

Abstract Presentation 2

Breathing and feeling well through universal access to right care



Perceptions of school staff, healthcare professionals and policy makers regarding asthma and school-based intervention for asthma in Malaysia: A qualitative study

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28 November 2020, IPCRG Webinar



Rationale

- School-based asthma self-management interventions could improve asthma outcomes.¹

Childhood asthma in Malaysia

- Poorly controlled asthma ranges between 48.2% and 90%.^{2,3}
- 2/3 of children had no asthma review.²
- 12% had controller medication and 35% had preventer medication.²



1. Harris, K., et al., 2019 2. Ahad, A. & Khoo, E.M., 2017. 3. Wong, G.W.K. et al., 2013.



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Aim



Explore the views of school staff, healthcare professionals and policy makers regarding asthma and school-based asthma intervention for primary schools in Malaysia



School-based asthma intervention in Malaysia

Methods

- Qualitative study using focus groups/interviews
- Between May until December 2019
- Purposive sampling
 - School staff from 6 primary schools
 - Healthcare professionals (school health team)
 - Teachers' association representative
 - Policymakers
- Audio recorded, transcribed verbatim
- Analysed using thematic approach



Results

Table 1: Demographic characteristics of participants (N=52)

Demographic	n (mean)	Demographic	n (mean)
Age range (year)	23-58 (42)	Working experience	1-35 (17)
Gender		Ethnicity	
Female	46	Malay	20
Male	6	Chinese	18
		Indian	14
Education background		Employment background	
Primary/secondary	0	School staff	41
Tertiary	52	Healthcare professional	9
		Policymaker	2
Personal history of asthma	11	Family history of asthma	13

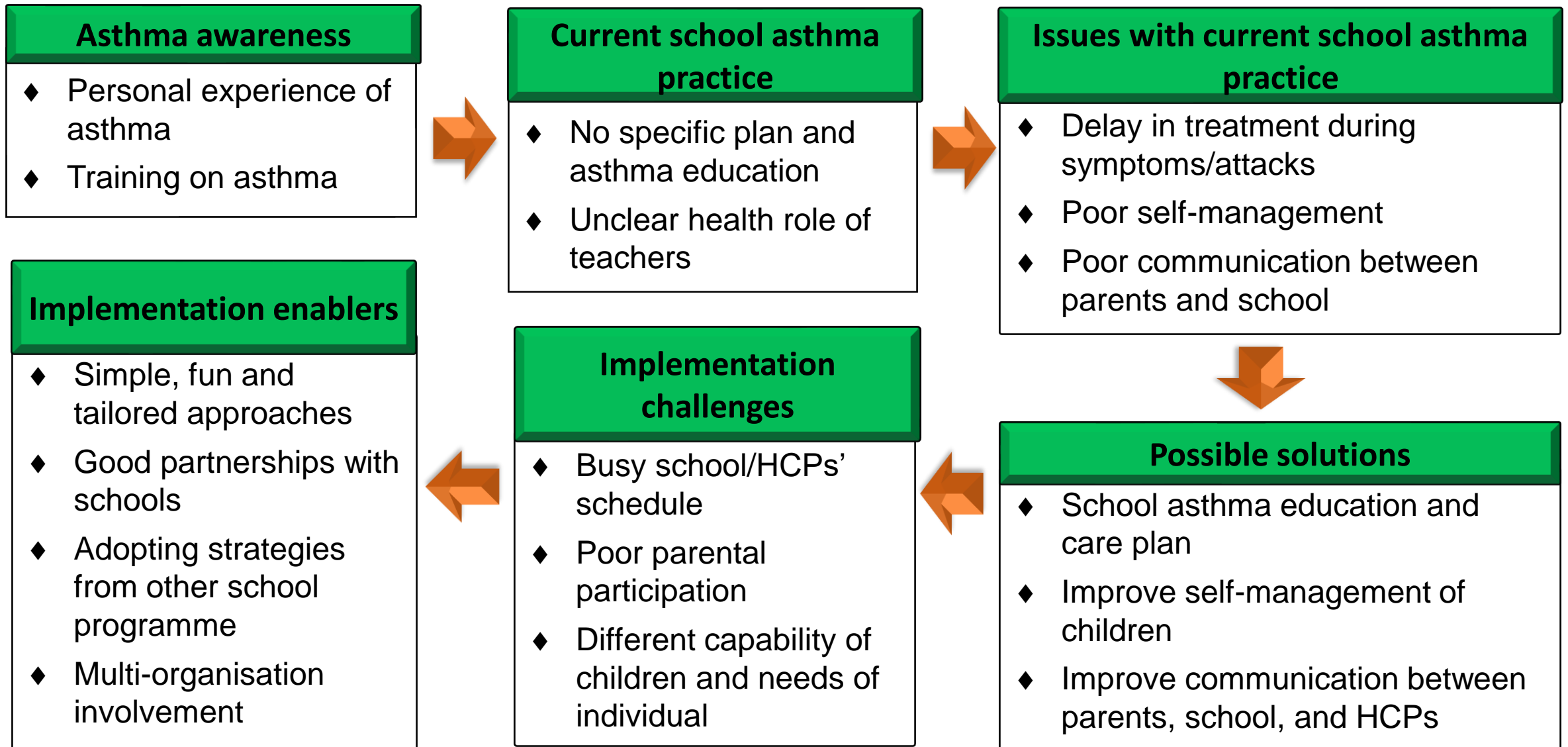


Figure 1 : Themes and subthemes of participants' views of asthma and school-based asthma intervention.

Possible solutions

- ◆ Specific school asthma education and care plan
- ◆ Improve self-management of children
- ◆ Improve communication between parents, school and HCPs

“All school staff need to be educated... need someone to demonstrate to them how to use the inhaler.” (A_IDI 1, teacher)



“Parents should inform the teacher that his/her child has asthma and needed this treatment. ... If parents provided a black and white instruction, that is even better.” (T6_IDI 6, teacher)

Implementation challenges

- ◆ Limited time at school/HCPs
- ◆ Poor parental participation
- ◆ Different capabilities and needs of individuals

*"Cannot, we already have a lot of programmes. There is no time to allocate in our schedule."
(SA6_FGD6, teacher)*



*HA7: English, Tamil can.
VA7: But if it is in Tamil, they will understand better, because it is their native language.
TA7: but some lower and upper primary can understand Malay. (FGD 7, teachers)*

Implementation enabler

- ◆ Simple, fun and tailored approaches
- ◆ Good partnerships with schools
- ◆ Adopting previous or current school programme/plan
- ◆ Multi-organisation involvement

*"We use a storyline, a child with asthma."
(S13, Healthcare professional)*

"We have a community organisation and parent and teacher organisation who can help to promote the programme. (T6_IDI 6, teacher)



Discussion



School asthma mortalities were caused by¹

- School staff unawareness of students with asthma
- Hesitancy and delay in the provision of first aid treatment

School asthma programmes and guidelines are common, globally ^{2,3,4}

A need of multi-level intervention – school asthma care plan and education in schools in Malaysia

Conclusion

Good partnership with schools to design the intervention¹

Multi-organization involving wider school community could aid delivery and sustainability^{2,3}

Public policy could encourage the improvement³





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Thank you!

This research was funded by the National Institute for Health Research (NIHR) Global Health Research Unit on Respiratory Health (RESPIRE) using UK aid from the UK Government to support global health research.

The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR or the UK Department of Health and Social Care.



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