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**By**

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CHILD HEALTH EDUCATION : THE MALAYSIAN CONTEXT

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### 1. The Need for attention to Child Health

The population of Malaysia in 1986 was estimated to be about 16.1 million of which about 83% live in Peninsular Malaysia while about 17% live in East Malaysia. Approximately 65% of the population reside in the rural areas.

The population structure, like all developing countries comprises of a young population with infants and toddlers making up 14% of the total population and children 5-14 years contributing to 23% of the population. This means that about 37% of the population are children 0-14 years of age.

In the last 30 years, Infant Mortality Rate has declined tremendously : from 75/1000 in 1957 to 16/1000 in 1986. Although the overall mortality rates of infants, toddlers and mothers continue to decline there remain some parts in the rural areas where local health indicators can be markedly improved. As far as morbidity data for children are concerned, diarrhoeal diseases, malnutrition and infectious diseases can be further reduced and this is particularly so in the underserved and poor areas.

Recognising that it has a young population and that the

health of children can be further improved, the Ministry of Health's Family Health Programme has identified the following priority areas for its Fifth Malaysia Plan:-

- The reduction of Maternal and Infant Mortality in the areas where mortality is high
- Intensification of immunisation coverage and introduction of rubella immunisation
- Implementation of the Risk Approach Strategy in Maternal and Child Health (MCH) care and nutrition surveillance with priority in high mortality districts
- Intensification of School Health Services with emphasis on detection, referral and follow-up of disabled children, health education and counselling for social problems *of* adolescents
- Strengthening the existing MCH Services through improvement of supervision, local level management and training
- Intensification of community and family education on basic principles of Health Care

(Source: Annual Report, Ministry of Health Malaysia 1986)

The large network of maternal and child-health clinics distributed throughout the whole country indicates the Ministry of Health's commitment to Maternal and Child Health.

## 2. Health Education Activities

For any health programme to be successful one of the fundamental strategies is through information, education and communication. The Health Education Unit of Malaysia's Ministry of Health has several activities designed to achieve this and they include:

- i) Health education training for health staff
- ii) Mass media activities (radio, television, newspapers etc.) with the collaboration of the Ministries of Information and Education
- iii) Production of health educational materials (print and non-print materials)
- iv) Mobile unit educational activities
- v) Demonstration projects
- vi) Exhibitions
- vii) Incorporating the health education component into various Ministry of Health programmes

Specific health issues are addressed through these activities and these include topics pertaining to Maternal and Child Health

### 3. The Target Populations for Child Health Education

Three groups of people are identified as the target populations for Child Health Education and appropriate materials and channels of delivery should be considered to reach these groups.

- i) The child : materials for this group must be appropriate to the age group and delivered at the level the child can understand. One strategic way to educate is via the school curriculum
- ii) The parents : both mother and father should be included. The problem of literacy level and the opportunities for exposure to educational material must however be considered
- iii) Personnel who influence the physical, mental and social development of the child: examples of this group include teachers, health personnel and community leaders

4. Issues to consider in the delivery of Child Health Education

A number of issues have to be considered in the delivery of health education materials to the target populations.

- i) Limited budgets particularly in the developing countries mean that priority problems can only be considered. Situational analysis is important and topics should be carefully selected.
- ii) Low literacy especially in rural mothers warrant that this group of people have materials prepared which are suitable for them.
- iii) Multiracial, multicultural, multi-religious and multi-dialect societies magnify the complexities involved in the health education process. Materials have to be both acceptable, comprehensible and accessible to each community.
- iv) Materials to motivate rather than just plain information should also be developed
- v) Many developing countries including Malaysia have difficult terrain in certain areas and pockets of communities who need health improvement most are often



the most difficult to reach. It is strongly advocated that special attention be paid to these communities.

vi) The role of intersectoral participation and coordination in health education cannot be overemphasised. Current linkages between major government ministries like the Ministry of Health, Ministry of Information

and the Ministry of Education should be strengthened. The role of the non-government sectors in the promotion of health in general and of child health education in particular should be carefully explored.

#### 5. Areas for Child Health Education

Five broad areas are identified which affect Child Health and upon which educational materials can be based.

The first begins with the mother. Maternal factors such as the mother's health particularly during pregnancy, the need for antenatal care, parity, birth intervals have important consequences on child health.

Environmental factors such as safe water, proper waste disposal, food sanitation, the control of vectors have important impacts on child health. An environment conducive to emotional and social development is also important.

Nutrition for both mother and child influences child morbidity and mortality and has many aspects from which educational/information materials can be generated.

Attention to health and medical care is another area in the promotion of child health. Immunisation coverage, healthful child care practices and the necessity for screening and treatment of illnesses are all important aspects of child health promotion.

Prevention of accidents and injury is undoubtedly another area to look at.

As already mentioned, priority problems should be given attention and specific issues for health education should be addressed. Local needs should be looked at as each community faces different problems and priorities. The messages, communication channels and type of materials generated and delivered must suit each particular community.

## 6. Research

It is undoubted that the scope for research in child health education is extremely wide. One important aspect which often has insufficient attention focussed on is the monitoring of the impact of health education programmes on the

target population. Every health education programme must be evaluated to ensure that it is effective and has reached the populations which need it most. Mistakes made should be identified and rectified.

#### References

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