

Nutritional Status of Elderly Individuals in Malaysia: Findings from National Health & Morbidity Survey (NHMS) 2018

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ABSTRACT

INTRODUCTION: Nutritional status of elderly individuals can be determined through non-invasive, universally acceptable anthropometric indicator; Body Mass Index (BMI). This study aimed to determine the nutritional status of elderly individuals (≥ 60 years old) using BMI by sociodemographic characteristics. **METHODS:** Data for 3648 respondents in this study were drawn from the NHMS 2018, a nationwide cross-sectional study conducted among those aged 60 years and above in Malaysia. Respondents were recruited using two-stage stratified cluster sampling, covering urban and rural areas from all states in Malaysia. Data collection was from July-September 2018. BMI was calculated by weight (kg) divided by the square of height (m²) and categorised according to WHO 1998 guideline. Information on sociodemographic characteristics was collected by interviewer-administered questionnaires. Descriptive and logistic regression analysis were used to analyse the data in SPSS Version 21. All statistical analysis was performed at 95% confidence intervals. **RESULTS:** Prevalence of underweight, normal, overweight and obesity was 5.2% (95%CI: 4.18, 6.46), 40.2% (95%CI: 37.72, 42.72), 37.0% (95%CI: 34.96, 39.01) and 17.6% (95%CI: 15.81, 19.63) respectively. Elderly individuals from rural areas, female, married, with no formal education or with primary/secondary level education and with less than RM1000 individual monthly income are at higher risk of being overweight/obese. **DISCUSSION:** This study shows sociodemographic factors play a vital role in determining nutritional status of the elderly. All aspects need to be taken into consideration in formulating appropriate nutritional interventions for the elderly.

KEYWORDS: nutritional status, sociodemographic characteristics, elderly, Malaysia

On-Site Experiences: Can Moh Clinics Keep Up with Urbanisation?

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ABSTRACT

INTRODUCTION: Malaysia's urban population share grew from 26.8 percent (1970) to 70.9 percent (2010). In 2014, there was a total of 3178 Ministry of Health Malaysia clinics (of all categories) nationwide, as compared to a total of 1167 MOH clinics (1970). This showed that the Ministry was able to keep up with population growth, but the real question is: Can the facilities in the clinics keep up? **METHODS:** These findings were obtained qualitatively via focus group discussion and in-depth interview sessions. The activity was part of the larger Enhanced Primary Healthcare (EnPHC) Process Evaluation study to evaluate the EnPHC initiative's implementation process in twenty selected intervention clinics. **RESULTS:** Healthcare providers informed that their current workforce in the clinics has increased and may perhaps be comparable by ratio to their local population. Concerns regarding the clinics' physical infrastructure were raised as the physical space remained unchanged, despite the workforce increase. It was common for a consultation room in the evaluated clinics to be shared concurrently by 2-3 doctors, which may be the most sensible decision to overcome the space limitations. Patients viewed it otherwise; the space-sharing approach caused discomfort and shyness among the patients due to the lack of privacy, especially for discussing illnesses that they perceived as personal and sensitive. **CONCLUSION:** Strategies for service improvements must also consider the physical infrastructure's readiness; either via building expansion or new constructions - for the staffs and for patients' comfort.

KEYWORDS: urbanisation, primary healthcare clinics, infrastructure, Enhanced Primary Healthcare