NHMS 2019

National Health and Morbidity Survey 2019

Non-communicable diseases, healthcare demand, and health literacy

Key Findings

National Institutes of Health (NIH)
Ministry of Health Malaysia

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Tel: +603-3362 8793 Fax: +603-3362 7501

Email: nhms.iku@moh.gov.my Website: www.iku.gov.my/nhms

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Overview of the survey

The NHMS

has been conducted in 4-yearly cycles since the year 2011



The first year

of each cycle focuses on noncommunicable diseases (NCD) and healthcare demand (HCD), with the other years focusing on other priority areas as determined by the Ministry of Health, Malaysia.



2019

marks the beginning of a new cycle for NHMS, to focus on NCD, HCD and a few other topics as requested by the stakeholders

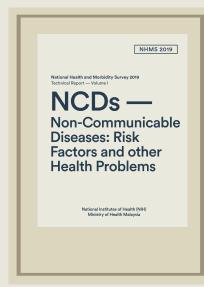


The survey series is commissioned by the Ministry of Health to provide reliable information on the health, and factors related to health, of people living in Malaysia.

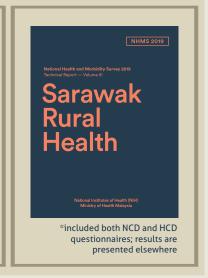
The series aims to:

- estimate the occurrence of particular health conditions and certain risk factors
- monitor trends in the population's health over time
- describe the community's perception and demand for health care
- determine the prevalence of health literacy among people living in Malaysia

The 2019 survey covered 3 main scopes:





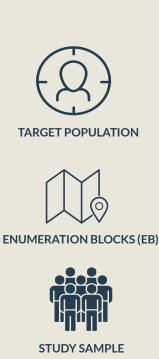


Key findings from the 2019 survey are presented here in this booklet, the form of plain-language information graphics. The above technical reports, which contain further discussion of the findings and full documentation of the survey's methods and questionnaires, are available from the IKU website: www.iku.gov.my/nhms.



Survey sample and process





RESPONSE RATE





TWO STAGE STRATIFIED RANDOM SAMPLING DESIGN

1st Stratum: All states 8 Federal territories 2nd Stratum: Urban 8 Rural



CROSS- SECTIONAL STUDY DESIGN

Population-based study



NMRR-18-3085-44207

Study protocol approved by Medical Review and Ethics Committee (MREC), MOH



DATA COLLECTION

From 14 July to 30 September 2019



FACE TO FACE INTERVIEW OR SELF-ADMINISTERED QUESTIONNAIRE

Individual and parental consent obtained before interviewing



TOOLS

Used validated questionnaires



DATA ANALYSIS

Publication of findings into report



REFERRAL

Nearest government clinic for referred case



Non-communicable diseases (NCDs) — Diabetes, hypertension and high cholesterol in Malaysia







Hypertension



High Cholesterol



High blood sugar, high blood pressure and high cholesterol are major risk factors for cardiovascular disease

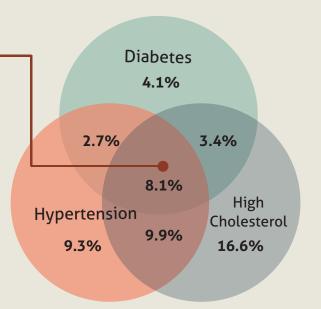
Cardiovascular diseases (CVDs) are the leading causes of death in Malaysia

(such as stroke and coronary heart diseases)



1.7 million people in Malaysia currently live with three major risk factors

3.4 million people in Malaysia currently live with two major risk factors



Our health is our responsibility. Here are some things we can do to combat NCDs:



Control blood pressure <140/90



Eat a healthy diet



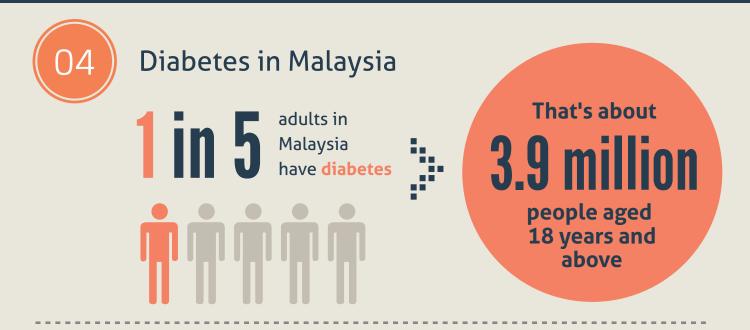
Maintain a healthy weight



Exercise regularly



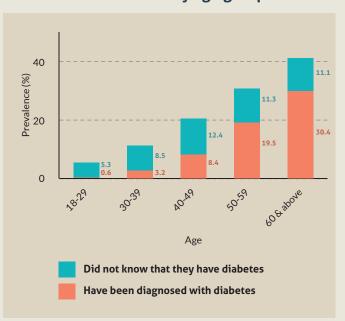
Stop smoking and reduce harmful use of alcohol



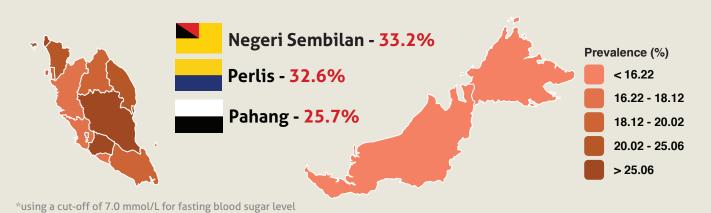
Diabetes trend 2011 - 2019

Did not know that they have diabetes Have been diagnosed with diabetes

Prevalence of diabetes by age groups



Prevalence of diabetes across states; the highest prevalence was found in these states:





Pressure rising: Hypertension in Malaysia



Untreated high blood pressure can lead to serious consequences such as heart attacks, strokes and other cardiovascular diseases

A blood pressure value of

140/90 mmHg

is considered high

only half

are aware that they have the disease

Among these,

90%

are on medication

but only

45%

have their blood pressure controlled



3 in 10

or 6.4 million people in Malaysia have hypertension

Hypertension increases with age

Among those below 30 years of age, hypertension occurs

3x males

than in females

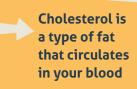
Get your blood pressure checked regularly and keep it under control

#checkyourpressure



06

Keeping an eye on cholesterol





Having too much cholesterol in your blood stream will result in cholesterol deposits in the walls of your arteries, causing heart disease

Raised total cholesterol is defined as a total cholesterol level of

5.2 mmol/L or higher

†††††††

4 in 10

people or 8 million adults in Malaysia have raised total cholesterol level

Females have higher raised total cholesterol compared to males

people were unaware they have raised total cholesterol

of those with raised total cholesterol were on medications for raised total cholesterol

63%

of those on medication for raised total cholesterol have their cholesterol levels



Most people aged 40-59 years did not know that they have raised total cholesterol

Did not know that they have raised total cholesterol

Diagnosed hypercholesterolaemia



Are we active enough?



1 in 4

adults* in Malaysia are physically NOT active

* 16 years and above

Who were the least active physically?



28% of FEMALES



59% of those aged 75 YEARS & ABOVE



39% of STUDENTS



Physical inactivity is the 4th leading risk factor for global mortality*.

*World Health Organization, 2019

Reducing sedentary activity by climbing stairs or taking short walks can increase our levels of physical activity.





Recommended physical activity for adults aged 18-64 years:



at least **75** minutes of vigorous-intensity physical activity throughout the week



or

an equivalent combination of moderateand vigorousintensity activity



Tobacco use and second-hand smoke exposure among Malaysians

What are people smoking in Malaysia?



Cigarette **110/**



E-Cigarette

5%

1 in 2

people reported being exposed to second-hand smoke

at eateries without air-conditioning.

Where else do people get exposed to second-hand smoke?



Home



Work



Eateries WITH air conditioning

Non-smokers

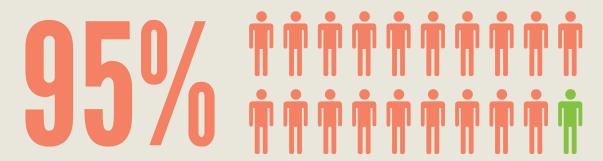
Speak out!

Everyone has a right to clean air



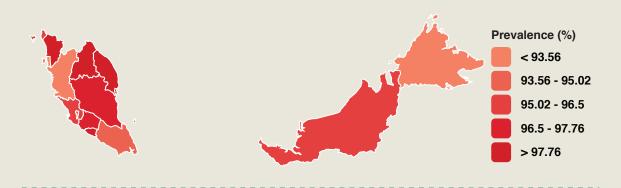


Of fruits, veggies, and plain water



of Malaysian adults do not eat the recommended daily amount of both fruits and vegetables.

Percentage of those who were not eating enough fruits and vegetables varied slightly by state:



However, we are doing slightly better in terms of hydration, where:





Eating enough fruits and vegetables is important in weight management and di sease prevention



Adequate plain water intake helps your kidneys work more efficiently and helps to prevent kidney stones



Malaysians and sugary drinks: a not-so-sweet picture

Sugary drinks intake among Malaysian adults

self-prepared drinks



53.2% daily

commercially packed ready to drink beverages



4.2% daily

premixed drinks



6.7% daily

- Sugar added self-prepared drink: coffee, tea, chocolate or malted beverages added with sugar or/and sweetened condensed milk or sweetened creamer (based on Operational Definition by Nutrition Division, Ministry of Health Malaysia)
- Commercially packed ready to drink beverages (CPRD beverages): Carbonated and non-carbonated drinks
- Premixed drinks: Instant drink products containing sugar (e.g. premix coffee, tea, chocolate, soy, cereal)

On average, how much sugar do Malaysian adults consume from sugary drinks?





self-prepared drinks



teaspoons of sugar **DAILY**



commercially packed ready to drink beverages



teaspoons of sugar





premixed drinks

} tea

teaspoons of sugar

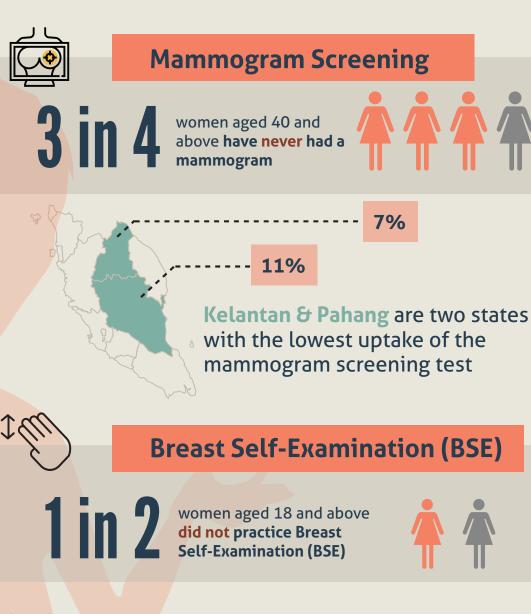
DAILY

Take home message

It is best to drink
plain water or
unsweetened
drinks such as
coffee or tea
without added
sugar



Ladies, have you been screened?





Cervical Cancer Screening

60%

of women aged 20 and above have never had a pap smear test

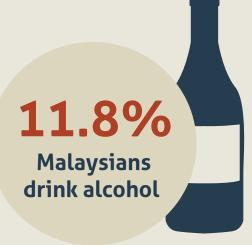




Only 25% are aware of self-sampling HPV test



Harmful use of alcohol in Malaysia



million deaths
from harmful use
of alcohol globally
every year

According to WHO, deaths caused by alcohol in Malaysia...



17.6%	Road traffic injuries	10.9%
16.8%	Liver cirrhosis	16.2%
2.2%	Cancer	0.6%

^{*}Binge drinking: consuming 6 or more standard alcoholic drinks at one sitting

^{*}Heavy Episodic Drinking (HED):consuming 6 or more standard alcoholic drinks at one sitting weekly



Drug use continues despite strict drug laws

300,000

adults in Malaysia

used drugs at least once in their lifetime

100,000

adults in Malaysia

currently use drugs

DRUG USE (BOTH LIFETIME **AND CURRENT) WERE HIGHEST IN THESE GROUPS:**



RURAL **DWELLERS**





TYPES OF DRUGS (EVER) USED:





146,000 people

Kratom



128,000 people

Inhalant

Amphetamine





Speed LSD



Opiate



45,000 people





33,000 people

THE MAJORITY OF DRUG USERS...





started drug use between ages 18-24 years

^{*} Estimated figures based on national prevalence



Depression

among Malaysian adults

KEY FACTS

National prevalence of depression:

2.3% that's about half a million people

By states:



Highest prevalence found in:

- WP Putrajaya (5.4%)
- Negeri Sembilan (5.0%)
- Perlis (4.3%)
- Sabah (4.0%)
- Melaka (3.8%)



By sociodemographic groups:















By household income:







0.5%

Consult your doctor

if you have any of these symptoms:

- depressed mood
- loss of interest & enjoyment
- reduced concentration
- reduced self-esteem
- · ideas of self-harm/suicide
- · disturbed sleep and appetite





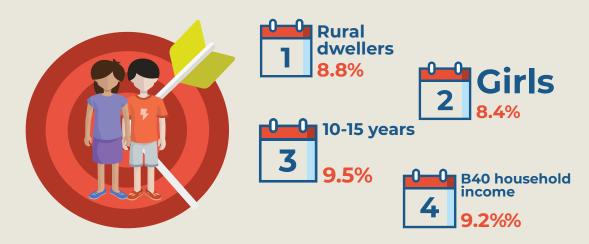
The hidden epidemic



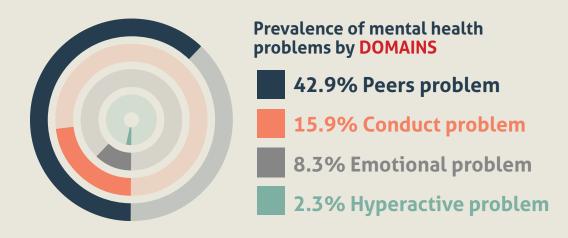
were found to health problems in Malaysia.

-NHMS 2019-

Which children have more problems?



What contributes to the mental health problem?





Leaving no one behind — Persons with functional difficulties



1 in 4

adults in Malaysia experienced functional difficulties

Types of difficulties





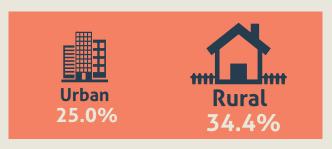




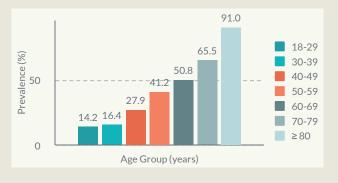




Who is at risk?









4.7%

of children aged 2 to 17 years

in Malaysia experienced functional difficulties



Let's talk about ED

When Malaysian adult males were asked about their erection in bed:

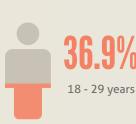
Erectile dysfunction (ED) or impotence is the inability of a male to produce or maintain an erection during sexual activity.

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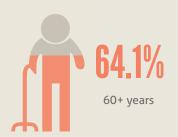
3 in 10

admitted that they had great difficulty getting hard enough

This response was more common in one age group than others:







If you are one of them, you may be suffering from erectile dysfunction (ED)

WHAT SHOULD I DO?

The causes of erectile dysfunction vary by age, and so does its management







- May be due to over-expectation than it being an actual problem
- If you practise a healthy lifestyle and are found healthy by a doctor, seek counselling or proper sexual health information for reassurance
- Could be a disease by itself or a symptom of other diseases
- Consult your doctor quickly!
 Early detection and proper treatment of
 ED and the diseases causing it are
 important for your general health.



BPH: A man's dilemma

WHAT IS BPH?

Benign prostatic hypertrophy (BPH) is an enlarged prostate

16%

of men aged 40 years and above suffer from BPH



16%

among married men



Z4%

among older people



among rural men



Lower percentage of symptomatic enlarged prostate compared to Global estimates which was 26%.



The percentage of symptomatic
BPH increases from 10% among 40-year-olds to 33% among 75-year-olds.

57% of those with symptomatic BPH reported being unsatisfied with their urination



What should I do?

- The two most common forms of treatment for BPH are pharmaceuticals and surgery.
- Consult your doctor for a prostate checkup if you experience any problems with urination.



Overweight/obesity & abdominal obesity:

A tag team of health risk

adults in Malaysia were **overweight**

OVERWEIGHT =

Body mass index (BMI) more than 25 kg/m

OBESE =

Body mass index (BMI) more than 30 kg/m

This was found to be highest among:

Females

54.7%



Indian ethnicity 63.9%



50-59 years old age group 60.9%

adults in Malaysia had abdominal obesity

ABDOMINAL = **OBESITY**

Waist circumference (WC) ≥90cm for men ≥80cm for women



This was found to be highest among:

Females 64.8%



Indian ethnicity 68.3%



60-64 years old age group 71.5%

Major diseases associated with overweight/obesity and abdominal obesity



Diabetes



High Blood Pressure



Heart Disease

What can you do to reduce your risk?



Eat a healthy diet



Be physically active



Don't drink alcohol



Stop smoking



Manage stress well



Anaemia in Malaysia

What is anaemia?

Anaemia is a condition when someone has not enough healthy red blood cells that carries oxygen in the body



Why is it dangerous?

It can cause serious problems to the heart.



1 in 5 Malaysians were anaemic

21.3% Estimated
4.6 million people

Among women of reproductive age group (15 - 49 years old):



3 in 10 were anaemic

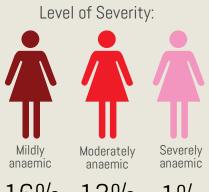


39.8%

of women who had anaemia were of Indian ethnicity

Why is it a threat towards women's health?

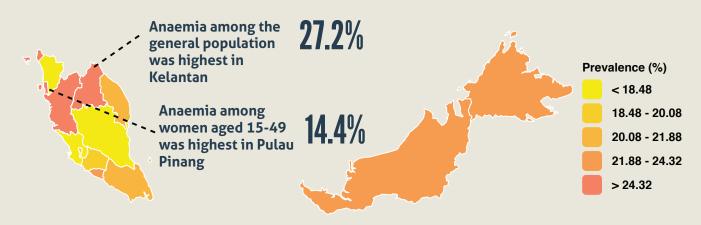
- It increases pregnancy risks such as miscarriage & premature delivery.
- It can affect the baby causing low birth weight and stunting.



16% 13%

1%

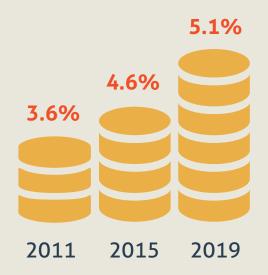
Anaemia by state



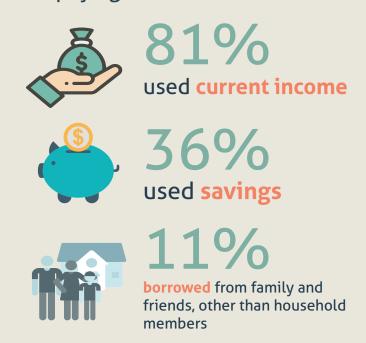


Paying for healthcare in Malaysia

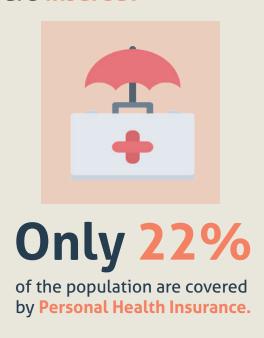
Healthcare spending from total household monthly expenditure:



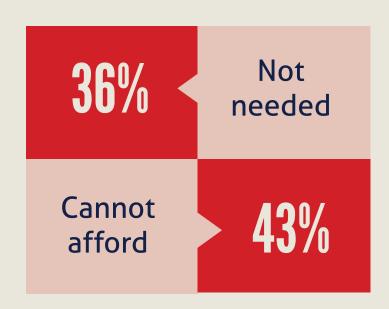
Financial sources used by household for paying for health services:



How many individuals are insured?



Reasons for not having
Personal Health Insurance:





Are we in good health?

Generally,

of the population[^] rated their health as

^ aged 13 years old and over











In the last two weeks*,



of people in Malaysia reported to have been s

of people have been sick

* prior to interview

Among those who were sick,



57.5%



sought care or advice from healthcare practitioners



22.8%



self-medicated~

took medicine without advice from healthcare parctitioners



16.4%



sought advice from family/friends





11.3%





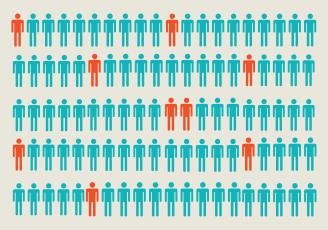


sought advice from media

(e.g. Internet, TV, radio, print newspaper etc.)



Chronic bodily pain



9 in 100

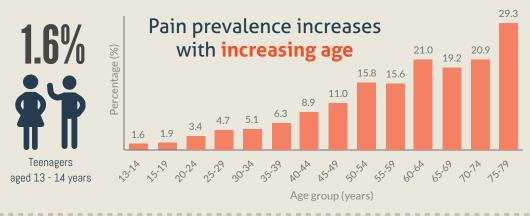
of the population^ experienced chronic bodily pain

^aged 13 years old and over

WHAT IS CHRONIC BODILY PAIN?

Pain in any parts of the body, which is felt every day or most days for 3 months or more

Who were affected?



29.3%

Flderly
aged 75 years and over



To what extent were their daily activities affected?

3.5 % extremely disturbed



16.8 % moderately disturbed

48.2 % mildly disturbed

18.2 % not disturbed at all













Community pharmacies do more than just selling medicines

There are about 3,000 community pharmacies in Malaysia

Source: Pharmaceutical Services Division, Ministry of Health Malaysia (2016).

However, only

1 in 10

had visited a community pharmacy in the last 2 weeks* for health purposes

^aged 18 years old and over *prior to interview

AT A COMMUNITY PHARMACY, YOU CAN GET:

Advice on your **medication**



Advice and treatment for minor illnesses



Assistance in self-monitoring of your blood glucose and blood pressure levels





Other services such as smoking cessation, weight management and others



Outpatient healthcare utilisation

1 in 12

people in Malaysia

used outpatient healthcare
services in the
last 2 weeks^.
^prior to interview

Who were they?



8.8% OF THE RURAL POPUL ATION



7.8% OF THE URBAN



9.1%

OF THE FEMALE



7.1% OF THE MALE POPULATION

8.1% of the B40 population

7.6% of the M40 population

9.1% of the T20 population

40% of those who used outpatient services were

THE ELDERLY A

47.5%

Where did they go*?



PRIVATE facilities







*some people went to both public and private facilities, and went more than once

Why did they attend?

3.1% received other types of care

26.3% came for medical check-up

37.1% came for follow-up

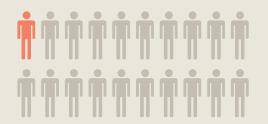
74.1% came due to related health problem*

*related health problems in the last 2 weeks prior to interview



Hospital admissions





1 in 20

people in Malaysia was admitted to hospital in the past 12 months^.

^ prior to interview

Who got admitted?





4.1% of the MALE POPULATION



6.2% of the female POPULATION



Women of reproductive age (20-49 years old) 37.2%



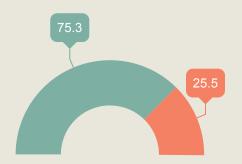


Elderly people (60+ years old) 16.6%

of the reported admissions

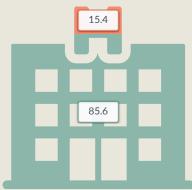
Where were the people admitted to*?

*some people were admitted to both public and private hospitals, and were admitted more than once



Public hospitals
Private hospitals

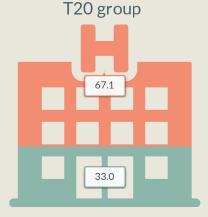




M40 group



those who were admitted were from



4.70/ of the B40 population

5.8% of the M40 population

7.0% of the T20 population



Dental visits in Malaysia



Only a quarter

of people in Malaysia visited a dentist in the last 12 months^.

^ prior to interview



Regular dental visits are

MPORTANT

to maintain optimal oral health

However,

50%

last visited their dentist

MORE THAN 2 YEARS AGO

15%

in their lifetime had

NEVER visited a dentist!



The top 20% richest utilised private dentists the most (42.1%)



The poor and the rich utilised the public sector equally



1.5% Other services.

33.8% Oral health treatment

63.3% Oral health check-up









Domiciliary care

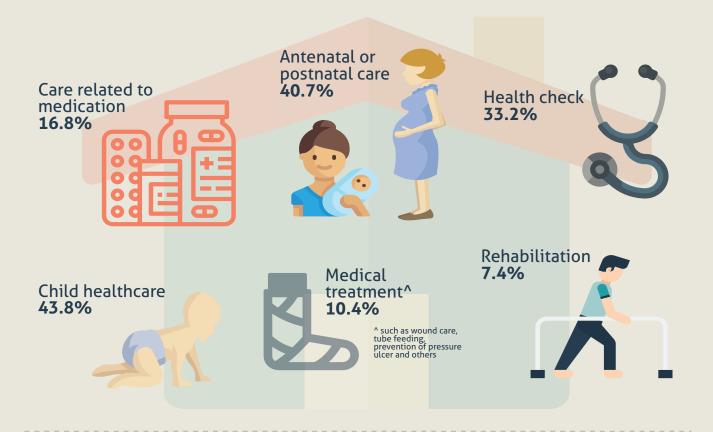


1 in 50 people in Malaysia

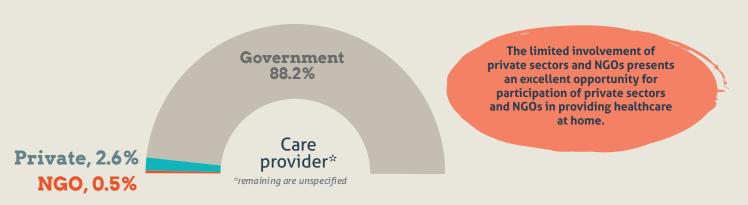
reported receiving care at their home* in the last 12 months^

*healthcare received including consultation, check-up and/or treatment ^prior to interview

What kind of care was received?



Who provided the care?





Informal care in Malaysia



5.7%

of the population provided

informal care*

in the last 12 months prior to interview

^aged 18 years and over

*covers provision of personal care, healthcare or other assistance to others who are unable to care for themselves, excluding care provided by professionals or through organised voluntary services

Provision of informal caregivers

Who were they?







7.0% of the FEMALE population

How many years?



Average years of care provided

5.3 years

How many hours?



Who received the care~?



85.00/0 of care provided to

household member(s)



16.70/0 of care provided to non-household member(s)

~some informal caregivers provided care to both household and non-household member(s)

Effect on the caregivers

Informal caregivers reported that they were affected by the caring role.



16.0% said their health (physical and/or mental) were affected

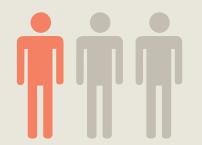
KEY MESSAGE

The health and well-being of caregivers should not be overlooked.

Monitoring their health is equally important as their care recipients' health.



Health literacy among Malaysian adults



1 in 3

adults have
LOW
health literacy

WHAT is Health Literacy?

An ability to find, to understand, and to use health information and services needed for everyday health decision making

WHY Health Literacy is Important?



To understand health risk factors & practice healthy lifestyle



To analyse risks & benefit of treatment wisely



To understand health information & medical instruction easily



To organise health care appointments accordingly

"HOW to Improve My Health Literacy?"





ALWAYS ASK QUESTIONS from health care provider on your:

- health condition
- disease prevention & management
- over counter & prescription medicines, vitamins, supplements, herbal medicines

BRING SOMEONE with you to clinic/hospital to help you:

take notes & remember important information (date & appointments, medical instruction)

KNOW your MEDICAL HISTORY such as:

- health condition (current & before)
- surgeries/medical procedures (if any)
- medications

especially if you go to a new clinic/hospital



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Institute for Public Health (IKU)
Institute for Health Systems Research (IHSR)
Institute for Health Behavioural Research (IHBR)
National Institutes of Health (NIH)
Ministry of Health Malaysia
1, Jalan Setia Murni U13/52
Seksyen U13, Setia Alam
40170 Shah Alam, Selangor

www.iku.gov.my/nhms

