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SOLUTIONS: MSM'S
HEALTHCARE-SEEKING
EXPERIENCE

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FROM STIGMA TO SOLUTIONS: MSM'S HEALTHCARE- SEEKING EXPERIENCE



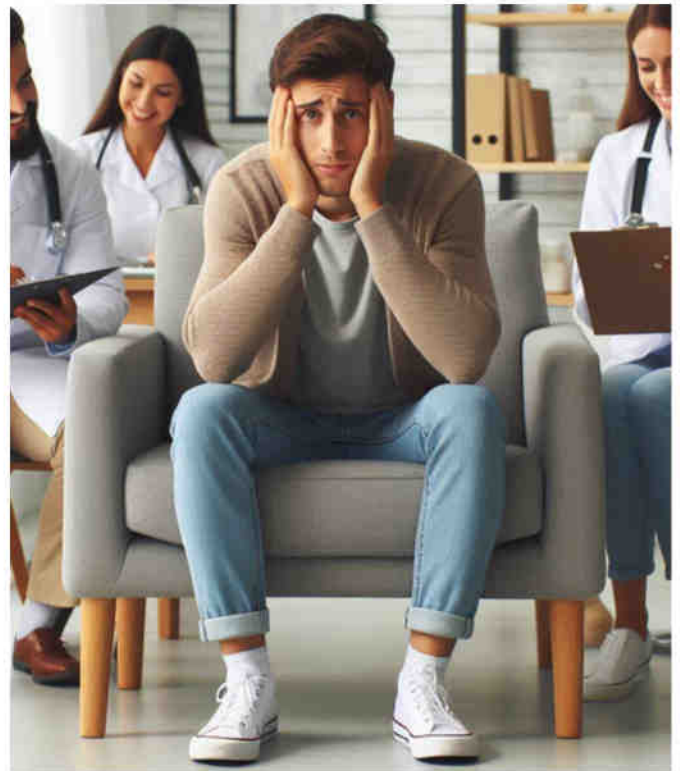
By
Dr Mardhiyyah Azmi

INTRODUCTION

Healthcare-seeking behaviour is a fundamental aspect of healthcare delivery and public health management. Understanding how individuals access and utilise healthcare services is essential for improving healthcare outcomes and addressing health disparities within vulnerable populations. One such vulnerable population that has garnered increasing attention in recent years is men who have sex with men (MSM).

MSM represent a diverse and multifaceted group within the broader community of sexual and gender minorities. With the increase in the MSM population, their health issues such as sexually transmitted infections (STIs), human immunodeficiency virus (HIV) infections, and mental health problems are becoming a bigger concern among their communities. Their unique healthcare needs, often shaped by a combination of biological, psychological, social, and structural factors, have made them a focal point in the discourse surrounding healthcare equity and inclusivity. Consequently, examining the healthcare-seeking behaviour of MSM is not only a matter of addressing their specific health needs but also a critical step towards achieving more comprehensive and inclusive healthcare systems.

In our study entitled “Sexually Transmitted Infection (STI) Healthcare-seeking Behaviour among MSM in Malaysian Borneo”, we focused on their seeking behaviour towards STI services and factors that influenced such behaviour. Through interviews and online surveys, we found that the experiences of MSM in accessing STI healthcare services have been influenced by numerous factors, including stigma, discrimination, accessibility, individual attitudes, social norms, and perceived behavioural control towards visiting STI healthcare services. These factors can deter individuals from seeking timely and appropriate care, leading to adverse health outcomes and perpetuating health disparities. Conversely, when healthcare services are tailored to meet the unique needs of MSM and when individuals feel safe, respected, and empowered within the healthcare setting, they are more likely to engage in preventive care and seek treatment when needed. In this article, we provide an overview of the importance of stigma among MSM in influencing their healthcare-seeking behaviour and potential solutions to enhance access and utilisation of STI services within this community.



Types of stigmas

Stigma is defined as the social devaluation of a person based on an attribute. In general, three types of stigma have been studied among the MSM population: internalised, perceived, and experienced or enacted stigma.

One prominent form of stigma is internalised stigma, where MSM may absorb negative societal attitudes towards their sexual orientation, leading to feelings of shame, guilt, or self-rejection. This internalized stigma can erode their self-esteem and self-worth. As a result, many MSM may hesitate or avoid seeking healthcare services, fearing judgment, discrimination, or further stigmatisation when accessing healthcare services, particularly government facilities. This internalised stigma can manifest as a reluctance to disclose one's sexual orientation or engage in open discussions about their healthcare needs, ultimately hindering accurate diagnoses and appropriate care.

Furthermore, it may lead to delays in seeking healthcare, allowing health issues to progress untreated. Many MSM may fear judgement from healthcare providers or may struggle with disclosing their sexual orientation, further exacerbating the delay in seeking care.

Meanwhile, perceived stigma among MSM refers to the subjective awareness or belief that one is being judged, devalued, discriminated against, or marginalised due to their sexual orientation or engagement in same-sex sexual behaviours. Perceived stigma is not necessarily based on objective experiences but is the individual's perception and interpretation of how they are treated or regarded by others, including society, healthcare providers, and institutions, based on their sexual orientation. This perceived stigma can affect healthcare-seeking behaviour, relationships, and overall well-being among MSM. Those who perceive stigma may fear discrimination from and lack of trust in healthcare providers leading to non-disclosure of their sexual orientation or HIV status and delaying HIV or STI testing. Perceived stigma also can contribute to social isolation and a lack of social support. Isolated individuals may be less likely to seek healthcare, as they lack encouragement or assistance in navigating the healthcare system.

Enacted stigma, on the other hand, is the discrimination and prejudice MSM face from society, including verbal abuse, exclusion, or even physical violence due to their sexual orientation. This external stigma creates a hostile environment, forcing many MSM to conceal their identities when accessing healthcare. This concealment is driven by the well-founded concern of encountering healthcare providers who may harbour biased attitudes or perpetuate stereotypes. Consequently, MSM may delay or altogether avoid seeking care, resulting in missed opportunities for early intervention and preventive healthcare.

In our study, those who had prior experience with stigmatisation or discrimination while accessing government facilities prone to choose community-based services by non-governmental organisations (NGOs) for HIV and STI screening. The external stigma thus creates a significant barrier to accessing vital healthcare services, jeopardising the overall health and well-being of this marginalised population.

The solutions

To combat stigma among MSM and enhance their healthcare-seeking behaviour, we propose a multi-pronged strategy that encompasses MSM support networks, healthcare provider education, and policy reform. First and foremost, we advocate for comprehensive support networks and mental health services tailored to their unique needs. This approach aimed at assisting in building self-esteem, resilience, and self-acceptance among MSM through counselling, peer support groups, and community outreach programs. In our study, non-governmental organisations such as Sarawak AIDS Concern Society (SACS) and Sabah AIDS Support Services Association (KASIH) play important roles in providing support and conducting the outreach programme to the MSM community in Sarawak and Sabah, respectively. Community-based initiatives have been implemented to reduce stigma and enhance healthcare-seeking behaviour among MSM. Moreover, these organisations and support groups can offer safe spaces where individuals can share their experiences and access mental health support. These groups can also act as advocates, pushing for equitable healthcare policies and services within their communities.

Additionally, we recommend educational programs targeting healthcare providers, focusing on LGBTQ+ cultural competence and sensitivity training. These programmes should be designed to enhance healthcare providers' awareness, knowledge, and cultural competence regarding the unique healthcare needs and experiences of MSM. Training should include discussions on sexual orientation, gender identity, and the impact of stigma on the health of MSM. Encouraging open dialogue, active listening, and respectful communication between healthcare providers and MSM patients can help build trust and reduce stigma. It is essential to foster empathy and understanding among healthcare workers, helping them recognise their biases and providing strategies to counteract them. Moreover, these programmes should emphasise the importance of providing non-discriminatory, patient-centred care to all individuals, regardless of their sexual orientation. By fostering a deeper understanding of MSM's unique healthcare needs and challenges, healthcare professionals can create a welcoming and affirming environment.

Furthermore, policy reform is imperative. Healthcare institutions and governments should enact and enforce anti-discrimination policies explicitly prohibiting bias based on sexual orientation or gender identity. This approach is important in ensuring a safe and inclusive environment for both patients and staff. In addition, alternative healthcare services such as telehealth and online platforms should be leveraged to provide anonymous and confidential healthcare options. Ensuring the privacy and confidentiality of healthcare services can encourage individuals to disclose their sexual orientation or HIV status without fear of repercussions. To further promote healthcare-seeking behaviour, we encourage healthcare institutions to establish MSM-friendly clinics in collaboration with LGBTQ+ organizations.

Expanding access to healthcare services that are specifically designed to be inclusive and affirming of LGBTQ+ individuals can improve healthcare-seeking behaviour. Also, implementing these changes collectively can help reduce stigma, promote inclusivity, and ultimately empower MSM to seek healthcare without fear of judgment.

Conclusion

In conclusion, the pervasive stigma surrounding MSM represents a formidable barrier to their healthcare-seeking behaviour. Both internalised stigma, which affects MSM's self-perception and self-worth and enacted stigma, which manifests as societal discrimination, contribute to a reluctance to seek healthcare services. With the additional influence of perceived stigma, these situations lead to delayed diagnoses, missed preventive opportunities, and poorer health outcomes within this population. Recognising the urgent need for change, we have discussed a multifaceted solution that encompasses MSM support networks, healthcare provider education, policy reform, and community-based initiatives. Our proposed solutions aim to create a more inclusive and accepting environment for MSM within the healthcare system. Embracing inclusivity, empathy, and respect for all individuals, regardless of their sexual orientation, is not just a moral imperative; it is essential for public health and the well-being of MSM. As we collectively work to dismantle stigma and promote healthcare-seeking behaviour among this marginalised population, we take a significant step towards ensuring that everyone has equal access to the care they need and deserve.

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DEPRESSION AMONG TUBERCULOSIS PATIENTS



By
Dr Mohd Nor Faizal
Bin Zulkifli

Tuberculosis is a highly contagious disease that has severe consequences for one's health and is the leading cause of mortality on a global scale. Before the recent global outbreak of coronavirus, tuberculosis was the greatest infectious agent-related killer, even surpassing HIV/AIDS. Tuberculosis not only affects physical health but also mental health.



Depression and tuberculosis are linked. Based on numerous studies abroad, the prevalence of depression among tuberculosis patients ranges from 16.8% to 62%. In Malaysia, there is still limited information about depression among tuberculosis patients. Depression in tuberculosis patients can have serious repercussions, especially if it goes undiagnosed and untreated. Those with depression have the worst prognosis for recovery, treatment non-compliance, reduced quality of life, a higher disability score, and a greater mortality rate. To worsen the condition, due to non-compliance with treatment, there is a higher risk of acquired drug resistance in tuberculosis, which would make the treatment of tuberculosis more complicated.

There was a study in Kuching Division that aimed to determine the prevalence of depression and its associated factors among tuberculosis patients. The prevalence of depression among tuberculosis patients is 23%, and this finding is relatively low when compared to other studies abroad.

Certain factors play a role in the occurrence of depression among tuberculosis patients. Gender was found to be a significant factor. Female tuberculosis patients are four times more likely to be depressed as compared to males. Possible causes include the fact that women are in general more likely to suffer from depression than men, hormonal shifts associated with pregnancy and menstruation, and the stress caused by society's expectations for women to fulfil traditionally female roles like childrearing and housekeeping.

Although perceived TB stigma was found to be low in the study, a relationship does exist between the level of perceived TB stigma and depression among patients with tuberculosis. Patients with a higher level of perceived TB stigma are more likely to develop depression. This may be because those who experience a higher level of perceived stigma related to TB may exhibit diminished self-esteem and increased social isolation, thus rendering them more susceptible to the development of anxiety and depression.

Social support plays an important role. The study found that family support is a protective factor for depression among tuberculosis patients. Patients with tuberculosis who have low levels of family support have a greater risk of developing depression, while those with higher levels of family support have a lower risk of developing depression. This may be due to the fact that having people around who can sympathise with one's emotional and social woes is just as significant as having either instrumental or affective assistance in helping one's mental health.

The study and other studies abroad show that it is essential to integrate the practise of screening for mental health disorders, specifically depression, among tuberculosis patients. It is imperative for policymakers to examine the potential integration of depression screening among these high-risk populations. As previously stated, the presence of untreated depression among individuals with tuberculosis carries major consequences; thus, early detection of depression would be beneficial for tuberculosis patients.

ARE DAYAK ELDERS FACING FOOD INSECURITY?



by Dr Abdullah
Shauqi bin Kusairy



F

ood is a fundamental human right, as recognized by United Nations. Food security, defined by the Food and Agriculture Organization (FAO), means that everyone should have access to enough safe and nutritious food to meet their dietary needs for a healthy life. Food insecurity occurs when people have limited access to such food. Vulnerable groups to food insecurity in Malaysia include the elderly, indigenous people, low-income households, university students, and those with disabilities.

Food insecurity among the elderly is a critical concern due to its negative health effects, including inadequate dietary intake and poor nutritional status. It can also lead to physical and mental health issues, affecting overall well-being. Globally, millions of people suffer from malnutrition and food insecurity. Findings from studies in various countries worldwide show that the prevalence of food insecurity among the elderly varies from country to country. Iran has a rate of 65%, the United States 24%, Portugal 23%, Australia 8.4%, and Canada 2.6%.

Malaysia has identified food insecurity as a priority issue in the 12th Malaysia Plan (2021-2025), calling for research to understand factors affecting vulnerable populations' food and nutrition security, including the elderly. As Malaysia's elderly population continues to grow, it is important to address food security, especially considering the national policy projecting that 15.3% of the population will be aged 60 or older by 2030. While various studies have been conducted in west peninsular Malaysia, the prevalence of food insecurity among elderly has ranged from 6.9% to 27.7%, with differences observed between urban and rural areas. The 2018 National Health and Morbidity Survey indicated a prevalence of 10.4% among the elderly. Despite previous research, there is still limited information about food insecurity among the elderly in certain regions of Malaysia, such as Sarawak and Sabah. Given the cultural and economic differences between these regions, an in-depth study is paramount to investigate the current status of food insecurity among the Dayak elderly.

A team of researchers from UNIMAS (University Malaysia Sarawak), conducted a study involving 311 elderly participants (52.4% male and 47.6% female), aged between 60 and 92, from various villages in southern Sarawak, including Kuching, Samarahan, and Serian Division. Several questionnaires were used to collect information about participants' background, social support, the availability of food in their area, activities of daily living, oral health status, and food insecurity status. The study found that 26.4% of the Dayak elderly in this region faced food insecurity, which could be categorized as mild (9.3%), moderate (8.4%), and severe (8.7%). Furthermore, certain factors were linked to a higher risk of food insecurity, such as being female, having lower income, limited savings, difficulty reaching food stores, and having fair oral health. On the flip side, those who were single, widowed, or received financial assistance had a lower risk of food insecurity.

While Malaysia recognizes the importance of addressing food insecurity, the existing assistance programs primarily cater to urban areas, leaving rural elders with inadequate support. To tackle this issue effectively, targeted food assistance programs, especially for elderly women with low incomes, should be considered, potentially increasing financial aid beyond the current amount of RM 500 per month for extremely poor elderly individuals by Social Welfare Department. Furthermore, encouraging home gardening initiatives can empower low-income households to grow their own food, providing a sustainable solution, with the government providing seed and necessary support to kickstart these efforts. Adequate retirement planning is also crucial to ensure financial well-being in later years. Addressing food insecurity requires accessible food stores, particularly in rural areas, and promoting proper oral and dental health care to enhance overall well-being. Food insecurity poses a significant threat to public health on both global and local scales. This threat begins long before retirement age, as it is influenced by various predisposing factors such as lower income, limited savings, distant access to food stores, and poor oral health status. Addressing and mitigating food insecurity early on is crucial for ensuring a better and more comfortable life during retirement.

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INSIGHTS INTO FATTY LIVER DISEASE WITHIN DAYAK POPULATIONS



By Dr Azlan Arif Bin Bolen



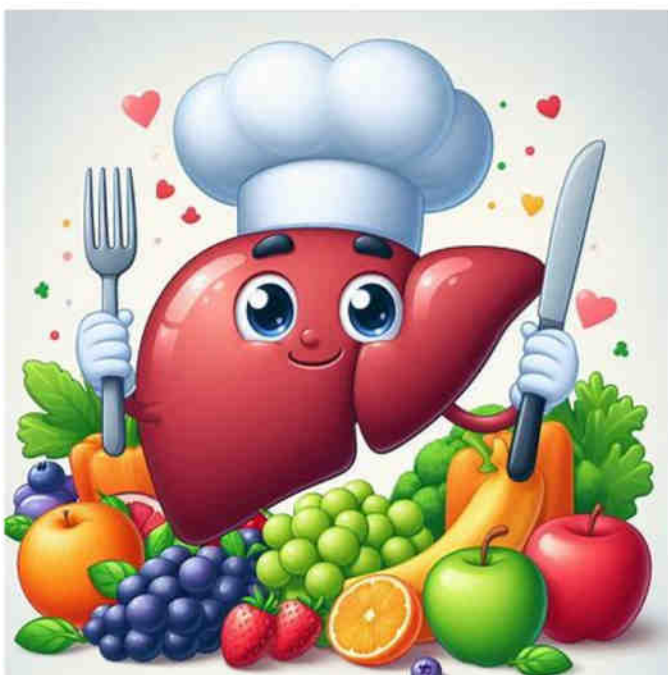
In the vast state of Sarawak, home to the indigenous Dayak community, an unseen public health threat is becoming a concern. Fatty liver disease, a condition characterized by the silent accumulation of fats within liver cells, is emerging as a significant threat not just globally, but alarmingly so in this community. It's a condition that can develop from excess alcohol consumption (Alcoholic Fatty Liver Disease, ALD) or other causes (Non-Alcoholic Fatty Liver Disease, NAFLD). Fatty liver disease remains a scare in the global setting where a published article by Shantanu C (2021) on the global epidemiology of chronic liver disease indicated that the global prevalence has seen a significant rise, with the disease contributing to approximately 61% of chronic liver disease, which is the 11th leading cause of mortality and 15th leading cause of morbidity worldwide. Along with that, the health cost is also recorded to be as enormous which is comparable to the financial burdens of diabetes and heart disease.

Although there is a big worry in the global setting, in Malaysia, the general awareness and understanding of fatty liver disease are limited. Based on scarce studies locally, fatty liver disease prevalence ranges from 19% to 44.2% in various regions, with one study in 2013 highlighting a startling 44.2% incidence among Sarawak's indigenous communities. This is where our study focuses on further unraveling this public health concern in the Dayak community which is not an easy task as this disease is known to be difficult to screen as the disease typically remains asymptomatic until only the advanced stage. A team of researchers from UNIMAS (University Malaysia Sarawak) which consisted of myself a Master in Public Health student and an experienced radiologist with the supervision of two experienced lecturers in UNIMAS took up the challenge of exploring the presence of fatty liver disease among the Dayak community where a cross-sectional study was executed in Samarahan and Kuching division. This combination of

researchers enables the identification of asymptomatic fatty liver disease with an important part played by the radiologists in performing ultrasound assessment through portable ultrasound to accurately identify the fatty liver disease.

After almost one year's worth of research, the findings prove our worries. The results are astonishing: nearly half the population is identified with at least mild-grade fatty liver disease, a prevalence that is much higher than national and global figures. Through a further robust regression analysis, this study also identifies age, obesity, existing comorbidities, and alcohol intake as the predictor factors of this disease among the Dayak community. These insights are not merely statistics, they serve as a warning. The Dayak community's high prevalence of fatty liver disease is a wake-up call for public health action. It indicates the urgent need for targeted screening, lifestyle interventions, and health education campaigns tailored to the community's unique needs. The data we've obtained is a roadmap for healthcare providers to initiate preventative strategies, potentially preventing further worsening of the disease.

A take-home message, fatty liver disease does pose a threat to public health not only on a global level but also on our local level. This study has indicated that there is a need to take an aggressive look at fatty liver disease in Sarawak particularly in the Dayak community as the prevalence shown was of a worrying pattern. I hope this study will spark the idea of the importance of detecting, preventing, and managing fatty liver disease in this community in the future.



Resources for more reading,

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Simulation of Multi-Sectoral Coordination for Rabies Outbreak Response, Khon Khen District, Thailand

29-31 August 2022

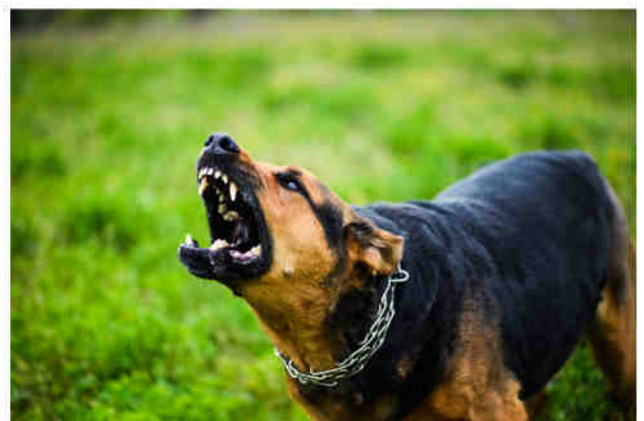
By Prof Dr Razitasham binti Safii

Technical support on behalf of Malaysia One Health University Network (MyOHUN)



Summary of project:

This project was organized under the One Health Workforce – Next generation under the United States Agencies for International Development (USAID). The aim is to pilot and evaluate multisectoral coordination, risk communication, and rabies outbreak response through multisectoral involvement. It consists of a two days workshop and one day field simulation. Feedback from the groups after the field simulation were used to improve the current guideline. The session was coordinate by Thailand One Health University Network (THOHUN).



WORKSHOP ON DAY 1: SHARING SESSION ON RABIES IN SARAWAK



Multisectoral involvement for Rabies management in Thailand



DAY 2: FIELD SIMULATION ACTIVITY FOR RABIES MANAGEMENT AT ONE OF THE PRIMARY RURAL SCHOOL IN KHON KHEN DISTRICT.



Involvement of the village volunteers (in yellow T-shirts) during the simulation activity)



The project was successfully conducted with a total of 32 participants from 7 agencies and a local management team. The team consist of hospital team, wild life agency, universities and livestock department.

Two scenarios were simulated for dog bite cases among six school students with one student were also positive Covid-19. The simulation evaluates on the school management on the first aid and communication channel, treatment on dog bite by the hospital team, rapid response team and field investigation on contact tracing by house-to-house active case detection (ACD) and how local volunteer helped to monitor condition of patient at home. The simulation also highlighted on risk communication to community by announcement within 5 km radius.

Group photo with local organizers and the school's principle



HEALTH PROMOTION PROGRAMME IN AN ELDERLY INSTITUTION IN SIBU DISTRICT

BY ISAAC EVAN JOLLY, HANIFF BIN ROSLI JEE, LISHALINEE A/P
WATUMALAI, AND MARIE THERESE A/P ANDREW SELIAN



Medical Students of CMPH Posting (Rotation 1, Session 2022/2203).

On the 30th of November 2022, a half-day health promotion intervention programme was conducted at the Rumah Seri Kenangan (RSK) Sibu, an elderly institution managed by the Welfare Department of Sarawak. The theme of the programme was elderly healthcare. The objectives were explicitly to increase social activity among the elderly, increase awareness among the elderly to improve their general health status and identify those at risk from diseases by carrying out primary health care consultations.

The event was participated by a total of 50 elderly; 16 occupants of Rumah Seri Kenangan and 34 elderly from Pusat Aktiviti Warga Emas (PAWE) Sibul. This program was organised and moderated by 34 Year-3 UNIMAS medical students in their Community Medicine and Public Health posting (rotation 1, academic session of 2022/2203).

A multi-disciplinary team was involved in this programme. The Sibul Divisional Health Office and Sibul Dental Divisional Office were invited to collaborate and provide health services, such as oral health screening from Klinik Pergigian Jalan Lanang, physiotherapy services from Klinik Kesihatan Jalan Lanang and optometry services from Klinik Kesihatan Jalan Oya. General NCD health screenings were also provided, mainly led by the students and the lecturers from the department. Other activities include chair exercises and collage-making competitions.

This programme allowed the students to plan, implement and evaluate their health promotion activities at the RSK. With this kind of field-experiential learning, students were exposed to practising their engagement skills with the elderly, which could augment their learning journey in UNIMAS and prepare them better as future doctors.



Shortly after the arrival and registration of the participants, a group of students on stage began demonstrating the chair exercises while the remaining students below assisted the participants in demonstration.



The first group of elderly would attend the first medical staff station, the optometry counter



Second student station (Blood pressure) done after body mass index counter.



Third medical staff station (Dentistry) done after physiotherapy counter.



Third student station (Consultation).
Dr. Rosalia consulting an RSK participant



Collage making competition by the
participants from PAWE



Handing over token of appreciation to the principal of Rumah Seri Kenangan, Encik Nyambar Anak Ginda. From right to left, Dr. Rosalia, Encik Nyambar Anak Ginda (principal of RSK). Prof. Dr Razitasham, Lishalineee Watumalai (Leader assistant), Haniff Bin Rosli Jee (Program Leader)

THE FOSTER FAMILY HAND OVER CEREMONY FOR YEAR 1 MEDICAL STUDENTS SESSION 2022/2023, FMHS, UNIMAS



By Puan Faridah binti Mohamed

Kampung Tanjung Tuang, Samarahan: June 17, 2023 – The Inauguration and Hand Over Ceremony of Adoptive Families for Year 1 Medical Students, Session 2022/2023, Faculty of Medicine and Health Sciences, UNIMAS was held at the Community Hall of Kampung Tanjung Tuang.

The ceremony was officiated by YBhg Encik Jerry Zannudin bin Bidin, Assistant District Officer of Samarahan, representing the District Officer of Samarahan. During the event, 39 adoptive families from Kampung Tanjung Tuang welcomed 144 students from the Medical Program.

We express our gratitude to the Samarahan District Office for their continued support in suggesting suitable villages for this program. This event at Kampung Tanjung Tuang is the first face-to-face program held after a hiatus of nearly 3.5 years, due to efforts to control the COVID-19 pandemic. We extend our appreciation to the Village Head of Kampung Tanjung Tuang, Tuan Haji Lasa bin Bol, and the Village Development and Security Committee (JKKK) of Kampung Tanjung Tuang for their joint efforts in making this program successful. The Adoptive Family Program aims to provide early exposure to future doctors, with the hope that this valuable experience will enhance their ability to deliver excellent service to the community in the future.

Furthermore, such programs are a crucial stepping stone for students to understand and experience the real-life situations of village residents before entering the professional field upon graduation. Students should fully leverage this opportunity to gain invaluable experience.

The event featured various activities, including a health talk by Dr. Chai Chau Chung, cultural performances, and blood pressure and BMI screenings conducted by Year 1 students. The program also serves as a platform to introduce Kampung Tanjung Tuang to the broader public.

The ceremony was attended by the Deputy Dean of Industry and Community Relations, Faculty of Medicine and Health Sciences, Prof. Madya Dr. Helmy bin Hazmi, the Village Head



Encik Jerry Zannudin (Assistant District Officer of Samarahan) delivered the opening speech



The Village Head of Kampung Tanjung Tuang delivered a speech on behalf of the village



The Deputy Dean of Industry and Community Relations delivered a speech on behalf of the Faculty of Medicine and Health Sciences, UNIMAS

of Kampung Tanjung Tuang, Tuan Haji Lasa bin Bol, JKKK Kampung Tanjung Tuang, the Village Chief of Kampung Tanjung Parang, Puan Hajah Saftuyah, faculty members, and staff from the Faculty of Medicine and Health Sciences, as well as the honored adoptive families of Kampung Tanjung Tuang.

Other related photos



Blood Pressure Measurement



Cultural Performance



Health talk by Dr Chai Chau Chung



Photo session with foster family



Group photo



Committee members

END Department of Community
Medicine and Public Health
Universiti Malaysia Sarawak
2025