

CMPH

Community Medicine and Public Health



Bulletin

Faculty of Medicine & Health Sciences

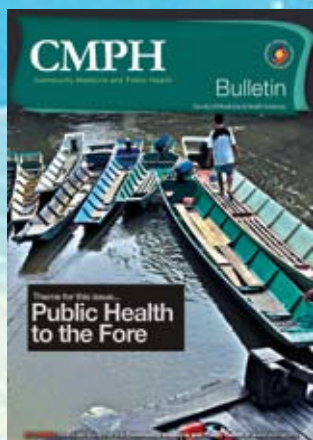
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Theme for this issue...

Public Health to the Fore

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FOREWORD BY DEAN, FACULTY OF MEDICINE AND HEALTH SCIENCES, UNIMAS



I am most grateful to the Department of Community Medicine and Public Health for inviting me to give a few words in this inaugural edition of CMPH Bulletin.

I wish to congratulate the Head of the Department, the editorial committee and staff of CMPH who had initiated and conceptualized the Bulletin and finally now able to savor the fruition of hard work with this first edition. The publication, being online as well, is innovative and most commendable.

This publication endeavors to provide a platform for academic staff and students not only from the Faculty but also other faculties in UNIMAS and, other universities as well as health professionals from non-academic fields, in particular Ministry of Health, to express their ideas and experiences concerning community medicine and public health, in addition to sharing research findings, news and events. This augurs well for enhancing networking and sharing of updates of common interest. Being online, the reach would be much more wider thus hopefully magnify the image of UNIMAS nationally and globally.

I wish all the best for this publication and look forward to future efforts in the forthcoming editions.

Prof. Dr. Haji Ahmad Hata b Rasit
Dean
Faculty of Medicine and Health Sciences



Message from
Assoc Prof Dr Razitasham bt Safii
Head of Department
Department of Community Medicine and Public Health

Assalamualaikum and warm greetings from the Department of Community Medicine and Public Health.

It gives me great pleasure to welcome all readers on our first e-bulletin. The theme for this first publication is 'Public Health to The Fore'. This theme is in line with our department's vision and mission to address the importance of community and public health activities to our students during their undergraduate and postgraduate years.

This e-bulletin aimed at sharing ideas and experiences related to public health activities. It also includes the department's activities related to teaching and learning.

I would like to thank the editorial members of this e-bulletin who have been working diligently to make it a reality.

We appreciate any suggestions and inputs to improve this bulletin. I hope this e-bulletin would further assist our students to understand their roles in public health better and for our readers; it will strengthen our existence in the faculty and community. I too, wish that all readers would benefit.

With that, please enjoy the read and I look forward to any possibilities of networking and collaboration.

Thank you.

Assoc Prof Dr Razitasham bt Safii

ARE WE THAT FAR FROM THE FOREFRONT OF EPIDEMIOLOGY?



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Introduction: The Angst

Whenever I go through the Table of Contents of the top general epidemiology journals, I get an uneasy feeling of being left behind and I ask myself: “Are we that far from the forefront — the cutting edge — of Epidemiology?” That is the question that I try to answer in this article.

Assumptions

Let us assume that the forefront of epidemiology is shown in articles published in top epidemiology journals, and that epidemiology is the basic science of public health. Then one measure of how far we are from the forefront of public health, is how far away we are from the issues and matters covered by the articles in those journals.

What are the top general epidemiology journals? Based on SCImago Journal & Country Rank (SJR indicator) which is a measure of scientific influence of scholarly journals that accounts for both the number of citations received by a journal and the importance or prestige of the journals where such citations come from, the top ranking epidemiology journals are Epidemiologic Reviews, International Journal of Epidemiology, and the American Journal of Epidemiology.

American Journal of Epidemiology

I am using Volume 179, Issue 6 (15 March 2014) of this journal as an example. The articles are grouped under four major headings: Commentaries, Original Contributions, Practice of Epidemiology and Letters to the Editor. The titles of the first article under the four major headings are as follows:

Heading	Title of First Article in the Heading
Commentaries	A Double Robust Approach to Causal Effects in Case-Control Studies
Original Contributions	Editor’s choice: Spousal Loss and Cognitive Function in Later Life: A 25-year Follow-up in the AGES-Reykjavik Study
Practice of Epidemiology	Using Natural Language Processing to Improve Efficiency of Manual Chart Abstraction in Research: The Case of Breast Cancer Recurrence
Letters to the Editor	Personality and All-Cause Mortality: Individual-Participant Meta-Analysis of 3,947 Deaths in 76,150 Adults

Resonance of the Articles with the Realities of Epidemiology and Public Health in Sarawak

Do you get the feeling that the articles I mentioned in the preceding paragraph do not resonate with the realities of epidemiology and public health issues facing us in Sarawak? Is it because the articles came from the developed countries and their issues are very different from us? Or is it because academic epidemiology research is out of touch with the needs of field epidemiology, irrespective of the levels of socioeconomic development of that country?

Possible Explanations from Schoenbach and Rosamond (2000)

Schoenbach and Rosamond from the Department of Epidemiology, School of Public Health, University of North Carolina at Chapel Hill in their online book “Understanding the Fundamentals of Epidemiology an evolving text” (Fall 2000 Edition) attributed this dichotomy to ‘*the weakening of the link between public health practitioners and academic epidemiologists, imbalances between allocation of research funding and importance of public health problems, and the forces that draw epidemiologists’ efforts toward what is perceived as scientifically and academically valuable but further away from public health needs*’ and to the new view of epidemiology ‘*as a type of medical research, as a way of using populations to obtain biologic knowledge about disease and health in individual persons*’.

The details of Schoenbach and Rosamond’s explanation are as follows:

‘... the modern history of public health has been shaped by advances in scientific knowledge and technology, and growth in the public’s acceptance that disease control is possible and a public responsibility. These advances have come from and contributed to a major expansion of epidemiologic research and training, including the development of epidemiology as an academic discipline. But the rise of academic epidemiology and its access to federal resources for research have had effects on the field that are not universally welcomed. To be sure, epidemiology continues to be the discipline that conducts surveillance for diseases in the population,

identifies and prioritizes threats to health, designs control and preventive measures, and evaluates their effectiveness. In this role, epidemiologic research has strong links to the needs of public health authorities and direct applicability to important public health needs'.

Since World War II, however, as the importance of scientific and biomedical research for modern societies has become apparent, epidemiology has developed a strong role as a “basic” science and a position of growing respect among academic researchers. This role has fundamental importance for public health, since the best opportunities to prevent disease and improve health often come from advances in basic understanding of the causes of disease, the development of new methods to study them, and the assessment of preventive and control measures. Nevertheless, there is an abiding concern about the weakening of the link between public health practitioners and academic epidemiologists, imbalances between allocation of research funding and importance of public health problems, and the forces that draw epidemiologists’ efforts toward what is perceived as scientifically and academically valuable but further away from public health needs.

This concern has been expressed by major figures in epidemiology and public health. Nearly 20 years ago, Terris (1979) objected to the growing divide between academic epidemiology and public health practice, and Lilienfeld and Lilienfeld (1982) and Susser (1985) have warned about the overemphasis on technique. The Committee for the Study of the Future of Public Health also made a number of strong criticisms of schools of public health. Cecil Sheps (1913–2004), one of the founders of the field now known as health services research, has warned about the ‘*substitution of method for meaning*'.

Rose (1985) has argued that concentration on the person as a unit and on a lessening of personal risk has led to the neglect of populations and of the preventive goal of reducing incidence. Similarly, Krieger (1994) has criticized definitions of epidemiologic theory that emphasize concepts pertaining to study design and causal inference, and ignore issues of what drives societal patterns of health and disease.

Poole (1994) contrasts two perspectives on the nature and role of epidemiology. In the first viewpoint (which he identifies with Terris (1979) and Susser (1985)), health of a group, cohort, community, or a people is more than the summation of the health of its individual members. Public health’s special province is this ‘*more*'. From this viewpoint, epidemiology ‘*is not so much the study of disease and health IN human populations as the study of disease and health OF human populations*' (Poole). Epidemiology is seen as a social science (a population science) that focuses on the forest, rather than on the trees.

In what Poole refers to as the newer view (advanced by Rothman and Greenland), epidemiology is seen ‘*as a*

type of medical research, as a way of using populations to obtain biologic knowledge about disease and health in individual persons'. Here, epidemiology is seen as natural science, the health of the population is the summation of health of individuals, and public health is medicine for the masses with an emphasis on prevention. This view presents epidemiology as a dispassionate science, rather than an activist one.

Are We That Far From the Forefront of Epidemiology?

Yes, we are that far from the forefront of (academic) epidemiology. Part of the reason for this is the “weakening of the link between public health practitioners and academic epidemiologists” and this seemed to be happening not just in developing countries like ours but in developed countries as well. That aside, I believe that we have limited chances to keep ourselves abreast of current developments and thoughts in epidemiology. This needs more than scanning journals and surfing the World Wide Web. It needs face to face interaction (e.g. through attending conferences and networking with those who are “making things happen” in epidemiology) and attending short summer courses in the Epidemiology, for instance.

Unfortunately, funds are perceived to be in short supply and believed to be better used to provide service instead of for sending our public health professionals to attend such continuing professional development events.

So we just have to try our best to keep up with what is happening in the developed countries, through whatever means are available to us.

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TECHNOLOGY ACCEPTANCE OF *I-KELAHIRAN* IN SABAH HEALTH DEPARTMENT



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Information and Communications Technology (ICT) has been referred to as a 'key instrument' in healthcare delivery and public health internationally (Drury, 2005).

I-Kelahiran was created in 2012 to trace high risk deliveries as well as postnatal case tracings in Sabah. Along with it, it also addressed the age old problem of birth record discrepancies, vaccine returns as well as post natal visits coverage. *I-Kelahiran* is able to generate reports of all the health facilities in Sabah in a fast and most cost-effective way. It is a web-based programme with open source using a suitable online bridge and data can be accessed in the remote places in Sabah only with the help of Broadband/Wide Area Network (WAN).

As part of the initial evaluation of the system, this study is aimed to determine the level of perceived usefulness and perceived ease of use among end users of *I-Kelahiran* in Sabah State Health Department. It was a cross-sectional web-based study, conducted on February 2013 among nurses actively working with *I-Kelahiran* in 21 hospitals and 292 health clinics (Sabah State Health Department, 2012). A 12-items questionnaire based on "perceived usefulness" and "perceived ease of use", adapted from Technology Acceptance Model (TAM) was used for data collection (Davis, 1989). Data was analysed using SPSS version 21.

A total of 800 nurses participated in this study, with a mean age of 33.6 years (SD 8.06) and majority of them were community and staff nurses. About 63% of them were from primary health clinics and only 6.3% do not have any experiences with computer. Mean score for both perceived usefulness (6.11; SD 1.058) and perceived ease of use (6.14; SD 0.952) were found to be high. Nurses from both, the hospital and public health division perceived that the newly implemented system is useful. Nurses with degree and higher qualifications were found to significantly score higher in perceived ease of use ($p = 0.033$) and perceived usefulness ($p = 0.008$) compared to those with diploma qualifications.

The findings of this study support the idea of this Technology Acceptance Model (TAM). Place of work and educational background contributed to better perceived usefulness and perceived ease of use towards the intention to use the system. Nurses with degree and diplomas had higher technology acceptance with the belief that the system helps them in their daily work. Nurses working in health clinics also tend to accept technology better as compared to the one's working in the hospitals. This could be due to the better level of perceived usefulness and perceived the ease of use.

As this is a preliminary attempt to understand how the system is being accepted, a more comprehensive rigorous research approach can be adopted in the future that incorporate major model in the health informatics research area such as Unified Theory of Acceptance and Use of Technology (UTAUT) and others that are able to capture external influences.

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System Interface of *I-Kelahiran* Version 1.0



Sabah Government recognizes the Sabah State Health Department's effort in improving the Maternal and Child Health Care services



I-Kelahiran training at Hospital Tawau, Sabah



I-Kelahiran training at Hospital Kudat, Sabah

NURTURING PUBLIC HEALTH IN UNIMAS



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Public health refers to all measures to prevent disease, promote health, and prolong life among the population. The activities aim to provide health promoting environment and its focus on entire population, not on individual patients or disease (WHO, 2013). Understanding this definition is very important for any personnel working in the public health area.

The main functions of public health include assessment and monitoring of community health i.e identifies population at risk, identify health problems and prioritize activities for intervention. It also includes formulation of public health policies; aim to solve problems at the local and national level. Public health managers need to assure all populations have access to appropriate and cost effective care, which also include health promotion and disease prevention.

In the Faculty of Medicine and Health Sciences, UNIMAS, nurturing public health started with our vision and mission, which aim to produce resilient doctors who will take care of health needs of individual and community with the spirit of inquiry, integrity, creativity and courage. In achieving this, the students were given knowledge and skills for competent patient care and health promotion specifically at the primary level. They should be able to appreciate the importance of individual, family, community and cultural differences in the manifestations and impact of illness. The self-directed lifelong learning is encouraged and skills in formation handling were practiced. To make them a practitioner public health specialist, they should understand the basic concepts of scientific research.

The Public Health modules in UNIMAS was spread out in phase one which is years 1 and 2 and in phase two in year 4. In phase 1, the students are introduced to biological sciences, medical ethics, communication and observational skills, the environment and population and demographic concepts of health and diseases. It is called Family Health posting whereby a group of students will be attached to a foster family. In phase two, during year 4, students are posted to the Sibul Division

to do their community and public health posting. This posting is ten weeks duration and it involves multiple agencies which include Divisional Health Office, health clinics, villages in Sibul Division and district health office. The students will perform epidemiological studies in the community, observe the delivery of health care in a community setting and join in any health related activities in Sibul. The aim of phase two posting are to provide students with basic understanding of public health activities in promotion, prevention and control of diseases implemented at the community level and to acquire knowledge and skill needed for identification of health needs at a community and to implement intervention activities at the community.

Teaching learning methods involved active process like problem based learning method (PBL) and student-centered. It is a holistic approach where there is a simultaneous teaching on health and disease (biological, clinical, behaviour and population strands). The outcome of this teaching should make the students able to see individual's specific problem as part of those affecting the community.

Our strengths in this faculty are the student-centred approach, community based involvement and integrated curriculum. The students have a comprehensive exposure to primary and community health.

To improve, the department has a curriculum review, which involved the alumni and the feedbacks from students were taken into consideration. The partnership and collaboration were strengthened with the involvement of other Divisional Health Offices and agencies. The students will have more community involvement and participation.

To move forward, our department will continue to improve the modules so that our aim of creating a public health practitioner among our graduates will be achieved.

PROMOTING AND IMPROVING HEALTH: PUBLIC HEALTH TO THE FORE



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It was a nice and sunny day. Tiyung was fishing alone in a river. Suddenly he heard a shout for help and saw someone struggling in the middle of the river. Tiyung rushed and dived in and rescued the person. As the person had taken in a lot of water and was semi-conscious, Tiyung performed resuscitation. Just as the person began to gain consciousness, Tiyung heard another shout. He turned and saw that another person was in trouble. Tiyung dived, rescued and resuscitated that person too. Just as this person was coming around, another shout! A third person had to be rescued. This went on for some time until Tiyung became exhausted and started to think about what was going on upstream that was causing all these people to end up in the river in such distress.

Adapted from Sheridan, K. (2007).

People need to be rescued and that is the role of clinical medicine to bring back people to full health. However, someone also needs to go upstream and figure out why there are so many people needing to be rescued. That is the role of Public Health which occurs upstream with the primary aim to prevent people from falling in or being pushed into the river.

What is Public Health?

Public Health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention (ASPH, n.d.). It prevents disease, prolongs life and promotes health through the organized efforts and informed choices of society, communities and individuals. Public Health empowers individuals and communities to take ownership of their health and hence will result in less number of people falling into the river.

An analogy of the different functions of public health is illustrated in Figure 1 below:

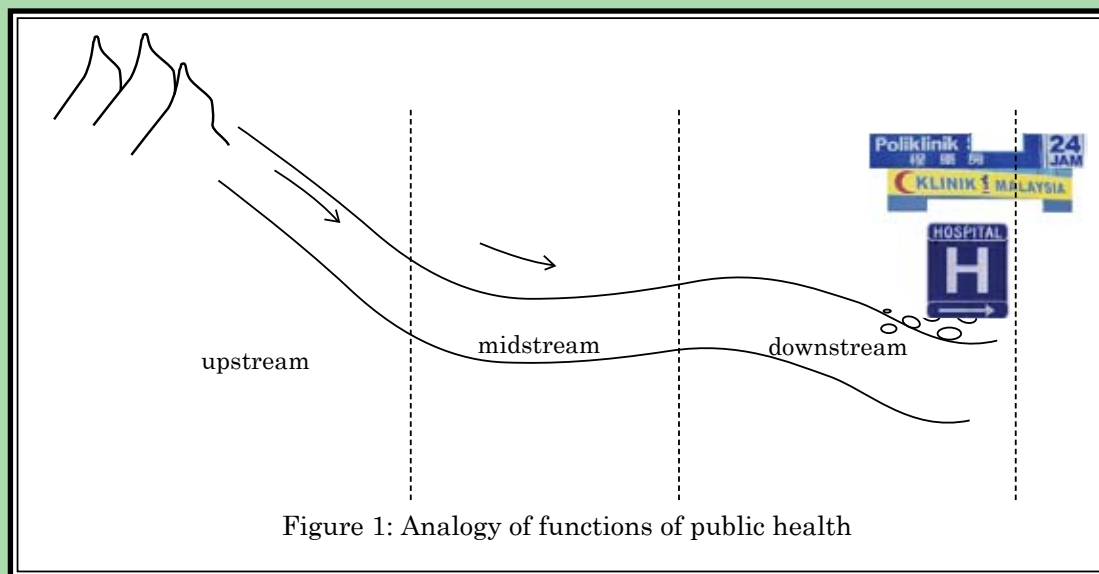


Figure 1: Analogy of functions of public health

In upstream, public health works on health promotion and legislative laws including social policies and health promotion programmes, such as taxes on tobacco, smoke free legislation and advertising bans, health promoting school, dengue free hospitals, healthy lifestyles, safety in workplace, Health Promotion Board Act and others. This include health education at the community level, which aims to reduce ill-health and increase positive health influencing people's beliefs, attitudes and behaviour.

In mid-stream, public health works on primary prevention and health care, usually at the individual level, for example attempts to reduce risk of contracting disease through adoption of healthy lifestyle, vaccination and others.

Downstream, there is a dual prong of public health focus – that of secondary prevention, that is to detect disease early so that treatment can be started before irreversible damage occurs e.g. screening, and tertiary prevention and health care, e.g. to minimise disability and prevent complications (one example is foot care for people with diabetes).

Another manner of looking at this continuum is illustrated in Table 1 below:

Table 1: Spectrum of Areas of Concern in Health

Health Promotion	Disease Prevention	Clinical Medicine	Follow-up and Rehabilitation
Healthy lifestyle	Reduce risk of chronic diseases	Clinical diagnosis	Follow up of clinical cases
Healthy environment	Reduce risks of injury and accidents, reduce occurrences of work related diseases and infectious diseases	Investigation, Interventions	Rehabilitation
Healthy growth development	Disease screening, early diagnosis	Management, Treatment	Hospital and institutional care if necessary
Health education	Counselling, disease control	Counselling on treatment	Continuous counselling/ Death and bereavement

Although the table separated the actions into four distinct compartments, health and disease lie along a continuum which has no definite cut-off point. The highest position is the state of health as defined by World Health Organization (WHO) as a state of complete physical, mental and social well being and not merely an absence of disease or infirmity (WHO, 1948). The lowest position is death. Health is not static, that is, a person may function at a maximum of health today and maybe at the minimum the next day. The health promotion and disease prevention actions should be imbibed before permanent disease sets in driving the person into the realm of clinical care.

Health Promotion as an important upstream focal activity

Health Promotion has a dual role to prevent ill health and promote positive health. The WHO (2014) defines health promotion as “the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.”

Health Promotion does not target at any particular disease. The main objective is to strengthen human beings through a variety of approaches and actions as described earlier. Thus emphasis is upon health education, lifestyle modifications, behavioural changes, nutritional interventions, environmental modification and social changes.

The Ottawa Charter for Health Promotion drafted in the First International Conference on Health Promotion, Ottawa, 21 November 1986 recognizes that an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment in order to reach a state of complete physical, mental and social well-being. Health is not and should not be the objective of living but is a resource for everyday life. As health encompasses social and personal resources, as well as physical capacities, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being (WHO, 2014).

Enable, Advocate and Mediate as ‘upstream thinking’

In enabling individuals and communities to increase control over the determinants of health, health promotion employs the three integrated strategies of enabling people, advocacy, and by mediating among sectors. People are helped to develop personal skills, supportive environments created, communities strengthened, governments influenced to enact healthy public policies, and health services re-orientated and improved.

In the scenario above, people are taught about risky behaviours that make them fall into the river. If one risky behaviour is being drunk from excessive alcohol, they are taught about the dangers of excessive alcohol and alternative healthy drinks. The people are taught how to swim in the event they do fall into the river. These efforts enable the people to change their behaviour towards reducing risk of drowning and death. In advocacy, barriers to reducing risky behaviours and increasing healthy behaviour in the form of political, economic, social, cultural,

environmental, behavioural and biological factors are overcome through a course of action through policy or media campaigns, public speaking, sharing or conducting research, letter writing and other activities whose aim is to support an action. Here, people are encouraged to share their stories of how they learn swimming or quit some risky behaviour so that their stories can be inspirational to others to modify their own behaviour, for e.g. through Alcoholic Anonymous. Literacy, job opportunities, enhancement of healthy hobbies, etc are other examples of increasing access to knowledge and alternative healthy behaviours. In mediation, the different agencies in the village – people from education, municipal, health, non-governmental organizations, etc – come together to work towards lower or nil incidence of drowning.

Community participation is key

As we can see, Tiyung is exhausted from helping many people from drowning. There will come a time when it will be a threat to his own life if he tries to help one more person.

With each year, more clinics and hospitals are built, more doctors and allied health professionals are trained and higher budget pumped into health care and its delivery. Clearly, a more sustainable model is to engage the community in an integrated top-down and bottom-up approach to take and retain ownership of their own health and that of others around it.

Conclusion

If there is any misconception among health planners that good health is primarily a result of medical intervention and hospital services, then there must be now 'upstream' thinking to recognize the importance of public health. If there has been marginalization of public health, then it must now be brought to the fore front of health care and delivery. Both the preventive and promotive aspects of health care must work in tandem to realize the aspiration of Universal Health Coverage.

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COMMUNITY HEALTH PROGRAMME IN KAMPUNG BERADEK, PADAWAN, SARAWAK



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Introduction

In conjunction with UNIMAS's 20th Anniversary, the Faculty of Medicine and Health Sciences (FMHS) conducted a series of activities to promote the role of the university in the community. One of the programs which has an emphasis on the health and well-being of the community members is a Community Health Program in Kampung Beradek, Padawan, Sarawak conducted on 22 February 2014, upon the invitation of YB Dr Hazland bin Abg Hipni, state assemblyman of N5 Demak Laut constituency.

The program was coordinated by the Department of Community Medicine and Public Health, spearheaded by Assoc. Prof. Dr. Razitasham Safii and Tan Sri Datu Prof Dr Mohamad Taha Arif. Other organizations involved are the other departments of FMHS, Kuching Divisional Health Office, Kuching Dental Health Office, Eye Clinic of Sarawak General Hospital, Beradek Health Clinic and Sarawak Breast Cancer Support Group.

The one-day program was conducted together with the 'Program Jati Diri 2014' organized by Padawan Combined District Education Office and the village community of Kampung Beradek, Padawan. Activities that have been carried out are shown in the following table:

The following are the outcomes of the health screening and environmental assessment:

- A total of 13 villagers were referred to the Eye Clinic of SGH for cataract, pterygium and refractive errors
- Out of the 48 ladies examined by SBCSG, 13 were referred for free mammogram at Nur Sejahtera Clinic, National Population and Family Development Board, Kuching
- More than 30 dental extractions were done by the dental team
- *Aedes albopictus* were detected in the village area

Health and Medical Education activities

Two of the activities conducted are the health and medical education activities conducted by the Medical Education Unit (MEU) of the faculty. The objectives of these activities are as follows:

- Deliver health education to the village community
- Promote medical education in FMHS, UNIMAS to the village community
- Promote UNIMAS as an exemplary and public university of choice in Sarawak

Activities	Conducted by
Cholesterol and glucose level screening	Medical Lab Technology Team, FMHS, UNIMAS
Breast examination	Sarawak Breast Cancer Support Group (SBCSG)
Vision screening	Eye Clinic, Sarawak General Hospital (SGH)
Oral health screening	Dental team, Kuching District Health Office
Medical education promotion and health education	Medical Education Unit, FMHS, UNIMAS
BMI and blood pressure measurement	FMHS, UNIMAS
Clinical treatment and health consultation	Community Medicine and Public Health Department, FMHS, UNIMAS
Environmental assessment	Entomology team, FMHS

In its effort to improve the health of the community at Kampung Beradek through increasing knowledge and awareness, staff in MEU distributed brochures and displayed posters on issues related to dengue, malaria, hypertension, diabetes and its complications, adverse effects of smoking, tuberculosis infection and mental health. The unit also presented information on Medical

Education to students in the village so that they can gain some insights of the health profession and be inspired to becoming a doctor. In addition, the unit actively promoted UNIMAS to the community where brochures on UNIMAS together with a 'pop quiz' were conducted with the students.



Faculty members of FMHS and health personnel of Beradek Health Clinic with YB Dr Hazland bin Abg Hipni, state assemblyman of N5 Demak Laut



Screening of cholesterol and glucose level by the Medical Laboratory Technology Team



Breast examination by the Sarawak Breast Cancer Support Group



Eye screening by the team from Eye Clinic, Sarawak General Hospital



Dental screening and treatment by the Dental team, Kuching District Health Office



Health education by Medical Education Unit



Promotion of medical education in UNIMAS by Medical Education Unit



Blood pressure measurement by a student-volunteer



Preparation of brochures and posters for health education



Promotion of medical education in UNIMAS by Medical Education Unit



BMI measurement by a student-volunteer



Posters used in to promote knowledge and awareness of various health issues



General health consultation by medical personnel from the Community Medicine and Public Health Department, FMHS



Memorable moments for the students with FMHS staff after 'pop quiz' session

GIVE LIFE A SECOND CHANCE- A COMMUNITY BASED HEALTH INTERVENTION PROGRAMME



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Theme:

Reproductive health and personal hygiene amongst trainees in Taman Seri Puteri, Telaga Air, Kuching

Aim:

To put theory into practice, i.e. to educate the targeted participants of the community via interaction through the various programs carried out thus empowering them with the knowledge and to let them realize the ownership of health, especially in reproductive health and personal hygiene.

Background:

Taman Seri Puteri (TSP), Telaga Air is a government institution, located 30 kilometres from Kuching; which was cofounded 5 years ago under the administration of Welfare Department of Malaysia. The institution provides shelter, protection and rehabilitation programmes to teenage girls who are admitted into the institution either voluntarily by their parents or guardians; or as required by court order under Section 55 of Children's Act 2001.

During our courtesy visit to Taman Seri Puteri in September 2013, the school management highlighted that personal hygiene and sexual health amongst the trainees in the school is poor, thus it became our focus for the community based health intervention program (CBHIP).

The Programme:

Day & Date : Monday, 4th November 2013

Time : 0830-1300hrs

Stakeholders :

- Taman Seri Puteri : 43 trainees and 9 staff members
- UNIMAS : Assoc. Prof. Dr. Rasitasham Bt. Safi
Assoc. Prof. Dr. Ong Puay Hoon
Dr. Abdul Wahab Shah
Dr. Becklyne Mile
Dr. Easwary A/P Hari Ramulu
Dr. Euphrasia Bari
Dr. Emmanuel Joseph Fong Tsung
Dr. Hajra Mehwish Khan
Dr. Ivan Vun Jan Shui
Dr. Natazca Abdul Rahim.

Activities:

- Audio visual presentation on healthy life style and hand hygiene
- Pre-test on reproductive health and personal hygiene (12 questions)
- Talk on Sexually Transmitted Diseases (STDs)
- Station-based interactive, hands-on, multimedia exhibition:
 - A total of 4 stations were set up, each with specific focus:
 - 1st station- Sanitary pad disposal
 - 2nd station- Family planning and contraception
 - 3rd station- Sexually transmitted diseases
 - 4th station- Personal and oral hygiene
 - The participants were divided into 4 groups of 10-11 persons per group. They then spent 10-15 minutes in each station.
- Health screening for the staffs in Taman Seri Puteri
- Quizzes and passing parcels games to reinforce knowledge shared during individual sessions
- Post-test on reproductive health and personal hygiene (12 questions)
- Q&A session: in groups, and individual counselling
- Prize giving ceremony
- Post-mortem evaluation of activity with TSP staffs and facilitators

Outcome:

- Strength of programme:
 - The selection of Taman Seri Puteri as the focus of this intervention was well received by the institution authorities
 - The programme is targeted at high-risk and underserved groups
 - The use of station-based interactive, hands-on, multimedia exhibition received good response from the trainees
 - Program was planned to be low cost with high impact
 - Post-test revealed overall improvement in knowledge on sexual health and personal hygiene amongst the TSP trainees
- Area of improvement:
 - Allocation of more stations and time to the station-based activities
 - Questionnaires to be made available in main languages such as Malay, English, and Chinese
 - To include basic sexual organ, secondary sexual characteristics, and menstrual cycle knowledge as the presence of diverse age group amongst trainees becomes a barrier in program delivery
 - To organise such activities during the weekends so that more TSP staffs may participate

Conclusion:

The conduct of this programme in Taman Seri Puteri provided a platform for the trainees to be more forthcoming with their personal difficulties and questions. The activities were interactive and were able to capture their attention. The trainees were empowered with crucial knowledge to give life a second chance.



Talk on STD



Use of anatomically appropriate model for contraception and family planning



Personal and oral hygiene demonstration

Theme for next issue to be
published in December 2014
is

Quality of life

Please submit your articles to:
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or
Dr Ong Puay Hoon at phong@fmhs.unimas.my
Deadline for submission: 31st October 2014