

# True wealth is health

**I**N AUGUST 2019, a busload of upper primary school children from a rural school in Kelantan visited the capital on an excursion organised by the MyKasih Foundation. It was an exciting trip with visits to places like the National Planetarium and Kidzania, the career theme park in Mutiara Damansara that is so much fun that children do not want to leave once they enter. On the three-day itinerary was a vision check conducted by optometrists and nurses, part of the health screening routinely done by MyKasih. Of the 26 children tested that day, 14 needed prescription glasses.

An alarm bell rang — that was more than half. The accompanying teachers became concerned and reported that those children were otherwise healthy, active outdoors and did not use electronic gadgets. They suspected that nutrition might be at the root of it but a proper study was needed before any conclusions could be made. And what about the other children? Since then, the teachers, MyKasih's social workers and other NGOs have been working on ways to get the entire school tested in a comprehensive way. The logistics are complex. The school is so off-road that delicate eye-exam equipment might not survive the journey. Mobilising a few hundred schoolchildren to an urban centre was tricky too.

That is the sort of challenge that the MyKasih Foundation faces. The best way to tackle it is to work with agencies and NGOs on the ground. Those partnerships have yielded a health screening programme that helps people understand their health and take proactive steps.

In 2010, MyKasih Foundation began health screening with the National Population and Family Development Board. Together, they ran a day-long health carnival in Sarawak to which beneficiaries of the food aid programme were asked to go with their families for on-the-spot health testing, health counselling, a nutritious meal and a little goodie bag.

These days, with a RM200,000 budget, about 10 such health carnivals take place all over the country every year and, depending on the community, testing could include blood sugar, blood pressure, body mass index, pap smear, vision and dental health. The majority of adults at these events record higher than normal blood sugar and blood pressure; this is particularly evident in older people. When counselled to correct their diet and lifestyle, many reveal that they never knew they had any medical problem. On occasion, individuals are referred to a hospital for urgent attention.

The programme is a huge success. There has been positive response to the talks — on dental health, maternal health, cholesterol and hypertension — and a recurring theme is about making healthier choices with their shopping because nutrition remains a core issue. The food aid programme is limited to an approved list of products but it is unrealistic to micromanage what people actually buy and serve their families. Eventually though, health education will lead to informed decisions and better buying behaviour in the B40 group given what they can actually afford.

For children on the MyKasih Love My School bursary,



An Orang Asli elder of Pos Piah, Perak, gets his teeth checked by Kuala Kangsar dental clinic staff. This mobile dental clinic saves Pos Piah residents a costly trip to town.



A Temiar Orang Asli from Pos Piah gets his blood glucose measured at the Kuala Kangsar Orang Asli mobile clinic

health screening zooms in on their eyesight and teeth. About 10% to 15% of screened children will need glasses. Malaysia's Ministry of Health has an effective school-based vision screening programme but there are occasional gaps and some children miss screening for one reason or another. In one MyKasih vision campaign, a Year Five schoolgirl in suburban Kuala Lumpur was prescribed eyeglasses powered at -80! Somehow, she had missed every chance for an eye check despite teachers reporting that she was slow.

With Rotary International as MyKasih's partner, the children get a pair of prescription glasses completely

free. They choose frames on the spot. A week later, the spectacles arrive at the school and a teacher supervises the distribution.

Nearly 1,000 pairs of spectacles have been distributed since the vision screening programme started two years ago; the feedback is that it has been life-changing for the children. The team returns a year later for a follow-up check while a new batch of children are screened. Vision screening is conducted only for primary schoolchildren to catch them really young when many cannot articulate that they have an eye problem.

The dental health screening programmes are showing up cavities, rotten teeth and gum disease in adults and children. Across Malaysia, tobacco and betel nut chewing, smoking, poor nutrition and high sugar diets combined with poor oral hygiene — many simply do not brush their teeth daily — is more prevalent than we imagine.

For children at the health carnivals, an entertaining game with mirrors helps them learn dental self-examination and oral hygiene. It turns out that some children do not brush their teeth and think that mouth ulcers are



**"National security relies on basic needs being met... health, education and the assurance of a comfortable and safer tomorrow."**

*Datuk Yaacob Amin, MyKasih trustee*



A Temuan pupil at SK Bukit Lanjan gets her vision checked by optometrist Alice Wong. The vision screening was sponsored by MyKasih and the Rotary Club of Puchong Centennial.

normal, suggesting a very poor hygiene culture at home, which is often a sign of poor parenting. MyKasih social workers keep an eye on that, knowing that poverty pushes people to the limit. Many B40 parents work two jobs each, sometimes neglecting their children. At some health carnivals, children have appeared with open infected sores on their feet, various skin conditions, stomachs distended with worm infestation and overall malnutrition. Apparently, some parents have a pathological fear of clinics and hospitals but are less fearful of health workers in the informal atmosphere of a carnival.

Most donors like the health carnivals and take the opportunity to meet their food aid beneficiaries and better understand the needs of a community. Some donors do not have health as a CSR pillar but strongly encourage their food aid recipients to attend another donor's health carnival. One donor organised further medical camps and even a de-licensing exercise at a rural school. Donors are known to escalate their contribution by refurbishing local schools, libraries and dormitories, sometimes independently of MyKasih, much to the delight of the foundation as it demonstrates trust between the donor and the community. ■