

# National obesity rates continue to climb

By **TEH ATHIRA YUSOF**  
tehathirayusof@thestar.com.my

**KUALA LUMPUR:** About 30.9% of 1.2 million adult Malaysians screened this year were found to be obese.

Another 30.8% were overweight, said Health Minister Datuk Seri Dr Dzulkefly Ahmad.

Citing the National Health Screening Initiative (NHSI), which was conducted nationwide till last month, he said that more than 254,000 Malaysians have been identified as obese.

"Obesity has become one of the most pressing public health challenges in Malaysia," he said.

He said the 2023 National Health and Morbidity Survey revealed that 54.4% of Malaysian adults were either overweight or obese, marking a sharp and troubling rise of 22% since 2011.

"This is a wake-up call that underscores the urgent need for collective action," he said in his keynote speech at the launch of a national obesity awareness campaign, "My Best Me" here yesterday.

The latest figures would mean that the 2025 NHSI between January and September recorded more than 60% of Malaysians to be obese or overweight, compared to the 2023 NHSI with 53.5% of Malaysians being found overweight or obese.

Dzulkefly said that people living with obesity face a much higher

risk of diabetes, cardiovascular disease, stroke and cancer.

These conditions together account for over 70% of all deaths in the country, he said.

"Beyond the human toll, the economic impact is immense, costing the nation more than RM64bil annually through healthcare spending, productivity losses and premature mortality," he said.

Dzulkefly highlighted the need for early detection and intervention which are critical for those with the condition, as this would reduce the risk of chronic disease besides lowering long-term healthcare costs.

Early detection and prevention from obesity, he said, would enable changes in the trajectory of this public health challenge.

Noting that obesity is often stigmatised, Dzulkefly pointed out the need to shift the narrative from blame to understanding, and from judgement to support.

This would ensure that those affected receive accurate information, timely care and compassion, he said.

"Addressing stigma must go hand-in-hand with building a system that supports people throughout their lives. Our approach therefore follows a life-course perspective, ensuring interventions from childhood to older age.

"This is anchored in a comprehensive prevention framework; from policies that shape healthier



**Shifting the narrative:** Dzulkefly (fourth, left) posing for a group photo at the launch of the 'My Best Me' national obesity awareness campaign. — Bernama

environments, to lifestyle promotion, systematic screening and early detection and structured clinical care with rehabilitation," he added.

For years, Dzulkefly said efforts focused primarily on non-pharmacological approaches, such as promoting healthy diets, increasing physical activity and strengthening behavioural support.

"While these remain essential, we are now shifting towards a more integrated approach which also includes pharmacological treatment and, where appropriate, surgical options to effectively manage obesity as a chronic condition, in line with the Clinical

Practice Guidelines on Obesity 2023."

Following that, Dzulkefly said the ministry is establishing 10 health clinics with integrated clinical obesity management at the primary healthcare level with plans to expand service in the future.

The clinics will be supported by structured referral pathways, multidisciplinary teams and trained staff.

"Tackling obesity requires a whole-of-government and whole-of-society effort, with NGOs, academia, industry and communities playing vital roles.

"Campaigns such as 'My Best

Me' support national efforts by raising awareness, reducing stigma and engaging communities to empower Malaysians to take meaningful steps towards better health and to seek professional guidance without fear of stigma or judgement," he added.

Dzulkefly reaffirmed the government's commitment to tackling obesity as a national priority.

"By working together between the government, private sector, healthcare professionals and the community where we can create an environment where healthier choices become easier; stigma is reduced and support is always within reach."

# We cannot wait to age before we care

COMMENT by Nur Faizira Abdul Rahman

**B**Y 2030, 15% of our population is projected to be aged 60 and above, and Malaysia will become an aged nation.

While the numbers climb, our readiness to care remains alarmingly low. Who will look after our older generation and how?

Shocking news headlines serve as painful reminders of the harsh reality faced by many older persons in Malaysia – loneliness, neglect and abandonment due to inadequate care.

As Malaysia is ageing faster than we realise, care issues faced by older persons are no longer just family issues.

Care has been seen as a family duty grounded in moral, cultural and religious expectations for generations. However, times have changed – our families are becoming smaller, our lives busier and our support systems are stretching thinner than ever. Many caregivers are overwhelmed, underpaid or entirely unrecognised.

The reality? We have placed a significant responsibility on family members to become caregivers, especially women and adult children, without giving them any legal protection or support to do it well. Worst, when things fall apart, we blame them.

## Preparing next generation

Here is another concern. What happens when the young generation becomes the main caregiving generation?

Today's young people are digital natives raised on social media and are independent. Many live far from home, pursuing global careers, and see traditional caregiving roles as outdated. Nevertheless, in just a few decades, they will be expected to care for an ageing population on a scale never seen before.

We must start preparing them now. Care education should begin early, not when a crisis strikes. We must integrate ageing and older persons' awareness into school and university curricula.

It is also vital to promote intergenerational empathy and understanding through community programmes. This will shift the conversation about ageing from fear to responsibility and burden to dignity.

## Missing legal framework

Malaysia's laws have not caught up. While we have related policies and statutes like the Care Centres Act 1993 and the Private Aged Healthcare Facilities and Services Act 2018, they mainly focus on institutions.

Informal, home-based caregiving, where most older persons' care happens, is left in a legal grey zone.

Meanwhile, our country's neighbours like Singapore, the Philippines and Thailand have already introduced specific laws that define older persons' rights and caregiving responsibilities.

As such, Malaysia cannot keep kicking this can down the road. We

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– ADIB RAWI YAHYA/  
THESUN

urgently need a legal framework that defines caregiving responsibilities across society, not just within families.

We urgently need a law that cares for everyone, including older persons as well as their caregivers.

Caring for the aged is not just a “family thing”; it is a national and human obligation.

For the sake of love, we must empower our older persons to live with dignity, autonomy and respect. Let us not wait until it is too late as ageing is not someone else's story; it is our story and the story of our young generation.

If we do not act now, we will keep reading the same headlines, feeling the same outrage and doing nothing. However, if we can start caring collectively – legally and compassionately

– we can change the ending. We can build a Malaysia that honours its older generations, supports its caregivers and educates its youths to continue the cycle of dignity through care actions.

One day, we will all need care. The time to prepare is not in the future but now.

Let us safeguard the love and care for older persons through strong, relevant laws because someday we will depend on the very system we choose to build today.

**Nur Faizira Abdul Rahman** is currently serving at the Centre for Foundation in Science and is a doctorate candidate at the Law Faculty of Universiti Malaya.  
Comments: letters@thesundaily.com



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## Malacca food premises awarded for cleanliness and food safety

**MALACCA:** A total of 237 food premises in the state have received recognition under the Bersih, Selamat dan Sihat (BeSS) or Clean, Safe and Healthy initiative as of July this year, said Chief Minister Datuk Seri Ab Rauf Yusoh.

He said two premises were also named as recipients at the 2024 National Clean and Safe Food Court Awards.

"As a historic tourism state, the state government places hygiene and food safety as a key agenda to ensure the satisfaction and confidence of tourists.

"On that basis, strengthening BeSS is given priority as one of the key initiatives to ensure the availability of safe, high-quality and competitive food, particularly at tourist hotspots," he said when officiating the Malacca 2025 World Food Safety Day, organised by the state health department yesterday.

The text of his speech was read by State Human Resources, Health and Unity Committee chairman Datuk Ngwe Hee Sem.

A total of 60 food entrepreneurs in the state received various certifications and recognition under the Health Ministry's Food Safety and Quality programme.

– Bernama

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# Healthy eating must not become a privilege

THE Galen Centre for Health and Social Policy refers to the recent statements by the Health Ministry and Agriculture and Food Security Ministry regarding the “Suku, suku, separuh” (SSS) or “Quarter, quarter, half” healthy plate model.

The Health Ministry stated that SSS risks becoming a “privilege for the few” if affordability is not addressed. In response, the Agriculture Minister said affordability of SSS is a nutrition and public health matter and is not primarily connected to local food supply issues.

We believe the SSS model remains a sound and necessary guide in the fight against malnutrition, obesity and non-communicable diseases. But based on evidence, its promise will not be fulfilled unless the issue of affordability is addressed directly.

The following are policy recommendations and actions for the government to consider in order to ensure SSS becomes a realistic option for all Malaysians.

- > Include fresh produce (fruits and vegetables) under Sara (Sumbangan Asas Rahmah). Targeted vouchers or subsidies for lower-income households for fresh produce/protein sources can also be considered.

- > Adapt and monitor regional differences in SSS, bearing in mind that cost burdens vary significantly across states. Policies



should allow regional adaptations of the SSS model in terms of food types and portion sizes so that dietary recommendations are culturally and geographically appropriate without compromising nutrition.

- > Establish transparent benchmarks for the cost of a “standard SSS meal” in every state, including breakdown by food groups, so the public can see where prices are high and why.

- > Improve and expand Menu Rahmah (pic) so that the meals offered conform more closely to SSS guidelines (include fruits and vegetables, not just minimal protein and carbohydrates).

- > Strengthen supply chain and

production efficiencies by increasing investment in local agriculture through support for smallholder farmers, prioritising strategies to reduce the cost of fertilisers, feed and seeds, and subsidise logistics for remote areas.

- > Access to and affordability of SSS should not be treated as simply the Health Ministry's problem to solve. There must be whole-of-government collaboration with the Health Ministry, Agriculture Ministry and other relevant ministries and agencies to coordinate food security, agricultural, trade, subsidies, public health and social welfare policies.

Raising awareness is important, but it must be coupled with enabling conditions such as financial incentives and infrastructure so that people can act on that knowledge.

We welcome the Health Ministry's acknowledgement that affordability is a major barrier to healthy eating. This acknowledgement aligns with the recent Galen Centre for Health and Social Policy and Universiti Teknologi MARA (UiTM) survey that showed most B40 families and households in high-cost states find SSS diets financially burdensome and possibly unaffordable.

While the healthy eating strategy is crucial, the claim that affordability is not linked to local food supply or production costs appears to overlook data and ground realities. Rising costs of agricultural necessities, such as seeds, fertilisers and feed; reliance on imports; post-harvest losses; logistics costs and market inefficiencies all feed into the retail prices of fruits, vegetables and proteins.

If supply chain constraints and input cost pressures are not addressed, food, especially nutritious food, will remain expensive. We need to address this urgently.

**AZRUL MOHD KHALIB**  
Chief executive  
Galen Centre for Health and  
Social Policy

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CHILDREN who vape are more likely to go on to be smokers, be diagnosed with asthma and have poor mental health, a new analysis suggests.

The largest global review on vaping in young people found "consistent evidence" that children who vape are three times more likely to go on to become smokers.

The study also pointed to links between vaping and increased odds of respiratory illness and substance abuse including drinking and marijuana use.

Experts from the University of York and the London School of Hygiene and Tropical Medicine (LSHTM) analysed all available reviews on youth vaping – also known as an umbrella review.

This including 56 reviews on 384 studies.

Some 21 of these looked at use of e-cigarettes among young peo-

ple and later cigarette smoking.

Not only were vapers more likely to smoke in later life, they were also more likely to smoke more frequently and intensely, experts said.

Researchers also tracked breathing problems linked to youth vaping.

The data suggested an increased risk among young people who vape of developing asthma or asthma exacerbation.

Other harmful outcomes linked to youth vaping included pneumonia, bronchitis, lower total sperm counts, dizziness, headaches and migraines.

There was also a link identified between depression and suicidal thoughts among young vapers.

## Vaping 'a gateway to smoking'

### Significant association

Writing in the journal *Tobacco Control*, the authors said the data available "consistently indicated a significant association between e-cigarette use and later cigarette smoking in young people."

They said that it is difficult to "infer causality" from their review, but said the "repeated strong associations in prospective cohort studies are consistent with a causal relationship."

Su Golder, associate professor in health science at the University of York, said: "The consistency in the evidence is striking."

"Across multiple studies, young people who use e-cigarettes are more likely to smoke in the future. These findings support

stronger public health measures to protect teens from the risks associated with vaping."

Greg Hartwell, clinical assistant professor at LSHTM, said: "We found consistent evidence around transitions to smoking which of course, in turn, opens the door to the multitude of harms that conventional cigarettes bring."

"As the Government's chief medical officer states, marketing vapes to children is always unacceptable, and our review shows exactly why further restrictions on the tobacco industry, who control the vaping market, are so important."

Rebecca Glover, senior author of the study, assistant professor at LSHTM, added: "Vaping is having

a detrimental impact on the health of young people globally and vaping appears to be a gateway to other substances."

"Our study provides the strongest evidence to date that young people globally face a serious range of physical and psychological harms from vaping and are at higher risk of transitioning to smoking."

In June the ban on disposable vapes was introduced in Britain in a bid to curb their use among young people.

The crackdown on the devices, also known as single-use vapes, makes it illegal for any retailer – ranging from corner shops to supermarkets – to sell them.

The ban applies to both online and in-store sales across Britain, Scotland, Wales and Northern Ireland, and all disposable vapes whether or not they contain nicotine. – PA Media/dpa



# 3 lagi pakar dijangka bantu inkues

**Bantu pasukan peguam wakili ibu Zara Qairina teliti barang kes**

Oleh Izwan Abdullah  
bhnews@bh.com.my

**Kota Kinabalu:** Tiga lagi pakar berkaitan forensik dan penyiasatan dijangka hadir membantu pasukan peguam mewakili ibu Zara Qairina Mahathir, Noraidah Lamat di Mahkamah Koroner hari ini, bagi meneliti barang kes inkues kematian pelajar itu.

Kehadiran tiga pakar terbabit dimaklumkan Pengerusi Pertubuhan Kebajikan Bayu Raudhah Sabah, Marhamah Rosli, melalui perkongsian di Facebook semalam.

Marhamah berkata, tiga pakar pelbagai bidang itu akan membantu pasukan peguam terbabit dalam inkues yang dibuat bagi mencari kebenaran mengenai punca kematian arwah Zara Qairina.

“Esok (hari ini), insya Allah, tiga orang pakar akan hadir ke

mahkamah untuk meneliti bahan bukti bagi membantu inkues Zara Qairina. Pencapaian mereka bukan calang-calang.

“Pakar pertama pernah terbabit dalam kes berprofil tinggi negara, diiktiraf kepakarannya pada peringkat nasional. Pakar kedua pula pensyarah kanan bidang forensik sains di universiti terkemuka, sering menjadi rujukan agensi penyiasatan rasmi.

“Ketiga, pakar forensik berpengalaman luas, yang biasa mengendalikan bukti saintifik dalam kes jenayah kompleks.

“Bayangkan, tenaga pakar yang biasanya hanya turun untuk kes mega kini hadir sendiri ke Sabah demi perjuangan seorang anak kecil yang tidak dapat membela diri lagi,” katanya dalam hantaran itu tanpa mendedahkan identiti tiga pakar berkenaan.

Khamis lalu, pakar Pemeriksa Dokumen Forensik dari Kuala Lumpur, Dr G Linthini, hadir di Kompleks Mahkamah Kota Kinabalu bagi melakukan pemeriksaan terhadap dokumen dan diari yang didakwa milik Zara Qairina.

Marhamah berkata, kehadiran pakar yang akan membantu dalam inkues itu adalah atas usaha



pasukan peguam ibu arwah Zara Qairina.

Katanya, usaha terbabit tidak mungkin dapat dilaksanakan tanpa barisan peguam terbabit yang sangat teliti, sabar dan bekerja siang malam untuk memastikan setiap sudut perundangan terjaga.

Selain itu, katanya usaha itu juga dibantu masyarakat prihatin yang memberikan sumbangan dan tidak jemu menitipkan doa serta sokongan walau apapun fitnah dan tohmahan yang dilemparkan.

“Setiap sumbangan, doa dan sokongan ini membuka jalan sehingga pakar bertaraf nasional sudi turun padang. Bahkan ada dalam kalangan masyarakat yang kerja siang malam bagi memastikan urusan pakar ini berjalan lancar,” katanya.

Ibu arwah Zara Qairina diwakili barisan peguam terdiri Shah-

lan Jufri, Hamid Ismail, Rizwan-dean M Borhan, Mohd Luqman Syazwan Zabidi, Mohd Syarulnizam Mohd Salleh dan Farrah Nasser yang menyumbang khidmat secara *probono* demi keadilan buat Zara Qairina.

## Selesai analisis tulisan

Sementara itu, Shahlan berkata, pakar tulisan tangan yang dijemput pasukan itu sebelum ini sudah menyelesaikan analisisnya.

“(Peguam) Mohd Syarulnizam akan memberi kenyataan kepada media esok (hari ini),” katanya kepada New Straits Times (NST) semalam.

Setakat semalam, inkues sudah berjalan 12 hari dengan prosiding ketika ini tertumpu kepada keterangan daripada saksi kanak-kanak, iaitu pelajar daripada Sekolah Menengah Kebangsaan Agama (SMKA) Tun Datu Mustapha.

Tiada liputan dibenarkan terhadap prosiding yang membabitkan kanak-kanak dengan dua daripada 35 saksi kanak-kanak sudah memberi keterangan setakat semalam.

Mengulas mengenai prosiding semalam, Shahlan berkata, saksi kedua kanak-kanak dipanggil memberi keterangan di hadapan

Koroner, Amir Shah Amir Hassan.

Beliau berkata, saksi terbabit dalam keterangannya kepada Mahkamah Koroner, mengesahkan yang Zara Qairina dipanggil bertemu dengan senior serta dilihat menangis di asrama selepas perjumpaan itu.

Pelajar terbabit dijangka menyalurkan keterangannya pada prosiding pagi ini.

Terdahulu, pelajar A yang juga seorang daripada lima tertuduh juvana dalam kes mencela Zara Qairina, selesai memberi keterangan kepada mahkamah selepas tampil sebagai saksi pertama kanak-kanak sejak kelmarin.

Peguam kepada pelajar terbabit, Datuk Ram Singh, mengesahkan anak guamnya selesai memberi keterangan kira-kira jam 3.30 petang.

“Dia (pelajar A) kelihatan tenang ketika memberi keterangan dan dapat mengaitkan inkues yang diadakan dengan apa yang diingatinnya,” katanya.

Allahyarham Zara Qairina ditemui tidak sedarkan diri pada awal pagi 16 Julai lalu sebelum dilaporkan meninggal dunia di Hospital Queen Elizabeth (HQE) akibat kecederaan otak yang teruk pada keesokannya.



**SAWAN** merupakan satu keadaan kesihatan yang melibatkan gangguan pada sistem saraf otak, sehingga menyebabkan pesakit mengalami kekejangan otot secara tiba-tiba dan tidak terkawal.

Keadaan ini berlaku apabila berlaku gangguan atau lonjakan isyarat elektrik dalam otak, yang membawa kepada tindak balas fizikal seperti kejang otot, tidak sedarkan diri, mulut berbuih atau mata terbeliak. Sawan boleh berlaku kepada sesiapa sahaja, namun lebih kerap menyerang bayi, kanak-kanak, atau individu yang menghidap penyakit tertentu seperti epilepsi.

Terdapat dua jenis sawan, iaitu sawan fokal dan sawan keseluruhan. Sawan fokal adalah sejenis renjatan elektrik yang berlaku pada sebahagian kecil di dalam otak. Manakala sawan keseluruhan merupakan renjatan elektrik yang berlaku kepada keseluruhan struktur otak.

Sawan boleh disebabkan oleh pelbagai faktor, punca ini haruslah dikenal pasti sebagai langkah berjaga-jaga apabila individu diserang sawan. Punca utama berlakunya sawan adalah demam panas, terutama bagi bayi dan kanak-kanak. Ini disebabkan oleh, suhu yang tinggi membawa kepada renjatan elektrik ke dalam otak. Selain itu, epilepsi, iaitu keadaan kronik yang dicirikan oleh sawan berulang akibat pelbagai faktor, termasuk faktor genetik. Punca-punca lain bagi sawan ialah kecederaan kepala, jangkitan otak, kurang tidur, tekanan, perubahan hormon dan banyak lagi.

Gejala sawan berbeza-beza bergantung kepada jenis dan tahap keparahannya. Antara tanda-tanda seseorang mengalami sawan ialah kekejangan seluruh badan, hilang kesedaran, mata terbeliak, lidah tergigit, kaki dan tangan mungkin bergerak tanpa kawalan, buih keluar dari mulut, serta tidak memberi respons ketika dipanggil. Keadaan ini biasanya berlaku dalam tempoh beberapa saat hingga beberapa minit, namun boleh membahayakan nyawa sekiranya tidak diberikan rawatan segera.

Rawatan sawan bergantung kepada punca serangan. Bagi serangan sawan yang berpunca daripada demam panas, ubat demam harus diberi dengan segera bagi mengelakkan suhu badan terlalu tinggi. Seperti demam, rawatan terhadap faktor lain juga perlu diberikan bagi mengelakkan serangan sawan berlaku.

Langkah-langkah pertolongan cemas ketika seseorang mengalami sawan amat penting diketahui oleh semua orang. Apabila seseorang diserang sawan, mereka perlu diletakkan di tempat yang rata dan selamat, dan kepala perlu dialas dengan sesuatu yang lembut seperti bantal atau kain. Mangsa perlu dibaringkan dalam posisi mengiring dan pakaian di sekitar leher harus dilonggarkan. Mangsa tidak boleh dipegang dengan kuat atau dimasukkan sesuatu ke dalam mulut, kerana tindakan ini boleh mencederakan mereka. Selepas sawan reda, mangsa perlu dipantau dan dibawa ke hospital untuk pemeriksaan lanjut, terutamanya jika ini kali pertama mereka diserang sawan.

Kesimpulannya, sawan merupakan satu keadaan perubatan yang serius dan boleh berlaku secara tiba-tiba. Masyarakat perlu diberi pengetahuan yang mencukupi tentang punca, gejala dan langkah pertolongan cemas agar dapat membantu mangsa sawan dengan berkesan. Dengan kesedaran dan pengetahuan yang betul, nyawa pesakit dapat diselamatkan dan komplikasi dapat dikurangkan.

# SAWAN

## Apa yang Perlu Anda Tahu

