

ASSESSMENT OF LEVEL OF KNOWLEDGE, ATTITUDE AND PRACTISE IN PROMOTING HEALTHCARE AMONG HEALTH CLINIC ADVISORY PANEL IN KUALA SELANGOR

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ABSTRACT

In 1978, in Alma Ata Declaration and Ottawa Charter (1986), World Health Organization has highlighted their vision in health promotion is about principles of participation and empowerment. In 1994, HCAP has been introducing by Malaysia Ministry of Health as a channel to help the community to get an information regarding health and also to get health services such as health screening program, defaulter tracing program and home medical assessment review program. A cross-sectional survey of a random 36 Health Clinic Advisory Panel has been selected and conducted in 2017. Questionnaire from Individual-Community Related Empowerment has been used to assess the level of knowledge, attitude, and practice regarding healthcare. All the data has been analysed used SPSS Statistics 21.

On the demographic data, sample gender stat higher on a male with 52.8% ($n:19$) meanwhile on the second components in demographics are sample age, 30.9% (29) have come from age of 19 – 59 years old group. For the level of education, 69.2% stated are from secondary level and the last components in demographic data are sample income 77.8% ($n:28$) stated monthly income more than Rm 3001 per month. For assessment of level KAP. From the data analysed all components of knowledge stated 94.33%. Meanwhile, in attitude components show 96.26% and practice show 93%. An average percentage is 94.5% which from this study showed HCAP members have good knowledge, attitude, and practice in promoting healthcare.

Keywords: *Health Clinic Advisory Panel, Promoting Healthcare*

INTRODUCTION

Principles of participation and empowerment in health promotion have been highlighted in Alma Ata Declaration (WHO, 1978) and in the Ottawa Charter (WHO, 1986). The Ottawa Charter states "strengthening community action" as one of its five actions areas. Started with health promotion, works through an existing and effective community action in setting priorities, making an assessment, planning strategy and implementing them to achieve better health (WHO, 1986). Meanwhile, in Malaysia, Ministry of Health stated, community empowerment is one of the methods to distribute information regarding healthcare, healthy lifestyle and other health-related information from the health center direct to the public (Malaysian Ministry of Health, 1994), Health Clinic Advisory Panel (HCAP) been introduced by Malaysian Ministry of Health as a channel to helping the community to get an information regarding health and also to get a

health service such as health screening program, defaulter tracing program and home medical assessment review program (Malaysian Ministry of Health, 1994).

AIM

The aim of this study was to assess the level of knowledge, attitude and practice among Health Clinic Advisory Panel in promoting health care in the district of Kuala Selangor.

METHODOLOGY

Study area

This study was conducted in Kuala Selangor District. It has a total landmass of 1,194.52 square Kilometers. Estimation of the human population is 199771. There are 7 health centers with the own Health clinic Advisory Panel Members.

Study design and Sampling Technique

This study conducts from July until November 2017. The cross-sectional survey with randomly selected

sample selection. The sample size has been calculated using Epi Info Version 7 and has been recalculated using Olorunfemi Amoran approach. This approach takes into consideration a 5% error of margin and 95% confidence Level (CL). For calculation 36 out of 40 has been selected as research sample. All sample must follow the inclusion criteria that has been arranged.

Method of Data Collection

Research Tool

The descriptive cross-sectional study was conducted in Kuala Selangor. The questionnaire has been adopted by Israel *et al.*, (1994) 'Individual-Community Related Empowerment' (ICRE). A few editing has been made to ensure the questionnaire are able to gather all information that needed in this research paper. The first part of the questionnaire was structured to contain demographics including age, gender, level of education and monthly income. The second part of the questionnaire was structured to gather all information regarding research objective there are 10 questions on second part it used the Likert-type five-point scale in order to measure the level of knowledge, attitude, and practice related to healthcare. Before distributing the questionnaire, a reliability and validity test has been conducted to validate the questionnaire. Before finalized the questionnaire, the pilot study has been conducted according to the sample inclusion and exclusion criteria.

Data Collection

During the data collection, the researcher explains to the participant about this study and their right. All the

data and identity are confidential. If the samples agree to be the sample, they sign the consent form before researcher distribute the questionnaire itself and they need to answer all the question at the same time. This method used to ensure the questionnaires have been filled completely and after complete fill the questionnaires, researcher collect and recheck the questionnaire to ensure all the question has been answered and to avoid the questionnaire from missing.

Ethical Consideration

Voluntary participation of respondents in the research is important. Moreover, participants have rights to withdraw from the study at any stage if they wish to do so. Respondents should participate on the basis of informed consent. The principle of informed consent involves researchers providing enough information and assurances about taking part to allow individuals to understand the implications of participation and to reach a fully informed, considered and freely given decision about whether to do so, without the exercise of any pressure or coercion.

RESULTS

Demographic data

Table 1 summarizes the demographic data of the research sample. A total of 36 respondent are aged 19-59 Years old enrolled. Majority of Sample were males (52.8%). Age 19-59 years old (80.6%). Meanwhile level of education stated higher in tertiary level of education (75%) and monthly income more than Rm 300.1 (77.8%).

Table 1: Demographic Data of the Sample Population (N:36)

	Variable	Frequent	Percentage
Gender	Male	19	52.8
	Female	17	47.2
Age	Less 18 Years Old	0	0
	19-59 Years Old	29	80.6
	Above 60 Years Old	7	19.4
Education	Primary	0	0
	Secondary	9	25
	Tertiary	27	75
Monthly Income	Less Rm 1500	0	0
	RM 1501.00 – Rm 3000.00	8	22.2
	More than Rm 3001.00	28	77.8

Table 2 summarizes the KAP score of the research sample. A total of 36 respondent stated 94.33% knowledge, 96.26% Attitude and 93% of Practice.

Table 2: Percentage of knowledge, attitude, and practice of the sample population

Variable	Question number	Percentage
Knowledge	1	86.1%
	8	100%
	9	97%
Average		94.33%
Attitude	3	88.8%
	5	100%
	7	100%
Average		96.26%
Practice	2	86%
	4	100%
	6	100%
	10	88%
Average		93%

Because of Table 2., 94.33% sample stated having a very good knowledge of healthcare. Meanwhile, on the attitude, 96.26% sample has a good attitude in healthcare. For the last component practice 93% sample.

DISCUSSION

Empowering communities in promoting health is very important because through their communities it can impact and influence especially on healthcare to the local community. Additionally, empowering the community in terms of healthcare can create the individual and at the same time bring impact on the health of the community and be able to affect the country. As recommended by the Malaysian Ministry of Health where the accessibility of medical facilities and services do not matter. This is in line with the vision and mission of the health clinic advisory panel where the slogan of the health panel advisory panel active panel, Prosperous society.

The findings from this study show that there are several things that can be discussed where the level of knowledge, attitude, and practices of HCAP are well-coordinated with an average percentage of 94%. As a member of HCAP, they are an example model for local communities in addition to helping them with the healthcare context. Therefore, in the selection of their HCAP members, they must be knowledgeable in the field of healthcare so that they can provide advice and guidance to the local community.

In addition to the knowledge, HCAP members should also have the attitude in line with the recommendations

of the health ministry in terms of healthcare. While from the aspect of practice. HCAP members are examples of models in the community. The community observed HCAP members as those who could be a good example, and able to provide guidance to local healthcare-related communities.

CONCLUSION

The HCAP as well as representing health clinics as well as representatives of the Malaysian Ministry of Health are in line with the results of this study where they have high levels of knowledge, attitudes, and practices regarding health care. As well as being a role model and influencing local healthcare-related communities.

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