The Sabah Perspective: Health Promotion Initiatives in Rural Health

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Lifestyle diseases such as diabetes, obesity and cardiovascular disorders are on the rise. This epidemic is not sparing our nation, hence, the Ministry of Health of Malaysia rivets on ways to strengthen health promotion in the country and combat morbidity from diseases which could otherwise be preventable.

Introduction

The Ministry of Health, Malaysia (MOH) is pitting against an increasing trend of lifestyle diseases like diabetes, obesity and cardiovascular disorders. It is a fact that these health conditions could be prevented if only everyone is made aware of taking preventive measures and importance of getting treatment. Prompted to action, the government formed in 2002 the Health Promotion Board and allocated RM37 million to fund it. The goal of this board is to empower the communities to look after their own health through the non-government organizations (NGO) and professional health associations. These groups are given funding, technical support and capacity building opportunities to formulate programmes and activities especially in the rural communities such as cultural and sports – activities which used to be sponsored by alcohol and tobacco industries *(Lee, 2006)*.

In Sabah, health promotion activities are disseminated in the rural areas. It is timely and challenging as support services there are relatively limited., despite the fact that Sabah has 24 Health Districts with 20 MCH clinics, 82 health centres, 189 rural health clinics and 23 hospitals. And although 30% of rural health clinics do not have basic amenities, the nurses detailed in these clinics still managed to adapt themselves to the living conditions and commendably perform their duties.

Moreover, there are significant geographic barriers to most health activities carried out by health professionals. Sabah is a rugged country. Its mountainous terrain is intersected by many rivers which flow through the valleys where sifting cultivation communities reside.

Rural health promotions are incorporated in the Rural Health Services which is still the domain of the Rural Health Nurses or Jururawat Masyarakat (JM) who are serving in the rural areas especially in Sabah. These nurses have done wonderful job over the years as they have come up with health promotion initiatives and innovations, albeit few, which were very successful. They played an important role in helping the country reduce maternal and child mortality rate especially among the outreach and disadvantaged rural communities. It was apparent that the success and sustainability of health promotion initiatives come from active community participation and the diversity of values, cultures and inherent individuality of the rural communities is respected by the health providers.

Overview

Malaysia has a heterogeneous population of about 23 million (based on the 2002 statistics) of which , 44% resides in the rural areas. The Ministry of Health Malaysia (MOH) is the main healthcare provider for the 'disadvantaged' rural communities. To date, rural folks from remote areas have access to modern health care services with adequate referral facilities as extensive network of rural health clinics and mobile teams. Likewise, the Flying Doctor Service is being provided by the government.

However, there is still discrepancy in the status of health between the urban and the rural sectors. As

evidenced, greater empowerment to create an environment where better health begins from awareness is vital, and the need to take action especially among the rural population is ------- .

Success in the effort of the government to improve the health care delivery has been marked since the nation's independence in 1957. One of the challenges championed by the MOH was an improved maternal and infant mortality rates in the country. To top it all, the Malaysian health sector's performance was ranked 49th among the 191 WHO member states in the World Health Report 2000.

Health Promotion (HP) and its Concepts

From the year 2000, MOH has focused on its eight health services goals, which are:

1. Wellness focus
2. Person focus
3. Informed person
4. Self help
5. Care provided at home or closer to home
6. Seamless continuous care
7. Services tailored as much as possible to individualized care
8. Effective, efficient and affordable services. *(MOH, 2000)*

For the health goals to be achieved, strategies are geared towards Health Promotion (HP) and prevention. The Ottawa Charter for Health Promotion - WHO, defined HP *as the process of enabling people to increase control over, and to improve their health* (Geneva, 1986). Being an umbrella term, HP encompasses many activities that are needed to tackle all the determinants of health.

The determinants of health are a combination of health education and environmental supports for actions and living conditions conducive to health, and multi-factorial processes operating on individuals and communities through education, prevention and protection measures.

In 1984, the Ottawa Charter - WHO, identified five approaches to building healthy public policy. These are:

1. Creating supportive environments
2 Strengthening community action
3. Developing personal skills
4. Re-orienting health services

This guiding framework became the basis of the MPH to form the Health Promotion Board *(Malaysian Health Promotion Foundation, 2002)*.

Specifics of the Initiatives

To reach Malaysians on a more personal level, MOH has started the Community Health Promotion Centre in 2004 at Seberang Prai, Penang. *(Under the 9MP, MOH plans to have a Community HP Centre in every state in Malaysia, manned by Health Education Officers or HEO)*. The objectives of Community HP Centre are as follow:

- To provide a comprehensive range of amenities, a platform to promote and forge a culture of healthy living habits.
- To act as vehicle for one to learn the skills and understanding of the importance of living a healthy lifestyle.
- To enhance community participation
- To form a network of individuals in the community to act as agents or catalyst in supporting the efforts of HP through instilling healthy habits in one's daily life.

Rural health promotion initiatives are incorporated in the Rural Health Services (RHS) that were introduced in Malaysia in 1964 as an important programme for the Maternal and Child Health Services. The RHS programme in Malaysia planned to provide :

- Development of the basic framework for infrastructure needed to deliver health services directly to the rural population
- Extensive network set up of rural health units that brought health care to the villages
- Comprehensive health care, which includes services such as MCH care, medical and dental care, immunization, family planning, communicable diseases control and environmental sanitation

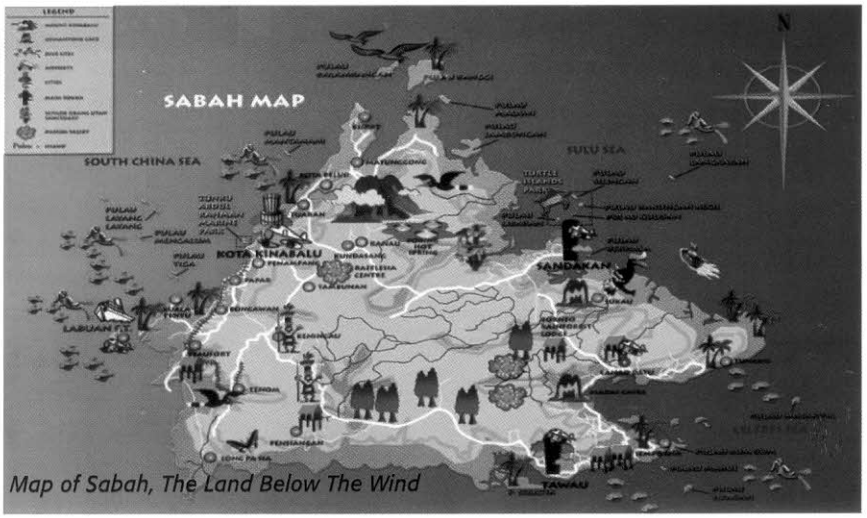
Malaysia's rural health model is acknowledged as a model in making health care accessible to the rural population and in meeting their health needs.

Periodic upgrading of the RHS contributed towards its continued relevance in meeting the changing needs and expectations of the population.

The Village Health Promoters (VHP) is an initiative that was launched by MOH in 1981 to deliver basic medical services to remote rural population. Using the principle

of community participation, MOH engages qualified instructors to train volunteers in general health knowledge, first aid and simple care treatment. Volunteers (VHP) are appointed by the rural community members and serve as internal agents for change. These internal agents for change are trusted and influential volunteers as they also acts as entry points to build partnership to improve the community's own health.

HP Initiatives in Rural Health of Sabah



Map of Sabah, The Land Below The Wind

Country Profile:

Sabah, once known as 'North Borneo' has an area of 73,633 sq. km, and is situated on the northern part of the Borneo. With a population of 2.9 million comprised of 33 and 80 different races and spoken dialects respectively, Sabah is tagged as the second largest state in Malaysia. Sabah is also the home of Southeast Asia's tallest mountain, Mt. Kinabalu, which scales the height of 4095 metres (13432 feet) above sea level.

The NHMS (1996) showed that 67% of rural populations in Sabah are within 5km to the nearest health facility while others about 70km and 110km being the furthest. Majority of rural population live in between the valleys and the coastal mountain terrain. It is a real challenge for the community to reach the clinic as well as the nurses to go out to the community due to: Riverine, open sea, rough roads and lack of proper transportation.

We believe and it is evidence-based that Health Promotion can make a difference.

For health system to sustain improvement, *what really matters* is we need to learn to work together on our values as well as the communities.

The general 'public' as we always refer is not an amalgam of 'target populations', but they are our fellow citizens, possessing unlimited potential to contribute to health improvement, provided that their diversity of values, inherent individuality is respected and trusted.

Success stories in Sabah

The Women United Health Carer (WUHC) was set up in 2000 in one village in Tambunan district where women volunteers were appointed by members of their own communities to go for the Rural Health Nurse training for a certain period of time on selected activities such as infant diet, importance of Family Planning and coming for antenatal checkup early (<12 wks POA). The Health staff conducted training in their own local language and dialect.

The activity yielded positive result as evidenced by:

- Reduced number of malnourished children - from 20 in 2000 down to 2 in 2006.
- Increased number of women using IUCD as a F/Planning method –from 40 in 2000 to 265 in 2006.
- Increased percentage of antenatal mother coming for early booking (<12 wks POA) - from 78.7% in 2000 to 87% in 2006. *(HMIS, Sabah, 2006)*

The Primary Healthcare Volunteers (PHV or widely known as SPKA – Sukarelawan Pekerja Kesihatan Awam) in Area Health Units of Kudat and Keningau have significantly reduced mortality rate in malaria. Several activities have been undertaken by the volunteers to produce such result such as specific training, which was focused on malaria control: taking blood film for malaria parasite (BFMP) and supplying presumptive malaria treatment to their communities. Most of the volunteers who have been assigned to this task were

Pregnant mothers are crossing hanging bridges or using small unsafe boats to come to the nearest clinic.

If the communities are unable to come to the clinics, we go to them. We go to them by whatever means and ways, such as crossing small rivers or balancing on a narrow plank of wood across fields on foot.

males as they have to go on foot to send the BFMP slides to the nearest clinic with lab facilities.

The availability of complimentary services from the Flying Doctor Services (FDS), Mobile Health Teams , and active participation of NGOs like Lions Club, Sabah Nurses Association (SANA), Association of Medical Assistant Sabah (AMAS) and Sabah Women Advisory Council helped to serve the remote areas.

Moreover, the Universal Service Provision (UPS) has provided the rural folks access to the Internet and telephone facilities, thus making the communication with staff in the remotest areas easier.

Recommendations

1. Since MOH is allocating millions of ringgit for the HP Board, sound evaluation should be put in place for reasons of accountability, future programme development and knowledge building.
2. Evaluation should be viewed as a research approach: developmental, impact and transfer evaluation
3. Changing practice from ineffective small group health talk to a community-based project targeting young couples should be initiated.

Conclusion

The Malaysian government allocates RM 8 billion to sustain the medical cost of the country every year. By promoting a healthy way of life, it will inadvertently help its economy.

A great deal of evidence demonstrates that HP techniques have long been an established part of nursing practice, but is in need of a concerted shift towards more encompassing and wide ranging strategies. One successful strategy is by encouraging active participation of communities since decision-making and implementation should start in their level.Health professionals could serve as facilitators.

While information sharing and knowledge acquisition are insufficient, if not incapable, to modify attitudes, practices and behaviors, but at least they could be utilized as tools to create greater understanding among the people and hopefully a shift in their mindset. ■

About the Author:

Ms. Florida Gabing is the Health Nurse Manager in the District of Tenom, Sabah. She qualified as SRN in 1981 at the Queen Elizabeth Hospital, Kota Kinabalu and worked in Tambunan and Semporna Hospital in the hospital set up. While in the health set up, she served in Kota Kinabalu and Papar in the urban areas , as well as in Nabawan and Sook areas in the rural interior of Sabah. She had been affiliated to the Health Department Head Office at Kota Kinabalu for 2 years before her transfer to Lahad Datu and Tenom District as Nurse Manager.

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