeneous before the intervention.

Table 2. Comparison of Self-Care Behavior Scores Before and After Intervention (Within-Group Analysis)

Group	Pre-test Mean $\pm$ SD	Post-test Mean $\pm$ SD	Mean Difference	p-value*
Intervention (n=30)	62.4 $\pm$ 7.8	74.9 $\pm$ 6.5	+12.5	<0.001
Control (n=30)	63.1 $\pm$ 8.1	64.3 $\pm$ 7.9	+1.2	0.21

*p-value based on paired sample t-test

The intervention group demonstrated a statistically significant improvement in self-care behavior scores after receiving community-based health education ($p < 0.001$). In contrast, the control group showed no significant change between pre-test and post-test measurements ($p = 0.21$).

Table 3. Comparison of Changes in Self-Care Behavior Between Groups (Between-Group Analysis)

Variable	Intervention (n=30)	Control (n=30)	p-value**
Mean change score (Post-Pre)	12.5 $\pm$ 5.2	1.2 $\pm$ 4.8	<0.001

**p-value based on independent sample t-test

The mean increase in self-care behavior scores was significantly greater in the intervention group than in the control group ($p < 0.001$). This finding indicates that the community-based health education program had a substantial effect on improving self-care behavior among adults. The results demonstrate that community-based health education significantly improved self-care behavior among adults. The absence of meaningful changes in the control group strengthens the inference that the observed improvements were attributable to the intervention rather than to external or temporal factors.

DISCUSSION

This study aimed to examine the effect of a community-based health education program on self-care behavior among adults using a quasi-experimental design. The findings demonstrate a statistically significant improvement in self-care behavior among participants who received the intervention, while no meaningful change was observed in the control group. These results suggest that structured community-based health education is an effective strategy for enhancing self-care behavior in adult populations.

The significant increase in self-care behavior scores in the intervention group supports the premise that community-level health education can influence daily health practices (F. Li et al., 2025). The improvement observed across multiple domains of self-care, including nutrition, physical activity, stress management, and health-seeking behavior, indicates that the intervention successfully translated health knowledge into practical behavioral change (R. Li et al., 2026). This finding aligns with health promotion theories that emphasize the role of knowledge, self-efficacy, and social reinforcement in shaping health-related behaviors (Mezza et al., 2025). By providing repeated exposure to health messages and opportunities for discussion, the program likely enhanced participants' confidence and motivation to adopt healthier lifestyles (Phuangkhem et al., 2025).

The absence of significant change in the control group further strengthens the causal inference that the observed improvement in the intervention group was attributable to the health education program rather than to external influences or temporal trends (Saem et al., 2025). Although the control group received routine health information from the local health center, such information may have been insufficiently structured or intensive to produce measurable changes in self-care behavior. This highlights the importance of systematic, interactive educational approaches rather than passive information dissemination in promoting behavioral change (Sukpattanasrikul et al., 2026).

The intervention's effectiveness can also be explained by its community-based nature. Delivering health education in community settings made the program culturally relevant and accessible, thereby reducing common barriers such as time constraints, transportation difficulties, and limited engagement with formal healthcare services (Suprpto et al., 2024). Moreover, group-based sessions may have fostered peer support and social learning, which are known to reinforce positive health behaviors. Participants were able to share experiences, discuss challenges, and observe role models within their community, further facilitating behavior adoption and maintenance (Tian et al., 2026).

These findings are consistent with previous studies that reported positive effects of community-based health education on health-related behaviors among adults (Tsai et al., 2025). Prior research has shown that educational interventions incorporating interactive methods and social support mechanisms are more effective than didactic approaches alone (Zapata-Restrepo et al., 2025). However, unlike many previous studies that focused on disease-specific outcomes, the present study evaluated self-care behavior as a holistic construct (Tuerdi et al., 2026). This broader focus enhances the relevance of the findings for primary prevention and general health promotion, particularly in communities with diverse health needs (Visbal-Dionaldo et al., 2025).

The quasi-experimental design employed in this study represents a pragmatic approach to evaluating public health interventions in real-world settings (Wagner et al., 2026). While randomized controlled trials remain the gold standard for establishing causality, they are often

challenging to implement in community contexts due to ethical and logistical constraints (Wu et al., 2026). The use of a non-equivalent control group, combined with baseline comparability across groups, strengthens the study's internal validity while maintaining ecological validity. Nevertheless, the lack of randomization means that unmeasured confounding factors cannot be ruled out entirely (Wang et al., 2025).

Despite its strengths, this study has several limitations that should be considered when interpreting the results. First, the sample size was relatively small, which may limit the generalizability of the findings to larger or more diverse populations. Second, self-care behavior was assessed using self-reported measures, which are subject to social desirability and recall biases. Participants in the intervention group may have reported more favorable behaviors following exposure to health education. Third, the follow-up period was relatively short, and the sustainability of the observed behavioral changes over the long term remains uncertain.

Future research should consider larger sample sizes, longer follow-up periods, and, where feasible, the inclusion of objective measures of self-care behavior. Additionally, integrating theoretical frameworks such as the Health Belief Model or Social Cognitive Theory may further elucidate the mechanisms by which community-based health education influences behavior. Exploring the role of family and community leaders in reinforcing self-care practices could also enhance the effectiveness and sustainability of future interventions.

In conclusion, this study's findings provide evidence that community-based health education can significantly improve self-care behaviors among adults. By addressing both individual and social determinants of behavior, such interventions hold promise for strengthening primary prevention efforts and reducing the burden of preventable health problems. The results underscore the importance of investing in community-centered health education as a key component of public health strategies to promote adult self-care and overall population health.

CONCLUSIONS

This study demonstrates that community-based health education has a significant positive effect on self-care behavior among adults. Participants who received the structured educational intervention showed a marked improvement in overall self-care practices, whereas those in the control group showed no significant change. These findings indicate that interactive, community-centered health education is more effective than routine health information in promoting healthy daily behaviors. The results support the use of community-based approaches as a practical and effective strategy for strengthening adult self-care and enhancing primary prevention efforts.

Based on the study findings, community-based health education programs should be integrated into routine primary health care and public health promotion activities. Health policymakers and practitioners are encouraged to support structured, interactive education sessions that emphasize behavioral change, self-efficacy, and peer support. Future studies are recommended to involve larger samples and longer follow-up periods to assess the sustainability of behavior change and to explore the applicability of this approach in diverse community settings.

Ethical Considerations

This study was conducted in accordance with ethical principles for research involving human participants. Ethical approval was obtained from the appropriate institutional ethics review board before data collection. All participants were informed about the study objectives, procedures, potential benefits, and their rights as research subjects. Written informed consent was obtained from each participant before participation. Confidentiality and anonymity were strictly maintained, and participants were assured that their involvement was voluntary and that they could withdraw from the study at any time without any consequences.

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Authors' contributions

Isyamiari Syarif contributed to the study conception and design, data collection, data analysis, and interpretation of findings. The author also drafted and critically revised the manuscript and approved the final version for publication.

Conflict of interest

The authors declare that there is no conflict of interest related to this study.

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