

Healthy Malaysia in Progress: Evaluating ANMS for a Sustainable Future



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BACKGROUND

- The Agenda Nasional Malaysia Sihat (ANMS), inaugurated in 2020, represents a strategic national commitment to improving population health through behavioural transformation. Launched in response to escalating non-communicable disease burdens and emerging mental health concerns, ANMS is spearheaded by the Ministry of Health Malaysia and implemented through a "whole-of-nation" approach.
- This approach involves coordinated efforts across multiple government ministries, non-governmental organisations (NGOs), and private sector partners. Central to ANMS is the *Healthy Living Culture Initiative*, an integrated framework that leverages community engagement, health education, and promotional campaigns to empower individuals and communities.
- Community participation is fostered through locally-led health activities, inter-agency collaborations, and grassroots mobilization, ensuring that interventions are responsive to the needs and contexts of diverse populations.

Purpose of the Study

- To evaluate the effectiveness of ANMS in shaping health behaviours among Malaysians, specifically in the areas of diet, physical activity, and mental well-being.
- This study examines the real-world impact of the initiative across diverse demographic groups, providing critical insights into its outcomes, strengths, and areas for improvement.

METHODOLOGY

Study Design	Online Cross-Sectional Study
Sampling	Purposive Sampling
Target Populations	Malaysian citizens aged 18 and above who have participated in any ANMS healthy lifestyle culture activities and can understand Bahasa Malaysia.
Recruitment Source	Registries from the Health Education Division: Jelajah ANMS, IFiTer, Wellness Hub, WOW, BMSS, MyCHAMPION, COMBI
Sample Size	1,938 participants (95% confidence level, 2.5% margin of error)
Total respondents	2000
Instrument	Validated self-administered questionnaire incorporating the Malaysian Healthy Lifestyle Index (Cronbach's alpha = 0.89)
Data Collection Method	Online self-administered survey using Google Forms
Bias Minimization	Questions focused on current practices and subjective perceptions to reduce recall bias; no direct before-after comparisons
Data Analysis	Descriptive and inferential statistics including chi-square and t-tests to assess associations between ANMS participation and current lifestyle behaviours

RESULTS

Gender	Age Group	Ethnicity	Participation in Healthy Living Culture Initiative of the ANMS
Male 38.2%	18-19 years 1.1%	Malay 78%	Health Campaign Programs (Wellness Month, Jelajah ANMS) 68.35%
Female 61.8%	20-29 years 12.9%	Chinese 5%	Cultivating healthy lifestyle activities (at Wellness Hubs, community settings) 38.00%
	30-39 years 43.1%	Indians 3%	Volunteering in health programs (MyCHAMPION: COMBI, KOSPEN, Know Your Medicine Ambassadors, Dental Icons & Health Clinic Advisory Panels) 25.75%
	40-49 years 32.8%	Native	Programs Organised by Health Volunteers 41.50%
	50-59 years 9.2%	Sabahans 6%	Wellness on Wheels Program 16.15%
	60-69 years 0.9%	Native	
		Sarawakians 7%	
		Others 1%	

Influence of ANMS in Cultivating Healthy Lifestyle

Engaging in Physical Activities				Mental Wellbeing		
Engagement Level	Poor	Moderate	Excellent	Often	Rarely	Never
Moderate Physical Activity	73.5%	25.2%	1.4%	Sharing Problems	49.6%	46.7%
Vigorous Physical Activity	81.4%	17.8%	0.9%	Stress Management Techniques	79.7%	19.1%
				Social Engagement	89.7%	10.1%
				Willingness to Seek Professional Help	22.4%	26%
					51.7%	

Mean score = 2.459 (95% CI: 2.434–2.483; t = 193.325; p < 0.001); reflects positive perception among participants

Healthy Eating Habits							
Servings/Day	0	1	2	3	4	5	6
Fruit Consumption Patterns	1.5%	2.2%	5.0%	10.5%	12.0%	19.5%	2.5%
Vegetable Consumption Patterns	0.5%	2.2%	1.5%	5.2%	7.2%	8.5%	2.5%

Mean score = 4.192 (95% CI: 4.10–4.28; t = 94.655; p < 0.001); strong adherence to suku-suku separuh guideline

DISCUSSION

ANMS demonstrated clear strengths in generating motivation and improving mental well-being, likely due to its integrated, nationwide health campaigns. However, physical activity engagement remained low, possibly due to environmental or personal barriers, lack of programme continuity, or limited access in certain communities. Applying the COM-B model (Capability, Opportunity, Motivation – Behaviour) may enhance intervention design by addressing not only motivation, but also the enabling factors for actual behaviour change¹. While ANMS successfully addresses motivation, there is a need to enhance capability and opportunity components to enable sustainable behaviour change, especially in domains like physical activity and healthy eating^{2,3}. Furthermore, findings on dietary behaviours suggest partial adherence to national dietary guidelines, with limited consumption of fruits and vegetables. This gap reflects broader structural and socioeconomic barriers. Evidence supports strategies such as food subsidies, urban farming initiatives, and community cooking workshops to foster long-term improvements in dietary habits⁵.

CONCLUSION

ANMS initiative has laid a solid foundation in promoting awareness and motivation for healthier lifestyles across Malaysia. Its integrated campaigns have contributed meaningfully to improved mental well-being and heightened health consciousness among the public. However, gaps in behavioural adherence, particularly in physical activity and dietary practices, highlight the need for more targeted, sustained, and inclusive interventions. To fully realize the potential of ANMS in transforming population health, future efforts must adopt a comprehensive, systems-based approach grounded in behavioural science frameworks. Aligning national health strategies with evidence-based behaviour change models and community-specific needs will enable ANMS to evolve into a transformative public health movement, driving long-term, sustainable improvements in lifestyle behaviours and significantly reducing the burden of non-communicable diseases in Malaysia.

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