Instructions for Abstract Submission

Title
(Use a clear, specific, and informative title that reflects the core objective or findings. Capitalize major words. Avoid abbreviations unless widely known. Limit to 15–20 words.)

Authors

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(List authors in order of contribution. Use superscript numerals to match affiliations. Provide full names. Ensure all authors approve the submission.)

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(Include department, institution, city, state/province, and country.)

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(Can include 1-2 emails; must be valid and active.)

Keywords
(Provide 4–6 keywords)

ABSTRACT (Maximum 400 words)

Introduction/Background

[Briefly describe the issue being addressed. Include contextual or epidemiological relevance. State the knowledge gap. End with the aim or research question. Suggested length: 2–3 sentences.]

Materials and Methods

[Specify study design (e.g., cross-sectional, RCT, qualitative). Describe the study setting, population, and sample size. Clarify the intervention or exposure and its duration. State outcome measures and data collection tools. Outline analysis methods. Suggested length: 3–5 sentences.]

Results

[Present significant and relevant results. Use quantitative metrics (e.g., percentages, means, p-values) or qualitative themes. Refer to a maximum of two attached tables or figures if applicable (not included in word count). Tables and figures are not counted in the abstract word limit. Suggested length: 3–5 sentences.]

Conclusions and Recommendations

[Briefly interpret the findings and their significance. Provide practical recommendations for policy, practice, or future research. Suggested length: 2–3 sentences.]

References

(Maximum of 5 references. Use APA 7th edition format. References are not counted in the abstract word limit.)

1. World Health Organization. (2021). *Primary health care on the road to universal health coverage: 2019 monitoring report*. https://www.who.int
2. Smith, J., & Lee, M. (2020). Community-based health interventions in rural settings: A systematic review. *International Journal of Public Health*, 65(3), 310–318. https://doi.org/10.1007/s00038-020-01345-x
3. Jones, A. (2019). Measuring wellbeing in low-resource contexts. *BMC Public Health*, 19, 1120. https://doi.org/10.1186/s12889-019-7455-9

Abstract Submission Template

Title

Impact of Community-Based Health Interventions on Mental Wellbeing Among Rural Populations in Southeast Asia
(A clear, specific, and informative title reflecting the objective and findings; major words capitalized.)

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Keywords

Community-Based Interventions, Rural Health, Mental Wellbeing, Southeast Asia, Public Health Evaluation, Health Promotion

ABSTRACT (Maximum 400 words)

Introduction/Background

Rural populations in Southeast Asia experience a disproportionate burden of mental health challenges, often exacerbated by limited access to healthcare services, health education, and structured social support systems. Despite the increasing implementation of community-based health interventions, the empirical evidence regarding their effectiveness in improving mental wellbeing remains insufficient, particularly in low-resource rural settings. This study aimed to evaluate the impact of structured, multi-component community health programs on mental wellbeing outcomes in selected rural communities across Indonesia, Malaysia, and Vietnam.

Materials and Methods

A quasi-experimental, community-level intervention study was conducted between January and December 2023 across six rural districts—two in each country. A total of 780 participants aged 18 to 65 were purposively sampled and randomly allocated to intervention (n=390) and

control (n=390) groups. The intervention group received biweekly mental health workshops, structured peer-support group activities, and monthly mobile health screening visits over a six-month period. The WHO-5 Wellbeing Index was used as the primary outcome measure, administered both pre- and post-intervention. Secondary outcomes included indicators of social connectedness and healthcare-seeking behavior. Data were analyzed using paired t-tests to assess within-group changes and ANCOVA to evaluate between-group differences, controlling for demographic variables.

Results

At six months, the intervention group demonstrated a statistically significant increase in WHO-5 wellbeing scores from a baseline mean of 42.3 (SD=10.1) to 64.7 (SD=12.5) ($p < 0.001$), whereas the control group showed no meaningful change (baseline: 43.1; follow-up: 44.2; $p = 0.312$). Positive changes were also observed in social engagement levels and frequency of contact with primary healthcare services. Qualitative feedback gathered through semi-structured interviews highlighted improved community trust in health systems and greater openness in discussing mental health issues. No adverse events were reported throughout the intervention period. Table 1 presents disaggregated outcome trends across the three participating countries.

Conclusions and Recommendations

Community-based mental health interventions led to significant improvements in subjective wellbeing and healthcare engagement among rural adults in Southeast Asia. The evidence supports the scalability of these programs as cost-effective, culturally sensitive strategies for addressing mental health disparities in underserved areas. Policymakers are encouraged to adopt community-led, peer-supported frameworks into national mental health policies and allocate resources to ensure long-term sustainability and local ownership.

References

1. World Health Organization. (2021). *Primary health care on the road to universal health coverage: 2019 monitoring report*. https://www.who.int
2. Smith, J., & Lee, M. (2020). Community-based health interventions in rural settings: A systematic review. *International Journal of Public Health*, 65(3), 310–318. https://doi.org/10.1007/s00038-020-01345-x
3. Jones, A. (2019). Measuring wellbeing in low-resource contexts. *BMC Public Health*, 19, 1120. https://doi.org/10.1186/s12889-019-7455-9
4. Patel, V., & Saxena, S. (2019). Transforming lives, enhancing communities: Mental health care in low-income settings. *The Lancet Psychiatry*, 6(7), 532–537. https://doi.org/10.1016/S2215-0366(19)30145-3
5. Tran, T., & Cheah, W. L. (2020). The role of social support networks in improving mental health outcomes in Southeast Asian rural communities. *Global Health Action*, 13(1), 1800402. https://doi.org/10.1080/16549716.2020.1800402