

THE PREVALENCE OF NON-COMMUNICABLE DISEASE (NCD) RISK FACTORS AMONG COMMUNITY IN THE KOSPEN PROGRAMME IN MALAYSIA

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SUMMARY

KOSPEN stands for Komuniti Sihat Pembina Negara. This initiative is between the Malaysian Ministry of Health (MOH) and other relevant agencies. This initiative transforms the public health service to ensure community participation in public health programs. KOSPEN aims to reduce the occurrence of NCDs and associated risk factors and promote healthy behaviors such as non-smoking, healthy nutrition, and physically active lifestyles. The program's primary goals are to improve population-wide behavior, prevent and control common risk factors for NCDs, delay the onset, reduce disability, and postpone death from NCDs.

Keywords

KOSPEN, Noncommunicable Diseases, Community, Behaviors, Health Promotion

The findings found that volunteers implemented interventions for the population involved, such as weight management programs, healthy eating programs, smoking cessation programs and regular physical activity. Volunteers promote and advocate to ensure that every individual in the community practices a healthy lifestyle.

Table 1. The KOSPEN health screening by state (n=15)

State	Number of KOSPEN locality	Number of Population ≥18 Years	Number of Population ≥18 Years Screened (Current)	Percentage of Population ≥18 Years Screened (Current) (%)
Perlis	22	11,800	1,048	8
Kedah	53	10,688	2,430	23
Pulau Pinang	44	34,417	647	2
Perak	54	19,328	2,499	13
WP Kuala Lumpur & Putrajaya	37	41,397	5,478	13
Selangor	126	71,189	2,142	3
Negeri Sembilan	79	61,850	3,869	6
Melaka	33	21,701	10,557	49
Johor	67	35,007	369	1
Pahang	58	20,675	1,376	6
Kelantan	92	23,823	5,511	23
Terengganu	42	36,764	3,014	8
WP Labuan	10	12,109	2,689	22
Sabah	58	14,603	3,058	21
Sarawak	126	36,800	2,035	6
Total	901	452,151	46,722	10

INTRODUCTION

Non-communicable diseases (NCDs) significantly burden Malaysia, accounting for approximately 73% of all deaths and working population contribute 35%(1). In Malaysia, the most common NCDs are cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases. The NHMS also showed that lifestyle factors like smoking, physical inactivity, and unhealthy diets cause the high burden of NCDs in Malaysia(2). Many NCDs are prevalent in Malaysia, with 2.6 million Malaysians having high cholesterol and 6.4 million Malaysians with hypertension, and 3.9 million Malaysians having diabetes in 2019 (2). The Malaysian government has launched several initiatives to combat the country's NCD burden, including the National Strategic Plan for Noncommunicable Diseases (NSP-NCD) 2016-2025, KOSPEN, and NHSI on promoting healthy lifestyles, improving access to NCD screening and treatment, and strengthening health systems to manage NCDs better(3).



MATERIAL & METHODS

This study is a retrospective descriptive analysis of community reporting of NCD risk factors over time in the area where the KOSPEN program was implemented. This study used secondary data from the National KOSPEN Programmed database covering January through December 2022.

RESULTS & DISCUSSION

From January to December 2022, the total adult population that has been screened is 46,722 people from 901 localities that implement the KOSPEN program. Selangor and Sarawak have the highest number of KOSPEN localities, with 126 localities each.

The largest contributory state in the implementation of health screening in 2022, was Melaka was 10,557 adult residents screened, while other states such as Kelantan, with 5,511 screenings, and W.P. Kuala Lumpur and Putrajaya, with 5,478 screenings. In contrast, other states contributed more than 1000 screenings for each state implementing the KOSPEN Program.

At the same time 6,351 out of 9,988 (63.5%) screening participants with BMI ≥35 kg/m² were referred to the health clinic. While 7,659 out of 9,062 (84.5%) screening participants who were detected to have blood pressure SBP ≥ 140 mmHg and/or DBP ≥ 90 mmHg were referred for confirmation of hypertension. At the same time 6,274 out of 8,363 (75%) screening participants were detected to have blood glucose levels (RBS) ≥ 5.6 mmol/L and were referred to the health clinic for a diabetes confirmation test.

The result also showed 2,965 out of 5,641 (52.6%) smoking participants intend to quit smoking and are referred to a smoking cessation clinic. For the healthy mind health scope, 708 out of 708 (100%) healthy mind screening participants were referred to the health clinic because they had severe and very severe screening values for stress, anxiety and depression. For the alcohol harm program, 194 out of 203 (95.6%) alcohol intake screening participants were referred to the health clinic for having a screening score ≥ 5.

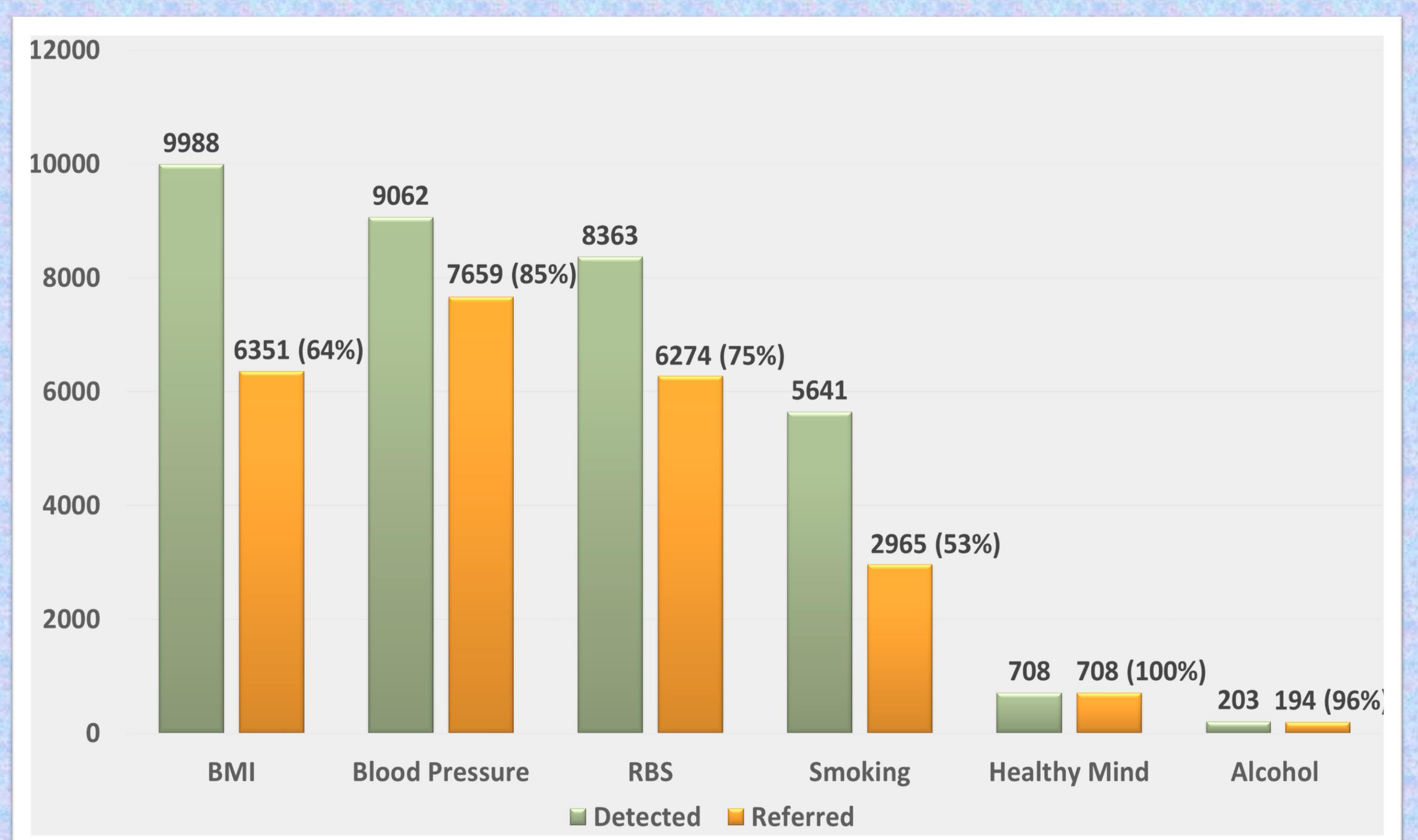


Figure 1. Screening results and referred

CONCLUSION

In conclusion, the KOSPEN Program can help in the early detection of NCD cases in the field. It can implement appropriate intervention programs for the communities involved to prevent and control NCD diseases.

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