



Policy brief: Empowering future health ambassadors by fostering a culture of health through early health education in Malaysian primary schools.

Written by Victoria Navina, MPH Candidate, University Malaya

Background

The children of today are the stewards of tomorrow. As such, for a thriving community with good health and wellbeing, fostering health literacy among children, the future health ambassadors, is of utmost importance and relevance.

This brief proposes that it is a winning disease prevention strategy to intervene through early education, positive lifestyle modifications and early behavioural conditioning by focusing on promoting health literacy in schools. This is a policy message designed to engage the government, non-governmental and civil society organisations, and the private sector in maintaining long term implementation plans (1).

Strategic investments in children and health

The World Health Organization (WHO) defined health promotion as “the process of empowering individuals to increase their control and improve their health” - a necessary strategy to instil a culture of health and a deep inclination towards a lifestyle that encourages well-being. It is indispensable human capital worth leveraging on. According to the World Bank, human capital investment is largely about investment in children which results in much greater returns, far more than investments in infrastructure and physical capital (2).

In Malaysia, and as of 2020, children constitute 28.3% of the Malaysian population (3), all of them entitled to compulsory primary education - a target population for health literacy interventions during a period of cognitive, physical and emotional development (4).

Health literacy in the context of children

Models of health literacy is constructed multidimensional and complex. A systematic review revealed that many models were not specifically designed in the primary school context (4).

Three papers in the review provided dimension to health literacy in children at primary school levels. The first elaborated on the need for children to understand concepts related to health promotion and disease prevention. Children should have access to valid health information and be able to advocate for health through sharing of information. The second touched on a child’s interest in health topics, understanding and a motivation to act on that understanding to stay healthy. A third provided measurable domains i.e., knowledge, communication, attitude, behaviour, and self-efficacy (5-7).

As dependent children are to their parents, they actively participate in their own social worlds and continuously develop by socializing and interacting with environments and the people around them (4). Evidenced by a conceptual analysis, children are a different target group compared to the adult population and so methods must be specifically tailored to growing up in a digital world, developmental change, socialization processes, dependency within power structures and generational relationships (8).

Because of social, cognitive, and legal dependence, children are made dependent on the literacy and health behaviours of adults. No longer do we want to focus on parental literacy levels. Instead, we intend to shift that focus to schools, which are prime institutions capable of addressing health education and promotion by being able to observe the interactions and practices of children as they receive health related information and positive behaviour reinforcement (8).

Education 2030

Heading towards this notion, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization advocates for making every school a health promoting school. According to them, unless health and wellbeing is promoted to students, an education system is in no way effective (9). The concept builds on the fact that schools have the capacity to take on a comprehensive approach to physical, social, emotional, and psychological health, in addition to educational outcomes.

Health in education is further reinforced by other global initiatives such as the Sustainable Development Goals and UNESCO’s 2014-2021 Education Strategy (9). Health and education are not

independent of each other. Instead, synergized, they reinforce learning and behaviour that extend way beyond formal schooling.

The current Malaysian predicament

Malaysia has attempted to bring healthy practices into schools. Despite that, the prevalence of obesity among children in Malaysia has been increasing. In 2019, the prevalence of childhood obesity stood at 14.8% (10) - often the result of dietary habits, mostly by control of parents or caretakers. As numbers continue to rise, it signals a need to modify current strategies in health promotion and disease prevention.

Kelab Doktor Muda (KDM) or Young Doctors Club was established at schools since 1989 to train school children as peer educators in promoting good health to peers, family and communities (11). The programme was meant to cultivate a healthy diet, hand and dental hygiene, smoking prevention, an active lifestyle, and a healthy weight.

By 2019, the programme had already been implemented in 3286 schools (11). In 2016, an impact evaluation tested students' knowledge on basic health, attitudes towards health, and health practices. Despite relatively positive indications towards smoking prevention and hand hygiene, other indicators were not favourable. They attributed this to ineffectiveness of peer messaging, lack of interest, and outdated modules. (11).

Evidently, there is power in early education when it comes to health literacy and outcomes. However, we have yet to reach a threshold of significant impact based on the findings of this study and worsening health indicators like the increasing trend of obesity among children.

Existing policies like the School Health Programme and Prioritizing Food Policy Options are in place to tackle these issues, but poor stakeholder engagements have rendered them ineffective. Implementation and enforcement have also been cited as barriers (10). The recommendations of this brief closes these gaps.

Recommendations

1. Improve human capital in health education by training teachers to be health competent and doctors to be teaching competent.

The schooling institutions depend on well trained educators that guide and bring out the potential of each student. In delivering education that is in line with health and wellbeing goals, teachers will need to be equally competent. While there may be little emphasis on taking care of physical and mental health while chasing the demands of obtaining an education, the opportunity for early health behaviour conditioning should not be neglected altogether. Health education should be made a core teaching priority.

Along the same line, it is worth highlighting the staggering numbers of health competent professionals who leave medical training every year. Just from 2017 up to June 2021, 1497 contract doctors resigned their positions in medical training (12). As of now, there is no contingency plan to retain these highly trained individuals. Should there be one, they are in prime position to provide quality health education. In a transfer of expertise within ministries, medical graduates and trainees can be offered a parallel pathway into teaching and health education at schools through teaching competency training.

2. Improve on public-private partnerships by integrating health into educational advocacy.

Organizations like Teach for Malaysia make strides in providing training to teachers and access to education to the most needful of children - their vision to “empower children to be leaders of their own learning, their future and the future of our nation” (13). Essentially, there should not be a dichotomy between the provision of education and ensuring good health. Organisations advocating for education while spearheading the need for health integration into the education system will inadvertently pave the way for systemic reforms.

This also highlights the need for cooperation and the important role of private institutions and civil society organisations in health and education advocacy. Efforts driven on these fronts have the capacity to be of greater influence to stakeholder engagements and policy making.

3. Restructure the school curriculum whilst updating the Young Doctors Club modules with emphasis on monitoring and evaluation.

As evidenced, school curriculums on health no longer serve adequate purpose. The Young Doctors Club, intended to produce future health ambassadors, severely lacked in monitoring and evaluation that it quickly got outdated. Consequently, it no longer achieves what it initially set out to do. Children are increasingly unhealthy as evidenced by an increasing prevalence of childhood obesity.

The Malaysian Health Promotional Board was abolished in 2019, due to unsatisfactory performances compared to allocations

received, a lack of technical expertise and duplications of functions with the Ministry of

Health (14, 15). Should that be the case, the Ministry of Health’s Health Education Division should be playing a more active role in monitoring and evaluating these programmes, lest it be for naught.

Should they require technical expertise, engagements with health, education and child behaviour experts can be of benefit in modifying and tailoring the current program to better fit today’s needs.

4. The provision of comprehensive health services in schools.

Engaging and building trust with healthcare professionals start young. The aim of improving health literacy is to get people to achieve a level of knowledge, personal skills, and confidence to take action to improve personal health by changing personal lifestyles (16). Children should be allowed to have such conversations with doctors in safe environments such as schools.

This brief deems health inspections at schools and school counsellors inadequate for personalised, in-depth care in addition to allowing children to participate in health discussions with doctors (17). In addition, primary care in schools allows addressing health behaviours, and conversations on mental health, and sexual and reproductive health. The practice will also benefit children from households that may not be getting health and wellbeing needs met

School-based clinics should be formally planned and be an integral part, if not an extension of community public health and primary care services funded in collaboration with the Ministry of Education.

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