

A CRITICAL ANALYSIS OF HEALTH PROMOTION INTERVENTIONS IN THE PREVENTION OF NONCOMMUNICABLE DISEASES; A SYSTEMATIC REVIEW

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Abstract

Non-communicable diseases (NCDs) have emerged as a leading global health concern that imposes a considerable economic and social burden. Although a wide range of health promotion strategies has been applied, their capacity to produce lasting behavioural change and to lower NCD prevalence remains contested. The present study sets out to critically examine various health promotion interventions for NCD prevention through a systematic review, with the aim of pinpointing the most effective strategies as well as the obstacles encountered during implementation. A *systematic review* design was adopted in line with the PRISMA guidelines. The literature was retrieved from electronic *database* such as PubMed, ScienceDirect, and Google Scholar, covering articles published over the preceding ten years. Eligible records comprised studies addressing NCD health promotion interventions in both developing and developed countries. Data were appraised through a narrative synthesis of the relevant findings. The results indicate that interventions confined to individual education achieve only limited success in sustaining long-term behavioural change. By contrast, multisectoral interventions that integrate fiscal policy (taxation), environmental modification (nudging), and digital technology (m-Health) proved markedly more effective. In developing countries the principal constraints stem from limited resources and weak community participation, whereas in developed countries the main challenge lies in addressing social disparities in access to health information.

Keywords—*Non-Communicable Diseases, Health Promotion, Critical Analysis, and Prevention.*

INTRODUCTION

Non-communicable diseases (NCDs) rank among the foremost public-health problems worldwide, Indonesia included, owing to the rising occurrence of obesity, hypertension, diabetes, and cardiovascular disease (Syahrifa, 2026). NCDs, also referred to as chronic diseases, tend to be of long duration and arise from a combination of genetic, physiological, environmental, and behavioural factors. The principal NCD categories are cardiovascular disease (such as heart attack and stroke), cancer, chronic respiratory disease (such as chronic obstructive pulmonary disease and asthma), and diabetes. The burden falls disproportionately on people in low- and middle-income countries, where almost three-quarters of global NCD deaths (32 million) occur (Bukhman et al., 2020; *Noncommunicable diseases*, 2025)

In 2021, NCDs accounted for no fewer than 43 million deaths, representing 75% of all non-pandemic-related global mortality. Of these, 18 million people died from an NCD before the age of 70; notably, 82% of such premature deaths occurred in low- and middle-income countries. Indeed, 73% of all NCD deaths are concentrated in these regions. Cardiovascular disease stands out as the leading NCD-related cause of death, responsible for at least 19 million deaths in 2021, followed by cancer (10 million), chronic respiratory disease (4 million), and diabetes (more than 2 million, including deaths from diabetes-related kidney disease). Taken together, these four disease groups account for 80% of all premature NCD deaths (*Noncommunicable diseases*, 2025).

The chief risk factors for coronary heart disease are modifiable lifestyle behaviours, namely tobacco use, an unhealthy diet (including high salt intake and trans-fatty acids), physical

inactivity, and alcohol consumption. Raised blood pressure and elevated blood glucose are the dominant metabolic risk factors driving cardiovascular mortality across the Region (World Health Organization. Regional Office for South-East Asia, 2025). Other factors that heighten the likelihood of dying from an NCD include tobacco use, physical inactivity, harmful alcohol use, poor diet, and air pollution. Combating NCDs effectively therefore requires close attention to detection, screening, and treatment, alongside the provision of palliative care. (Kazibwe et al., 2021; *Noncommunicable diseases*, 2025)

For this reason, health education and health promotion are indispensable to preventing NCDs, since they equip individuals with the knowledge and skills needed to lead healthier lives and make sound health decisions. Beyond their value in confronting the worldwide NCD epidemic, health education broadens awareness of risk factors, encourages early identification, and helps build supportive environments (Rudwan et al., 2025).

Several studies confirm that participatory educational approaches—employing interactive lectures, group discussion, and the use of audiovisual media and leaflets—can strengthen participants' grasp of NCD risk factors and preventive measures (Aghniya et al., 2025). Among others, a study conducted by Naja et al., (2023) recommend that health promotion be carried out in partnership with communities so as to develop culturally appropriate strategies for preventing and managing NCDs, engaging local leaders and involving residents in designing the interventions. They further note that additional research is needed to identify effective strategies tailored to the particular needs of different communities. Finally, interventions should be sustainable and embedded within existing health-care systems through a long-term implementation plan.

This study was designed to appraise the effectiveness, the challenges, and the overall quality of health promotion interventions intended to prevent NCDs. Through a comprehensive appraisal, it seeks to understand how such interventions enable individuals and communities to adopt healthier lifestyle choices. By raising awareness and education, the goal is to encourage the reduction of risk factors associated with chronic disease, particularly those classified as non-communicable. Ultimately, the study aims to illuminate the pivotal role of health promotion in advancing long-term well-being and disease prevention within populations.

RESEARCH METHODS

Study Design

This research undertook a systematic literature review to examine health promotion interventions for NCD prevention, drawing on secondary data from research articles published between 2021 and 2026. To uphold scientific rigour, the review adhered to the PRISMA guidelines, documenting each stage identification, screening, eligibility assessment, and inclusion by means of a PRISMA flow diagram.

Instruments

Several methodological instruments guided data collection and appraisal. Electronic databases PubMed, BMC, ScienceDirect, and Google Scholar served as the primary sources for the literature search.

1. PRISMA flow diagram: used to document the systematic selection process.
2. Search strings: structured combinations of keywords, including “health promotion intervention” and “non-communicable disease prevention”.

Inclusion and Exclusion Criteria

The inclusion and exclusion criteria were developed using the PICOS framework:

- a. Population: the target population was defined according to the focus of the systematic review, namely individuals and communities receiving health promotion interventions for NCD prevention.

- b. Intervention: interventions encompassed the actions or strategies implemented to manage individual or community cases, together with descriptions of management approaches relevant to the review topic.
- c. Comparison: comparisons consisted of alternative interventions or management strategies. Where no control group was available, other relevant comparators reported in the selected studies were considered.
- d. Outcome: the outcomes reported in the included studies aligned with the review theme, specifically health promotion interventions for NCD prevention.

Study design: eligible designs were those providing empirical data relevant to the review objectives, including observational or interventional research articles.

Criteria	Inclusion	Exclusion
Population	International publications relevant to health promotion interventions in NCD prevention.	International articles unrelated to health promotion interventions in NCD prevention.
Intervention	Not applicable (no intervention required).	Not applicable (no intervention required).
Comparison	Not applicable.	Not applicable.
Outcome	Studies examining and reporting health promotion interventions in NCD prevention.	Studies that do not examine or report health promotion interventions in NCD prevention.
Study design	All types of research publication, including open-access research articles.	Articles without a research-based design.
Year of Publication	2020–2025	Published before 2020.
Language	English and Bahasa Indonesia	Languages other than English and Indonesian.

Article Selection

This systematic review examined studies published in English and Indonesian on health promotion interventions for NCD prevention between 2020 and 2026, following the PRISMA guidelines. Relevant articles were sourced from PubMed, BMC, ScienceDirect, and Google Scholar using the keywords “health promotion intervention” and “non-communicable disease prevention”. From an initial pool of 62 articles, the PRISMA flow diagram was applied to select high-quality studies according to the predetermined inclusion and exclusion criteria.

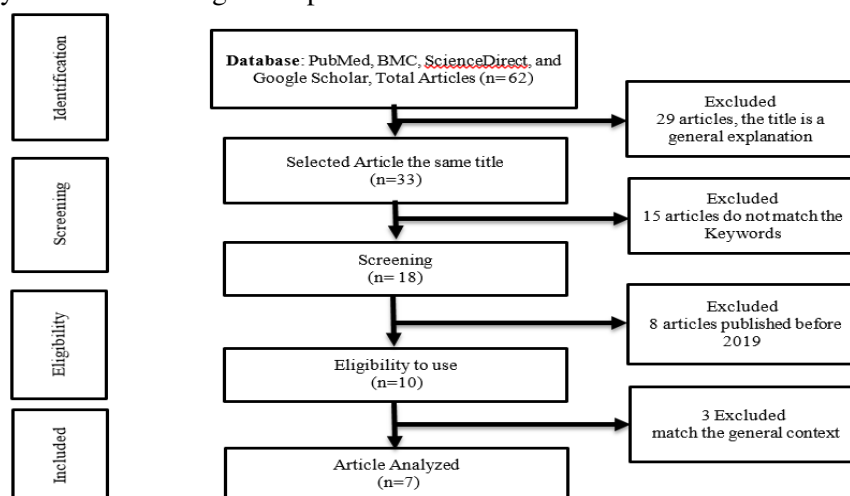


Figure1. PRISMA Flow Chart

Study Relevance

The relevance of this research was established through a comprehensive search across multiple databases to appraise the quality of the available evidence. A systematic approach was used to locate and synthesise data from a range of studies on health promotion interventions for NCD prevention, thereby supporting a more accurate analytical understanding.

Study Quality

Predetermined inclusion and exclusion criteria were applied to appraise every retrieved article and determine its eligibility. Initially, PubMed, BMC, and Google Scholar yielded 62 English-language papers published between 2020 and 2026. After the PRISMA flow diagram had been applied for systematic screening, six studies were retained for further synthesis and analysis.

Analysis Technique

The final selection of publications was reached by consensus among the reviewers, producing six included articles. Sub-themes were analysed to classify the findings accurately, although certain topics such as health promotion interventions for NCDs were grouped under different themes on account of broader considerations. Careful scrutiny of each article's title and content ensured alignment with the research objectives. The analysis concentrated on studies published between 2020 and 2026 in order to draw meaningful conclusions.

RESULTS AND DISCUSSION

Study Characteristics

This systematic review drew on online databases such as PubMed, BMC, and Google Scholar to gather relevant publications. Each article was appraised for relevance and quality, guided by the PRISMA flow diagram to ensure that only studies meeting the inclusion criteria were carried forward for analysis.

Search Process

This systematic review offers a comprehensive appraisal of studies analysing health promotion interventions in NCD prevention. The article search ran from 1 to 25 April 2026 and identified 62 relevant publications.

Data Extraction

Data were extracted from the selected articles following a standard procedure, capturing the authors, year, title, methodology, and principal findings. Only articles published between 2020 and 2026 were included. This step is essential for critical appraisal and for guiding future research. The information was organised within a structured data-extraction form presented in tabular format.

Table 2. Data Extraction

Authors and Year	Title	Method	Results
(Rahman et al., 2021)	Health Promotion to Strengthen the Active Role of the Community in the Prevention of Non-Communicable Diseases	Community service	The study recorded a rise in community knowledge of hypertension risk factors of 60.5%; knowledge of the dangers of smoking rose by 62.8% and knowledge of clean and healthy living behaviour (PHBS) by 59.3%. Community members were able to take part in and empower themselves through health promotion activities to improve their own health status.

(Sholihah et al., 2025)	The Important Role of Health Promotion in the Prevention of Chronic Disease	Literature review	The findings show that health promotion is effective in improving adolescents' knowledge of and attitudes towards chronic-disease prevention. Knowledge scores rose from 6.61 to 13.80 and attitude scores from 9.61 to 14.47. Moreover, all the journals analysed indicated that health promotion plays an important part in preventing non-communicable diseases.
(Dilaga, 2026)	The Non-Communicable Disease Crisis in Young People: From Risk Factors to Prevention Strategies	Narrative review	The study found that NCDs are increasing among young people as a result of unhealthy lifestyles; intervention from adolescence onward, together with the integration of mental health, is required.
(Fadhilah et al., 2025)	Early Detection of Non-Communicable Disease Risk Factors among Karang Taruna Youth: Screening and Preventive Efforts	Community service using a health-screening approach.	The screening identified 29.2% undernutrition, 12.5% obesity, 6.7% anaemia, 11.1% prediabetes, and 8.4% hypertension. Interventions comprised health education, improvements to diet and lifestyle, and the provision of iron supplement tablets. The programme proved effective as a community-based model for the early detection of NCDs.
(M et al., 2025)	Effectiveness of community-based interventions for non-communicable disease prevention: A systematic review and meta-analysis	Systematic Review & Meta-analysis	The effectiveness of community-based interventions in reducing NCD risk factors among adolescents and young adults in low- and middle-income countries (LMICs) remains uncertain, since outcomes vary across different demographics and intervention types.
(Effendi et al., 2023)	Effective Public Health Strategies for Preventing Non-Communicable Diseases Through Risk Factor Management and Community Based Initiatives	Literature Review	These results underscore the need for well-targeted, culturally adapted approaches that involve multisectoral participation in order to strengthen NCD control measures. Periodic assessment and accreditation of such initiatives can substantially curb the impact of NCDs and reinforce global public health systems.
(Ogolla et al., 2025)	Assessing the impact of community health education programs on preventing non-communicable diseases in rural areas	cross-sectiona	The study reported significant gains in health knowledge and lifestyle behaviour, together with reductions in health indicators linked to NCD risk factors, such as hypertension, obesity, and elevated blood glucose.

Health Promotion Strategies

This review establishes that health promotion strategies are central to changing human behaviour. The study conducted by Ogolla et al., (2025) reported significant improvements in health knowledge and lifestyle behaviour, alongside reductions in health indicators tied to NCD risk factors such as hypertension, obesity, and high blood glucose. These findings are consistent with the work of Fadhilah et al., (2025) who recorded 29.2% undernutrition, 12.5% obesity, 6.7% anaemia, 11.1% prediabetes, and 8.4% hypertension. The interventions involved health education, improvements in diet and lifestyle, and the provision of iron supplement tablets. In line with this, research by Effendi et al., (2023) stresses the need for well-targeted, culturally adapted approaches involving multisectoral participation to strengthen NCD control measures. Periodic assessment and accreditation of these initiatives can markedly reduce the impact of NCDs and reinforce global public health systems. Health promotion intervention strategies are therefore essential in helping communities prevent non-communicable diseases. According to Effendi et al., (2023), well-targeted and culturally adapted approaches that engage multiple sectors are needed to strengthen NCD control measures. Periodic assessment and accreditation of these initiatives can substantially reduce the impact of NCDs and reinforce global public health systems.

Effectiveness of Interventions in NCD Prevention

Drawing on the study conducted by M et al., (2025) it was found that the effectiveness of community-based interventions in reducing NCD risk factors among adolescents and young adults in low- and middle-income countries (LMICs) remains uncertain, since outcomes differ across demographics and intervention types. On this basis, NCD prevention in young people should be pursued comprehensively from the adolescent phase onward, as this period shapes long-term health-behaviour patterns. Interventions need to target key behavioural factors such as improving diet, increasing physical activity, preventing smoking, limiting alcohol and addictive-substance use, and managing stress and mental health (Akseer et al., 2020).

An effective approach to health promotion attends to individuals together with their social and structural environments, including family, school support, and public policies for access to healthy food, physical activity, and health education. Engaging adolescents in these programmes enhances their relevance, ownership, and the sustainability of behavioural change (Partridge et al., 2025). As chronic disease becomes more prevalent, NCD prevention must address both physical and psychological factors. The psychological burden of chronic illness affects adherence and management, making it important to strengthen primary care with community health workers for the early detection of stress and for continuing education (Alagappan & Vajpayee, 2025). This integrated model fosters better long-term disease management.

Effective interventions are crucial for identifying gaps in NCD services, since quality improvement enhances patient outcomes and the cost-efficiency of care. According to Hermanto et al., (2025), the success of NCD prevention is shaped by community health literacy and by the role of health cadres in the early detection of disease. Low health literacy can impede health-education programmes, so it is vital to empower local cadres to connect health information with communities within the catchment area of the community health centre (Puskesmas).

In a recent review of disease-control strategies, Dilaga, (2026) stresses that effective health interventions depend on high-quality educational materials and prompt community communication. The key insights are: (1) Synergy of speed and accuracy: health workers at the Puskesmas must convey NCD-prevention messages quickly to forestall the spread of health misinformation; (2) Data-driven collaboration: making robust use of local data in community health discussions strengthens public trust and can effectively shift preventive behaviour; and (3) Strengthening the reputation of primary care: integrated communication between health workers and community cadres builds confidence in health institutions and encourages community participation in health-screening programmes.

The systematic review indicates that community-based interventions are essential for reducing NCDs. Educational programmes using lectures and audiovisual media effectively raise knowledge and improve the management of risk factors. Delivering information at the grassroots

level, such as through community health centres, is crucial for changing health behaviour (Knapp et al., 2022; Moe-Byrne et al., 2022; Mutmawardina et al., 2023).

The effectiveness of health interventions depends on community health literacy; research shows that higher health literacy leads to better community adherence to health screening and to preventive decision-making. Participatory health-promotion approaches are more effective than top-down methods, especially in resource-limited settings. Studies demonstrate that community-based prevention strategies adapted to the local culture improve the success of public-health programmes (Segrott et al., 2025; Tu'akoi et al., 2025).

Technology has also emerged as a powerful enabler in this discussion, highlighting the role of *mHealth* as an innovative solution for bridging information gaps in developing countries. Integrating structured face-to-face education with mobile-technology support could form a comprehensive intervention model for enhancing the self-management of NCD patients in the future (Kaulina & Sukihananto, 2024). This finding is supported by Lee & Freudenberg, (2022) who state that, without strong national policy support particularly in regulating the distribution and marketing of products harmful to health educational interventions at the primary-care level will struggle to achieve optimal results. Consequently, synergy between Puskesmas programmes and local-government regulation becomes a key factor in creating an environment that supports healthy community behaviour.

Challenges and Barriers

According to the findings of Rudwan et al., (2025), various strategies including educational systems and digital tools have been deployed to tackle this problem. Nevertheless, barriers such as gaps in health infrastructure, cultural norms, and limited access to education persist. In the context of strengthening health services, Ether & Saif-Ur-Rahman, (2021) found that quality of care is critical to reducing NCDs in developing countries. High-quality care improves early detection, access, patient satisfaction, and the management of chronic disease. Rahman et al. emphasise that merely providing services is not enough; the effectiveness of NCD control hinges on the high quality standards of health-care providers. A lack of focus on quality undermines public-health objectives. In regions such as South Asia, low social awareness, poverty, and inadequate regulation contribute substantially to the high NCD burden, highlighting the need to improve health systems and public policy alongside medical interventions.

CONCLUSION

Health promotion interventions are essential to preventing non-communicable diseases (NCDs) by encouraging behavioural change such as healthy eating, increased physical activity, and reduced smoking. A variety of approaches including community-based, school-based, policy-based, and technology-based interventions have yielded positive results. However, their effectiveness can vary considerably depending on the social and cultural context and on the level of community participation. To prevent NCDs effectively, interventions should adopt integrated cross-sectoral strategies underpinned by strong policy and tailored local approaches. The principal recommendations are: (1) strengthening culturally sensitive public health education; (2) integrating health promotion into primary care to ensure that services are readily accessible; (3) collaborating with sectors beyond health; (4) focusing on long-term behaviour-modification strategies; (5) improving mechanisms for programme monitoring and evaluation; (6) educating and training health personnel effectively; (7) harnessing media and digital technology to raise awareness; and (8) taking account of the needs of vulnerable populations. By applying these strategies, the effectiveness of NCD-prevention initiatives can be substantially enhanced.

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