# National Healt

# **FACT SHEET**

# MORBIDITY SURVEY (NHMS) 2015

# BACKGROUND AND OBJECTIVE

The National Health and Morbidity Survey (NHMS) is a nationally representative survey of population in Malaysia. It was first initiated in 1986 and has been an important platform for monitoring the health of the population in Malaysia. Its objectives were to supplement community-based data on the pattern of common health problems, health needs and expenditure on health in the community to enable the Ministry of Health to review priorities and activities of programmes, plan future allocation of resources and evaluate the impact of strategies. The interval of NHMS has been shortened from every 10 years to a 4 yearly cycle with annual data collection since 2011 to ensure timely information is obtained for planning of health programs. The main scopes in the NHMS 2015 were health care demands, noncommunicable diseases and non-communicable diseases risk factors.

# NHMS 2015 HIGHLIGHTS **CARDIOVASCULAR DISEASES**

#### **DIABETES MELLITUS**

- 17.5% (3.5 million) of adults 18 years and above have diabetes
- 8.3% are known diabetes
- 9.2% are previously undiagnosed with diabetes

#### **HYPERTENSION**

- 30.3% (6.1 million) of adults 18 years and above have hypertension
- 13.1% are known to have hypertension
- 17.2% previously undiagnosed with are hypertension

# **HYPERCHOLESTEROLEMIA**

- 47.7% (9.6 million) of adults 18 years and above have hypercholesterolemia
- 9.1% are known to have hypercholesterolemia
- 38.6% are previously undiagnosed with hypercholesterolemia

# METHODOLOGY

NHMS uses a standard methodology for a household survey. A multi-stage stratified sampling method was used in NHMS 2015 to produce a nationally representative data. It covered both urban and rural areas and canvassed all states in Malaysia. Data collection was by face to face interview using structured questionnaires as well as self-administered method. Clinical assessment and biochemistry tests were performed based on the modules. Survey information was collected electronically using handheld devices. About 10,000 randomly selected living quarters (LQ) were visited and 30,000 population responded to the survey with the overall response rate of 86.4%.

# **NUTRITIONAL STATUS & DIETARY PRACTICE**

# **NUTRITIONAL STATUS**

- Adults 18 years and above, based on WHO 1998 Classification
  - o 30.0% (5.6 million) are pre obese
  - 17.7% (3.3 million) are obese
- Adults 18 years and above, based on CPG 2004 Classification
  - o 33.4% (6.3 million) are pre obese
  - 30.6% (5.7 million) are obese
- Children below 18 years, based on BMI for age status (WHO 2006)
  - 11.9% (1.0 million) are obese

# **DIETARY PRACTICE**

Only 6.0% (1.2 million) of adults 18 years and above consumed 5 serving or more fruits or vegetables per day

#### PHYSICAL ACTIVITY

66.5% (14.0 million) of adults 16 years and above are physically active based on IPAQ definition.







# National Health & MORBIDITY SURVEY (NHMS) 2015

# TOBACCO USE

 43.0 % of men, 1.4% of women, and 22.8% overall (5.0 million) currently smoked tobacco.

#### ALCOHOL CONSUMPTION

• 7.7% (1.7 million) individuals aged 13 years and above currently consumed alcoholic beverages such as shandy, beer, stouts, wine, whisky, samsu and others

# MENTAL HEALTH PROBLEMS, ADULTS

# (16 YEARS AND ABOVE)

29.2% (4.2 million) of adults 16 years and above were suspected as having mental health problems

# MENTAL HEALTH PROBLEMS, CHILDREN

# (FIVE TO BELOW 16 YEARS)

12.1% (0.6 million) of children five to below 16 years were suspected as having mental health problems

# **HEALTH CARE DEMAND**

#### **HEALTH SEEKING BEHAVIOR**

27.5% experienced health problem in the last two weeks; only 40.6% seek treatment or advice from a healthcare provider.

#### **COMMUNITY PERCEPTION**

#### **Choice of preferred provider**

More than half (51.4-78.2%) of the adult (18 years and above) population preferred government facilities when they have minor illness, major illness, minor surgery, major surgery, dental treatment and for delivery/birth.

# Perceived cost for government and private care

Perceived cost in getting treatment at private facilities were several times more expensive compared to government for:

Minor illness: 10 times i. ii. Major illness: 8 times Minor surgery: 8 times iii. Major surgery: 6 times **Dental treatment: 11 times** v.

vi. Childbirth: 13 times

# Perception on government/private Healthcare **Delivery System**

The population had a positive overall impression (good or excellent) towards government clinics & hospitals, with 77.8% and 79.6% of the population rated either good or excellent respectively.

#### **HEALTH CARE UTILISATION**

# • Inpatient

- 7.6% (2.2 million) of population experienced hospital admission in the last one year
- o 76.7% of total utilisation was in government facilities
- Overall mean travel time and distance to health facility were 41 minutes and 23.5 km respectively

### Outpatient

- o 9.0% (2.6 million) of population reported to received outpatient care in the last two weeks
- o 60.1% of total utilisation was in government facilities
- Overall mean travel time and distance to health facility were 21 minutes and 10.0 km respectively

# **Oral Healthcare**

- o 5.2% (1.5 million) of population had oral health problems in the last two weeks preceding the survey with only 26.6% has sought treatment or advice from the healthcare provider
- Only 27.8% (8.1 million) of population had a dental visit in the last one year
- 37.0% (7.8 million) of population had never received oral healthcare
- o 70.1% of the total utilisation was in the government facilities





