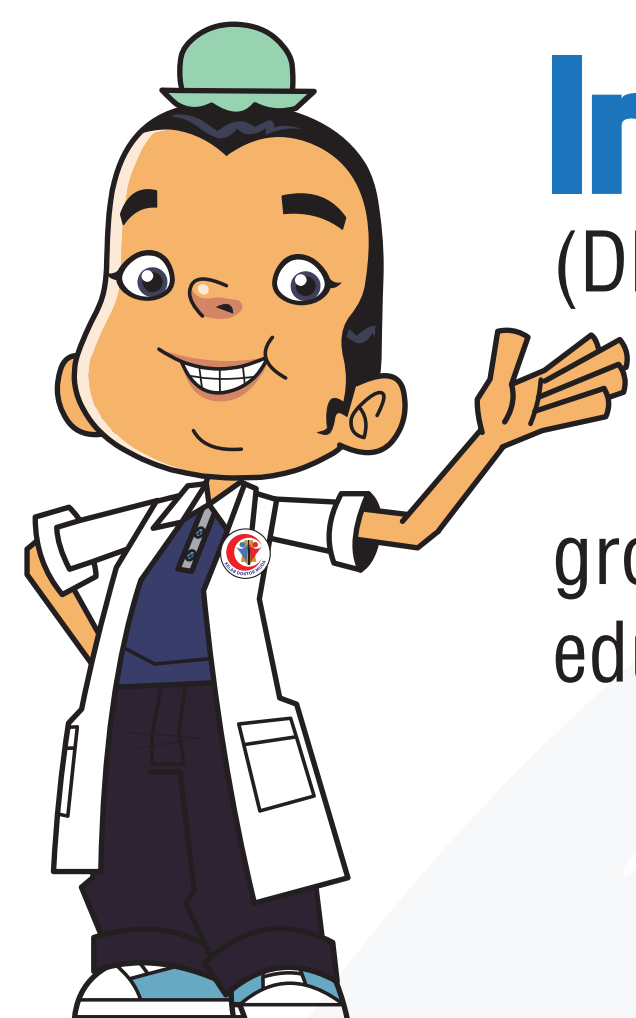


THE EFFECTIVENESS OF DOKTOR MUDA AS PEER EDUCATOR: HEALTH KNOWLEDGE, ATTITUDE AND PRACTICES OF PRIMARY SCHOOL CHILDREN IN MALAYSIA



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Introduction

Doktor Muda (DM) as a school-based programme was established to achieve better health status among school children. DM is a group of trained school children as peer educators to empower their peers' to adopt healthy practices.

Objective

The aim of this research is to study the effectiveness of DM as peer educators in influencing health practices of their peers.



Methodology

A nationwide comparative cross-sectional study between school children in SDM (School with Doktor Muda) and SBDM (School without Doktor Muda) was carried out from January to December 2016. A two-stage cluster sampling was applied in this study; first stage was the selection of school and second stage, the selection of school children (matched group). The data was obtained using a guided self-administered questionnaire through survey involving 2588 (1294 SDM; 1294 BDM) year 5 school children from 87 primary schools.



Conclusions

Doktor Muda plays an important role in increasing the health knowledge, attitude and practices of their peers. DM's role as peer educator was more effective in *Tak Nak Merokok* compared to preventing obesity. Hence, DM is still only considered moderately effective.



Results



- Overall, primary school children have the least knowledge regarding ideal body weight, the most unfavorable attitude is active lifestyle and the most non-compliant practice is healthy eating.
- The prevalence of obesity among school children in SBDM was higher compared to SDM. There was a significant difference between male in SBDM (24.6%) and SDM (16.5%).
- Knowledge of school children on *Tak Nak Merokok* was better in SDM (17.1%) compared to SBDM (15.4%). There was a significant difference ($p < 0.05$) between *Tak Nak Merokok* knowledge score with the type of school; mean difference of 0.08 lower among SBDM (CI: (0.009, 0.145)).
- Positive attitude of school children towards *Tak Nak Merokok* was also higher in SDM (73.1%) compared to SBDM (71.9%). *Tak Nak Merokok* practice was also found to be higher in SDM (40.7%) compared to SBDM (37.1%). There was a significant difference ($p < 0.05$) between *Tak Nak Merokok* practice scores with the type of school; mean difference of 0.08 lower among SBDM (CI: (0.006; 0.162)).

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