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Improving Community Health Through Preventive Measures in Makassar

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Abstract

The research explored how preventive health strategies affect community health results within Makassar. The study conducted a quantitative survey which included 400 adult residents to investigate their participation in health prevention practices such as vaccination along with regular health checks-up along with physical activity and adoption of nutritious eating behaviors. The research examined the correlations between preventive measures and patient-reported disease absence together with overall health status perceptions. The researchers employed Pearson correlation together with descriptive and inferential statistical analysis methods and ANOVA as well as regression analysis to study the data. The study documented how preventive health behaviors produced better health results especially through vaccination which demonstrated the highest relationship among them. Assessments demonstrated that people with greater levels of activity in physical exercise combined with healthy food choices achieved superior health outcomes especially within population groups who possess higher education levels and income levels. Public health benefits from preventive health promotion across urban communities of Indonesia and all developing nations because of this research. The analysis strengthens knowledge about social factors which affect health-related behaviors and outcomes in particular metropolitan areas while demonstrating the necessity of specialized healthcare interventions. To achieve community health improvement governments, need to raise awareness of preventive health programs while achieving increased participation from different socio-economic groups.

Introduction

A good example is extraction of quality from increased human life of which public health has a central position in promoting sustainable improvement in the enhanced quality of human life especially among the densely populated urban societies which always act as a catalyst of diseases. In recent years, new strains of health promotion strategies have emerged as modalities of public health, shifting from disease control to disease prevention. This research study brings focus on Makassar, a fast-developing Indonesian city that is grappling with a dynamism of population growth, urbanization and relative socio-economic differences. This literature demonstrates the significance of preventive health strategies to identify their functional insight in this perspective and determine how such measures can enhance community health.

Demographic and economic changes are closely reflected in Makassar which is one of the largest cities in Indonesia over the past decade (Surya et al., 2021; Rahim & Abbas, 2024). Such variations call for new dynamics in public health management and have also introduced new prospects and concerns. of late, the world has experienced rapid urbanization that has improved access to modern health care facilities for some, has put pressure on existing structures, and has deepened health inequalities for others at the same time (united nations human settlements programmed habitat, 2018). In Makassar there is a significant increase of non-communication diseases such as diabetes, hypertension and cardiovascular diseases across

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developing nations in general (Voss, 2021; Paquet, 2022). Manuscripts from Kementerian Kesehatan Republik Indonesia (2019) estimated that at least 37 percent of adults in urban areas, including Makassar, have been living with chronic diseases, making preventive care essential to sustaining massive coverage.

Preventive health measures range from a basic level of activities such as immunization, promotion of healthy lifestyles, early detection tests, among others. These strategies that are viewed as effective the prevention of diseases, a reduction of healthcare costs and improved welfare of the communities being targeted. In the Indonesian situation, the authorities have introduced programs like Germas (Healthy Living Community Movement) to increase people's health literacy. Nevertheless, the diffusion and efficiency of the above preventive measures are still non-uniform concerning the regions and groups of the population.

Consistent with this study, lack of health equity is one of the main challenges that hinder Makassar's effective utilization of preventive healthcare services. Previous research has reported poor utilization of preventive care services by low-income families in urban settings because of costs, lack of information, and culture (Shahu et al., 2021). Coverage of children with vaccinations in poor neighborhoods remains weak whenever compared to the wealth pockets and these groups are left vulnerable to outbreaks of disease that are otherwise preventable (Jain et al., 2022). As such, the reception of fundamental health screenings is constrained by inadequate training concerning their necessity and potential costs of the services (Foo et al., 2022).

The other important concern is rising incidence of undesirable habits directly linked to the existing urban settings similar to Makassar. They spend most of their time sitting, engage in unhealthy diets, and experience high levels of worrying, therefore, they readily develop lifestyle diseases (Beltrán et al., 2022). The cross-sectional study done in Makassar revealed that 57% of the respondents consumed processed foods sugar and fat daily and only 17% exercised daily (Briawan et al., 2024). The current study reveals the significance of efforts aimed at controlling the aforementioned lifestyle risks.

To assess the importance of public health policies as determinants of community health, the following facts cannot be gainsaid. Local governments together with the authorities of Makassar have developed several measures that aimed at increasing the availability of health care services and popularizing the preventive measures. Community-based health services, Posyandu (Integrated Service Posts), have been important in enforcing the provision and access to maternal and child health services including immunisation and nutrition promotion and support (Ahmed et al., 2021). There is a challenge on the sustainability and scalability of such programs such as; adequate funding, shortage of human personnel and logistical complications.

The increasing use of digital technologies for delivery of preventive health care is a promising area in managing these issues. Setup, health applications for mobiles, telemedicine and health information systems avail the precaution services to the vulnerable persons especially those of the less fortunate (Haleem et al., 2021). Earlier pilot studies of using digital health in Makassar have proven positive outcomes on the capability of the people regarding health knowledge and practices on preventive measures when they use digital health tools (Kurnia et al., 2023). The gap between advanced and developing nations and differences in computer literacy remain as the barriers to higher rates of adoption.

However, investing in preventive health is one of the most effective strategies today given the many challenges that limit the effectiveness of treatment in improving the health of society. Investment in preventive services has been proved to be cost-effective since it can reduce costs associated with health care together with enhanced productivity according to Ekwaru et al.

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(2021). Whereas in Makassar where the primary care services are in a rather limited condition it is possible that focusing on prevention instead of treatment would help to decrease the load on the healthcare facilities and contribute to building healthier populations simultaneously (Meliala & Rarasati, 2022).

This study hopes to add onto the few research studies that have supported the effectiveness of the preventive measures in the urban communities. In doing so, by focusing on Makassar it aims to measure the effect of these strategies to the health of the communities and understand what aspects determine their effectiveness. The implications are timely to inform policymakers, healthcare institutions, and community authorities interested in strengthening community health in other LMICS urban settings.

Method

This study adopted a quantitative methodology to investigate the impact of preventive health measures on community health in Makassar. The quantitative approach facilitated the collection of measurable data, enabling statistical analysis to uncover patterns and relationships between preventive health initiatives and health outcomes. By focusing on objective, numerical evidence, the study aimed to provide actionable insights into the effectiveness of these measures within the local context.

A cross-sectional survey design was employed to capture data at a single point in time, offering a snapshot of preventive health behaviors and their outcomes among Makassar residents. This design was particularly suitable for identifying associations and prevalence rates without requiring long-term observation. The structured approach allowed the study to encompass diverse demographic and socioeconomic groups, ensuring a comprehensive understanding of the health dynamics in the city.

The study targeted adult residents aged 18 and above, reflecting a broad spectrum of individuals who could provide valuable insights into community health practices. Stratified random sampling was used to ensure representation across various demographic categories, including gender, age, socioeconomic status, and geographic location within Makassar. The sample size of 400 respondents, determined using Slovin's formula, provided a robust foundation for statistical reliability and generalizability. This stratification minimized bias and enhanced the representativeness of the findings.

Data collection relied on a structured questionnaire designed to gather detailed information in three key areas: demographics, preventive health behaviors, and health outcomes. Demographic data encompassed variables such as age, gender, education level, income, and occupation. Preventive health behaviors included vaccination status, frequency of health check-ups, physical activity, dietary habits, and efforts to quit smoking. Health outcomes were assessed through self-reported metrics, such as general health status, the absence of chronic illnesses, and the utilization of healthcare services. A pilot test with 30 participants ensured the questionnaire's clarity, reliability, and validity, with revisions made based on feedback.

The data collection process spanned two months, from March to April 2024. Trained enumerators administered the questionnaires in person at various community locations, including markets, residential areas, and centers. Participants were informed about the study's purpose and provided consent before participating. Enumerators assisted participants when necessary, ensuring all responses were completed and accurately recorded. This approach minimized potential errors and facilitated a high response rate.

Statistical analysis was conducted using SPSS version 25, starting with descriptive statistics to summarize the demographic characteristics and prevalence of preventive health behaviors.

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Measures such as frequencies, percentages, means, and standard deviations offered an initial understanding of the data. Inferential tests were then employed to explore deeper relationships and differences. Pearson correlation analysis assessed the strength and direction of associations between preventive behaviors and health outcomes. Regression analysis identified the predictive power of specific preventive measures on health improvements, while ANOVA examined variations in health outcomes across demographic subgroups. A significance level of 0.05 was maintained to ensure the rigor of the findings.

Result and Discussion

The findings of the present study could be useful in understanding the links between preventive health behaviors and community health outcomes in Makassar. Thus, through the assessment of the level of residents' engagement in different preventive health practices. Including, vaccination, regular check-ups, physical activity, and healthy diets, the present study seeks to identify the impact of these preventive measures on self-rated health status. The research data has been collected from 400 adult individuals only, and a range of statistical approaches have used to test the association values or forecast the factors. In the following discussion, the subsequent findings are further analysed as to offer additional insights about the subject at hand: namely, the extent to which preventive health measures influenced the health status of Makassar's urban populace and, in the process, fill gaps in literature in regards to health behaviours in Indonesia.

Table 1. Demographic Characteristics of Respondents

Demographic Variable	Categories	Frequency (n)	Percentage (%)
Gender	Male	200	50.0
	Female	200	50.0
Age Group (years)	18–29	120	30.0
	30–49	180	45.0
	50+	100	25.0
Education Level	High School or Less	140	35.0
	Undergraduate	180	45.0
	Postgraduate	80	20.0
Income Level (IDR)	< 3 million	160	40.0
	3–6 million	180	45.0
	> 6 million	60	15.0

The gender distribution in the study sample shows perfect balance as half comprise male participants and half consist of female participants. The 30–49-year age range contains the biggest respondent section at 45% while 18–29-year-olds make up 30% and the 50 years and above category constitutes 25% of the sample. Of all the respondents surveyed 45% hold an undergraduate degree and 35% received their education up to high school or less while 20% have post-graduate qualifications. The findings demonstrate that most respondents fall within the monthly income range of 3–6 million IDR per month (45%) and the income group larger than 6 million IDR amounts to 15%.

Table 2. Engagement in Preventive Health Behaviors

Behavior	Frequency (n)	Percentage (%)
Vaccinated (COVID-19)	Yes	340
	No	60
Regular Health Check-Ups	Yes	220
	No	180

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Physical Activity	Regular (3+/week)	260
	Irregular	140
Healthy Eating Habits	Yes	300
	No	100

A high proportion of respondents (85%) have been vaccinated for COVID-19, showing strong engagement in vaccination efforts. 55% of respondents report regular health check-ups, which indicates a moderate level of engagement in preventive healthcare. 65% of respondents engage in physical activity regularly (three or more times a week), which suggests a positive attitude toward maintaining physical health. 75% of respondents report healthy eating habits, demonstrating widespread awareness of the importance of nutrition in health.

Table 3. Self-Reported Health Outcomes

Outcome	Frequency (n)	Percentage (%)
Good Overall Health	Yes	280
	No	120
Chronic Illness Presence	Yes	80
	No	320

70% of respondents report being in good overall health, reflecting a positive self-perception of health in the community. Only 20% of respondents report having chronic illnesses, which indicates that a large proportion of the community may be experiencing relatively good health and fewer long-term health issues.

Table 4. Correlation Between Preventive Health Behaviors and Health Outcomes

Preventive Behavior	Pearson Correlation Coefficient (r)	p-value
Vaccination	0.62	0.0001
Regular Health Check-Ups	0.48	0.0001
Physical Activity	0.55	0.0001
Healthy Eating Habits	0.60	0.0001

Strong positive correlations (r0.50) were found between all preventive health behaviors (vaccination, regular health check-ups, physical activity, and healthy eating habits) and self-reported health outcomes. All correlations are statistically significant (p0.0001), indicating that higher engagement in these preventive health measures is associated with better health outcomes. The strongest correlation is with vaccination (r = 0.62), suggesting that vaccination has a particularly strong relationship with self-reported good health.

Table 5. Regression Analysis Results (Dependent Variable: Self-Reported Good Health)

Predictor Variable	Beta (β)	Standard Error (SE)	p-value
Vaccination	0.45	0.05	0.0001
Regular Health Check-Ups	0.25	0.06	0.0001
Physical Activity	0.30	0.04	0.0001
Healthy Eating Habits	0.35	0.05	0.0001

All preventive health behaviors (vaccination, regular health check-ups, physical activity, and healthy eating habits) have significant positive relationships with the likelihood of reporting good health. The highest predictive strength is seen with vaccination (β = 0.45), followed by healthy eating habits (β = 0.35), physical activity (β = 0.30), and regular health check-ups (β = 0.25). This suggests that engagement in these behaviors significantly increases the probability of respondents reporting good health, with vaccination having the most significant impact.

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Table 6. ANOVA Results for Health Outcomes Across Demographic Groups

Demographic Variable	F-statistic	p-value
Gender	3.12	0.045
Age Group	5.85	0.0001
Education Level	4.29	0.010
Income Level	6.75	0.0001

Significant differences in health outcomes were found across demographic variables, with p-values < 0.05 in all cases. The F-statistic for age (5.85) suggests that age plays a significant role in health outcomes, with younger respondents possibly reporting better health. Education level (F-statistic = 4.29) and income level (F-statistic = 6.75) also show significant differences, indicating that higher education and income levels are associated with better health outcomes. Gender (F-statistic = 3.12) also shows a significant difference in health outcomes, though the effect is less pronounced than other variables.

The following paper aims to assess the effect of preventive health measure towards health of community in Makassar. The results also show that vaccine uptake, regular health check-ups, exercise, and good diet practices are strongly and positively related with self-reported health status. Such results are consistent with previous research emphasizing that preventive actions can help to advance health and lessen the rate of chronic disease (Melki et al., 2022; Beca et al., 2022). However, this study also fills some gaps of the prior literature especially the precise health implications of the people in the community in the urban cities of Indonesia, including Makassar.

Demographic variables of the sample as it is evident in the data table, the participants in this study were from middle-aged and highly educated, this is in concordance with other studies that postulated that persons with higher education and income levels are likely to practice healthier behaviours as compared to the rest (Daly & Robinson, 2021). This research adds to the existing knowledge about socio-economic determinants of health by coming up with definitive data from a particular Indonesian city. Prior research on education and income effects on health behaviours have mainly used broader cross sectional national databases or western countries (Figueiras et al., 2021); nonetheless, this study underlines the argument that research should shift to such local context as Makassar which social-economic differences influence health differently.

It is also important to understand that high rate of vaccination reported in this study (85%) is significant and can see as the result of local successful campaigns. Vaccination has been proved by various pieces of researches done in the past as one of the most effective and economic interventions in community health that lessen prevalence of communicable diseases. This study also confirmed the positive relationship that was established between vaccination and self-reported good health (0.62, P0.001) similar to what scholars have found in other zones that vaccination is directly related to health (Meirun et al., 2021). The findings of this work contribute to the existing literature, in two ways: First, the current study established that vaccination works within the Indonesian urban setting where vaccine uptake may be affected both by the local health policies and culture.

Moreover, the results of the research in terms of physical activity and healthy eating correspond the tendencies of the world tendencies of health. According to Pop et al. (2020), 65% of respondents perform regular physical activity, and 75% maintain healthy eating habits

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indicating a positive attitude toward the changes in life styles that enhance health. Such behaviors do help, and has been evidenced to help in the prevention of some chronic diseases including cardiovascular diseases and diabetes (Skou et al., 2022). The regression results also reveal that these factors significantly affect community health; Physical activity and healthy nutrition have moderate predictive validity ($\beta = 0.30$ and $\beta = 0.35$ respectively). This study contributes to filling the existing literature by indicating exactly what such preventive behaviors mean for enhancing the health of people in an Indonesian urban setting instead of issuing generalisations based on results originating from the West or developed countries.

The study also helps presenting new information about the impact of socio-demographic factors on health. The statistically meaningful disparities in health status by age, education, and income reflected in the ANOVA analysis aligns with the scholarly evidence that indicates that socio-economic status has a deliberate impact on health literacy, or the practices tied to it (Liu et al., 2021). The youngest age group and those having higher education also had showed better Health literacy because they have better resources, better knowledge about health practices, and proper health care facilities. They are in agreement with other researchers who have asserted that people who come from the higher classes are most likely to keep to the recommended preventive measures and are likely to have positive affirmed health status (Gilson, 2024). To some extent this study completes the existing body of knowledge about the specifics of effect-making of socio-economic factors on health in the Indonesian region of Makassar.

Whereas other analyses seek to establish the effectiveness of a specific preventive health behavior, this study demonstrates the combined approach of multiple preventive health behaviors. Previous studies have mainly centred on the effect of a single aspect like physical activity of vaccination and this research measures a number of ´preventive measures and reveals that the combination of these behaviours correlates with improved health outcomes. The data from regression presented below indicate that of all the variables considered, vaccination had the strongest correlation with reporting good health meaning that vaccination is a critically important component of community health. This work also shares the PHA concept that different reform measures in society are continuously interrelated and performed simultaneously.

Conclusion

These findings support the importance of preventive health activities as community health improvement strategies in Makassar. The results point out that higher level of activity including vaccination, checking up on health, exercise and proper diet strongly correlate with better self-rated health particularly among people of higher income. In doing so, this study offers useful recommendations on the relation between socio-demographic variables and the health behaviors in an Indonesian urban setting where such insights are not well developed. These results stress the importance of the need to apply extensive community health intervention strategies that encourage the use of several preventive practices that will lead to long term enhancement of the health status of the people. Subsequent studies are required to assess the effectiveness of long-term results and to establish the strategies that may promote the involvement of preventive health activity among vulnerable groups.

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