

PA.9. Healthy Campus Initiative, Malaysia – Institutional Response

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Back ground: Over the past two decades, the prevalence of NCDs (non-communicable diseases) in Malaysia has dramatically increased despite various efforts to reduce the risk factors. Behavioural risk factors of NCDs (unhealthy diet, insufficient physical activity, tobacco use, and alcohol abuse) are becoming more prevalent in adolescents and young adults, leading to higher cost of treating NCDs in the future. The Healthy Campus Initiative (HCI) is a work-site intervention in health literacy and promotion for reduction of NCDs. It provides programs for students and university staff to facilitate healthy living. The HCI has already been successfully implemented in universities worldwide: Singapore, USA, Australia, and UK.

Aim: The study aims to assess the policy and priority by top management of Malaysian universities in promoting healthy lifestyle towards feasibility of HCI.

Methods: A qualitative study, using face-to-face in-depth interview methods, was conducted from April 2015 to June 2016. Purposive sampling parameters included a) university is established for 5 years b) consists of a faculty of medicine. 24 invitations were sent to 50 eligible universities nationwide. Two key informants (KI), representing the top management of the university and medical faculty, respectively, from each selected university were invited. A total of 18 key informants from ten private and public universities participated in the study. Interviews were digitally recorded, transcribed verbatim, and analyzed using NVIVO Version 9. Ethics approval was granted by the University of Malaya Medical Center [MECID:20152-1032].

Results: All KI defined healthy campus as practising healthy eating and physical activity. Majority also referred to smoke-free campus, although the latter is a government regulation. However, only several KI mentioned psycho-social well-being, healthy environment, campus safety and community engagement. Universities located in the suburbs provided facilities for physical activity within their campuses, viz. tracks for walking, running and cycling, badminton/tennis/squash courts. Sport stadiums and swimming pools are also found in a couple of public universities. While city-based universities resorted to private gyms or sports clubs in the vicinity. Many KI assured the cleanliness and food safety of canteens and food stalls within campus. Health screening for university staff is available (voluntary/ad hoc) in some universities, and for students in all (at admission). Public universities highlighted financial constraints in provision of adequate sports facilities, while private universities were challenged by lack of space for physical activity.

Discussion: Clearly, there is no institutional policy for healthy campus among the participating universities. Understanding of healthy campus concept in public and private universities is varied, uneven, and not comprehensive. Food cleanliness and food safety was more the focus while nutritious foods and healthy choices/portions did not merit mention/attention. Notwithstanding these gaps, all KI were very positive about the leading role of the medical faculty in spearheading the HCI.

Conclusion: Although all participating universities tried to implement healthy lifestyle despite various challenges, there is no institutional policy, standard structure, and evaluation. Thus, there is an urgent need for establishing institutional policy on HCI in Malaysia. Institutional commitment, strategic planning and evaluation are crucial for the success and sustainability of HCI.

Key words: healthy campus initiative, policy, NCDs, institutional response, health promotion.