

Worrying trends for maternal and children health

The health status of women, mothers and children in Malaysia must be addressed

BY KHIRTINI K KUMARAN

THE NATIONAL Health and Morbidity Survey (NHMS) 2022: Maternal and Child Health (MCH) has revealed some worrying trends concerning young mothers and children.

Obstetrical and Gynaecological Society of Malaysia (OGSM) President-elect for 2022/2023 Prof Dr Nazimah Idris said: "There were worrying trends in the massive rise in diabetes in pregnancy and mental health issues among young mothers.

"Among the children, there was a high prevalence of anaemia, obesity and at the same time malnutrition among children 0-5 years old, developmental delay and a considerable rise in incompletely vaccinated and unvaccinated children.

"These will pose serious national health concerns in the not-too-distant future if we do not take appropriate action to stop the worrying trends."

TACKLING DIABETES AND HIGH BLOOD PRESSURE

For diabetes and hypertension, Dr Nazimah explained there are modifiable and non-modifiable risk factors. Non-modifiable includes age and family history of these two medical conditions.

"To reduce prevalence, we must modify the modifiable risk factors, which means women must maintain an ideal body weight before pregnancy, do regular pre-pregnancy physical activity, and eat healthy.

"Having diabetes increases the risk of hypertension in pregnancy, so modifying risk factors for diabetes has the added benefit of reducing the risk of hypertension in pregnancy too.

"For the more severe form of hypertension in pregnancy, which is pre-eclampsia, a risk assessment should be done in the first trimester and if a woman is found to be high risk, preventive measures will be advised for risk reduction."

MCH reported that 9.3 per cent of women had medical disorders before pregnancy, and 64 per cent received advice to delay the pregnancy.

"This is mostly to ensure the medical illnesses are well-controlled and will not adversely affect the mother's health during pregnancy," said Dr Nazimah.

"As an example, uncontrolled diabetes can cause hypertension and frequent infection in the mother and abnormalities in the fetus. In other circumstances, a woman will even be advised against pregnancy altogether."

SCREENING AND SUPPORT FOR POSTNATAL DEPRESSION

The prevalence of postnatal depression among mothers remained high at 11.2 per cent, showing a slight decrease from the previous survey in 2016, where it was 12.7 per cent.



"Unfortunately, 90 per cent of them were unaware of their condition," stated Dr Nazimah.

"To increase awareness, mothers and their family must be educated about this condition to detect the problem and seek help as appropriate.

"Screening for mental health issues during pregnancy is a good starting point, and if a pregnant woman is identified to be at risk, interventive measures can be taken. Risk factors include previous depressive illness, family history of depression, first-time or very young mothers and financial problems."

According to Director-General of Health Datuk Dr Radzi Abu Hassan, one of the ongoing measures by MoH in preventing postnatal depression is early recognition of mental health problems during antenatal or postnatal check-ups. This is to ensure early treatment can be given.

Health personnel, he said, need to be alert and recognise any changes in the mother's mental state during their encounters and refer her for further assessment.

Using the integrated mental health care approach into MCH services, MoH continues strengthening the existing service provision and plans to introduce mental health screening among pregnant

and postnatal mothers.

Dr Nazimah continued: "Preventive measures include providing social support during pregnancy and postpartum so mothers will not feel isolated and suffer emotional stress, which can lead to depression.

"As shown in NHMS 2022, young mothers in urban areas who lacked social support were especially at risk, and this is the group we want to pay special attention to."

ANAEMIA IN CHILDREN

It was found that 45.6 per cent of children aged between 6-59 months were anaemic. Of these, 24.3 per cent suffered from mild anaemia, 21.9 per cent from moderate anaemia and 0.3 per cent from severe anaemia.

"The cause of anaemia in children is mostly nutritional and closely related to feeding/eating habits, which can be corrected. Analysis of nutritional status showed that stunting was present in 21.2 per cent of children, wasting was seen in 11.0 per cent and underweight children 15.3 per cent," Dr Nazimah shared.

"Parents must be educated and supported in making good decisions for their children's nutritional requirements and healthy eating habits.

"Another important cause of anaemia in children is a genetic condition such as Thalassemia. Children at risk are those for whom either one or both parents carry the thalassemia genes.

"Thalassemia, which includes α - and β -thalassemia, is one of Malaysia's most common genetic diseases. Between 4.5 and five per cent of the Malaysian population were reported to be carriers of this disease."

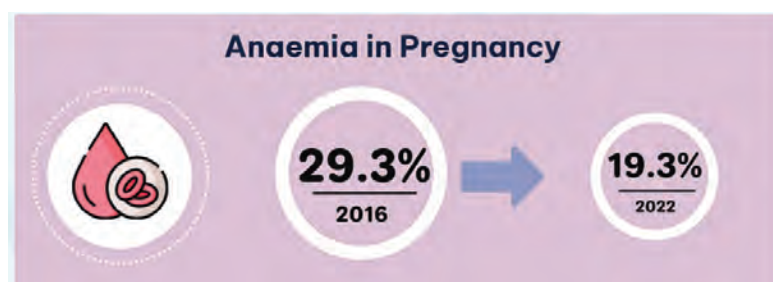
National Institutes of Health (NIH), Institute of Public Health (IKU) Director, Dr Noor Ani Ahmad, said informed efforts will be made to improve the quality and accessibility of nutrition services.

"These initiatives are based on the 'National Strategic Plan to Combat the Problem of Double Burden of Malnutrition (BBM) among Malaysian Children, 2023 - 2030,' chaired by the Deputy Prime Minister Datuk Seri Ahmad Zahid Hamidi."

FAMILY PLANNING AND UNPLANNED PREGNANCY

While 42.8 per cent of women use some form of contraception, only 34.5 per cent currently use modern and more effective contraceptive methods. This resulted in unplanned pregnancies in 33 per cent of women.

Dr Nazimah said women of reproductive age and their spouses need to be educated on various aspects of family planning to meet the family planning needs.



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“It is best that contraceptive counselling considers the couple’s specific family planning needs, health conditions, compliance to treatment, and socio-economic situation.

Access to family planning services is paramount, she said. One of the ways to reduce unmet needs is to expand contraceptive choice by increasing access to multiple methods.

“For example, the availability of short-acting reversible methods (the pill, the injectable and condoms) would help to meet the needs of women who want to space their children; availability of long-acting reversible methods (the IUD and implant) would help those who wish to delay having their next child for a more extended period and those who may want to limit their childbearing but are not ready to adopt a permanent method.

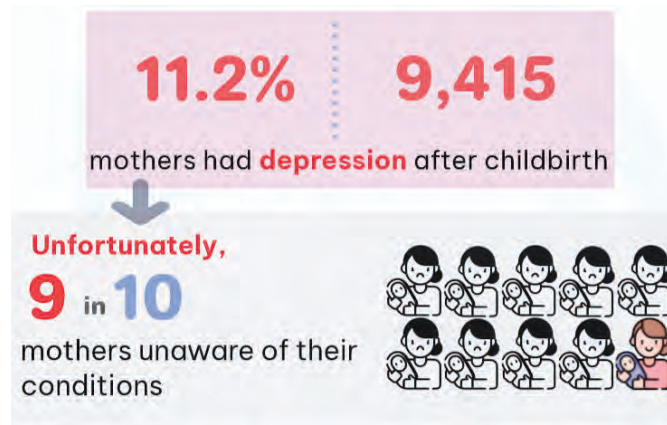
“Furthermore, an expansion in the number and composition of available methods is likely to increase contraceptive use by attracting never-users, as well as by facilitating switching among methods.”

Dr Noor Ani shared that specific strategies will be developed to increase the use of modern contraceptives and diversify contraceptive methods, focusing on long-acting contraceptives.

Dr Nazimah continued: “So that opportunities are not missed, family planning services can be integrated into other health services.

“When a woman is seen by healthcare professionals for other health reasons or at the well-baby clinics, family planning counselling can be offered in a complementary way.

“Good-quality family planning services attract new clients and help prevent contraceptive discontinuation and reduce unmet needs.”



HIGH LEVEL OF ANTENATAL CARE

Dr Nazimah also noted that there are several encouraging findings in NGMS 2022.

“We see an increase in the number of women receiving at least four antenatal visits throughout pregnancy, more women were seen in the first trimester of pregnancy, less anaemia in pregnancy, and antenatal services were well utilised even during the pandemic.

“This is due mainly to an awareness and understanding that it is very important to have antenatal care to ensure a safe journey through pregnancy and delivery. Other factors are the accessibility of antenatal care services, whether in the public or private sector, affordability, especially the care provided in public healthcare facilities, and the quality and completeness of the service supplied.

“To a large extent, the non-discriminatory approach practised by healthcare professionals looking after pregnant mothers has greatly contributed to the high level of antenatal care utilisation among pregnant mothers in Malaysia.” - **The Health**

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have the right to access information and services, service providers still face challenges in dealing with children under 18 who are involved in risky behaviours and refuse to inform their parents, whereas being minors requires parental consent. Complex and sensitive issues related to sexual and reproductive health include requests for contraceptive information/ counselling and services and screening and treatment for STIs.

Dr Radzi noted gaps in policies and legislation regarding providing information and services to minors without parental consent.

“A clear policy is needed regarding dealing with complex and sensitive issues and considers the challenges faced by service providers in dealing with minors so that they have access to necessary and appropriate information and services, in ensuring their safety, health and wellbeing.”

VACCINE HESITANCY

Meanwhile, the NHMS 2022: Maternal and Child Health (MCH) reported the prevalence of vaccine hesitancy in Malaysia as five per cent, marking the first nationwide study conducted among the population. The prevalence of vaccine hesitancy among parents in 2022 is at 4.9 per cent. This study serves as a baseline for understanding the burden of vaccine hesitancy in Malaysia.

The Obstetrical and Gynaecological Society of Malaysia (OGSM) President-elect for 2022/2023 Prof Dr Nazimah Idris, said: “There is a huge increase in incomplete vaccination among children up to the age of 23 months from 4.5 per cent in 2016 to 12 per cent in 2022. Similarly, the percentage of unvaccinated children has increased 10-fold from 0.1 per cent in 2016 to one per cent in 2022. It is a very worrying trend indeed.

“Changing mindset is difficult because the reasons for vaccine hesitancy are usually not based on scientific arguments. Society needs to receive



Prof Dr Nazimah Idris

the correct information and have sufficient health literacy to make sense of the information and make good health decisions.

NHMS 2019, she shared, reported that one in three Malaysian adults had low health literacy.

“We must continue to educate and improve our health literacy and, at the same time, fight misinformation. If that is not enough, we should look into legislation, e.g., establishing an Act or regulation for all children (e.g. under five years) to be immunised.”

Dr Radzi stated that MoH Malaysia knew some parents were refusing or reluctant to vaccinate their children.

“The MoH’s Family Health Development Division has been monitoring the data closely for mothers who refused vaccinations from 2013. Among the reasons for refusals are concern about the halal status of vaccines, side effects and preference for using traditional or homoeopathy medicines.”

Therefore, the MoH and Immunise4life Programme have developed Modul “Menangani Ibubapa Yang Ragu atau Menolak Vaksin” mainly to deal with refused or hesitant parents.

The training was conducted in 2019 and 2020, with a second cycle of training, was carried out in 2022 involving all categories of staff involved in the National Immunisation Programme at the implementation level. - **The Health**

Table 1 : Adolescents' health risk behaviour Trend in Malaysia, 2012, 2017 and 2022

Scope	Health risk behaviours	Malaysia (%)		
		2012	2017	2022
1. Tobacco Use	current cigarette smokers	11.5	13.8	6.2
	current e-cigarette/vape users	-	9.8	14.9
2. Mental Health Problems	suicidal ideation	7.9	10.0	13.1
	suicidal plan	6.4	7.3	10.0
	suicidal attempts	6.8	6.9	9.5
2. Nutritional Status	thinness	7.0	6.5	8.3
	overweight	14.0	15.2	16.2
	obese	10.6	13.3	14.3

Tackling complex and sensitive issues

THE MINISTRY of Health (MoH) provides access to comprehensive, quality healthcare services through its nationwide network of healthcare facilities (hospitals, health clinics and rural clinics) for all age groups, including adolescent girls and boys.

It provides integrated, comprehensive Adolescent Health Services (AHS) as an expanded Family Health Development Division scope in all primary health clinics nationwide.

Adolescent services include promotive, preventive, curative and rehabilitative services covering five major scopes: physical health, nutritional health, mental health, risky behaviour and sexual reproductive health. A referral system was established for multidisciplinary interventions where necessary.

AHS is provided to all age groups without discrimination of gender, ethnicity, marital status, socio-cultural or religious background, guided by national guidelines, laws and regulations. AHS is integrated into all primary healthcare facilities nationwide via static and mobile outreach services.

Best Practice Adolescent Friendly Health Services (AFHS) is one of the MoH’s initiatives to increase health workers’ visibility, commitment and focus on adolescent health. Healthcare providers are trained in line with the World Health Organisation (WHO) criteria and SOPs developed by the MoH Malaysia.

The importance of adolescent health and friendly health services are emphasised among health personnel towards a whole clinic approach to enhance awareness of adolescent health and ultimately to reduce morbidity and mortality among adolescents in the operational area.

In tackling adolescent health issues that are complex and sensitive, healthcare providers are regularly trained in the management of adolescent health, creating awareness to prevent stigma, and implementing professionalism, confidentiality, and non-judgmental with “the best interests of the child” as a primary consideration.

The MoH, in collaboration with various agencies, such as the Ministry of Women, Family and Community Development (MWFCDD), Ministry of Education (MOE) and NGOs, provides continuous advocacy at the clinic, school and community levels.

Community empowerment and mobilisation of civil societies and religious leaders for addressing adolescent health issues at the grassroots were also conducted. Budget allocation is essential to support the expansion and sustainability of programmes/ human resources/training for health workers etc.

Table 2 : Adolescents' health risk behaviour & protective factors 2012, 2017 and 2022

Scope	Health risk behaviours	Malaysia (%)		
		2012	2017	2022
1. Alcohol Use	Current drinker	8.9	10.2	7.4
2. Nutritional Status	Obese	10.6	13.3	14.3
3. Drug Use	Current drug use	1.6	3.4	2.4
4. Mental Health	Attempting suicide	6.8	6.9	9.5
5. Physical Activity	Sedentary activity	47.3	50.1	66.7
6. Sexual Behaviours	Current sexual intercourse	-	5.4	5.7
7. Tobacco Use	Current E-cigarette use	-	9.8	14.9
8. Violence & Unintentional Injury	Physical fight	27.4	24.9	16.0