EP067

THE ILLUSION OF WELLNESS: UNMASKING SELF-REPORTING BIAS AND THE KNOWLEDGE-ACTION GAP IN COMMUNITY HEALTH

MINISTRY OF HEALTH MALAYSIA
BATU PAHAT HEALTH DISTRICT OFFICE

Callextus Sibat A.S[1]*, Faizah J[2], Irene Faridah I[3], Nur Najwan S[1]

[1]Wellness Hub Batu Pahat, Batu Pahat Health District, Johore
[2]Health Promotion Unit, Johor State Health Department, Johore
[3]Health Promotion Unit, Batu Pahat Health District, Johore



INTRODUCTION

Health campaigns successfully increase knowledge, but translating this into actual behaviour change remains a major challenge. A critical issue in primary care is that patients perceive themselves as adopting healthy lifestyles, yet clinical data proves otherwise

OBJECTIVE

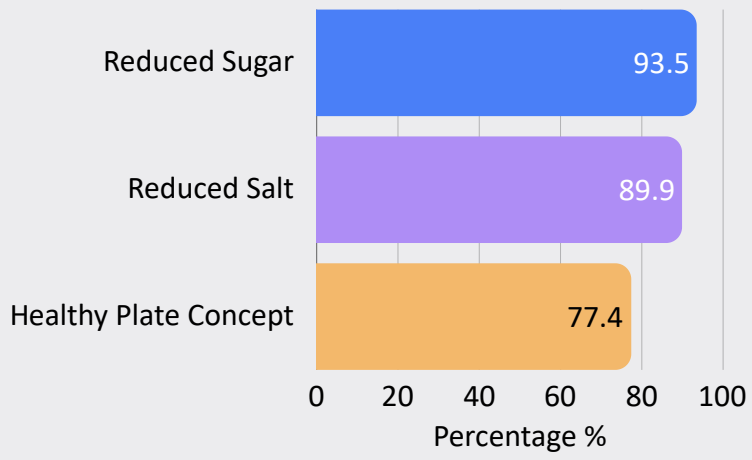
This study aims to evaluate Social Desirability Bias by comparing self-reported dietary perceptions against objective clinical screenings and physical fitness tests

METHODOLOGY

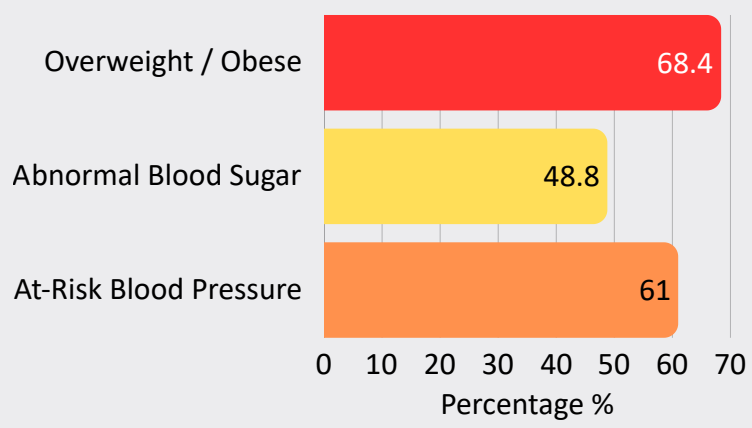
A retrospective analysis involved 849 new clients registered at Wellness Hub Batu Pahat in 2024. Self-reported lifestyle surveys regarding daily habits were cross-mapped with clinical outcomes (BMI, Blood Pressure, Blood Sugar) and physical fitness assessments.

RESULTS

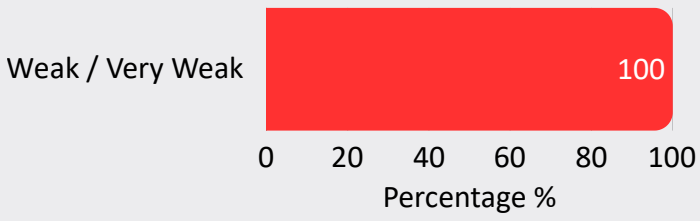
CLAIMED HEALTHY PRACTICES (n=849)



CLINICAL REALITY (n=849)



FITNESS TEST (MUSCLE STRENGTH) (n=665)



Every single client tested (n=665) scored ‘Weak’ or ‘Very Weak’ in physical fitness assessments, highlighting a universal issue with sedentary behaviour.



Image 1: Client Health-Screening at Wellness Hub Batu Pahat.



Image 2: Client Fitness Assesment at Wellness Hub Batu Pahat.

DISCUSSION AND CONCLUSION

The glaring contradiction between clients' self-reported healthy habits and their actual health status reveals a significant behavioural paradox. While 93.5% of clients claim to reduce sugar intake and 77.4% theoretically practice the healthy plate concept, the clinical reality shows that 48.8% have abnormal blood sugar and 68.4% remain overweight or obese. This highlights an "Illusion of Wellness" and a profound knowledge-action gap where health literacy fails to translate into practical execution. Furthermore, a 100% failure rate in muscle strength tests exposes deep psychological barriers toward resistance training, compounded by widespread sedentary norms. Therefore, relying solely on awareness campaigns and self-reporting surveys is no longer sufficient, as it merely fosters a false sense of wellness. Public health practitioners must shift towards applied behavioural sciences by implementing choice architecture and environmental nudges to drive genuine, long-term lifestyle modifications outside clinical settings.

ACKNOWLEDGEMENT

The authors would like to express their deepest gratitude to the Wellness Hub Batu Pahat, the Batu Pahat Health District Office, and the Health Promotion Unit of the Johor State Health Department for their continuous support, data provision, and commitment to community health promotion that made this study possible.

REFERENCES

1. Kelly, M. P., & Barker, M. (2016). Why is changing health-related behaviour so difficult? Public Health, 136, 109-116.
2. Thaler, R. H., & Sunstein, C. R. (2008). Nudge: Improving Decisions About Health, Wealth, and Happiness. Yale University Press.
3. Sheeran, P., & Webb, T. L. (2016). The intention-behavior gap. Social and Personality Psychology Compass, 10(9), 503-518.