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About MFP

The *Malaysian Family Physician* (MFP) is the official journal of the Academy of Family Physicians of Malaysia (AFPM). It is jointly published by the Family Medicine Specialist Association (FMSA) of Malaysia. The MFP is published three times a year. It also started an Online First section in January 2021, where accepted articles are published online ahead of the issue.

Goal: The MFP is an international journal that disseminates quality knowledge and clinical evidence relevant to primary care. The journal acts as the voice of family physicians, researchers and other members of the primary care team on clinical practice issues.

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Read our Information for Authors section to learn more about these article types.

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Poster Abstract P6**Knowledge, Attitude and Practices of Indigenous People Towards Non-Communicable Diseases In Bera, Malaysia: A Community-Based Study**

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Introduction: With the current trend of increasing non-communicable diseases (NCDs) such as hypertension, diabetes and dyslipidemia worldwide and in Malaysia, a comprehensive study is essential to elucidate the local population's knowledge, attitude and practice (KAP) toward NCDs.

Objective: The study investigated the KAP status towards NCDs and the association with sociodemographic background among Orang Asli adults of the Semelai subgroup in Central Pahang, Malaysia.

Methods: A cross-sectional study was conducted among 251 Semelai adults in the Bera district, Pahang. Socio-demographic and KAP data were collected through face-to-face interviews and analysed using SPSS version 22.0. Continuous data were expressed descriptively as mean, median, and standard deviation. Bivariate analysis was performed to test the association between respondents' socio-demographic factors and the KAP score.

Results: Most of the respondents were females (57.4%), married (82.5%), completed primary school (75.3%), animism believers (83.3%), self-employed (75.3%) and earning less than RM1000 (87.6%). The age of the respondents ranged from 18 to 77 years old, with a mean (standard deviation) age of 41.1 (13.9). The prevalence of known type-2 diabetes mellitus (T2DM), hypertension and dyslipidemia were 9.6%, 20.7% and 8.8%, respectively. About 23.1% of respondents have a family history of chronic disease. Regarding KAP, only 12.7% demonstrated good knowledge while 35.5% depicted good practice in prevention and treatment. Nevertheless, more than half (59.8%) have a positive attitude towards chronic diseases. Higher household income and education levels were positively associated with higher KAP scores ($p < 0.001$).

Conclusion: Low-to-moderate percentage of Orang Asli in this study have good knowledge, attitudes, and practices towards NCD. Low levels of KAP are significantly associated with poverty and poor education. Improving Orang Asli's education and eradicating poverty may assist to improve their KAP towards healthiness, thereby enhancing their well-being and disease intervention.

Poster Abstract P7**The effect of an integrated multi-component telemonitoring system on the behaviour change of Asian adults with type-2 diabetes mellitus to attain their glycaemic control: A qualitative research study**

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Introduction: Telemonitoring (TM) is useful to remotely monitor a patient's health status by gathering the data such as blood pressure or capillary glucose and been shown to improved outcomes such as all-cause mortality and reduction of HbA1c in patients with type-2 diabetes mellitus (T2DM). However, it is unclear on the mechanism of how TM has led to modification of health behaviour.

Objective: This study aims to explore and understand the effect of an integrated multi-component TM system on the behaviour change of Asian adults with T2DM towards self-efficacy in achieving better glycaemic control.

Methods: A qualitative study was conducted using individual semi-structured interview of the participants with suboptimal HbA1c who underwent 6-months TM and intervention by the tele-health nurse. Data was transcribed, familiarised, coded, and analysed using thematic analysis. The Health Belief Model (HBM) and Theory of Planned Behaviour (TPB) were adopted as the underpinning theoretical frameworks to explain the behavioural change.

Results: Six themes emerged to explain the effects of multi-component TM system on participants' health-seeking behaviour. It was achieved through modification of perceived susceptibility and severity by prompting self-reflection of health status and disease control, strengthening perceived benefits by allowing recognition of the association between food consumption and their glycaemic control, overcoming perceived barriers via the multi-component TM system to enhance health-literacy, supporting cues for action through automated reminder system in promoting treatment adherence, and raising self-efficacy by improving self-care behaviour.

Conclusion: The study demonstrated that multi-component TM system could modify health-seeking behaviour by applying the behavioural change theories. Modification of health belief such as perceived susceptibility, accentuate perceived benefit, and overcoming the perceived barriers may lead to motivation for change, while cues for action may nudge patient to take action. Concurrently, TM allows the patients to take control of their behaviour by changing their attitude and empower them to individualised the change.