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PAPER 6

Review of current strategies and approaches in food and nutrition promotion in health programmes for radio and television

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1. Background

The Health Education Unit in the Health Service Division, Ministry of Health was established in 1968. It's primary objective was aimed at attaining attitudinal and behavioural changes for the betterment of the individual, family and community through their individual and organised community efforts.

In the 1970's, the priorities of the unit were establishment and expansion of health education services in terms of providing facilities for health education at the state level and developing manpower to implement health education activities.

In fact, it was only in the year 1975 that the first batch of Health Education Officers were appointed. A Health Education Division was also established in the Public Health Institute to conduct post-graduate courses in health education for the newly recruited Health Education Officers. Training of other health staff in health education was also carried out.

With that brief background, I would like to approach the scope of the given topic in three phases, that is :-

(a) The strategies/approaches in 1980's

(b) The strategies/approaches in 1990's and

(c) The future direction to assess the changing trend as well as the developments directed towards health programmes in the electronic media especially in radio and television (TV).

2. The strategies/approaches in the 1980's

In the early 1980's, Health Education Unit realised that in order for it to achieve its objective, the media strategy has to be utilised and capitalised as a tool to disseminate health information to the public. The radio and TV were the most popular mass media of the general public for it provides the most extensive reach. However, the health programme and topics aired through the radio and television were on an ad hoc basis either at the request of the Health Education Units or RTM itself.

2.1 Health education programme through radio, TV and health staff

It was only in October 1982, a more concerted effort was directed in planning and formulating mass media programmes. A standing Committee was formed consisting of officials from Ministry of Health, Ministry of Information and Ministry of Education, which in turn formed a Working Committee which was assigned to find ways and means to carry out the various educational activities through radio and TV.

Due to the efforts of the two committees, a plan of action of Health Education activities through Radio, TV and Health Workers was formulated and distributed to Radio and TV Malaysia, Educational TV, Ministry of Education (ETV) and to all the State Directors of the Medical and Health Services Malaysia in June 1983. The implementation of the Radio and TV programme started in July 1983 with an identified monthly themes. Appendix I shows the monthly themes for the year 1983, 1984 and 1985.

The frequency and appropriate radio and TV programmes were also identified. In the case of the radio, health talks were aired on weekly basis through the four main networks namely the National Network, Blue Network, Red Network and Green Network. The following programmes were identified for airing such health talks, that is :-

National Network (Bahasa Malaysia)
- *Apa Khabar Puan*
- *Panduan Keluarga*
- *Kesihatan Keluarga*
- *Majalah Radio*
- *Sains dan Orang ramai*
- *Segar Mewangi*

Blue Network (English)
- Women's World
- Good Morning
- Women to Women

Red Network (Tamil)
- *Majalah Keluarga*

Green Network (Chinese)
- *Majalah Keluarga*

However in the case of the TV media, it started off with the KESUMA programme followed by *Fokus, Scope, Tumpuan Minggu* and *Lembaran Minggu* to air monthly talks based on the themes.

In both the media, the format of the health programme was kept simple, where an interview format was broadcasted as live programme or pre-recorded programme. However, the radio media broaden the scope by inserting health capsules based on the health talks scripts and spot announcements in conjunction with health campaigns and during outbreak of any disease.

2.2 Radio/TV Scripts

Six workshops were held at the Public Health Institute, Ministry of Health involving Health, Dental and Medical Staff at the National, State and District Levels and mass media personnel's on various preselected themes to produce educational materials. Consequently, a number of Radio and TV scripts were produced as well as guidelines for health talks for the health workers.

These Radio/TV scripts and health talk guidelines were distributed to the various identified personnel at National, State and District Level. The Radio/TV scripts highlight the topic, objective, target group, the programmes as well as the subject matter in an "question - answer" format to facilitate the health interview. These scripts standardized the health messages to dispel any controversy.

2.3 Regional Radio Station

The Regional Radio Station was another channel utilised to disseminate health messages to the local state population. A committee for Radio and TV programme was formed at the State Level with the Director of Medical and Health Services as the Chairman and State Health Education Officer as the Secretary. The main task of this committee is to ensure the implementation of Radio/TV programmes by Regional Radio Station and by the Health Worker, based on the monthly themes.

By 1983, the Regional Radio Station at all the States were functioning with the exception of Negeri Sembilan, Perlis, Selangor, Sabah and Pulau Langkawi which began their operations in late eighties and early nineties. An average of 409 health talks per annum were broadcasted through these Regional Radio Stations (refer Appendix II).

2.4 Evaluation Workshop

After the first six months of implementing the Radio/TV programme, a survey of 1200 respondents was carried out at the state level to evaluate the public response on the effectiveness of health messages through Radio and TV programmes. A workshop was organised by the Health Education Unit in December 1983 where in 28 Health Education Officers participated to give their respective state evaluation of the Radio/TV programme.

The results of the survey was overwhelming, whereby 99.7% of the respondents listened to the Radio and 91.6% of the respondents watched KESUMA. Out of this, at least 70% of the respondents acquired knowledge on health through radio and TV.

However, a number of the participants did comment that the implementation period of the Radio/TV programme should have been extended for more than six months before actually conducting the evaluation.

2.5 Food and Nutrition Programme

Based upon the monthly themes identified since July 1983 till 1989, it was clear that the food and nutrition aspect was one of the component of the Radio and TV health programme. It was given equal emphasis or perhaps more as compared to other health programmes as it was an integrated component of child health, maternal health, school health, food hygiene and oral health.

The number of food and nutrition talks conducted through the radio and TV media at the national level ranges from 3 - 8 talks (7% - 20%) per year in radio and 1 - 2 talks (3% - 18%) in TV (refer Appendix II). Nevertheless the state further contributed through the Regional Radio Station. Within the year 1984 to 1989, an average of 561 health talks were aired through the Regional Radio Station. Since there is a theme on nutrition and related aspect every year, we can assume that about 47 talks imparted nutritional messages to our general public. Spot announcements pertaining to nutrition such as *"Kurangkan Gula"* and breastfeeding were also highlighted.

The food and nutrition talks were basically done on an interview approach using the Radio/TV script as a guideline. This approach was becoming very monotonous with not much creativity to sustain the continuous interest of the public. Furthermore, the closed interview was not open to public to ask question pertaining to the topic. The choice of programme and fixed air time by RTM was a further constraint in the application of the principle of selecting the appropriate programme for the identified target audience to be aired at the right time. Although the Health Education Unit was concerned as to the effectiveness of our health talks yet it continued with the existing structure with the hope that our health messages will reach a certain sector of our public.

3. The strategies/approaches of 1990's

In 1990's, the emergence of non-communicable diseases related to our sedentary way of life, by nutritional excesses and dietary fats, by changing social conditions, by aging, by urbanization and by changes in the physical environment became great concern to the Ministry of Health. Hence it became very crucial to educate as well as to intensify efforts to motivate the individual and community on adopting and practising healthy living.

In view of this, the Ministry launched the Healthy Lifestyle Campaign comprising of six themes over a period of 6 years (that is from 1991 till 1996) to promote healthy living amongst all Malaysians.

This campaign was based on media strategy adopting multi-media approach with great emphasis on social marketing and advertising. Each theme was launched with appropriate positioning of the slogan, logo and jingle to create a high level of awareness and interest about health. This is followed by sustaining and reinforcing action - orientated messages through constant information dissemination through media as well as group and person-to-person health education activities.

3.1 Radio and TV Programme

The monthly themes of the Radio and TV Programmes were also in tandem with the Healthy Lifestyle Campaign themes, the risk factors, the preventive measures, the positive attitude to promote and adopt healthy living. The monthly themes were very specific to give more in depth information as well as simple, practical health tips which the individual and community can do within their means. Appendix III is an extract of the monthly theme of 1994. The monthly themes were further sub-divided into specific topics and the appropriate media channel were identified along with the resource speaker to maximise the effectiveness of the media to give the right impact. The topic that require visuals, demonstration and abstract in nature were highlighted through the TV media

(15 - 30 minutes) whereas radio was utilised to give elaborate information and tips since the allocated time is longer (30 to 45 minutes).

The Radio programmes allocated for health and the frequency in 1990's were as follows :-

Radio 1 (National) : 2 slots per month in either one of these programmes
- *Kesihatan*
- *Dari Wanita Untuk Wanita*
- *Kapsul Famili*

Radio Ibu Kota : 2 slots per month in either one of these programmes
- *Wama-wama Kota Raya*
- *Warga Kota*

Radio 4 (English) : 1 - 2 slots per month in either one of these programmes
- Good Morning Malaysia
- Rhythm of the Nation
- *Rancangan Radio Dr.*

Radio 5 (Chinese) : On request basis
- *Majalah Keluarga*

Radio 6 (Tamil) : On request basis
- *Majalah Keluarga*

Developments in TV broadcasting in RTM gave rise to more opportunity (3 - 4 slots per month) in terms of new programmes such as *Selamat Pagi Malaysia, Tele Sihat, Yang Disayangi, Wawancara* and *Global.* On other hand, TV3 introduced *"Malaysia Hari Ini"* where health interview/messages were slotted.

There was also support and commitment from all the health and medical personnel of the Ministry of Health towards the Healthy Lifestyle Campaign and the health educational activities of the Health Education Division. The Director General of Health himself signed the call letter to indicate his support for health promotion and hence cooperation from all levels followed suit.

Each health interview were carefully monitored in the sense that there were very specific guidelines for all Radio and TV interviews attached to the call letter as well as the areas of concerns pertaining to the topic.

There is an increase in both Radio and TV coverage for the years 1992 - 1994, with an average of 62 and 28 talks respectively.

3.2 Annual Press Conference

In November 1993, an Annual Press Conference was held in Kuala Lumpur for the media personnel to enhance the working relationship and as a token appreciation of their support.

3.3 Media Seminar on Health

The first seminar on Health solely organized for the media personnel representing news and feature section was held in Kuantan, 23 - 25 August 1994. A total of 52 participants consisting of 26 media representatives and 26 Ministry of Health personnel were actively involved in the two and half day seminar to further strengthen the links between the both parties as well as to give an update of the current status of health care.

The hidden agenda behind both the Annual Press Conference and Media Seminar was to indirectly solicit for support and publicity from both the electronic and print sectors.

3.4 The Food and Nutrition Programme

The launching of the Healthy Lifestyle campaign in 1991 was a milestone in the Health Education programmes. Several new approaches were introduced such as social marketing and advertising. TV and radio commercials in the form of sound slides, trailers, jingles and documentaries were produced to create awareness and disseminate health messages for each respective theme. The campaign started off with the Cardiovascular Diseases as it's first theme with emphasis on all the risk factors inclusive of the nutrition component. Out of the RM1.1 million allocation, about RM349,000 were used for TV and radio commercials. Air time were purchased to air these TV and radio commercials at the appropriate time to reach the identified target groups.

The evaluation of the health campaign by Frank Small and Associates, Marketing and Research Consultants shows that the overall TV health commercials reached 50% of adults aged 15 - 64 years at a cost of only RM0.06 as compared to 13% reach for radio commercials at the very same cost (refer Appendix IV). However, the Nutrition TVC itself reached 33% of adults aged 15 - 64 year and 26% of urban males aged 35 - 54 (refer Appendix V). The key messages of keeping a healthy diet and healthy way of eating was fairly well received by about 63% of the adults (refer Appendix VI). The research concluded that TV and radio are important sources of awareness with appropriate exposure.

The third and fourth theme of the Healthy Lifestyle Campaign, that is Food Hygiene (1993) and Promotion of Child Health (1994) also highlighted and sustained the importance of food and nutrition. They increased the Malaysian's awareness and knowledge on balanced diet, food needs of different age groups, the type of food intake, in selection, preparation and storage of food.

The on-going food and nutrition talks though basically conducted on an interview approach but they are opened to questions from the public pertaining to the topic. The format facilitated a two-way communication which enhance the opportunity for clarification as well as in giving personalized advice. At present, the Radio and TV health programmes are very specific and health orientated for example *Tele Sihat, Kesihatan, Radio Dr.* for ardent health audience aired at fixed air time. The number of food and nutrition talks conducted per year ranges from 5 - 8 talks (10% - 17%) in radio and 2 - 13 talks (7% - 20%) in TV.

Besides the new approaches in the electronic media, the separate budget allocation for the Healthy Lifestyle Campaign also enabled the Health Education Division to produce cinema ads and venture into outdoor advertising media like billboards and bus panel to further reinforce and sustain our health messages through multi-media

approach. Advertorials in print media like magazines and newspaper were also given equal importance.

4. The future direction

In order to curb the rapid rise in lifestyle related diseases especially in areas of inappropriate diet and nutrition, as well as obesity, its timely that our programmes be presented in a more innovative and appealing manner besides the interview format which are stereotype in nature to captivate the electronic media audience. This can be done through the use of songs, folk media, dramas, interactive quizzes with a combination of music, animation and visuals, etc. These methods portray a combination of education and entertainment which is known as "ENTER-EDUCATE" strategy. Therefore, health education will not just educate or just entertain but "ENTER-EDUCATE". Others methods of presentation such as dialogues and opera should also be considered.

The food and nutrition programme should also look into the prospect of developing nutritional recipes which are delicious and delectable for different age-groups and health problem patients. These recipes can be aired through the existing TV and Radio cooking programmes such as *Sarapan Malaysia,* Health & Beauty show and *Kuali* as well as in print media like women magazines (*Jelita, Wanita, Ibu,* Her World) and newspapers. These demonstrative recipes produced in video format can also be used as aids for educational activities at health centres and hospital settings. However, the messages on nutrition must be informative and positive, presented one at a time, are simple, emotive/appealing, present a position, relevant to audience needs and are actionable. Competition of nutritional recipes can be community based with NGO participation. Peer group communication can also be intensified to reinforce and sustain desirable health behaviours.

Production of such nutrition based programme requires expertise in many fields such as advertising, art and design, TV production, public relations, counselling, research and media planning. Such expertise is easily available in the private sector. Thus sufficient budget allocation is essential for materialization of such visions.

The fixed air time of the health programmes by RTM has it's advantages and disadvantages. These are free air time that incurs no cost for Ministry of Health. However, the appropriateness of the air time is questionable. Thus, it is also important that we look into the prospect of purchasing the appropriate time for our identified target groups. Limited resource speakers on nutrition is another area of concern for successful implementation of radio and TV programme. Speakers fluent in other languages are limited and hence it's affecting our objective to disseminate health messages to the Chinese and Indian community. Therefore, it is important to have an identified pool of resource speakers for continuity of nutritional educational activities.

Furthermore, the scripts which was designed in 1983 only caters for infant, pre-school and school children and does not address the teenagers, adolescents, elderly and patients with different ailments or medical problems. Thus it is important to have a committee to look into the development of scripts based upon different age-group needs and to review them as and when required.

Due to the short notice from RTM to secure services of our paramedics to appear on their programmes, we often decline such request; reason being the inavailability of suitable speakers on the specified date.

Evaluation of any programme or activities is an essential component to justify the implementation, modification, continuity and effectiveness of the programme. Thus, the Radio and TV programme which has been implemented for about 12 years need to be evaluated to measure the effectiveness and impact.

Promotion of healthy diet and nutrition is again an important aspect of the coming year theme, Diabetes Mellitus. It is also one of the suggested broad themes for the second phase Healthy Lifestyle Campaign. Hence it is very timely that this workshop is being conducted to review and analyse the current strategies and approaches in food and nutrition programmes to make further appropriate recommendations.

I would like to conclude by referring to Breckon *et al.*, (1994) that "the effectiveness of mass media is directly a function of using it to do things it can do well. Careful matching of the media, the message and the target group can result in significant impact". The mass media can be effective in achieving knowledge and attitude change, but if the objective of a campaign is behaviour change, then an interpersonal component must be seriously considered (Backer *et al.*, 1992).

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Appendix I

Monthly Themes of Radio and TV Programme

Year 1983 (July)		
July	-	Nutrition
August	-	Child Health
September	-	Maternal Health
October	-	Oral Health
November	-	Flood
December	-	Communicable Diseases
Year 1984		
January	-	Malaria
February	-	T.B.
Mach	-	Leprosy
April	-	Skin Disease
May	-	Chronic Diseases
June	-	Accidents in Home and Road
July	-	Food Quality Control
August	-	Utilisation of Facilities
September	-	Services of Ministry of Health
October	-	Self-Medication
November	-	Flood
December	-	Communicable Diseases
Year 1985		
January	-	T.B.
February	-	Leprosy
Mach	-	Skin Diseases
April	-	Chronic Diseases
May	-	Dengue/Malaria
June	-	Nutrition
July	-	Maternal Health
August	-	Child Health
September	-	Oral Health
October	-	Food Quality Control
November	-	Flood
December	-	Cholera/Thyphoid

Appendix II

Food and nutrition educational activities through radio and television, 1980 - June 1995

Media / Year	Radio		Radio Spot Annoucement		TV
	National No.	State No.	National No.	State No.	No.
1980	N.A. (33)	N.A.	N.A.	N.A.	N.A. (7)
1981	6 (30)	N.A.	N.A.	N.A.	N.A. (7)
1982	3 (45)	14	N.A.	14	2 (11)
1983	3 (28)	56	N.A.	N.A.	1 (13)
1984	N.A. (48)	488	8	8	N.A. (20) *(ETV - 9)*
1985	N.A. (48)	602	9	7	N.A. (24) *(ETV - 9)*
1986	5 (50)	428	8	8	2 (23) *(ETV - 10)*
1987	8 (48)	413	12	19	1 (23) *(ETV - 10)*
1988	N.A. (55)	454	7	39	2 (60) *(ETV - 10)*
1989	8 (52)	421	8	49	2 (18) *(ETV - 6)*
1990	N.A. (53)	326	4	964	N.A. (22) *(ETV - 10)*
1991	N.A. (13)	77	N.A.	N.A.	N.A. (5)
1992	8 (83)	N.A.	6	N.A.	2 (17)
1993	5 (47)	333	6	N.A.	2 (15)
1994	11 (64)	N.A.	7	N.A.	3 (46)
June 1995	6 (36)	N.A.	4	N.A.	13 (67)

Note :-
N.A - Not Available ( ) Total number for the year

Appendix III

Topics on food and nutrition for radio and TV programmes, 1994

No.	Topic	Speakers
1.	Breastfeeding	Puan Safiah Mohd. Yusof, MCH
	- Start of lactation	Puan Rokiah Don, MCH
	- How long should each feed last - Which breast should you start with	Dr. N. Kandiah, MCH
	- Some common concerns - Caring for yourself while breastfeeding	Puan Uma Thavendran, IKU
	• full and painful breasts • manually expressing milk • sore nipples • cracked nipples • breast infection	
	- Taking care of yourself while breastfeeding	
	• vitamins • choose a nutritious diet	
	- Things which affect breastmilk	
	• medications • smoking • alcohol	
	- Working and breastfeeding	

No.	Topic	Speakers
2.	Introducing solids to infants and importance of balanced diet - When to start - How to give solid food - Cleanliness - What to start with - Learning to chew - a balanced cliet - feeding himself	Puan Uma Thavendran, IKU Puan Fatimah Salim, IKU
3.	Infant growth and development - Why is regular weight gain important - Breastmilk - the best food for the first 5 - 6 months of a baby's life - Nutritional needs of a child by age of 5 - 6 months	Puan Uma Thavendran, IKU
4.	Nutritional needs of infant aged 8-10 months - Balanced diet - Preparation and cooking style - Feeding time and frequency - Introduction of varieties	Puan Uma Thavendran, IKU
5.	Developing good food habits and eating with the family - Developing good food habits - Introducing varieties according to children's need - Eating with the family	Puan Uma Thavendran, IKU

No.	Topic	Speakers
6.	Food Needs - Nursing Woman - Dietary needs of pregnant woman - The woman who be breastfeed - Diet after birth - Diet care after postnatal	Puan Rokiah Don, MCH
7.	Food and the School - Going Child - Nutrition is important during childhood (reasons) - Ways to supervise your school - going child's nutrition (A food plan) - Eating through a young school-child's day • breakfast • lunch • dinner • snacks - home snacks - packed lunch box ideas • school tuck-shops - Eating out • hawkers food • fast foods	Puan Fatimah Salim, IKU Puan Rokiah Don, MCH
8.	Marketing - Factors to be considered while marketing for the family needs - What are the other kinds of protein beside meat - Type of cooking oil and how to use - Choosing fresh fruits and vegetables - Choosing canned foods	Cik Foo Yun Mui, GHKL

Appendix IV

Evaluation of health campaign - unaided awareness
(Base: all adults 15-64 years)

	Aware/Reach (%)	Aware/Reach ('000)	Ad. Expenditure (RM) ['000]	Cost per adult (RM)
Awareness of health-oriented campaign				
Road safety (all)	27	2,431	4,772	1.96
Road safety (TV)	22	1,981	3,149	1.59
Road safety (press)	11	990	1,107	1.12
Road safety (radio)	9	810	458	0.57
Health (all)	55	4,952	563	0.11
Health (TV)	50	4,502	281	0.06
Health (press)	19	1,711	214	0.13
Health (radio)	13	1,170	68	0.06
Child abuse (all)	16	1,440	214	0.15
Child abuse (TV)	11	990	214	0.22

Source: A final report on Post-Launch Evaluation on Health Campaign, Frank Small & Associates, 1992

Appendix V

Evaluation of health campaign by ad recognition

	All adults 15-64 (n=9,003,000)				Urban males aged 35-54 Mid-high income white collar (N=336,000)			
	Aware %	Aware ('000)	Adex (RM, '000)	Cost/adult (RM)	Aware %	Aware ('000)	Adex (RM, '000)	Cost/adult (RM)
Seen TV or press (Aug to Dec 1991)								
Choose Health TVC	48	4,321	204	0.05	34	73	110	1.51
Love Your Heart (overall)								
Print	16	1,483	80	0.05	21	70	80	1.14
Love Your Heart (component)								
Exercise TVC	35	3,194	96	0.03	26	89	96	1.08
Smoking TVC	38	3,511	96	0.03	35	93	96	1.03
Nutrition TVC	33	2,791	85	0.03	26	76	85	1.12

Source: A final report on Post-Launch Evaluation on Health Campaign, Frank Small & Associates, 1992

Appendix VI

MESSAGES OF NUTRITION TVC

Key messages		*Other messages*	
Healthy way of eating	30%	Don't overeat	14%
• Take care of your food	7%	• Don't eat too much or don't overeat	9%
• Don't eat food which contains too much fat	9%	• Should know how to control the food amount	2%
• Don't eat food which contains too much cholesterol	3%		
• How to eat in the right way	3%		
Healthy diet	19%	Don't smoke	9%
• Take balanced food	13%	Health care	8%
		Heart care	4%

Source: A final report on Post-Launch Evaluation on Health Campaign, Frank Small & Associates, 1992

PAPER 7

Nutrition education in Malaysian schools

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1. Introduction

Nutrition Education is an important part of the formal curriculum for primary and secondary schools in Malaysia. It is not taught as a separate subject but elements of Nutrition Education form an integral part of several subjects: Physical and Health Education, Science, and Living Skills.

Physical and Health Education is taught at primary and secondary school levels, as a core compulsory subject. Science and Living Skills are taught as core compulsory subjects beginning in Year Four of primary school. These two subjects are also core compulsory subjects at secondary school level.

2. Nutrition education at primary school level

Primary school children are about seven to twelve years old. At this level, they are first introduced to food and nutrition in terms of their own enjoyment of food. They are encouraged to talk about the kinds of food they like and dislike, and their reasons for liking and disliking certain kinds of food. They find out that food can be eaten in different ways, and that cooking changes food.

The concept of food for health is also introduced at this level. Hunger pangs, appetite and thirst are discussed and explained. Children explore putting foods into different groups, such as different foods for different times of the day, and different foods on special occasions. They also find out that foods come from different sources. Simple food groups, such as food for energy, food for growth, and food for well-being are first discussed before children are introduced to the main food groups of carbohydrates, proteins, and fats. The importance of water is emphasized at this level. Children also learn about balanced diets at this level.

3. Nutrition education at secondary school level

At the secondary school level, the students are generally between thirteen to seventeen years old. Nutrition education at this level emphasizes the importance of planning balanced diets for various purposes (for example, for sports, weight reduction, weight gain, pregnant mothers, during convalescence) and various age groups (for example, for babies, infants, adolescents, adult men and women, the aged).

Some of the important issues and problems related to nutrition such as nutritional deficiency diseases, nutrients in foods, food choice and advertising, and food hygiene are discussed at this level.

4. Teaching-learning strategies

The importance of a balanced diet and physical activity as part of a healthy and active lifestyle is stressed by encouraging students to keep records of the kinds and amounts of food they eat in their Physical and Health Education portfolios.

Teachers use a wide variety of teaching strategies; some favour incidental teaching, others a structured nutrition education programme, others a combination of the two. Generally, teachers arrange for their students to be actively involved in their nutritional planning, for example, students are encouraged to plan their own menus, according to their individual needs, likes and dislikes. Students are also encouraged to plan menus for special needs and for specific groups of people.

Re-education of parents and canteen operators in schools is important to help support behavioural changes in students. Therefore, teachers often encourage their students to actively promote healthy nutritional practices, for example, by making posters to take home or to display in school, and by collecting and displaying important information about nutrition in school.

5. Objectives and topics covered in the formal school curriculum

The tables that follow give a summary of the objectives and topics covered in the formal school curriculum.

Subject	Topics in the Syllabus	Year/Form
Physical and Health education	Topic 4: Caring For Myself 4.3 My Food What I eat Learning Objectives: i. To identify the variety of food that I eat and the variety of food that other people eat ii. To tell my feelings about the various types of food iii. To tell why I need to eat at certain times iv. To practise good eating habits before, during and after meals	Primary School Year 1

Subject	Topics in the Syllabus	Year/Form
	Topic 4: Caring For Myself 4.3 My Food What I eat - Vegetables, cereals and fruit Learning Objectives: i. To tell the different types of vegetables that I like and the types I dislike ii. To tell the different types of cereals that I like and the types I dislike iii. To tell the different types of fruit that I like and the types I dislike iv. To tell why it is important to eat vegetables, cereals, and fruit	Primary School Year2
	Topic 4: Caring For Myself 4.3 My Food What I eat When I eat Why I eat Learning Objectives: i. To explain the relationship between food and well-being (balanced diet, four main food groups) ii. To choose snacks that are suitable and nutritious for eating between meals iii. To identify suitable meal times iv. To tell why it is important to drink water regularly everyday v. To explain what is meant by hunger, appetite, food and the body's need for food vi. To explain what is meant by thirst and the body's need for water	Primary School Year 3

Subject	Topics in the Syllabus	Year/Form
Physical and Health Education (continued)	Topic 4: Caring For Myself 4.3 My Food Where does my food go? - The digestive system My food must be clean - How my food gets dirty - The result of eating dirty food Learning Objectives: i. To identify the various parts of the digestive system ii. To describe why food can get dirty iii. To say what happens when we eat dirty food	Primary School Year 4
	Topic 4: Caring For Myself 4.3 My Food What I eat Learning Objectives: i. To record eating habits in my folio ii. To say how I feel about my eating habits	Primary School Year 5
	Topic 4: Caring For Myself 4.3 My Food What I eat Learning Objectives: i. To record eating habits in my folio ii. To say how I feel about my eating habits	Primary School Year 6
	Topic 2: Striving to achieve optimum health 2.4 Caring for and managing my own health Learning Objectives: i. To identify the food groups required by the body for health, ie carbohydrates, proteins, fats, vitamins, mineral salts, and water ii. To give examples of food for each food group	Secondary School Form 1

Subject	Topics in the Syllabus	Year/Form
Physical and Health Education (continued)	Topic 2: Striving to achieve optimum health 2.4 Caring for and managing my own health Learning Objectives: I. To identify the signs and symptoms as well as the preventive measures for food poisoning Topic 3: Looking after my health as an adolescent 3.3 Caring for and maintaining my body Learning Objectives: i. To describe the functions of the digestive system and to explain how this system contributes to health ii. To explain examples of local balanced diets suitable for daily activities and self-development iii. To describe and explain the functions of food nutrients and deficiency diseases caused by too little or too much nutrients in the diet (such as Vitamin A, B, iodine, protein energy, iron). iv. To explain the cleanliness measures necessary for the preparation and serving of food	Secondary School Form 2
	Topic 3: Striving to achieve optimum health 2.4 Caring for and managing my own health Learning Objectives: i. To explain and describe specific diets for the various groups such as babies, infants, teenagers, adults (male and female), pregnant mothers, the elderly ii. To explain the importance of making changes in the daily diet during specific times in one's life, for example, before and after illness, after delivery of a baby, participation in active sports	Secondary School Form 3

Subject	Topics in the Syllabus	Year/Form
	Topic 1: Concepts of health and lifestyle Learning Objectives: i. To suggest balanced meals that will help prevent fatigue ii. To explain the management of food intake in the prevention and control of diseases and health problems iii. To explain the importance of evaluating the increasing amount of information regarding food, nutrient supplements and drugs	Secondary School Forms 4, 5
Physical and Health Education (continued)	Topic 2: Fitness and its relationship to health and skills Learning Objectives: i. To identify activites that will help in weight control ii. To describe the effects of exercise in the control of cardiovascular diseases, mental-emotional stress, weight as well as blood glucose, cholesterol and salt levels in the blood Topic 3: Development towards adulthood Learning Objectives: i. To explain the importance of balanced diets and to describe the factors yang determine nutrient requirements such as sex, age, body weight, activity, climate, and state of health ii. To prepare examples of daily menus for teenagers and young adults according to their physiological status and activity iii. To explain health issues related to excessive food intake, under-nutritious food intake, and food habits	Secondary School Forms 4, 5 (continued)

Subject	Topics in the Syllabus	Year/Form
	Topic 5: Rest, recreation and leisure Learning Objectives: i. To discuss the kind of rest, recreation and leisure activities that will help reduce or overcome obesity ii. To describe technological progress in food such as nutrient supplements, alternative foods and food fortification for improving health and fitness Topic 7: Looking after the health of specific groups Learning Objectives: i. To list and discuss some common health problems and diseases suffered during pregnancy such as the lack of iron and calcium and malnutrition ii. To describe balanced diets as a means of care during pregnancy iii. To describe breast-feeding and balanced diets as a means of care of babies and infants iv. To describe balanced diets as a means of care for the elderly v. To describe balanced diets as a means of care for the patient at home	
Physical and Health Education (continued)	Topic 8: Community, National, and International Health Learning Objectives: i. To explain that the cleanliness of school canteen food is one aspect of school health ii. To describe the classification, signs and symptoms of some main food-borne diseases iii. To suggest balanced diets as a means of preventing infectious diseases and lifestyle diseases iv. To identify and critically analyse health issues such as starvation, malnutrition and drug abuse	

Subject	Topics in the Syllabus	Year/Form
Science	Topic 3: Nutrition and food production	Secondary School Form 5
	Good Nutritional Intake	
	Caloric value in the various classes of food (proteins, carbohydrates, and fats) and in various types of different foods	
	Caloric needs according to sex, body size, age, and physical activity	
	Health problems related to nutrition such as obesity, anorexia and diseases related to food habits (including excessive intake of cholesterol, salt, sugar)	
Living Skills	Topic : Food and Nutrition	Secondary School Form 1
Elective: Home Economics	To identify the composition and functions of nutrients	
	To identify factors in the choice of food	
	To practice the basic principles of a balanced diet	
	To understand the consequences of undernutrition and overnutrition	
	To state the consequences of eating spoilt food	
	To plan a menu for a balanced diet and to pick the ingredients	
	To understand and apply the principles of broiling, frying, and baking	
	To prepare and serve a balanced breakfast	
	Topic : Food and Nutrition	Secondary School Form 2
	To identify factors in the planning of a balanced diet	
	To identify factors that influence food habits	
	To practise healthy food habits	
	To cook and serve a balanced lunch and dinner	

Subject	Topics in the Syllabus	Year/Form
	Topic: Food and Nutrition	Secondary School Form 3
	To obtain information from food labels	
	To understand the meaning of caloric values	
	To identify nutrients that provide energy	
	To understand the meaning of Recommended Dietary Allowances (RDA)	
	To identify Recommended Daily Energy Allowances for teenagers	
	To calculate a day's energy requirements for oneself according to the Recommended Daily Energy Allowances	

PAPER 8

Clinical nutrition promotion approaches: inpatient and outpatient settings

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Abstract

Health promotion is the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health. Health promotion grew out of the health education movement, but can now be understood as an umbrella concept which covers health education and a number of other approaches aim at changing living conditions and lifestyles for the purpose of promoting health.

Nutrition as an essential factor in health promotion is currently more widespread. There have been a shift in eating habits and behaviors of consumers. The mushrooming of fast food restaurants, the proliferation of convenience foods and the abundance of food supply have influence the kinds of foods individuals and families are eating, the frequency of their eating and where they are taking their foods. There is more eating away from home. Currently there are manufactured foods modified in respond to the more health conscious populations. Consumers are swarmed with volumes of media information and marketing strategies regarding foods, health- foods and diets. Conflicting information can cause confusion and misunderstanding.

These changes have generated interest in diet and nutrition both among the public as well as the professionals in this field. The need for nutrition health promotion is eminent at all health sites. Besides the community-based health clinics, hospitals also offer suitable location to capture the public for instillation of proper health care and nutritional information. Health care practitioners, working as a collaboration of specialities can coordinate, communicate and maximise the continuity of care they provide. Clinical and nutritional assessment, environmental management and dietary assessment-intervention contributed in each part by respected professionals (from medical, nursing, and dietetics), focusing on specific clients needs.

Helping clients understand and follow the dietary guidelines forms a challenging mandate for health care practitioners. The right kind of encouragement requires the practice of nutritional interventions with all clients. This enable clients to select diets that promote and protect good health. Practitioners must individualise and apply this information with each of their client. Planned strategies, routinely implemented nutrition information and counselling are a necessary part of every client (health) visit.

Health care practitioners, be it the family health practitioners, nurses, dietitians, nutritionists, and other health care professionals in hospitals, clinics, and other health services outlets have a role in nutrition promotion. Nutrition information, individualised dietary guidelines should be integrated into the routine health care. Incorporation of

these into the lifestyles of their clients should become a part of reasonable and expected care.

Health promotion in medical care or clinical settings, include patient education. Contributors are drawn from a number of professional backgrounds and each offers the benefit of professional and personal experience. Emphasis of most patient education is on self-help or individual self-management for health.

Health care practitioners should be prepared to recognise actual and impending nutritional problems and to recommend preventive measures. Nutrition screening , intervention and counselling form the basis(essential) of all and on-going aspects of health care. Basic philosophy is that each health practitioner respect and seek out the knowledge of other health care disciplines. The client can only benefit from such collaboration. Health care practitioners often must respond to the nutritional needs of clients be it in community, health clinics, hospital outpatient and inpatient settings. This requires planned, practical application of basic nutrition theory as an integral part of health care. Nutrition intervention is a cost-effective means of keeping people healthy. It is a tool for integrating nutrition into daily practice.

1. Approaches

Nutrition promotion in clinical settings, both at inpatient and outpatient, involves mainly Screening and assessment to identify clients' problems and setting of strategies for intervention.

1.1 Clinical-nutritional assessment (age specific)

- ***forms early detection and identification of actual and potential problems***

This takes the form of a documentation format which is constantly used by all team members contributing added information based on their clinical specialisation. This forms the patient medical record (BHT). Interventions are based on assessment of these information. Documentation mainly consist of :

- physical assessment - clinical signs and symptoms, diagnosis
- anthropometric assessment - weight/height
- biochemical assessment - blood profile
- nutritional screening - current nutritional status

Nutritional screening for current nutritional status presently is not seen as an essential part for new admissions to inpatient settings. This may be the cause of undetected malnutrition especially in the prolonged ill patients prior to admissions and be made worse with hospitalisation. Nutritional screening at admissions in to hospital setting should be adopted as equally important as any clinical signs and symptoms. Early detection of risks factors towards malnutrition should be intervened at an earlier stage to prevent further deteriorations in patients' health and diseased condition.

1.2 Interventions

Progression into nutritional intervention is based on conceived nutritional care plan that builds on the problem identification phase. These are mainly:

(a) environmental assessment and management

(feasibilities - barriers and facilitators)

This involves evaluation of client environment with regards to access to sound nutrition; client knowledge, social economic status, family aspects etc are looked into.

(b) dietary assessment

This provides grounds for management of practical and appropriate nutrition support. Dietetics intervention then focus into the nutrition problem. Problem solving approach encompasses documentation of dietary information in the structured SOAP(IE) format.

S - SUBJECTIVE DATA

Indicates patients' current status, diagnosis, well-being, dietary intake and food habits and other dietary data.

A variety of dietary assessment tools are in use. Ranges from *Diet Recalls, Diet trend, Food frequency, Food diary , Generic questionnaire, "Rate Your Plate" etc.* All dietary assessment tools have both strengths and weaknesses. However, these tools provide critical instruments for dietary assessment and should be used consistently to make dietary assessments, care plans, interventions and progress evaluations.

Dietary assessment tools also can be universally applied and adapted for specific individuals, groups and be age specific. Two or more assessment tools may be used depending on needs for additional information regarding clients dietary intake.

Dietary assessment and tools

24 - Hour Diet Recall

- provides information about foods and beverages consumed during the previous 24 - hour period. Gives a broad view of client's food intake and dietary habits (food behaviours), ie. meals regularity and time taken; types (varieties, including kind of dishes preferred and method of food preparation) and amount of foods consumed etc.

- use in all age groups by interviewing the client, career or parents of young children. Can also be self-administered.

- useful as an evaluation measure during follow-up visits. Indicates status of compliance to recommended dietary care plan.

Analysis of dietary assessment either by manual calculation using Food Composition Data; or via computer analysis of Food Composition Database; or simplified Food Exchanges/Portion.

Food Frequency Form

- a checklist that elicits data regarding the kinds of foods eaten and the frequency of intake. Able to indicate adequacy or deficiency of client's diet.

Attempt is currently being made to develop a Food Frequency Form that enables calculations of caloric intake as well as other nutrients be made.

Food Diaries

- provides a client's intake over a period , usually a 3-day food intake.
- recording done by client or caregiver and returned at a follow-up visit.
- diaries can be adapted for specific situations, ie. by incorporating Activity Record (especially in weight reducing clients); adding of Blood Glucose and Insulin Injection Times (for IDDM); also Moods/Feelings or Behaviour (in obesity and anorexic cases) etc.

O - OBJECTIVE DATA

Clinical findings and laboratory tests results, other screening tests as well as anthropometric measures (height and weights mainly) are assessed.

A - ASSESSMENT

Dietetian"s appraisal based on S - O datas.

Meals regularity, eating out, use of convenience foods, food tolerances, dysphagias etc. that is related to patients health and nutritional problems are being appraised.

The complete nutritional assessment includes an examination of clinical, biochemical, anthropometric data in addition to dietary data. Dietary data should be part of the overall nutritional assessment.

P - PLANNING

Recommendations and nutrition care plans with monitioring and follow-up care are drawn.

The main challenge is to determine what eating patterns to recommend to client and how to design a program to produce change in eating behaviour. Clinical health approach can focus on adjusting clients' social environment to some extent, or by providing individuals with informations and skills to make healthful behaviour change.

I - IMPLEMENTATION

Enforcement of structured nutritional care /programmes; involves modifications of diets and upgrades of feeding regimens. This involves the following:-

Dietary recommendations

(i) dietary guidelines

Use of appropriate tools eg. diet plans, food charts,exchanges, food pyramid, food models/samples/ photos, flip-charts etc)

(ii) counseling

with relevant monitoring guides eg. diet recalls, food diaries, blood glucose monitoring, cholesterol profile, weight loss graph, LFT, renal profile etc.)

E - EVALUATION

- effectiveness of sugggested treatments in correlation to specific parameters (weight, BMI, biochemical datas, etc.) to measure progress
- calls for latest recorded weights and relevant anthropometric measures, BSP, LFT, cholesterol profile etc. as progress assessment
- alternative approaches
    - * what to look for (diet recall, ryp, diet trend/frequency etc.)
    - * what to do (action taken - care plan)
    - * ability to comply to diet any any problem encountered.
    - * needs for maintenance diet
    - * also evaluation of diet care /program effectiveness
- referral needs for more specialised evaluation
    - * Failure or complcations (evaluation of progress; further action required, referrals)

This involves documentation of successive iterations as realities for the patient behavioural change. The follow-up or reviewing of cases make it possible if needs arise for further referrals to more specialised health management/care. This may be so in Diabetes Mellitus (DM) patients with infiltrating DM complications such as needs for foot care (Chiropodist) or developed retinopathy or nephropathy.

DOCUMENTATION of pertinent findings and actions taken, patients' progress, response to treatment, therapy, medications and follow-up care are important. Together, with recorded observations and informations on food habits, diet acceptance, will provide unified appraisal of existing problem for coordinating management.

Problem Orientated Medical Record (POMR) system, integrates all information, focusing on patients' problem and profiles, plans for care and for patient education, assessment of progress and results. This organised entries are made available to all peers to review and act upon. Patient medical record is therefore an important information sharing tool that promotes and assists in coordinating all activities of the health cre team members contributing to patients' health care. This reflect health teams' ultimate goal.

DIETETIC COUNSELING form important components in the I - E stages. Counseling is the communication in clinical nutrition promotion. Nutrition counseling should receive high priority in both medical and patient care. Patient referrals to the dietitian should be on a routine basis. One should not assume that patient who are given dietary information understand the materials they received. Counseling takes a multi-strategy, audience centred and partially "community approach " depending on client and settings.

Multi-strategy approach in counseling uses a range of educational materials to propel adoption of healthful behaviour changes in individual patient / group of patients. Providence exposure to information is provided via one-on -one consultation, talks , diet sheets, diet information sheets, hands-on expertise, structured programmes as well as follow-up care.

1.3 clinical settings

Clinical nutrition intervention can be delivered to individuals and groups; the latter being of a smaller scale as would be for community settings. It can take on a structured as well as individual perspectives depending on settings.

Individualised Approach :

Individualised approach seek voluntary adoption of healthful behaviour changes by individuals (inpatient setting) or group of individuals (outpatient setting) through dietetic interventions , that are mainly patient assessment, dietary counseling and diet care plan.

Approach is:

- highly individualised and personalised with intensive and extensive follow-up.
- use of educational materials relevant and tailored to individual need only.
- chances for successful behaviour modifications are considered good.
- intervention approach may need support of family or care-giver to sit- in at counseling sessions.

Whether health maintenance or a therapeutic diet is the goal, a one-on-one relationship between the client and a nutrition counselor is the heart of the behaviour change process.

This forms a more direct education, persuading a change in a specific person (individual), family (client & sibblings or client and parents etc.), or focus group (eg. Diabetics, Obesity, CHD rehabs etc.)

"Traditional" model of one-on-one nutrition counseling with repeated sessions over a period of time may not be feasible in some cases. An alternative adaptation to dietary counseling and comprehensive individual counseling may be carried out on cyclical sequence of assessment, treatment, evaluation and monitoring. Brief dietary counseling is designed to focus on clients' rediness for change (assessment risks, willingness, action planning follow-up) and follow through accordingly.

Implicit in this approach is that solution to the problem reside primarily in individuals and that they will recognise the need for personal changes and adopt it if have sufficient information and motivation to do so.

Group Approach :

This relates to audience-centred approach which incorporates systematic database planning, taking individuals as heterogenous. Individuals and structural approaches are united through separate diagnostic and development phases. In this

approach, maintaining individual and cultural sensitivity and implementing culturally relevant programmes is a challenge faced.

Approach is :

- targetted to groups of individuals with similar needs or characteristics.
- groups having same objectives but differ goals (individually set goals)
- groups interaction to higher motivation for behavioural change.
- various experiences of members.
- numbers can be large (but keeping small ensure greater effectiveness).

Nutrition health promotion is normally seen as preventive measures. However, it is equally important in clinical set-up aiming at

(a) clients with risk factors,
(b) clients diagnosed with nutrition-related diseases.

Delaying on-set of complications (in Diabetes), minimising or lowering risks (in CHD), and rectifying conditions (over weights with secondary infertility), are among the objectives on clinical nutrition promotion.

1.4 Inpatient setting

Bed-side nutrition counselling have been the main stay of dietitians' role in inpatient management. Process takes all the steps earlier mentioned. Interventions being mainly that of individualised approach with or without family assistance. This nutrition promotion process may extend into outpatient venues, mainly as follow-up programmes. Structured programmes and more extensive education may be incorporated depending on needs.

Currently, dietetic management is seeing extension of enteral feedings (Nasogastric, Jejunostomy feeding etc.) into home settings (patients' home and nursing homes) in our local scenes. There is a need for specialised training for patients and family/care-giver to safely administer feeding concentrations and regimens following their hospital discharge. Relevant education is therefore required both in the form of personalised as well as teaching materials.

Successful home enteral interventions requires skills and relevant personnel involvement. Nurses play key role in facilitating successful transition from hospital (inpatient) setting to home setting. However health visitors (not available) regular follow-up is indispensable to this extension in clinical nutrition promotion.

1.5 Outpatient setting

With increased importance and emphasis laid on health and nutrition, dietetic consultation has taken a big role in providing clinical support servive to various physician / specialist clinics. Coverage extends into:

- routine health checks (nutrition concerns)
- family planning & maternity care (mainly with problems)
- Diabetes clinic, support groups
- Obesity clinic (will commence soon)

- Prophylactic therapies (allergies, anaemias, anorexia, low body weights, low appetite, feeding problems etc)
- Coronary rehab (will commence soon)
- Other clinics mainly renal, gastroenterology, rheumatology, haematology etc.
- General surgery clinic
- Cancer and Oncology (in the near future)
- Pediatric (covers all problems inclusive of FTT, CP with feeding problems)
- Executive Screening Programmes (in the HUKM planning)

In this setting, physicians functions as coordinators. Overall management involve members of multi disciplines (nurses, health educators, dietitians, therapist etc.), each contributing into the overall health-nutrition promotion interventions. The clinical set-up should be viewed as a collaborative organisation with the physician assessment, health educator/nursing's appraisals of the environment, and the dietitians' recommended interventions. This also apply to inpatient setting. The outcome of this collaboration is a unique contribution in health care. The beneficiary of this professional sharing and communications is the client.

1.6 Current trend

Large volumes of patients seeking or are being referred for dietary interventions, call for efforts in improving dietary consultation services. The one-on-one counseling is proving to be unrealistic both of time and money. The large volume of clients and limited health professional resources make it important to determine the types of nutrition education programmes that will be more effective. There may be a need to look into "self-care" as oppose to " traditional individual and group diet instruction".

Structured "therapeutic courses" are the in-thing being implemented in group interventions. This will involves :

- health screening
- pre-educational test (assessing participants' knowledge, behaviour, motivation, and factors relating to relevant problems)
- Educational sessions
  - lectures (general topics)
  - "hands-on" knowledge (caloric/CHO portions etc.)
  - fact sheets and other educational hand-outs
- Groups and individual guidance in educational activities such as :-
- identifying foods containing fats, hidden sugars etc.
- selecting right menu in eating out
- supermarket tours
- dining with the dietitian
- recipe modification skills or special low -fat cooking skills etc.

Goals for each group sessions have to be determined, aim at building useful knowledge for translating dietary recommendations into food choices. and developing appropriate lifestyle practices and enhancing skills for adherence/compliance to the dietary changes..

Rescreening of relevant blood profiles may be necessary. Programmes usually conclude with a post-educational tests.

These structured programmes are currently worked into Hospital-base Corporate Health Promotions eg. in Corporate Fitness Programmes, Worksite Health Promotion, Executive Health Screeing Programmes.

Educating individuals about health have been the main-stay of dietetic management. However, current trend is seeing a more structured-programme approach in clinical settings as well as community out-reach settings which involves health screening and nutritional promotions and risk -case focus group interventions.

1.7 Conclusion

Research have showed detrimental impact of ill-diets on health; emphasis of nutrition as health practice in prevention of chronic diseases are amongst indicator supporting nutrition promotion and interventions. No one is predicting "dietary magic bullets". Proper guides and skills are required to adopt healthful dietary practices.

The mechanics of health promotion and risk reduction through diet/nutrition, means an integration into routine health care and disease treatment. Multidisciplinary collaboration combine the best of each profession with nutrition as common denominator among all members of the health care team. The unique sharing and combining of nutrition information among team members thus provides the client with the optimum motivation to achieve improved health through sound nutrition practices.

Whether the object of a nutrition promotion campaign is to build a public agenda for health policy change or to help individuals learn about personal lifestyle changes that they can make, education and communications are central to the process.

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PAPER 9

Patient education programmes in hospitals

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1. Introduction

The increase in morbidity and mortality of chronic illnesses in Malaysia, as commonly seen in other affluent nations is one phenomenon, which requires intensified efforts in the preventive and promotive aspects in the health care system. It is estimated that 14% of the Malaysian adult population is confirmed as hypertensives[1]. About 3.7% Malays, 5% Chinese and 8.5% Indians suffer from diabetes[2]. The behaviour problems of non-compliance to dietary recommendations are among the several contributory factors leading to severe disease complications, frequent readmissions, prolonged hospital stay, premature death and ultimately creating a financial burden to the public sector. Adherence to proper diet regime helps to control the disease and prevent complications of chronic illnesses. A systematic and an organised patient education programme in the hospital care setting is essential to promote patient compliance to diet and other health related recommendations. The goal of patient education cannot be simply to give information or achieve unquestioning compliance with recommendations. Rather effective patient education should foster an open sharing of information and concerns in which the patient and health professional work together in a problem solving process to achieve agreed upon goals.[3]

This paper examines the current strategies and approaches implemented by the Ministry of Health in the promotion of food and nutrition amongst adult patients in all the government hospitals in Malaysia with specific focus on the following:-

- Current mechanism in the Health Education Division, Ministry of Health to promote food and nutrition in government hospitals.

- Simultaneous implementation of standardised guidelines/protocol on Diabetes, Asthma and Hypertension in which the promotion of food and nutrition is integrated in the Patient Education programme.

2. Background (current mechanism)

The Health Education Division Ministry of Health, is the main coordinating body to ensure the successful standardisation in the implementation of educational strategies and approaches in relation to patient education including food and nutrition. It also serves as the nerve center in the production and distribution of educational materials as a technical support for all patient education programmes.

The Patient Education Unit in all State Hospitals was established in July 1989, with the placement of Health Education Officers (HEO) to head the unit. The State Hospital HEO main functions are to plan, implement and evaluate Patient Education Programmes in the hospital setting. In addition to this, these officers are responsible to

strengthen the educational component of all units/departments in the development as well as the production of educational materials and to provide in service technical training in relation to patient education to specific categories of hospital staff.

The starting point for the standardisation of patient education education programmes in hospital in which food and nutrition is an integral component, was in 1994 with the implemention of a workshop for preparation of Hypertension and Asthma protocols. The diabetes protocol was prepared earlier in 1989. The two standardised protocols with a similar format was prepared by Health Education Officers at State Hospital level. The second workshop was held in August, 1994 with the participation of clinician, Health Education Officers, Pharmacists, Dietitian and Physiotherapists to review and further stregthen the protocol, with two additional components that is the teaching plan and technical contents for the implementors at the Hospital level. The three protocols was pilot tested in January to June 1995 in all Hospitals with the objective of finding out the practicality, feasibility of the these protocols. In the 22-25 August 1995 Patient Education Programme Review Meeting in Cherating Pahang, it was decided the these 3 guidelines are implementable and should be extended top District Hospital as well.

3. Current strategies and approaches

According to Lawrence W. Green in his book `Health Education Planning: A Diagnostic Approach', the strategy refers to a combination of methods, approaches and techniques which directly or indirectly influence behaviours.[4] The educational strategies fall into 3 broad categories that is communication, training and Community organisation methods. There may be 3 strategies or more but according to Kenichi Ohmae in his book "The Mind of the Strategist" it is the creative element in these plan and the drive and will of the mind that conceived them that give these strategies their extraordinary competitive impact.[5] In other words, it is up to the programme manager that is the Director of Hospitals to conceptualise the current strategies and implement them in a manner that will benefit the patient and his family.

3.1 Communication

The commonest method of communication to convey messages on food and nutrition to the adults with chronic illness is through Patient Education Classes. Two of the Guidelines i.e. Hypertension and diabetes has a well organised, regular Patient Education class specifically tailored to the two target patient groups for example the diabetic and the diet, sample meal plans are the main focus for the speakers with the Patient Education Classes. Similarly the hypertensive patients receive `doses' of information on the need to consume less cholesterol, fats and salt. The frequency and duration of the patient education classes differ from hospital to hospital. Please refer to Appendix I for the sequence of Patient Education Classes on Hypertension. No research studies had been conducted on the efficacy of these classes and its impact on behaviour change. However, Philip Ley in his book `Communicating with patients'[6] indicated that the benefits of improved communication include the following:-

- increase patient knowledge and recall
- increased patient satisfaction
- increased patient compliance

However improved communication which facilitates patient family recall for instance food that can be freely taken, with restrictions, refer to communication that is simplified (shorter words/sentences) repetition of facts and use of specific statements. Bradshaw in his article, `Recall of medical advice, comprehensibility and specificity' said that when the statements were in general form, 16% were recalled, while in specific form 51% were recalled.[7]

Although Patient Education Classes promoting food and nutrition is beneficial to the `captive audience', nonetheless, failure in patients memory in terms of foods which can be taken or otherwise, can pose a problem to the educators. One obvious solution is the provision of written information in the form of booklets, leaflets and pamphlets to the patients/family members. "Educational materials should be used to supplement information the professional has given to the patient. Giving them materials, they can take home and provides a resource for reinforcement of information and clarification of facts....."[8]

Health Education Division Ministry of Health had produced educational materials on `Obesity', Guidelines to reduce Fats and Cholesterol and Nutrition for diabetics. State Hospital Kangar, Perlis had produced 6 pamphlets on Nutrition for diabetics, heart patients, hypertensive patients, patient' with kidney problems and how to lose weight. Hospital Kuala Lumpur had produced 6 sets of flipcharts on Diabetic Diet. Hospital Kuantan, Pahang had produced a set of exhibits on Nutrition for children.

Communication of health messages on food and nutrition is not only confined to formal or structured educational sessions but it is also currently channelled to informal means of communication. The "teachable moments" to convey health messages on food and nutrition in Hospitals are done during serving of meals and during discharge for in patients and this is an excellent opportunity for reinforcement for positive behaviours. Individual dietary advice and counselling is an on going method of communication.

3.2 Training

Training for both the medical personnel and the patients themselves is another important educational strategy. Training according to Lawrence W. Green include skill development, simulation and games, small group discussions and modelling.

With reference to the Guidelines on Diabetes and Hypertension, the Patient Education Committee of State Hospitals have the responsibility of providing a technical update of dietary recommendations for all the medical personnel involved in the patient education activities. All the State Hospitals had conducted in service training from December 1994 onwards for the specific categories involved. Technical update on food and nutrition is being given by the Hospital dietitians. Please refer to Appendix II for the training programmes of Hospital Staff.

Skill development in the form of demonstrations of meal preparations for chronic patients is important in preventing further complications. Demonstrations had been Reported in the Annual report of Patient Education Programmes 1994[9] as the most common method of skill development in 90% of the State Hospitals. Dietitians and relevant medical personnel play an important role in educating as well as providing skills to patients on meal preparations in terms of correct portions and methods. Small group discussions among specific groups of adult patients are carried out in few hospitals for example the "hard core" group of patients with dietary problems are grouped together using the Focus Group Discussion (FGD) to discuss problems and solutions with the assistance of a capable facilitator. In these type of discussions a `model' patient which

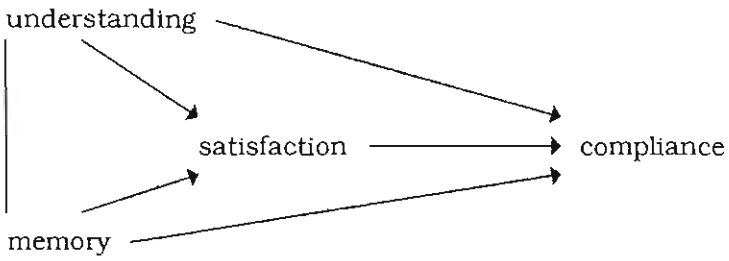
adheres to dietary recommendations and his/her condition is well controlled, serves as a motivating factor for the other "problem patients" to follow. "Modelling can play a much greater role than it has in the promotion of healthful practices regarding diet, smoking, use of alcohol and exercise.[10]

3.3 Community Organisation

Community organisations, to a certain extent are directly or indirectly involved in educational activities in food and nutrition for the benefit of the patient and family members. Assistance from the non government Organisations (NGO's) and the private sector for instance the drug companies had so far given the manpower, monetary and managerial support in relation to the promotion of food and nutrition among chronic adult patients. The Heart Foundation and the National Asthma Society had produced educational materials for utilisation of the community. The Diabetic Association had indicated commitment to the Health Ministry's programmes through attendance in official meetings.

Similarly the some drug companies had expressed their keen interest for joint collaborative efforts to produce educational materials on various subjects including food and nutrition topics. Most of the educational materials for instance leaflets on Diabetes and Asthma had been directly distributed to government Hospitals. Up to date, Novo Nordisk had produced a booklet on Diet for Diabetics. Future collaborations can be in the form of production of software for instance educational video tapes.

A well informed patient and family who gains information through effective education strategies can help to retain his memory to adopt desirable food and nutrition practices, provide him/her the satisfaction of utilising hospital services and ultimately motivate this 'target' group to achieving better compliance. This is best illustrated below in Philip Ley's correlation between understanding, memory, satisfaction and compliance[11].



4. Conclusion

A review of the current strategies shows that tremendous effort had been invested in educational activities in all aspects of Patient Care, including food and nutrition, conducted by medical personnel in government hospitals, Patient Education classes on food/nutrition through formal channels, such as individual dietary counselling and distribution of education materials such as pamphlets/flipcharts on diet for diabetes. Active involvement of NGO's and private sector in terms of manpower, monetary and managerial support are among the several on going activities. Forums had also been organised by private sector had also been conducted to promote desirable food practices. The key factor for the success of controlling the chronic illnesses among adults in Malaysia is the committment from all sectors - public and private as the co-operation obtained from them will enhance the educational program via the various media available in this country.

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Appendix I

Patient education classes on hypertention for outpatients and in the wards

Time	Topic	Speaker
10.00 am - 10.45 am	* Blood Pressure (Module 1)	Medical Officer / Sister / Medical Assistant
	* Risk factors and complications (Module 2 & 3)	
10.45 am - 11.00 am	* Importance of compliance to medical regime (Module 4)	Pharmacist / Sister / Medical Assistant
11.00 am - 11.15 am	* Diet and the importance of proper diet (Module 5)	Dietitian / Sister / Medical Assistant
11.15 am - 11.30 am	* Proper and continuous exercise (Module 6)	Physiotherapist / Occupational Therapist

Appendix II

Training format for medical officers and paramedics involved in the implementation of patient education activities (example)
(twice a year)

Duration of training: 1 day

Time	Topics/activities	Speaker
8.15 am - 9.15 am	Hypertension Risk factors and complication	Physician
9.15 am - 10.15 am	Importance of compliance to medical regime	Pharmacist
10.15 am - 10.30 am	Tea	
10.30 am - 11.30 am	Importance of Proper Diet	Dietitian
11.30 am - 12.30 pm	Importance of exercise	Physiotherapist
12.45 pm - 2.00 pm	Lunch	

PAPER 10

Review of current strategies and approaches in food and nutrition promotion in patient education programme in hospitals - Hospital Kuala Lumpur Experience

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1. Introduction

The role of health care providers in a hospital is centered on providing the most effective treatment to its patients. The members of this team need to work cohesively to complement the functions of each other in order to ensure that there is maximising of the patients recovery process. At the same time, the committed team effort can achieve the objectives of not only minimising the side effects (if any) caused by the treatment prescribed but also in reducing the onset of complications due to the disease development. However, the participation and cooperation of the patients themselves is paramount if any of the objectives are to be achieved. Unless the patients understand the need and the purpose for their actions, they will not give their full support. This can be achieved through an effective patient education programme.

This paper examines the current strategies and approaches in the nutritional activities for patients at Hospital Kuala Lumpur. The discussion will concentrate only on highlighting the present system in providing dietetic information and adaptation of nutritional changes for patients with specific needs.

2. Background

Dietitians play an important role in the nutritional care intervention for patients. Early preventive measures through appropriate dietetic care can assist in avoiding complications due to malnutrition. Similarly, patients can be better prepared to meet with the consequences of the disease development/the outcome of the medical treatment through early dietetic education. For example, early nutritional education can assist a patient in taking the necessary dietary adjustments when the condition of his chronic renal failure advances. Alternatively appropriate nutritional knowledge can help to minimise the effects of some specific radiotheraphy treatment so that proper adaptation of food intake can be taken.

The complexity of the dietary modification based on the disease condition determines the time and type of patient education required. For example some patients may require diet counselling for nutritional modification such as:-

i) diabetic diet, low in purine, low in cholesterol and sodium.
ii) diet high in calories, low in potassium, low in sodium and low in phosphate.

iii) diet low in protein, high in calories, low in sodium and phosphate.

The staff strength also limits the number of patients who can be given a one to one counselling. At present in HKL, patients are referred to dietitians by medical officers using a special format. The dietitian has to prioritise the referred patients based on their medical condition and nutritional needs. Both group counselling and one to one sessions are conducted at HKL. However for some identified groups eg. Oncology Unit and Renal Clinics, there are 'walk in' dietetic education classes for these patients without the need of a referal form.

3. Approaches and Strategies

Promote team effort among Health Care Providers	- Collaboration among doctors and nurses so that early detection of patients at risk for developing nutritional problems
	- Collaboration between all health care providers and patients so that patients are encouraged to play an active role in the management of their disease
	- Nutrition support group eg. burns management and renal management
Create awareness of the importance of nutritional care intervention	- Staff education - training the health educators in nutrition
	- Training programme - post basic School of Nursing School of Midwifery, Physiotheraphy and Nursing
	- Healthy lifestyle campaign - talks on healthy eating for hospital staff eg. Puspanita
	- Highlighting to Health Care Providers the importance of dietetic intervention for specific groups of patients:-
	(i) complementing a prescribed medical treatment eg. Food (carbohydrate) intake to balance the insulin injection given.
	(ii) being used as a Therapeutic means eg. weight reduction to control hypertension.
	(iii) improving the nutritional status especially when it aids in the recovery process, helps to combat infection and helps to prevent secondary complications.

Strengthen the nutrition education activities	- translate the dietary modification prescribed by the doctors into household food items to enable patients to incoperate them into their daily meals. (Using pictorial or graphic materials instead of wordings) - assist patients to identify and quantify their dietary restrictions using common household measures. - Provide tips for 'eating out' and 'socialising'. - include family members so that they can assist patients in their dietary modification. - Encourage peer support by having group discussions. - Assist hospitalised patients to familiarise with the manifestion of the symptions/condition of their illness together with the medication provided and the food eaten. - Provision for 'indepth education' and 'continuous education' of patients especially when most of the ill patients are provided with 'Crisis education' for quick symptomatic relief eg. dietary advice for overcoming a hypoglycemic shock.

The 'indepth education' allows the patients to learn about his dietary mangement not only under normal situations but also under unusual circumstances eg. a diabetic patient going on a camping trip. The 'continuous education' provides a patient with an opportunity to update his dietetic knowledge to meet with the current changing needs of his disease development eg. diabetic patient developing nephropathy or where some medication has interfered with his blood lipid profile.

4. Conclusion

The success of patient nutrition education require not only the active participation of the medical team and the diet counsellor but also the patients themselves. This is because knowledge and skill are useless unless they are translated into action and also put into daily practice. The patients must be made to realise that they can help to improve the quality of their lives if they are able to gain some form of independence in management of their disease especially when some dietary modifications are life long.

Workshop Report

Workshop Report

Preamble

Health has been a prime concern of mankind since before the dawn of history. Today we have the knowledge and the tools to prevent disease, to improve our health and to give ourselves, our families, our communities and our nations the best possible chance of staying healthy. Unfortunately, that knowledge and those tools are not evenly distributed among all mankind. In cognizance of the need for greater emphasis on global health promotion, WHO and other international agencies have organised various conferences and programmes. Primary health care (PHC) has been identified as the key to attaining "Health for All by the Year 2000". Amongst several other key factors, PHC places emphasis on education concerning prevailing health problems and the methods of preventing and controlling them as well as the promotion of food supply and proper nutrition.

Nutrition and health promotion activities have been carried out by various departments and agencies and organisations in Malaysia over a long period of time. These activities have contributed in no small way towards the improvement of food and nutrition situation of Malaysians over the years. The programmes carried out include those of the Ministries of Health, Education, Rural Development and Agriculture. However, there has been no comprehensive review of all these strategies being undertaken by a variety of organisations.

Malaysia has undergone rapid socio-economic development. This has brought about significant changes to the lifestyle of the people, including food consumption patterns. The prevalence of infectious diseases in the country has been declining over years. Severe undernutrition problems have also been greatly reduced, although mild and moderate forms of undernutrition are still commonly found, particularly in certain communities and parts of the country. There has been a concomitant increase in several noncommunicable diseases particularly coronary heart disease and malignant neoplasms. The health needs of a nation in transition must be carefully monitored. It is therefore of utmost importance to monitor health promotion strategies of the country.

This Workshop has been proposed to deal with some of the concerns and health needs of a rapid developing economy. In order to be more focused and providing greater benefits, the workshop deals only with strategies and programmes related to food and nutrition education activities.

Objectives

1. To review current strategies and approaches in food and nutrition promotion by all sectors in the country;

2. To analyse the adequacy of these strategies in meeting the current and future health needs of Malaysians;

3. To assess if process and impact evaluations of programmes have been conducted, and, if so, with what results; and

4. To recommend appropriate improvements to current strategies and approaches.

Workshop Group Discussions

Group I : Infants and Young Children

Chairperson	:	Assoc. Prof. Dr. Zawiah Hashim
Fascilitator	:	Azmi Md. Yusof
Rapporteurs	:	Rokiah Don
		Farina Zulkernain
Members	:	Ahmad Jamaludin Mohamad
		Khatijah Idris
		Nawalyah Abd. Ghani
		Ng Aik Cheong
		Nilsiswati Ramilis
		Noraini Idris
		Norhaizan Musthapa
		Ramlah Ali
		Dr. Roselina Karim
		Ruzana Abdullah
		Sanimah Abd. Rahman
		Silvarani Kandiah
		Taiby Mariapan
		Dr. Tony Ng Kock Wai

A National Plan of Action for child survival protection and development of children in the 1990s

Overall Global Goals	National Targets
Reduction of infant and under 5 child mortality rate by one third	To reduce infant mortality rate from 13.3 per 1000 live births (1989) to 8.8 per 1000 livebirths (2000) and toddler mortality rate 1.0 per 1000 livebirths (1989) to 0.6 per 1000 livebirths (2000)
Reduction of severe and moderate malnutrition amongst under 5 children by half	To reduce malnutrition from 0.5% (1990) to 0.2% (2000) and moderate malnutrition from 24.5% (1990) to 12.2% (2000)
Virtual elimination of vitamin A deficiency and its consequences including blindness	Virtual elimination
Empowerment of all women to breastfeed the children exclusively for four to six months and to continue breast feeding, with complementary food, well into the second year, Certification of all hospitals as Baby Friendly. Creation of all free and subsidised distribution of infant formulas in hospitals by 1995	All government hospitals to be baby friendly by end 1997

Program	Activities	Adequacy	Recommendations
1. Promotion of breastfeeding	• Nutrition education • Lactation Management training • Baby Friendly Hospital Initiative (BFHI) • Code of Ethics for Infant Formula Products • Integration into school curriculum • Mother support group (counselling, hotline) • World Breast Feeding Week	• Adequate organisation at national level • Inadequate at state and district level • Coverage of personnel insuffient for Lactation Management, BFHI and Code of Ethics • Code of Ethics: lack of emphasis on proper usage of infant formulas, if necessary • Human Resources: inadequate	• To set up inter-sectoral committee at state and district levels • To strengthen advocacy including among health staff • To legislate Code of Ethics • To strengthen NGO participation • To sensitise breast feeding activities through circulars/flyers • To adopt logo for breast feeding • To establish more organised networking at all levels • To plan for Nutritionist post in other Ministries • To organize short courses for nutritionists/educators/nurses eg in communication skills • To set up Nutrition Promotion teams at state level • Research & development - social marketing strategies • To set up creches at government and non-government institutions • To obtain support of doctors (O & G and pediatricians) on breastfeeding

Program	Activities	Adequacy	Recommendations
2. Growth monitoring - weight - height - dietary history - head & chest circumference - developmental assessment	• weight measurements 0-6 months : monthly 6-12 months : 2 monthly 1-2 years : 3 monthly 3-4 years : 6 monthly 5 years : yearly		• to do advocacy of home-based card • to strengthen inter personal communication skills
3. Supplementary Feeding	i. Food basket programme (Program Pembangunan Rakyat Termiskin) • identified food items (monthly supply) • personal care item • mental stimulation item ii. Full Cream Milk Powder distribution to: • infants > 6 months • toddlers • pre-schoolers • some school children • pregnant & lactating women	Organisation : adequate Coverage : children not attending clinic not covered (e.g. urban poor) Content and educational materials: inadequate Monitoring and evaluation: inadequate	• Closer coordination of various government agencies involved in PPRT • Programme to change concept of subsidy to other development programme such as "Program Pembangunan Insan" under PPRT. • To develop a mental development stimulation project for malnourished children • To standardise recipes based on target groups to be included in the basket • To educate mothers on preparation of weaning food mixtures from food basket food item (to emphasise also on hygiene)

Program	Activities	Adequacy	Recommendations
3. Supplementary Feeding (continued)	iii. Community Kitchen (KEMAS)		• Food technologists to play an active role in development of acceptable recipes • Develop appropriate educational materials based on target groups with assistance from food manufacturers • To develop standardised guidelines for health personnel to utilise to educate mothers
		Inadequate monitoring & evaluation	• Staff and mother's acceptance of food basket is currently being conducted
4. Development of Weaning Foods	NIL currently (Past development was not successful due to - expensive production - market competition	Not adequate	• To further relook into development of weaning food • Besides commercial weaning foods, natural and home-made foods should also be highlighted but their keeping quality should be borne in mind
5. Nutrition education	• Cooking demonstration • Group talk • Individual or group counselling • Home visits • Mass media • Public campaigns	Inadequate	• To further develop nutrition education activities into a more organised and systematic programme • To review nutrition guidelines through Maternal and Child Health Clinics (children under six) • To standardise and develop guidelines in infant feeding (housewives and working mothers)

Program	Activities	Adequacy	Recommendations
			• To distribute nutrition guidelines to all child care centres - Tadika - TASKA (< 5) - KEMAS • To disseminate nutrition information through cooking demonstration via videos to be distribute to health centres • NGO's (e.g. Nutrition Society of Malaysia, Dietetic Association) to play a more aggressive role in nutrition advocacy • Enforcement of TV advertisement on snack foods with free gifts • To develop songs or jingles and puppet shows on nutrition through TV • To consider the role/participation of religious bodies/institutions in nutrition advocacy • To develop protocol for obese children • To include children as target group in the "Fruit and Vegetable Month Campaign"

General Recommendations

- To develop a mental development stimulation project for malnourished children using:
    - toys
    - colouring books
    - games
- To explore the possibility of forming nutrition survey team (one per state) to:
    - identify nutrition problems
    - evaluate
    - obtain data

Group II: School Children and Adolescents

Chairperson	:	Sahari Jantan
Rapporterus	:	Hasimah Hafiz Ahmad
		Zanariah Jiman
		Uma Rani Thevendran
Members	:	Abd. Rahman Atin
		Alfian Mohd. Zain
		Aminah Abdullah
		Azizah Saad
		Chan Foong Mae
		Kamalita Omar
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		Dr. Luca T. Cavalli-Sforza
		Dr. Maznah Ismail
		Prof. Dr. Mohd. Ismail Noor
		Nazarifah Ibrahim
		Puspawati Mohamed
		Rohaizah Basiron
		Shamsinar Abd. Talib
		Wan Chak Pa'Wan Chik
		Zaiton Daud

Food and Nutrition Promotion Strategies for School Children and Adolescents

1. Terms of Reference

Focus Group	:	School children and adolescents - school going and non-school going
Age Group	:	7 - 19years Std. 1 - Form 6

2 Problems and Needs

Overnutrition : Obesity, diabetes
Undernutrition - underweight, anaemia, goitre, vitamin A
Sight Problem
Access to nutrition information
Eating habits/snacks
- at home
- at school
- no breakfast

Physical activity
Worm infestation
Scabies
Dental caries - oral hygiene
Socio economic factors
- working parents
  latch key kids
- lack supervision at meal times

2.1 Associated problems

Drugs addiction	-	Substance abuse	)	
Smoking			)	directly/indirectly
Alcoholism			)	affect nutrition

Adolescent pregnancy

3. Current programmes

3.1 Ministry of Education

A. Nutrition education through education sessions
- physical & health
- science lessons
- living skills sessions

B. School supplementary feeding programme - primary school only

C. School milk programme - primary school only

D. Educational TV

E. Training of personnel in universities and colleges

a. Nutritionists, dietitians , food science and nutrition
b. In-service training update
c. In-service training for teachers in secondary schools (home science)
d. In-service training for teachers in primary schools

F. Research activities and evaluation

3.2 Ministry of Health

1. Hospital counselling for referred cases for health problems e.g. obesity, diabetes
2. Iodised salt provision - IDD programme (Sabah, Sarawak, Kelantan, Kedah)
3. Food hygiene - information material, food premise inspection
4. School health service
   - anthropometry
   - dental
   - health assessment
   - health talks
   - immunisation
   - referral
5. Information dissemination
   - radio
   - TV
   - multi media
   - tapes

3.3 Ministry of Youth & Sports

A. Rakan Muda (Young Partners in Development Programme)

- Rakan kecergasan

B. Nutrition education programme for young sports person

C. Youth training programme e.g. Pertak

3.4 Ministry of Agriculture

A. Research - MARDI

- Product development for children
- Quality control of food
- Nutritional evaluation of food

B. Farm family development programme

3.5 Ministry of Rural Development

1. KEMAS - extension work through cooking demonstration & Audio Visual Aids

3.6 Ministry of Information

A. Dissemination of information on nutrition and nutritional related activities.

B. Advertisement

3.7 Others

A. Ministry of Welfare and Social Development

B NGO's

a. Nutrition Society of Malaysia
b. MIFT (Malaysian Institute of Food Technology)
c. MASSO (Malaysian Society for the Study of Obsesity)
d. Consumer Associations
e. Dietetic Association of Malaysia

C. Print Media

D. Electronic Media

E. International agencies - WHO, UNICEF

F. Food Industries

4. Adequacy of current programmes

Present Organisation	Adequacy	Weaknesses
4.1 Organisation - presently integrated in 3 subjects - physical and health education - science - living skills		
4.2 Coverage		Time allocated to PHE not clearly stated
(a) PHE - primary school • 30 min x 3 (yr 1 to 3) for subject/ week • 30 min x 2 (yr 4 to 6) PHE - secondary school • min x 2 (Form 1 to 5)		
(b). Living skills Form 1 - 3 • 40 min x 4 periods x 2 week • practical cooking class compulsary for all	stress on skills	* Diluted * Time allocation
(c). Science		
4.3. Budget RM40++ used in per capita grants/child used in Living skills class * materials * training * Infra-structure * Evaluation & research	Per capita grant	
4.4 Contents Syllabus Std. 1 to Form 3 compulsory		* Limited evaluation on implementation and learning outlook * Weightage to be stated to meet the constraints

Present Organisation	Adequacy	Weaknesses
4.5 Education materials (avallability/suitability) a. Textbooks b. Resource books c. Reference materials d. Teaching Aids	Textbooks available for all 3 subjects Std. 1 to Form 3	* Lack of reference materials in Bahasa Melayu * Teaching aids limited especially in Bahasa Melayu
4.6. Human Resources A. Teacher Training Colleges a. Elective - nutrition - Health b. Living skills		* Insufficient input of nutrition component in present training * Ministry of Education is not a client
B. Universities a. UPM- Human Ecology (Nutrition Compulsory) b. UKM - Dept. of Nutrition & Dietetics - MCN - (UKM & Australia) Nutrition 45 graduates/yr - Hospital - Industries UKM Food Science & Nutrition - 10 hours Nutrition		
- Advanced Diploma & Education		* Not utilised * Low priority * Inadequare training for teacher and kits for children not utilised

	Present Organisation	Adequacy	Weaknesses
C.	In-service course similar to elective (Home Economics)		Limited to within Ministry of Education
D.	UPM - Education Faculty for Vocational Teachers		
E.	Institut Kesihatan Umum (IKU) i. Public health nurses ii. In-service iii. School: Health team		
F.	Research & Development - Living skills - Physical and health education - science	On-going impact evaluation	Nutrition compulsory

5. Recommendations

A. School Curriculum and Activities

- review/evaluate adequacy of nutrition content in school curriculum
- prioritise the areas of nutrition to be covered.
- weightage should be given to nutrition in physical and health education subject
- evaluate the suitability of textbooks used
- encourage experts to write reference materials for children especially in Bahasa Melayu
- encourage self-learning nutrition through games, quiz, songs, computer software, co-curriculum period, intervals before or after school can be utilised for this
- explore possibilities of setting up health and nutrition club in schools
- newsletter, penpals, quiz, visits intersting activities throughout the year
- strengthen non-formal nutrition education in schools to supplement and complement formal activities eg shcool feeding programme
- use of school canteens to promote good nutrition and eating habits with more involvement of PIBGs in nutrition and health education promotion activities

B. Training of Teachers

- In service courses for teachers from time to time to upgrade knowledge
- Ministry of Education should collaborate with other agencies and universities, informing them of their needs such that tailor made programmes can be arranged for teachers
- strengthen and review training curriculum of teachers involved in teaching physical education e.g. UPM to ensure certain element of nutrition

C. Resource Materials

- there is a need to have more teaching materials and aids, computer programmes and aids, training kits for teachers, learning kits for children
- recommended more resource materials in Bahasa Melayu to be made available
- recommended materials on nutrition to be made available to teacher activity centres in districts

D. Research & Development

- evaluate nutrition education impact on children e.g. survey on how much they learn of nutrition. Process evaluation to be conducted on the teachers e.g. record books, contact hours and impact evaluation on students e.g. exercise books
- recommend research to be conducted on obesity, eating habits, schools food services, pattern of schoold children purchase/consumption
- review of studies already conducted and follow up actions and recommendations of previous studies. Further studies to be conducted if insufficient.

E. Collaboration

- NGO's and other agencies to play more active role in developing materials and disseminating information to school children. Ministry of Education to initiate and contact other agencies for special programmes e.g. MASSO - obseity Diabetic Association - diabetes
- There is a need for stronger inter-sector and inter-agency collaboration e.g. for studies, review of curriculum and need for better communication e.g. what are services available or could be offered.
- There is a need for agencies to take action on the National Plan of Action on Nutrition.
- Create Nutrition Information Centre as recommended by National Plan of Action for Nutrition.

Group III: Women of Reproduction Age, Adults & Elderly

Chairperson:	Prof. Madya Dr. Zaitun Yassin Prof. Madya Dr. Fatimah Arshad
Rapporteurs:	Fatimah Salim Winnie Chee Rusidah Selamat
Members:	Angela Bong Siew Ling Faridah Hanum Foo Yun Mui Prof. Dr. Hayati Md. Radzi Junaidah Abd. Manan Kamariah Hashim Lee Lai Fun Lisa Ong Siok Lian Meriam Bidin Mohd. Nasir Mohd. Taib Rashidi Hasbullah Dr. Roslinah Ali Rusidah Selamat Prof. Madya Dr. Suriah Abd. Rahman Wan Nudri Wan Daud Zahara Merican Zainab Tambi Zaliha Othman Zalma Abdul Razak

Food and Nutrition Promotion Strategies for Women of Reproduction Age, Adults & Elderly

Agencies Identified Playing Active Role in Promotion:

1. Ministry of Health - Hospital (Clinical Levels) & Community levels

2. Universities/Institute of Higher Learning

3. Development agencies

   - Jabatan Perdana Menteri
   - Jabatan Pertanian/FELDA/KEMAS
   - RISDA/Welfare Department

4. Research

   - MARDI
   - IMR
   - IKU

5. NGOs

- Persatuan Diabetes Malaysia
- MASSO
- MDA
- NSM
- MAMEO
- PPIM (Persatuan Penasihatan Penyusuan Ibu)
- Consumer Association
- Rotary/Lions Club
- Senior Citizen Clubs

Present Programs/Activities

1. Ministry of Health

   Ante/post natal groups

   - talks/cooking demonstration - individual/group basis
   - supplementary feeding programs

     - Full Cream Milk
     - Vitamins
     - Iodized salt
     - Home visits
     - Nutritional assessment
       - wt/ht
       - Hb
       - Baby Friendly Hospital
       - Mass Media for dessemination of information

   Adult

   - Healthy lifestyle campaign. Themes:
   - CVD/Food Hygiene/Cancer/Diabetes Mellitus

   - Patient education programs on chronic diseases at the clinical level

   Elderly

   - no special attention given

   - Healthy lifestyle campaign extended to elderly groups
   - families of PPRT given milk powder
   - Inservice training undertaken by agencies

2. Universities: Training, Research, Service, Extension and Consultancy

3. Development Agencies:

Department of Agriculture: "Quality Family Life Campaign"

- "Pembangunan Keluarga Tani" program which is family targetted which include balanced diet, variety of food, home gardening
- example of activites : cooking competition during Family Day at State level with emphasise on (low cost meals, local fruits & vegetables promotion)
- Campaigns on promoting local food - e.g. fruits/vegetables
- produced booklets on Ulam, Makan Ikan Air Tawar, Buah-Buahan tempatan

KEMAS

- Program Ekonomi Rumah Tangga for rural women (Home Economics Program)
- some emphasis on good eating habits, and nutritional values of food

FELDA

- Program Kebapaan (Fathers Program)
- Nutrition Education for adult men

Jabatan Perdana Mentri

- Kursus Perkahwinan (Marriage Courses) for adults where some elements of nutrition is included

RISDA

- Program similar to Jab. Pertanian
- through activities in the Kumpulan Wanita Pekebun Kecil (adult women)

Welfare Deparment

- financial and food assistance for adults & elderly group

4. NGO's - creating awareness and education among adults from specific target groups.

GOAL

1. To promote the attainment and maintenance of optimal nutritional health of the adults and elderly.

OBJECTIVES

1. To increase knowledge on food and nutrition amongst adults and elderly.

2. To promote the adoption of good eating habits specific to their needs.

3. To reduce the nutritional risk factors of diet related conditions.

Action	Strength	Weakness	Recommendation
Antenatal KKM Local Authorities Private Hospital	Good coverage and strong network of health facilities nationwide in patient education		To follow standard guidelines for KKM
		Budget constraint Contents information lack	Education material needs to increase availability and suitability - print and non print
		Late attendance at ante-natal clinics	- to integrate knowledge/awareness into school health education program - incorporate into activities of other agencies e.g. marriage courses
		Human resource lacking	Training programs include in-service training to improve quality of service by health workers
		Lack research and evaluation of programmes implemented	- to intensify health service research in collaboration with other research institution and institution of higher learning, e.g. under-lying causes of malnutrition. - evaluation of efficacy of nutrition intervention programme

Action	Strength	Weakness	Recommendation
Adults KKM - "Healthy Lifestyle Campaign" (please refer to Workshop on Malaysian Case Studies of Food & Nutrition Intervention 1992 Pg 8 - 11)			Previous recommendation by the Workshop on Malaysian Case Studies of Food & Nutrition Intervention 1992 should be followed up. In addition :- 1. There is a need for more multi-sectoral (government & non-government) collaborations. 2. Improve sustainance of campaigns 3. Recommend proper nutrition labelling of foods 4. Nutrition information be made easily available at points-of-sale 5. Appropriate aspects of the campaign be extended to the elderlies 6. To include nutrition components in food handlers courses, small scale food manufacturers and caterers training programs

Action	Strength	Weakness	Recommendation
Adults KKM - Patient Education on Chronic Illness	- Availability of Standard protocols on diabetes and hypertension	- specific topics only on diabetes and hypertension - Confined to government hospitals	- to provide adequate teaching facilities - to adopt standard protocol related to the diseases in education materials - to expand the program to include other conditions such as CVD, cancer - to encourage the adoption of the patient education protocol to private sectors
Well Women's Clinic	- encourage women to come forward for voluntary screening without the stigma of being identified as a sick person	- localised and lack nutrition prevention promotion	- to include nutrition promotion and adopt similar concept to other target groups nationwide
NGO Health Fitness Club by MASSO		- localized	- to expand such programme nationwide - to encourage other NGO's to initiate similar activities
Persatuan Diabetes Malaysia I. Annual Camps ii. Workshop for patients & health personnel & education materials	Structured programmes runned by qualified personnel	- not all branches are as active - lack trained volunteers as resource people - budget	- to recruit more trained volunteers to act as resource person to intensify education activities nationwide

Action	Strength	Weakness	Recommendation
Heart Foundation Malaysia - Heart Week	Regular health exhibition/road show including food and nutrition		- all of above activities by NGO's needs to be strengthened, encouraged and expanded where possible - NGO's should have a directory of resource person nationwide
Development agencies		Lacks emphasis on food and nutrition	To incorporate further food and nutrition activities in their existing programmes

Monitoring & Evaluation

- existing role of Health Management Information System (HMIS) needs to be enhanced by increasing manpower, being on-line nationwide and also include other groups and adult/elderly.

- to identify and implement quality assurance nutrition indicators.

ELDERLY

Currently there are no specific activities undertaken for this age group. Preventive measures for chronic diseases should be emphasized at the adult stage so as to promote a healthy prolonged life.

Recommendation of Activities

	Recommendation of Activities	Action By
1.	Develop protocol for nutrition needs of elderly and needs for supplementation	Research/Institute/Institute of Higher Learning/KKM with sponsorship
2.	Develop appropriate education	KKM & private sectors
3.	Dissemination of information through seminars, forum, mass media and other channels	Ministry of Information, KKM & NGO's
4.	Training for caretakers/care givers of nursing homes	KKM, Universities, Welfare Department
5.	Direct services to the elderly i.e. "meals-on-wheels" physical fitness program, food subsidies, nutritional supplements, food packaging	Welfare Department, KKM, NGO's, KEMAS, JKKK, Local authorities
6.	Research on functional foods for health and nutrition	MARDI, Research Institute
7.	Nutritional screening for baseline data- to identify nutrition risks	KKM, NGO's Institute of Higher Learning/Research Institute
8.	Community based day care centre using the existing facilities i.e. balai raya	KEMAS, JKKK, Resident Association/Local Authorities
9.	Pre-retirement preparation workshop > 50 years	All government Private sectors

Further Recommendations

Training of Human Resources

* encourage nutrition officers to specialize in Geriatric Nutrition

  - multidisciplinary approach consisting of nutritionist, gerontologist/geriatrician, occupational therapist, dentist, etc.

* nutrition/medical curriculum for health professionals should include geriatric nutrition

* national workshop on nutrition care of the elderly for health professionals, caregivers etc.

Suggestion for Evaluation Indicators

1. National programmes to have pre and post intervention program.
2. Number of materials produced and distributed to the target groups.
3. Number of forum, seminars organised.
4. Number of trained personnel & training sessions held.
5. Number of recipients of food subsidies, physical fitness programs etc.
6. Number of research publications.
7. Number of day care centres functioning.
8. Number of organisations conducting the workshops.

General Recommendations on Mass Media

- Maximising the utilization if the print and non-print media for dissemination of nutritional information.
- Involvement of the Ministry of Information.
- Appropriate timing of the program according to the target groups.
- Adequate allocation of airing time for the nutritional programs in radios/TV
- Develop resource personnel specialised in promoting nutrition e.g. nutrition journalists
- Information disseminated should be verified for accuracy and validity

WORKSHOP RECOMMENDATIONS

WORKSHOP RECOMMENDATIONS

1. Infants and Young Children

1.1 Promotion of breastfeeding

- To set up inter-sectoral committee at state and district levels
- To strengthen advocacy including among health staff
- To legislate Code of Ethics
- To strengthen NGO participation
- To sensitise breast feeding activities through circulars/flyers
- To adopt logo for breast feeding
- To establish more organised networking at all levels
- To plan for Nutritionist post in other Ministries
- To organize short courses for nutritionists/educators/nurses eg in communication skills
- To set up Nutrition Promotion teams at state level
- Research & development - social marketing strategies
- To set up creches at government and non-government institutions
- To obtain support of doctors (O & G and pediatricians) on breastfeeding

1.2 Growth monitoring

- to do advocacy of home-based card
- to strengthen inter personal communication skills

1.3 Supplementary Feeding

- Closer coordination of various government agencies involved in PPRT
- Programme to change concept of subsidy to other development programme such as *"Program Pembangunan Insan"* under PPRT.
- To develop a mental development stimulation project for malnourished children
- To standardise recipes based on target groups to be included in the basket
- To educate mothers on preparation of weaning food mixtures from food basket food item (to emphasise also on hygiene)
- Food technologists to play an active role in development of acceptable recipes

- Develop appropriate educational materials based on target groups with assistance from food manufacturers
- To develop standardised guidelines for health personnel to utilise to educate mothers
- Staff and mother's acceptance of food basket is currently being conducted

1.4 Development of Weaning Foods

- To further relook into development of weaning food
- Besides commercial weaning foods, natural and home-made foods should also be highlighted but their keeping quality should be borne in mind

1.5 Nutrition education

- To further develop nutrition education activities into a more organised and systematic programme
- To review nutrition guidelines through Maternal and Child Health Clinics (children under six)
- To standardise and develop guidelines in infant feeding (housewives and working mothers)
- To distribute nutrition guidelines to all child care centres eg Tadika, TASKA (< 5), KEMAS
- To disseminate nutrition information through cooking demonstration via videos to be distribute to health centres
- NGO's (e.g. Nutrition Society of Malaysia, Dietetic Association) to play a more aggressive role in nutrition advocacy
- Enforcement of TV advertisement on snack foods with free gifts
- To develop songs or jingles and puppet shows on nutrition through TV
- To consider the role/participation of religious bodies/institutions in nutrition advocacy
- To develop protocol for obese children
- To include children as target group in the "Fruit and Vegetable Month Campaign"

1.6 General Recommendations

- To develop a mental development stimulation project for malnourished children using:
  - toys
  - colouring books
  - games

- To explore the possibility of forming nutrition survey team (one per state) to:

  - identify nutrition problems
  - evaluate
  - obtain data

2. School Children and Adolescents

2.1 School Curriculum and Activities

- review/evaluate adequacy of nutrition content in school curriculum
- prioritise the areas of nutrition to be covered.
- weightage should be given to nutrition in physical and health education subject
- evaluate the suitability of textbooks used
- encourage experts to write reference materials for children especially in Bahasa Melayu
- encourage self-learning nutrition through games, quiz, songs, computer software, co-curriculum period, intervals before or after school can be utilised for this
- explore possibilities of setting up health and nutrition club in schools
- newsletter, penpals, quiz, visits intersting activities throughout the year
- strengthen non-formal nutrition education in schools to supplement and complement formal activities eg shcool feeding programme
- use of school canteens to promote good nutrition and eating habits with more involvement of PIBGs in nutrition and health education promotion activities

2.2 Training of Teachers

- In service courses for teachers from time to time to upgrade knowledge
- Ministry of Education should collaborate with other agencies and universities, informing them of their needs such that tailor made programmes can be arranged for teachers
- strengthen and review training curriculum of teachers involved in teaching physical education e.g. UPM to ensure certain element of nutrition

2.3 Resource Materials

- there is a need to have more teaching materials and aids, computer programmes and aids, training kits for teachers, learning kits for children
- recommended more resource materials in Bahasa Melayu to be made available
- recommended materials on nutrition to be made available to teacher activity centres in districts

2.4 Research & Development

- evaluate nutrition education impact on children e.g. survey on how much they learn of nutrition. Process evaluation to be conducted on the teachers e.g. record books, contact hours and impact evaluation on students e.g. exercise books
- recommend research to be conducted on obesity, eating habits. schools food services, pattern of schoold children purchase/consumption
- review of studies already conducted and follow up actions and recommendations of previous studies. Further studies to be conducted if insufficient.

2.5 Collaboration

- NGO's and other agencies to play more active role in developing materials and disseminating information to school children. Ministry of Education to initiate and contact other agencies for special programmes e.g. MASSO - obseity Diabetic Association - diabetes
- There is a need for stronger inter-sector and inter-agency collaboration e.g. for studies, review of curriculum and need for better communication e.g. what are services available or could be offered.
- There is a need for agencies to take action on the National Plan of Action on Nutrition.
- Create Nutrition Information Centre as recommended by National Plan of Action for Nutrition.

3. Women of Reproduction Age, Adults & Elderly

3.1 Antenatal care

- Standard guidelines for KKM should be followed

- ✿ Education material needs to increase availability and suitability
  - print and non print
  - to integrate knowledge/awareness into school health education program
  - incorporate into activities of other agencies e.g. marriage courses

- ✿ Training programs include in-service training to improve quality of service by health workers

  - to intensify health service research in collaboration with other research institution and institution of higher learning, e.g. underlying causes of malnutrition
  - evaluation of efficacy of nutrition intervention programme

3.2 Adults: KKM - "Healthy Lifestyle Campaign"

Previous recommendation by the Workshop on Malaysian Case Studies of Food & Nutrition Intervention 1992 should be followed up.

In addition :-

- ✿ There is a need for more multi-sectoral (government & non-government) collaborations.
- ✿ Improve sustainance of campaigns
- ✿ Proper nutrition labelling of foods is recommended
- ✿ Nutrition information be made easily available at points-of-sale
- ✿ Appropriate aspects of the campaign be extended to the elderlies
- ✿ To include nutrition components in food handlers courses, small scale food manufacturers and caterers training programs

3.3 Adults: KKM - Patient Education on Chronic Illness

- ✿ To provide adequate teaching facilities
- ✿ To adopt standard protocol related to the diseases in education materials
- ✿ To expand the program to include other conditions such as CVD, cancer
- ✿ To encourage the adoption of the patient education protocol to private sectors

3.4 Well Women's Clinic

- ✿ To include nutrition promotion and adopt similar concept to other target groups nationwide

3.5 Activities of NGOs

- ✿ eg Health Fitness Club by MASSO)
  - to expand such programme nationwide
  - to encourage other NGO's to initiate similar activities
- ✿ eg annual camps and workshops by Persatuan Diabetes Malaysia
  - to recruit more trained volunteers to act as resource person to intensify education activities nationwide
- ✿ eg Heart Week by Heart Foundation Malaysia
- ✿ all of above activities by NGO's needs to be strengthened, encouraged and expanded where possible
- ✿ NGO's should have a directory of resource person nationwide

3.6 Development agencies

- ✿ To incorporate further food and nutrition activities in their existing programmes

3.7 Training of Human Resources

- ✿ encourage nutrition officers to specialize in Geriatric Nutrition
  - multidisciplinary approach consisting of nutritionist, gerontologist/geriatrician, occupational therapist, dentist, etc.
- ✿ nutrition/medical curriculum for health professionals should include geriatric nutrition
- ✿ national workshop on nutrition care of the elderly for health professionals, caregivers etc.

3.8 General Recommendations on Mass Media

- ✿ Maximising the utilization if the print and non-print media for dissemination of nutritional information.
- ✿ Involvement of the Ministry of Information.
- ✿ Appropriate timing of the program according to the target groups.
- ✿ Adequate allocation of airing time for the nutritional programs in radios/TV
- ✿ Develop resource personnel specialised in promoting nutrition e.g. nutrition journalists
- ✿ Information disseminated should be verified for accuracy and validity and be responsible

Annexes

ANNEX 1

WORKSHOP PROGRAMME

Day 1 : 19 September, 1995

0800 - 0900 : Registration

Opening Ceremony

0900 - 0910 : Opening remark by Ms Zahara Merican, Chairperson, Workshop Organising Committee and National Committee on ASEAN-New Zealand Inter-Institutional Linkage Programme, Project 5

0910 - 0930 : Official opening by Mr Adinan Husin, Director, Food Technology Research Centre, MARDI

0930 - 1000 : Tea break

Session 1 : **Overview and concepts in food and nutrition promotion**
Chairman - Prof. Dr. Mohd. Ismail Noor,
Universiti Kebangsaan Malaysia

1000 - 1030 : Concepts of health promotion for developing countries
Dr. Luca T. Cavalli-Sforza, WHO, Kuala Lumpur

1030 - 1100 : Planning, monitoring and evaluating intervention programmes, particularly food and nutrition promotion strategies
Bijan Sharif, UN Children Fund, Wisma UN, Kuala Lumpur

1100 - 1130 : Effective communications for food and nutrition promotion
Thavaraj Subramaniam, Public Health Institute, Malaysia

1130 -1200 : Discussions

Session 2 : **Review of current strategies and approaches in food and nutrition promotion - food technology**
Chairperson - Assoc. Prof. Dr. Zaitun Yassin,
Universiti Pertanian Malaysia

1200 - 1225 : Review of current strategies and approaches in food and nutrition promotion in MARDI
Adinan Husin, Food Technology Research Centre, MARDI

1225- 1245 : Discussions

1245 - 1400 : Lunch

Session 3 : **Review of current strategies and approaches in food and nutrition promotion in Malaysia - health and education**
Chairman - Mr Sahari Jantan,
Ministry of Education Malaysia

1400 - 1425 : Review of current strategies and approaches in nutrition and health promotion of the Ministry of Health
Azmi Md. Yusof, Family Health Development Division, Ministry of Health

1425 - 1450 : Food and nutrition promotion in health programme for television and radio
Silvarani Kandiah, Health Education Division, Ministry of Health

1450 - 1515 : Nutrition education in Malaysian schools
Chan Foong Mae, Curriculum Development Centre, Ministry of Education

1515 - 1530 : Discussions

1530 - 1600 : Tea break

Session 4 : **Review of current strategies and approaches in food and nutrition promotion in Malaysia - clinical setting**
Chairperson - Ms Uma Thevendran,
Public Health Institute

1600 - 1625 : Clinical nutrition promotion approaches in inpatient and out-patient settings
Wan Chak Pa'Wan Chik and Ms. Nilsiswati Ramilis, Dietetic Services Unit, Universiti Kebangsaan Malaysia

1625 - 1650 : Patients' education programme in hospitals (Macro)
Faridah Hanum, Health Education Division, Ministry of Health

1650 - 1715 : Patients' education programme in hospitals - Hospital Kuala Lumpur experience
Foo Yun Mui, Hospital Kuala Lumpur

1715- 1730 : Discussions

Day 2 : 20 September, 1995

Session 5 : **Workshop Sessions**

The workshop will be conducted in three concurrent sessions:

Group I : Infants and young children
Facilitator - Azmi Mohd. Yusof

Group II : School children and adolescents
Facilitator - Sahari Jantan

Group III : Women of reproductive age, adults and the elderlies
Facilitator - Assoc. Prof. Dr. Zaitun Yassin

0900- 1000 : Workshop sessions

1000 - 1020 : Tea break

1020 - 1300 : Workshop sessions (continuation)

1300 - 1400 : Lunch

1400 - 1530 : Workshop sessions (continuation)

1530 - 1550 : Tea break

1550 - 1700 : Workshop sessions (continuation)

Day 3 : 21 September, 1995

Session 6 : **Presentation and discussion of Workshop deliberations**
Chairman - Dr. Tee E Siong,
Institute for Medical Research

0900 - 1030 : Presentation by Group I, Group II and Group III

1030 - 1050 : Tea break

1050 - 1200 : Discussions

1200 - 1230 : Summary, recommendations and adoption

1230 - 1245 : Closing remarks by Ms Zahara Merican, National Coordinator, ASEAN-New Zealand IILP Programme, Project 5

1245 : Lunch

ANNEX 2

WORKSHOP ON FOOD AND NUTRITION PROMOTION STRATEGIES IN MALAYSIA

Workshop Guidelines

Workshop participants will be assigned to three groups to discuss in detail the programmes and activities pertinent to these groups, namely:

1. Infants and young children
2. School children and adolescents
3. Women of reproductive age, adults and elderly

In an attempt to arrive at a balanced composition for each group, the grouping of participants has been carried out taking into consideration their expertise and the agency they represent.

Workshop deliberations are expected to be presented by the Chairperson or Rapporteur of the Group to the plenary session in the morning of the 3rd day of the Workshop.

Workshop participants are requested to adhere to the following guidelines in order to have uniform deliberations for the three groups and make useful recommendations for consideration by various agencies and departments.

Guidelines

A. Review current strategies and approaches undertaken by various agencies, departments and organizations.

Identify major programmes or activities being undertaken for the target group(s) and describe briefly the important features of the programme, including the following:

- objectives
- target groups and coverage
- activities carried out
- educational materials produced and their dissemination

B. Critically analyse adequacy of current programmes and activities carried out by each agency or organisation, especially in relation to the following aspects:

- organisation
- coverage
- budget
- contents
- educational materials (availability, suitablity)
- human resources requirement
- training needs
- research and development
- monitoring and evaluation

C. Make recommendations for improvement to current programmes and activities, taking into consideration the following aspects:

- feasibility of implementation
- culturally appropriate
- community participation
- inter-sectoral collaboration, where appropriate

If deemed necessary, new programmes may be recommended for implementation.

Wherever possible, recommendations should include:

- details of programmes or activites to be undertaken
- agency or organisation responsible for action
- human resources and other requirements
- role of the private sector and NGOs
- evaluation mechanisms and procedures

15 September 1995

ANNEX 3

WORKSHOP PARTICIPANTS

Organisations	Names
Department of Agriculture	Azizah Saad
Institut Teknologi MARA	Dr. Roselina Karim
Institute for Medical Research	Haniza Mohd. Anuar Dr. Tee E Siong Dr. Tony Ng Kock Wai Wan Nudri Wan Daud
Kuala Lumpur City Hall (Health)	Ng Aik Cheong
Malaysian Diabetes Association	Lee Lai Fun
Malaysian Dietetics Assocation	Assoc. Prof. Dr. Fatimah Arshad
Malaysian Society for the Study of Obesity (MASSO)	Ruzana Abdullah
MARDI (Food Technology Research Centre)	Adinan Husin Hasimah Hafiz Ahmad Junaidah Abd. Manan Khatijah Idris Nazarifah Ibrahim Zahara Merican Zanariah Jiman
Ministry of Agriculture	Kamariah Khalid Noraini Idris Zaliha Othman
Ministry of Education	Abd. Rahman Atin Chan Foong Mae Kamalita Omar Kasim Majid Kong Ping Yee Rusnah Rashid Sahari Jantan
Ministry of Health (Family Health Development)	Azmi Md. Yusof Rokiah Don Dr. Roslinah Ali
Ministry of Health (Food Quality Control)	Shamsinar Abdul Talib

Organisations	**Names**
Ministry of Health (Health Education)	Faridah Hanum Silvarani Kandiah
Ministry of Health (Kuala Lumpur Hospital)	Foo Yun Mui
Ministry of Health (State Health Department)	Alfian Mohd. Zain Angela Bong Siew Ling Fareena Zulkernain Dr. Hayati Md. Radzi Ijap Tayong Kamariah Hashim Lisa Ong Siok Lian Norhaizan Mustapha Puspawati Mohamed Rusidah Selamat Sanimah Abd. Rahman Taiby d/o Mariapan Zainab Tambi Zaiton Daud Zalma Abdul Razak
Ministry of Health (State Hospital)	Ahmad Jamaludin Mohamad Kulwant Kaur Meriam Bidin Ramlah Ali Rohaizah Basiron
Ministry of Internal Trade & Consumer's Affair	Rashidi Hasbullah
Public Health Institute	Fatimah Salim Thavaraj Subramaniam Uma Rani Thevendran
United Nations Children's Education Fund (UNICEF)	Bijan Sharif
Universiti Kebangsaan Malaysia (Food Science and Nutrition)	Assoc. Prof. Dr. Aminah Abdullah Assoc. Prof. Dr. Suriah Abd. Rahman
Universiti Kebangsaan Malaysia (Nutrition and Dietetics)	Prof.Dr. Mohd. Ismail Noor Nilsiswati Ramilis Winnie Chee Wan Chak Pa' Wan Chik Assoc. Prof. Dr. Zawiah Hashim

Organisations	**Names**
Universiti Pertanian Malaysia (Food Technology & Biotechnology)	Dr. Azizah Hamid Assoc. Prof. Dr. Suhaila Mohamed
Universiti Pertanian Malaysia (Human Ecology)	Dr. Maznah Ismail Mohd. Nasir Mohd. Taib Nawalyah Abd. Ghani Assoc. Prof. Dr. Zaitun Yassin
World Health Organization	Dr. Luca T. Cavalli-Sforza

ANNEX 4

Workshop Organising Committee

Advisor:	*Mr Adinan Husin* Director, Food Technology Research Centre, Malaysian Agricultural Research & Development Institute
Chairperson:	*Ms Zahara Merican* Food Technology Research Centre, Malaysian Agricultural Research & Development Institute
Co-Chairperson:	*Dr Tee E Siong* Division of Human Nutrition, Institute for Medical Research
Secretary:	*Ms Khatijah Idrus* Food Technology Research Centre, Malaysian Agricultural Research & Development Institute
Members:	*Prof Dr Mohd Ismail Noor* Department of Nutrition and Dietetics, Universiti Kebangsaan Malaysia
	Assoc Prof Dr Zaitun Yassin Department of Nutrition and Community Health, Universiti Pertanian Malaysia
	Mr Sahari Jantan Schools Division, Ministry of Education Malaysia
	Mr Mohd Nordin bin Abdul Karim Faculty of Food Science and Biotechnology, Universiti Pertanian Malaysia
	Mr Azmi bin Md. Yusof Maternal and Child Health Unit, Ministry of Health Malaysia
	Dr Hj. Mat Isa Awang Food Technology Research Centre, Malaysian Agricultural Research & Development Institute
	Ms Zanariah Jiman Food Technology Research Centre, Malaysian Agricultural Research & Development Institute

ANNEX 5

ASEAN-New Zealand Inter-Institutional Linkage Programme (IILP)

At the 1987 ASEAN-New Zealand Dialogue, high priority was placed on the development of a programme to reflect the cooperative nature of the partnership between the ASEAN and New Zealand. As a result of this Dialogue, the Inter-Institutional Linkage Programme or IILP was launched in November, 1990. The overall objective of the IILP is the establishment of on-going sustainable linkages among ASEAN and New Zealand institutes in academic, professional, scientific and commercial spheres. The countries involved in the programme are the six ASEAN countries of Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore, Thailand and New Zealand.

The overall objective is to be achieved through implementation of five specific projects, each involving interested institutions from each country. For each project, there is one key institution in each country. The key institution takes a lead role, but with cooperation and involvement from associate institutions. Specific activities undertaken are directed at achieving a network of cooperation and exchange among ASEAN, within each ASEAN country, and with New Zealand. The important aspects of the programme are the development of working partnerships between the key institutions, the flexibility of project content and the potential for encouraging multi-disciplinary approaches both within and between projects.

Five specific projects, each with its own clear objective, are being implemented within the overall programme objective. These projects and their objectives are:

Project 1 - Ethnobotany: The sharing of library resources in ethnobotany and providing information services to other projects as required.

Project 2 - Sustainable Rural Development: The creation of forum leading to the preparation and dissemination of technical training materials designed to promote sustainable rural development.

Project 3 - Forest Rehabilitation: The development of a resource base for the rehabilitation of degraded forest and waste lands.

Project 4 - Agro-Industrial Development: The development of a resource base for agro-industrial development of rural-based industries (involving fruits, vegetables and ornamentals) including social and environmental implications.

Project 5 - Food, Nutrition and Health: The development of resource materials for the promotion of food, nutrition and health.

The key institutions for each project selected one of them to be the overall project coordinator. The coordinator plays a lead role in facilitating the smooth and timely implementation of the work plan and activities, monitoring and reviewing the activities and ensuring effective communication to achieve both programme and project objectives.

The programme is planned for implementation up to 1995. It is funded by the Ministry of Foreign Affairs and Trade of New Zealand, with support coming from each of the participating countries.

IILP PROJECT 5
FOOD, NUTRITION AND HEALTH PROMOTION

The objectives of this project are:

i. Developing sustainable institutional linkages,
ii. Improving acess to data and information,
iii. Broadening knowledge, and
iv. Improving competency of key institutions in the area of food, nutrition and health promotion.

The identified outputs of this collaborative efforts include:

i. Directory of institutions and resource persons involved in food, nutrition and health promotion,
ii. Abtracts of publication and resource materials on food, nutrition and health promotion, and
iii. Selected case studies on food, nutrition and health.

In addition to the development of these materials, project 5 conducts national meetings and training programmes, shares its expertise with government and non-government organisations, and participates in national and international conferences in food, nutrition and health.