<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Major public health and nutrition problems in Malaysia and role of media in helping to solve some of these problems.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s)</strong></td>
<td>Singh, Joginder.</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>1984</td>
</tr>
<tr>
<td><strong>URL</strong></td>
<td><a href="http://hdl.handle.net/10220/842">http://hdl.handle.net/10220/842</a></td>
</tr>
<tr>
<td><strong>Rights</strong></td>
<td></td>
</tr>
</tbody>
</table>
Major Public Health And Nutrition Problems In Malaysia
And Role Of Media In Helping To Solve Some Of These Problems

By

Joginder Singh
Major Public Health and Nutrition Problems in Malaysia and Role of Media in helping to solve some of these problems.

In Chairman, Lady & Gentlemen.

There has been a considerable improvement in health status of the population in Malaysia as shown by the reduction in Mortality since independence in 1957.

<table>
<thead>
<tr>
<th>Mortality</th>
<th>1957</th>
<th>1979</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude death rate</td>
<td>12.4</td>
<td>5.9</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>75.5</td>
<td>27</td>
</tr>
<tr>
<td>Toddler Mortality Rate</td>
<td>10.65</td>
<td>2.4</td>
</tr>
<tr>
<td>Maternal Mortality Rate</td>
<td>3.2</td>
<td>0.69</td>
</tr>
<tr>
<td>Life expectancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>55.8</td>
<td>67.1</td>
</tr>
<tr>
<td>Females</td>
<td>58.4</td>
<td>72.7</td>
</tr>
</tbody>
</table>

However, there is still room for improvement as the mortality indicators fall short of those in developed countries.

Morbidity and mortality patterns of diseases seen in hospitals are changing significantly to reflect the social and economic advancement of the country. The decline in infectious diseases and the appearance of heart diseases and accidents are indicators of an emerging affluent society.

In 1980, leading causes of death were:

- Heart diseases and cardiovascular diseases 22.1%
- Both injuries and other causes of perinatal deaths 11.6%
- Neoplasms 10%
- Accidents 9.4%
- Pneumonia 4.9%
To overcome health problems, Ministry of Health has a comprehensive range of health programmes. There has been a tremendous infrastructure development in the last two decades which has improved the health services accessibility to the population. Health Services are delivered through a network of facilities of increasing complexity and size. The coverage of rural health services in Peninsular Malaysia is about 93% and that in Sabah 65% and Sarawak 75%.

However, many of the facilities and services are underutilised. A correctly informed and adequately motivated public is an essential component of a successful health service and development complex.

Following are some of the areas of concern where media can play an important role in informing and motivating people to better utilise health information and health facilities.

(1) **Maternal and Child Health Problems**

There is much concern over maternal and infant waste as a result of conditions which are preventable and while marked improvements in decline of mortality has been achieved, further reductions can be made particularly in perinatal, neonatal and toddler mortality as seen in developed countries as a result of socio-economic improvement, education, maximum utilisation of existing resources and improvement in qualified manpower and appropriate technologies.
There still exists today negative health attitude, erroneous beliefs and adherence to customs and traditions in a large proportion of our population which hinder the acceptance of conventional health care and perpetuates a preference for the traditional system especially during pregnancy and delivery. This problem is made more complex in the context of our plural society. These constraints are faced by the health staff in their daily work, and deliveries by traditional birth attendants is 40% of the total deliveries in the country.

Progress and urbanisation has resulted in the appearance of many problems, chief among them being the weakening of family ties and the need for mothers to be gainfully employed to supplement family income. This results in the neglected care of young children with its inherent problems of malnutrition, diarrheal diseases, home and road accidents etc. as well as manifestations of behavior disorders as found in antisocial behavior, delinquency, drug addition, school-dropouts and truancy etc.

(2) Nutritional problems

Malnutrition has been a problem in this country causing high mortality and morbidity in toddlers and among certain population groups.

In a recent study in poverty villages by Institute for Medical Research, Chronic undernutrition i.e. 'stunting' was found in major proportion of pre-school children (43%) and primary school children (49% for boys and 25% in girls).
There was preponderance of underweight people compared to overweight persons amongst the adult population. In the more affluent society, this observation may be regarded as desirable from viewpoint of a lessening of risks to the early development of cardiovascular disorders. However, in the rural setting, where livelihood is heavily dependent on physical work, the presence of moderately large proportion of lean men and women suggests a lack of calorie reserve and may in fact seriously impede economic productivity or act as a source of poor health.

Anaemia was found in practically all sections of the community with moderately high prevalence rates in pre-school and primary school children, adolescent boys and girls, women of child bearing age. Anaemia was largely due to nutritional iron deficiency. Anaemia besides posing a risk to the mother and foetus during pregnancy also saps up the strength and energy of the community affecting the economic productivity of its labour force.

It is recognised that many factors contribute to malnutrition. Among these are poverty, inadequate food production, ignorance, food taboos and preferences, certain disease conditions such as worm infestation and such underlying causes as insanitary water supply and excreta disposal. It is evident that solutions to nutritional problem calls for efforts from various agencies. Applied Food and Nutrition programme has
adopted an integrated, multisectoral approach to improve income
generation and food production to encourage better food habits,
to strengthen health activities in maternal and child health
and environmental sanitation.

Nutrition education is a vital force for nutritional
improvement. It should be directed at two main targets that
is home makers and school children. While nutrition education
is provided in clinics and during home visiting by health and
extension workers, and to school children through school
curriculum, mass media has an important role in educating men
for food production on underutilised land, promoting income
generating activities such as prawn catching, and fishing in
the nearby stream or river.

(3) Diseases associated with poor sanitation, insanitary water
supply and excreta disposal and poor personal hygiene continue
to be important causes of morbidities in the country. The
provision of social amenities by way of safe water supply and
sanitary latrines under the Rural Environmental Sanitation
Programme form part of the overall Government effort to improve
the health and quality of life of the rural population.
Community organisation and community participation is the key
element on the success of this programme.
Communicable diseases

Communicable diseases such as TB, Malaria, Leprosy, Yaws, Diptheria have reduced considerably. Yet TB, Malaria and Leprosy programmes are not able to reach the desired level of prevalence. Infectious cases are not detected or detected late. Educational activities are needed to further reduce the incidence.

Cholera, and typhoid are endemic and off and on break into epidemics.

Dengue and Dengue Haemorrhagic fever is a problem particularly in urban areas.

Food related problems range from illnesses arising from the consumption of contaminated food, foods which contain toxic substances or materials in excessive amounts or foods of low nutritional value to consumer deception through wrongful labelling and advertising. Of late food related problems are increasing because of rapid growth in the food industry, and increase in food imports. Health education of food handlers, consumers and manufacturers is essential.

Occupational health education

An increasing number of people are entering into various types of occupation. Occupational diseases related to quarrying, various types of manufacturing, processing of padi etc. pose health risks to workers. Such risks can be minimised by education of the workers as well as those responsible for providing safe working environment.
(7) Non-infectious diseases

Chronic diseases such as heart diseases, cardiovascular disease, neoplasm account for a large proportion of admissions to hospitals. Cardiovascular diseases are a leading cause of admission and death. Many of these deaths and morbidity can be reduced by controlling risk factors such as hypertension and smoking. Prevalence of hypertension in Malaysia is quite high. A study in a District showed a hypertension prevalence rate of 14% in adults over 15 years. However, detection of hypertension is very low. Similarly detection of other conditions like diabetes and cancers is also low. And those cases detected do not comply to prescribed medical regimen and diet.

Public education is important for the people to recognise risk factors and the ways of reducing them. Education is also essential on the follow-up of medical regimen and diet for those in need.

(8) Accidents

Accidents have continued to be one of the leading causes of morbidity and mortality in the country. Accidents are the leading cause of admissions to Government hospitals and second leading cause of death in Government hospitals.

Health education is an important activity of all health workers. Individual and group educational activities are carried out in clinics and community settings. However, utilisation of mass media has been ad hoc and unsystematic.
In order to maximise effective utilisation of mass media, the Ministry of Health with participation of media personnel has planned an organised programme for radio and tv.

Radio and tv activities are carried out on selected health themes. These activities are co-ordinated with ground level health activities. Such programme has started since March last year and it is expected to be an ongoing programme. Evaluation of this programme has shown that many people interviewed were exposed to these programmes, and one of the tv programme was a popular programme.

However, air time on radio and tv is inadequate. There needs to be more integration of health messages in other entertainment and developmental activities.

Use of video programmes is catching on fast. Perhaps video tapes could be produced with health messages integrated with entertainment and made available for commercial use.

There is lack of print media for mass circulation on health. Health issues published in newspapers are more often based on experiences of developed countries and emphasise on issues more relevant to those countries. Newspapers need to recognise that information which is most beneficial to the public in reducing health problems. There need to be more co-ordination between medical and media personnel.