

“HEALTHY LIFESTYLE CAMPAIGN - BEYOND THE YEAR 2002”

**Health Education Division
Ministry of Health Malaysia**

Presentation Scope

1. Introduction
2. Challenges and obstacles faced in promoting a healthy lifestyle among Malaysians.
3. Directions for the future healthy lifestyle campaign.

INTRODUCTION

■ *Concept of a healthy lifestyle*

“ The **lifestyle** of a particular person or group of people is the living **conditions, behaviour, and habits** that are **typical** of them or are **chosen** by them”

(Collins Cobuild Learner's Dictionary, 1996)

- Behaviour refers to the way a person does things
- Habit refers to something that is often or regularly carried out by a person

■ Putting all these terms together in the context of a “healthy lifestyle” they refer to:

- How people live or the manner in which they conduct their lives which can influence their health status and well-being.
- Health habits and behaviours that characterize the daily, normal lives of people – imposed on persons through social norms, peer pressure or regulations or adopted voluntarily

■ Healthy lifestyle is the regular pattern of human behaviours and habits which can influence a person's health such as:

■ eating

■ smoking

■ exercise

■ coping with stress

- Modern, sophisticated and affluent societies have developed unhealthy lifestyle perhaps due to several factors:
 - Urbanization
 - Economic progress
 - Easy availability of fast food
 - Use of unhealthy substances (cigarettes)
 - Influence of advertising and peer groups

■ Healthy Lifestyle Campaign of the Ministry of Health Malaysia

– Began in 1991 and launched on 25 May, 1991.

– 2 phases

- Phase 1: 1991 - 1996

- Phase 2: 1997 - 2002

- Each phase covers 6 annual themes.

Phase 1: 1991 - 1996

YEAR	THEME (DISEASE)
1991	Cardiovascular Disease
1992	AIDS/STD
1993	Food Safety
1994	Child Health
1995	Cancer
1996	Diabetes mellitus

Rationale for these themes is that these diseases are strongly associated with the lifestyle and practices of the community.

Phase 2: 1997 - 2002

YEAR	THEME
1997	Promotion of Healthy Eating
1998	Promotion of Exercise and Physical Activity
1999	Promotion of Safety and Injury Prevention
2000	Promotion of Mental Health
2001	Promotion of Healthy Family
2002	Promotion of Healthy Environment

Focused on specific health behaviour and their long term effects.

**CHALLENGES AND
OBSTACLES FACED
IN PROMOTING A
HEALTHY LIFESTYLE
AMONGST MALAYSIANS**

CHALLENGES AND OBSTACLES

- Too many themes to be developed, implemented and sustained.
- Too many complex health behaviours are targeted.
- Frequency of campaign, that is once a year, makes it difficult for planning, implementation and evaluation.

- Annual thematic campaign has tremendously increased the workload of our health staff.
- Lack of back-up programme support to enable the target audience to put into practice the health messages that were disseminated in the campaign.

- Problems in carrying out echo-training in a timely and effective manner
- Inadequate air time for broadcasting our campaign (over TV and radio).
- Campaign activities overlap with those of other ministries and departments.

- Sometimes we encounter difficulties when working with NGOs such as setting common goals, priorities and strategies.
- Encounter problems in evaluating the effectiveness of the campaign with regard to behaviour change of the public.

HEALTHY LIFESTYLE CAMPAIGN:

FUTURE DIRECTIONS

FUTURE DIRECTION

- 2nd Phase of the HLSC will end in the year 2002
- Based on the experiences obtained from the earlier phases of this campaign, as well as the realities encountered in operationalizing this campaign at all levels, consideration should be given to several key factors which can influence the outcome and impact of the campaign

1. THEMES OF CAMPAIGN

- Should have an overall theme and also specific themes for the campaign.
- Proposed 4 basic themes
 - healthy eating
 - promotion of exercise and physical activities
 - no smoking
 - coping with stress

Reasons for choosing the themes

- These 4 themes represent the basic and central health behaviours which can contribute to a healthy lifestyle and well-being of individuals, families, communities and the whole nation.
- They can effectively address the behavioural risk factors of the chronic, degenerative diseases like:
 - coronary heart disease
 - diabetes mellitus
 - hypertension
 - certain types of cancer

- These 4 areas are within the purview of the Ministry of Health – will not overlap with campaign of other Ministries
- We can consolidate and reinforce the earlier phases of healthy lifestyle campaign.
- These 4 themes are targeted in most of the healthy lifestyle campaigns in other developed countries like Singapore, UK, USA, Finland and Australia.

- Focusing on just 4 central themes makes the campaign more manageable and easier to implement without draining or stretching resources
- These 4 themes have been covered in the earlier HLSC (2 phases) and therefore
 - less preparatory work is needed.
 - health staff are mostly familiar with these themes.

2. FREQUENCY OF CAMPAIGN

- The new HLSC will be implemented yearly for as long as it is needed.
 - To be implemented every year in order to create and maintain public awareness, sustain interest, promote behavioural changes and to maintain these changes.

3. USE OF SUB-THEMES

- For each of the 4 major themes, 2 specific sub-themes will be identified, with each sub-theme selected as the area of emphasis for a particular year.
- This will make the annual campaign more focused and manageable.

PROPOSED ANNUAL THEME FOR THE CAMPAIGN

YEAR	THEME	SPECIFIC SUB-THEME
2003	Promotion of Healthy Eating.	1. Reduce Your Intake of salt, sugar and fats.
2004	Promotion of Healthy Eating.	2. Eat more fruits and vegetables.
2005	Promotion of Exercise & Physical Activity.	1. Exercise at the workplace.
2006	Promotion of Exercise & Physical Activity.	2. Exercise with your family.

PROPOSED ANNUAL THEME FOR THE CAMPAIGN

YEAR	THEME	SPECIFIC SUB-THEME
2007	Promotion of No Smoking.	1. Choose Not To Smoke.
2008	Promotion of No Smoking.	2. Say Yes To Clean Air, Say No To Passive Smoking.
2009	Coping With Stress.	1. Learn To Relax.
2010	Coping With Stress.	2. Share Your Problems With Others.

4. HOW THE CAMPAIGN CAN BE OPERATIONALIZED

■ Campaign Launching:

- To be launched at the beginning of the year in a simultaneous fashion at all levels for a coordinated and greater impact
- Can be held in the form of a National Healthy Lifestyle Week or Month.
- Appropriate and beneficial activities to be carried out – not just another ceremonial event or formality

■ Campaign Activities

- Various appropriate health promotional activities can be held at different public places and settings on a big scale
- Activities to be integrated with our health services and programmes such as Well Adult Clinics, Programmes for Teenagers and Elderly, Smoking Cessation Clinic, Screening Programmes, Health Promoting Schools, Healthy Workplace Programme, Healthy Cities – to create a supportive environment to make the healthier choice the better choice
- Activities not merely information giving but also seek to develop relevant health skills

■ Role of NGOs

- Role of NGOs and relevant professional bodies very important in this campaign
- Regular meetings to be held with them to plan, develop, implement and evaluate activities at all levels.
- Need to develop smart partnership for mutual benefit
- NGOs can help in organizing activities for target groups with financial and material support from the health department

■ Role of Health Staff

- Prime movers and implementors of the campaign
- To be role models who themselves practise a healthy lifestyle
- Appropriate that educational and promotional activities be planned and conducted for the health staff focussing on the 4 areas of the campaign

■ Sustaining the campaign

– After launching of the Healthy Lifestyle Week/Month, the campaign activities will be continued and sustained through out the year through:

- The mass media
- Local health staff at all health facilities, hospitals, schools and in the community

■ The campaign will also be reinforced and expanded through the celebration of health days and special events throughout the year such as:

- World Health Day
- No Tobacco Day
- World Diabetes Day
- Hypertension Week
- World Heart Day
- World Mental Health Day
- World AIDS Day

- The celebration of the days/weeks not only serves to support the theme for that year but also sustains the themes of the previous years
- By having the integrated approach the campaign will be strengthened and implemented more effectively year long without creating additional workload for the staff as these health events are regularly observed in all states by the health staff

■ Health Promotion Resource Centres

- Health Promotion Community Resource Centres will be created in all states to cater for the development of knowledge and personal skills of health staff, resource personnel and even the target groups
- These Centres can also plan and conduct studies and projects regularly to identify effective strategies for health behavioural change and to pilot these strategies in the community.

■ USE OF ICT

- ICT will also be utilized to enable accurate, appropriate and up-to-date information about the campaign to be disseminated in a timely, equitable and interactive manner
- In the near future MCPHIE application will be utilized to support this campaign.

■ Research

- An evidence-based approach will be adopted in this campaign
- Studies will be carried out to obtain baseline data as well as to measure campaign outcomes on a regular basis.
- Intervention studies can be carried out at the state and district level to identify effective strategies and methods to be used in this campaign for effecting desired behavioural changes.