EP040

EXPLORING BARRIERS AND FACILITATORS TO HEALTHY LIFESTYLE: A QUALITATIVE PERSPECTIVES AMONG MULTI-ETHNIC MALAYSIANS



MINISTRY OF HEALTH MALAYSIA

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INTRODUCTION

Healthy living plays a crucial role in reducing the risk of serious illnesses, chronic diseases, and premature mortality, while promoting overall quality of life. Understanding the barriers and facilitators to healthy lifestyles among different ethnic groups, shaped by sociocultural influences, is essential for informing effective and context-specific interventions that promote the adoption of healthy behaviours.



OBJECTIVE

To explore the barriers and facilitators towards practice of healthy lifestyle among multi-ethnic Malaysians using the Socioecological Model framework

MATERIALS & METHODS



Study Design: Phenomenological qualitative approach

Study Population: Malaysians aged 18 – 65 years from different ethnic groups (Malay, Chinese, Indian, Bumiputera Sabah & Sarawak)

Sampling Method: Purposive Sampling



Data Collection: 43 Focus Group Discussions (FGDs) was conducted by zone: Southern, Northern, Central, Eastern & Borneo. Participants categorized by age group and ethnicity

Study Instrument: Semi-structured topic guide based on literature review & expert opinion



Data Analysis: FGD sessions was audio-recorded and verbatim transcribed. Thematic analysis was used to identify key themes based on Socioecological Model framework

DISCUSSION

Health behaviours are shaped by multi-level influences, where individual barriers (e.g., low motivation, financial prioritisation, work–life imbalance) interact with strong socio-cultural contexts.
Across ethnic groups, culture, religion, and family structures play a central role in shaping health practices, while differences in information access and language influence engagement.
Generationally, younger groups are more digitally driven and appearance-motivated, whereas older groups are experience- and illness-driven, with stronger reliance on traditional practices.
Overall, accessibility, affordability, and culturally relevant communication remain key determinants of health behaviour adoption.

CONCLUSION

Health behaviours are shaped by socio-cultural, generational, and structural factors. Effective interventions must be culturally tailored, family-centred, digitally adaptive, and accessible, while addressing financial, informational, and system-level barriers.

ACKNOWLEDGEMENT

We would like to express our gratitude to the Director-General of Health and Deputy Director-General of Health (Research and Technical Support) Malaysia for allowing this presentation. We would also like to express appreciation for all the support from all parties that have contributed directly or indirectly for this study.

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RESULT

Total participants: 279

1 Individual Level

Barriers

- Low Self-Regulation & Time Constraints
- Financial Prioritisation & Work–Life Imbalance
- Fatalistic beliefs
- Misinformation & poor health knowledge

Facilitators

- Self-awareness
- Religious & cultural health practices
- Occupational exposure to health knowledge
- Desire for healthy ageing & longevity
- Appearance-driven motivation

> *"Suka makan manis. Dessert kena ada setiap hari. Lepas melahirkan anak rasa nak makan manis je."* — Malay(18-29)/Ipoh
>
> *""Jika sakit, sakitlah. Saya tak kisah"* — Chinese (61 above)/Johor
>
> *"Perception that one should 'enjoy life' before death"* — Malay (61 above)/Johor
>
> *"Health is number 1, suddenly if I fall sick, without giving proper attention to health, I might not be able to do anything."* — Indian (18-29)/Ipoh
>
> *"Health is number 1, suddenly if I fall sick, without giving proper attention to health, I might not be able to do anything." Sama juga dengan kesihatan, kau nak cantik Kau kena macam budak sekarang, nak cantik make up kan? Macam tu sama juga dengan kesihatan, kau tak boleh beli. Kalau kau kaya macam mana pun Tapi kalau kau tak sihat, habis semua."* — Malay (61 above)/Ipoh

2 Interpersonal Level

Barriers

- Social eating culture
- Peer pressure
- Family dietary habits
- Generational lifestyle gaps

Facilitators

- Family as motivation for staying healthy
- Traditional family health practices
- Positive role modelling (parents/spouse)
- Supportive peer influence

> *"Budaya (amalan baraan/marhaban), makan banyak dan berulang kali (setiap rumah yang disinggah) , lepas ceramah mesti ada makan (moreh)."* — Malay (61 above)/Johor Bahru
>
> *Anak cucu makan yang sedap sedap. depan mata....terikut nak makan"* — Malay (61 above)/Johor Bahru
>
> *"Amalan nenek moyang (seperti mandian daun), mandi sebelum subuh, mandian herba/tradisional.* — Malay (61 above)/Johor
>
> *"Peer influence from friends working in the medical field (e.g., friends in JKN)"* — Malay (18-29)/Johor Bahru

3 Environmental Level

Barriers

- Information overload
- Easy access to unhealthy food
- High cost of healthy options
- Work stress & urban lifestyle

Facilitators

- Digital health info, Health apps for monitoring
- Availability of Parks & recreational spaces
- Daily incidental /occupational related activity

> *"Pemakanan dan aktiviti terjejas akibat pekerjaan. Tiada aktiviti fizikal sabgat. Pengaruh Kawan makan banyak. Pagi pun dah makan nasi kandar. Kerap ambil nasi disebakan oleh kerja berat dan cuaca panas. Banyak minum air mineral."* — Malay (30-40)/Penang
>
> *"di kampung lebih selamat untuk jalan (doing physical activity) unlike di bandar ..banyak aktiviti boleh dibuat di kampung (seperti potong rumput etc.) unlike dibandar yang sekali naik (tangga) rumah, malas nak turun"* — Malay (41-60) /Penang
>
> *"Walking for 1 hour daily (utilizing outdoor space/environment)." Malay (41-60)/Sarawak "High usage of 'Fancy applications' and social media to monitor health and gain information."* — Malay (18-29)/KL

4 Organizational/ Institutional Level

Barriers

- Healthcare System Accessibility Issues
- Work-Related Constraints

Facilitators

- Workplace Health Promotion
- Employer-Provided Health Screening
- Institutional Health Outreach

> *"Tidak suka tunggu lama di fasiliti kerajaan."* — Malay (61 above)/Johor Bahru
>
> *"Work commitments making it difficult to find time for health screenings* — Malay (30-40)/KL
>
> *"Workplace programs such as 'Group exercise' or 'Fruit distribution' at the office."* — Malay (41-60)/Johor Bahru
>
> *"KKM buat mobile saringan like door-to-door..kita ada join lah"* — Malay (18-29)/Sarawak

5 Policy Level



Barriers

- Low awareness of national health programmes due to limited social media use and lack of engagement with official Ministry channels.
- Financial Barriers to Preventive Care
- Cultural Sensitivity in Health Programs
- Weak Regulation of Unhealthy Food Trends

Facilitators

- Trend based Health Promotion Strategies
- Free or Subsidised Screening Programs
- Public Infrastructure for Physical Activity



> *"hebahan program kurang- ramai tak join except yang always volunteered for program program Kesihatan...dulu hanya nampak iklan di TV, now, since social media.. official laman web KKM tidak difollow, info info tak sampai .. tak tahu laman web KKM"* — Chinese (41-60)/Johor Bahru
>
> *""Limited government regulation on viral 'sweet' food trends or sugary drinks popular among youth."* — Malay (Johor Bahru (18-29)
>
> *"tak pergi cause its too open dan tak nak orang tahu result, rasa macam rat lab whenever there's too many people around me masa buat saringan (the free saringan program in the mall)* — Bumiputera Sarawak (18/29)
>
> *"Penyampaian guna influencer (e.g. Aliff Syukri, AI team) and short, striking videos to make health information 'trendy'."* — Malay (18-29)/Johor Bahru
>
> *"Saringan percuma atau bersubsidi."* — Malay (18-29)/Johor Bahru
>
> *"Use of public parks and designated walking paths provided by local councils for morning exercise."* — Chinese (41-60)/KL

This poster was presented at 1st National Conference on Behavioural Science in Health 2026 (BSC 26)

1st National Conference on Behavioural Sciences in Health 2026

Mainstreaming Behavioural Sciences for Better Health

6-7 May 2026 | National Institutes of Health