

# Sustainable Health Promotion Participation Through Service Learning and Community Engagement In Higher Education: Lessons Learnt from the UKM DrPH Program

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## ABSTRACT

**Purpose:** This study explores the role of service learning in achieving educational goals among Doctor of Public Health (DrPH) students at Universiti Kebangsaan Malaysia (UKM) and its impact on sustaining community empowerment and engagement initiatives.

**Methodology:** A community health intervention project was implemented over 4 years in Semenyih and Cheras, involving four cohorts of DrPH students. Enrolment in the elderly health module was an elective course under the family health discipline, with one of the learning outcomes requiring students to design and implement a community-based intervention informed by a situational analysis and needs assessment. A total of 76 students took part in the elderly health promotion projects. All students were required to submit a reflective report. All reports were analysed through qualitative document review.

**Findings:** Analysis revealed two major themes underpinning the integration of service learning with community engagement: (1) participatory action research and (2) capacity development. These themes were further explained through the application of social learning theory, the theory of planned behaviour, and self-determination theory, offering insights into student and community behavioural dynamics.

**Conclusion:** Embedding service learning within doctoral public health education fosters meaningful community engagement and strengthens capacity-building initiatives. This approach demonstrates potential for sustaining health promotion participation while simultaneously enhancing higher education outcomes.

## Introduction

Advancing age increases demands on healthcare services. Community participation has become an important consideration in promoting healthy ageing. It is time to prepare our nation to face the challenges of ageing with an appropriate multidisciplinary approach. In Malaysia, an elderly person is defined as someone aged 60 or older. In the 2020 census, people aged 60 and above accounted for 8.4% of Malaysia's total population of 32,447,385, as reported by the Department of Statistics Malaysia [1]. Malaysia is already projected to have an ageing population by 2020, when the elderly population reaches 7 per cent, and it will become an aged nation by 2030, when the old population reaches 14 per cent or above of the total population. Currently,

institutional elderly care facilities tailored to individuals' financial abilities are proliferating. Health promotion for active ageing must be organised in line with the paradigm of the old-age lifestyle. However, less is understood regarding the influence of neighbourhood conditions on health and wellbeing. A recent study among older adults in Malaysia on long-term care plans found that the population preferred ageing in the community rather than institutional care. The percentage of older adults (>50 years) with severe disability was 9.4%, who need institutional care [2]. Many studies across several disciplines (e.g., public health, gerontology) have increasingly focused on the role of neighbourhoods in promoting the healthcare and wellbeing of older adults, using both objective and subjective measures [3].

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A change in population structure leads to an increase in ageing velocity, especially in populous areas. Urbanisation leads to increased non-communicable diseases and a greater demand for survival. Community participation and engagement are no longer favoured. Digital health is still in the pipeline among community dwellers.

Asia and Europe are home to some of the world's oldest populations, and Japan (28.2%) is at the top, followed by Italy (22.8%), Portugal (21.8%), Greece (21.8%) and Germany (21.4%). At the same time, China is the largest country (166.37 million) with an older population [4]. Japan began 100 years ago with national ageing planning. In most rapidly developing countries, especially Malaysia, the pace of ageing is faster than in other ASEAN countries. A shorter time frame for the nation to prepare across all settings, including health facilities, social support, economic, financing, and job-related issues, given the increasing number of older people. The nation must be fully prepared to accommodate the changing demands of an ageing population.

Currently, many countries are working hard to prepare their people and environments in all areas, including policy development, healthcare services, and financial management, to ensure their elderly population enjoys an excellent quality of life and a healthy life within their families and communities. It was justified that the urgent need to prepare the country for the incoming ageing population was supported by sufficient resources across financial, healthcare, housing, environmental, and community sectors (Fichtenberg et al., 2019). Older people are often left alone at home during the daytime, whether in rural or urban areas. Therefore, social support and community care programs are necessary, and their needs should be addressed to ensure the elderly live healthy and active lives. The demographic challenges increase concern and public readiness, as well as policymakers' readiness to formulate or evaluate measures and programs.

Common elderly-related illnesses or problems include immobility, instability, incontinence, and impaired memory or intellectual function. These problems affected older people's ability to perform activities of daily living. Older people are at risk for malnutrition and mental illness, such as depression [5]. Clinically significant depression among older people in Malaysia has a prevalence of 11.2 per cent, as reported in the National Health Morbidity Survey 2019 which is significantly high compared to the WHO report on the prevalence of unipolar depression, which accounted for 7% among the elderly population in the world [6]. Preventive measures and early identification must be carried out by engaging the elderly in the community through social activities and enhanced community-promoting wellbeing programs in Health Clinics or Healthcare centres.

The Sustainable Development Goals (SDGs) related to elderly wellbeing have set global targets for healthy ageing, enabling them to maintain their ability to function and do the things they value. Supportive environments, such as facilities, housing, and transportation, that meet the needs of the elderly based on their capabilities should be in place to ensure their safety and ability to

function. The other aspect includes community role and function, which needs to be emphasised, and a structured training model is highly required. The social relationships between neighbours, families, and friends were the primary factors in older people maintaining a healthy life [7].

Community readiness and acceptance of demographic changes and the ageing population in the Malaysian context were not yet evident. Willingness to support and understand the needs of older people was undeniable. The government, non-governmental organisations (NGOs) and non-profit bodies highly supported the elderly community in welfare, social care, and health. Various initiatives have been developed by the Ministry of Health (MOH), such as the Elderly Club at the health clinic, and the Ministry of Women and Family Development has also created 122 Physical Activity Centres for the Elderly (PAWE) that represent each parliamentary sector [8]. The PAWE is designed to provide a dedicated facility for group members to gather and engage in activities that enhance social functions, promoting wellbeing and meaningful knowledge. One of the focuses of the 12th Malaysian Plan strategies for 2021 to 2025 was to enhance inclusiveness towards an equitable society by improving the living environment for older people [9]. The 13th Malaysia Plan placed greater emphasis on inclusivity and people-centred growth, recognising that demographic pressures could undermine progress without timely and effective intervention. The Ministry of Women, Family and Community Development (MWFCDD) has launched the Malaysia Care Strategic Framework and Action Plan 2026–2030, which aims to elevate the status of caregiving both nationally and within the broader regional context. The nation is aware of the ageing societies, and more plans and programs are focusing on the elderly-friendly environment, including infrastructure and care services. Awareness programs on elderly care were strengthened to encourage the elderly community to adopt healthy, active lifestyles. The government has launched campaigns to raise social awareness of volunteerism among retirees, encouraging older people and their caregivers to participate in community-based activities.

Community empowerment and participation in health and social support for older people were strategies to prepare the nation for an ageing population, in line with the National Health Policy for Older Persons. It was also an essential element of developing community-based support programs run by the community to support ageing in place. The World Health Organisation (WHO) has defined community empowerment as a process that enables communities to improve their control over their lives. The definition of community empowerment is more than involvement, participation, or engagement; it implies ownership and action aimed at social change. It is believed that when an individual is empowered, others will share their existing power [10].

Empowerment of the community approach may foster individuals' participation in healthcare decisions and promote better health outcomes and lifestyles [11]. Empowerment strategies in elderly care are seen as less active than in other age groups. Interventions such as health education or promotion programs for elderly care were still at a lower rate in Malaysia

than in other countries. Competency skills training for carers is not well implemented in Malaysia. Inconsistent caregiving leads to a need to develop a health intervention to train carers for elderly-on-elderly health care.

Youth involvement in community enhancement through community participation and partnership will be an opportunity because of the population bulge among youth. Youth in academic institutions should be trained in community participation to continue serving the population in need. The academic curriculum should include learning outcomes to be measured for experiential learning in community participation. This opportunity enables youth in academic institutions to contribute to community services while fulfilling their assignments.

### Justification for the Conduct of the Research

Community empowerment is one component of the National Action Plan for ageing, ensuring community readiness to engage with the aged population and empowering communities to provide care and support for older people. The need to understand a community empowerment model in elderly care and support is to identify gaps or steps to strengthen community involvement strategies. Achieving targets in Sustainable Development Goal (SDG) 3 on health equity, which aims to ensure health care for all through sustainable, affordable, and accessible quality health care services, needs to enable individuals and communities to take control of their health and be self-empowered. Empowering people and the community was challenging, and it requires a focused strategy to ensure substantial progress in the changes. As emphasised by the Alma-Ata Declaration and the SDGs, interventions at the individual and community levels are highly required, such as mass health education campaigns on behaviour change, community engagement, and support groups.

Meanwhile, at the individual level, access to affordable and high-quality health services, which were the core of Universal Health Coverage (UHC), is highly needed but depends on affordability. At the community level, empowerment is described as a collective, planned activity to improve the quality of life and the connection between communities and agencies or stakeholders [12].

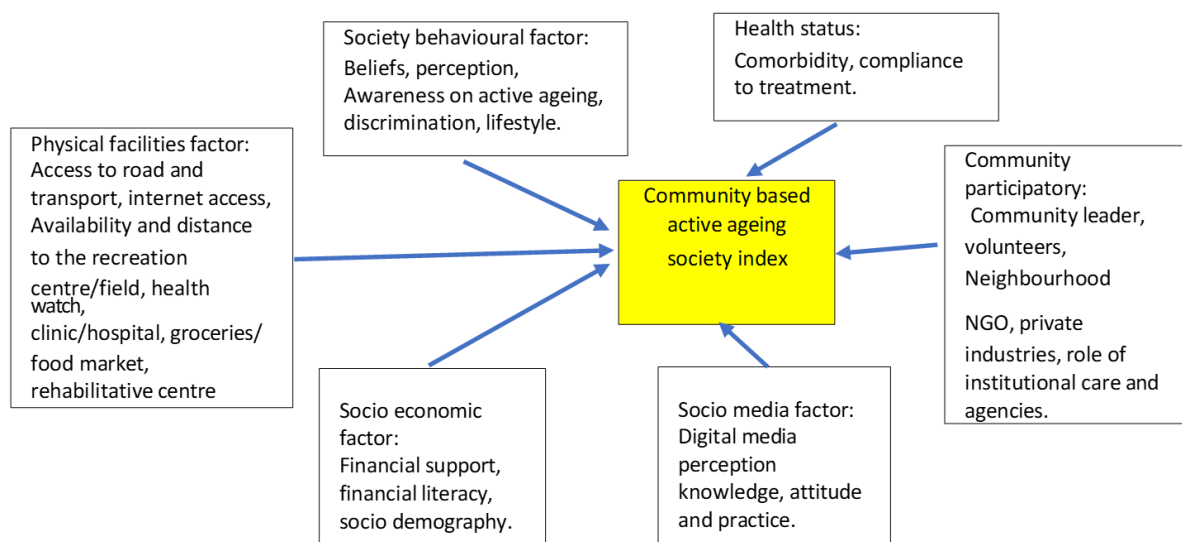
An empowered community initiates efforts to improve its quality of life and creates opportunities for participation. A competent community is described as 'having the desire, skills and resources to engage in activities to improve community life' [13]. They should work together to identify needs, develop strategies, and perform actions to meet the community's needs. Moreover, the relationship between a community organisation, agencies and leadership structure also plays a role in determining an empowered community. Understanding the community within the empowerment program and the integration of the structural organisation and the operating system is needed to ensure the values of empowerment are achieved to the desired level using a multidimensional approach.

### Research Question

Does the multidisciplinary community-based elderly intervention program, designed as one of the learning outcomes in the postgraduate curriculum, support experiential learning in understanding community empowerment readiness and health needs, and in promoting quality of life?

### Research Objective

To explore challenges and barriers in experiential learning during the implementation of the multidisciplinary community-based elderly intervention program.



**Figure 1:** Conceptual Framework of the Community-Based Active Ageing Intervention Study

### Methodology

The overall study used a mixed-methods design. However, only the qualitative analysis part was presented in this paper. The qualitative study design was conducted among the postgraduate students enrolled in the second year of the Doctor of Public Health (DrPH) program. Students prepared a research activity and engaged with community leaders and related

stakeholders to plan the community action activity. Each step taken in planning was measured as an output in the quantitative analysis, and at the end of each completed project, students submitted their reflective writing with a focus on 'experiential learning in managing community action activity on elderly care'. Highlighting the importance of analysis of their strength, weaknesses, opportunities and threats (SWOT), formulating a

log matrix mapping for ensuring project delivery timing and output measures according to their learning outcomes that need to be achieved.

The study was conducted in Beranang subdistrict, Hulu Langat District, Selangor, and Cheras subdistrict, Wilayah Persekutuan Kuala Lumpur. The selection of these study sites is under the memorandum of understanding between University Kebangsaan Malaysia (UKM) and the Ministry of Health (MOH) for the health facility training centre. Community coverage in both subdistricts was the study population targeted for the community intervention. The study sample was the older adults and their caregivers. The intervention design and implementation for the study samples were carried out by postgraduate students enrolled in the elderly health course across four batches from 2017-2021.

The sampling technique for the qualitative study involved selecting all postgraduate students enrolled in the project. Their reflective writing was screened to gain insight into their experiential learning in the community action activity. The course directors conducted a review of the document using thematic analysis. Log matrix mapping was used to monitor performance. Evaluation of each phase during the study period was followed according to the Gantt chart. To expand each project within the community, the log matrix was used to ensure sustainability.

Based on active ageing concepts and a multidimensional community-based approach, a list of intervention domains was formed: promote physical activity, health care utilisation, cognitive training, emotional awareness and coping skills, family relationships and resilience, and internet use. The analysis of data using a content analysis approach, grounded in the application of three theories: social learning theory, the theory of planned behaviour, and self-determination theory.

### Results

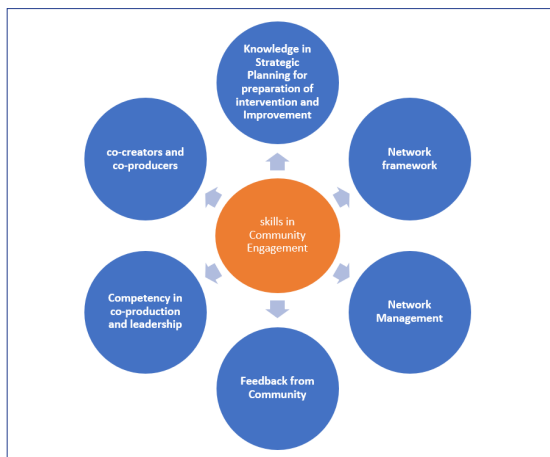
Data were retrieved from the UKMFolio under the formative assessment section. The reflective writing report was taken from the past four DrPH cohorts (2017-2021). The scope of reflective learning was to understand the meaning of the learning experience by conducting a community health intervention project towards promoting elderly health. Students submitted their assignments within a word limit of 500 words. Themes were derived based on the community development process (Community Organising Participatory Action Research framework (COPAR) by the assignments were marked and grouped into sub-themes into 1) community participation, 2) action-oriented, 3) consciousness raising, and 4) empowerment. Later, these themes have been regrouped into two themes: (1) participatory action in community engagement, and (2) capacity development to address social and health issues of the community. [14-18].

**Table 1: Analysis Based on Participatory Action In Community Engagement**

Sub Theme	Objective Identified	Process	Problem Identified
Community participation:	Ability to identify situational analysis, reformulate objectives and develop a log matrix analysis with integration of community participation	Ability to identify situational analysis, reformulate objectives and develop a log matrix analysis with integration of community participation	Problem identified based on community leader interview, pre-test and health reports.
Action-oriented:	Able to outline in a log matrix the mapping process involved in performing intervention action to build critical awareness and achieve social change.	Identified key person to recruit members and assigned tasks based on the log matrix	Community participation was recognised both before and on the day of the event—yet difficulty was seen in seeing social change.
Consciousness-raising:	To educate people about their health monitoring and encourage them to be involved in community health activities.	Prepare a checklist of dos and don'ts for the elderly healthcare guide, to be included in a self-education leaflet. Disseminate the leaflet during the intervention day.	Able to persuade the community of the importance of awareness and intention to change. However, there is difficulty in sustaining progress to the maintenance stage—poor engagement in environmental support from family, peers, neighbourhood, and social networks.
Empowerment:	To build the community's capacity to manage its own programs and take responsibility for its own development.	Motivation to sustain the intervention in society. Acknowledgement by the leaders to sustain, enhance and disseminate the project.	However, unable to plan and implement an intervention that can be sustained in the community. Limited budget to maintain continuity of the intervention project. Turnover of the trained personnel to continue the empowering activity.

Based on the reflective writing, capacity development focused on the ability to sustain the project intervention in the community was addressed. Suggestions on the importance of each activity, including listening to health needs, conducting a situational analysis of issues and challenges, forming relationships with collaborators for planning intervention and its implementation, and evaluating, have been highlighted. Figure 2 was derived from the important keywords identified from the reflective writing analysis.





**Figure 2:** Capacity Development Needs In the Sustainability of the Community Intervention Project

## Discussion

Engagement in social activities during retirement has been shown to enhance psychological wellbeing and contribute to a higher overall quality of life among older adults. Health promotion empowers individuals to improve their health and encompasses a broad spectrum of social and environmental strategies designed to protect wellbeing and elevate quality of life. Strengthening community capacity to design and implement initiatives that support physical, social, economic, and environmental wellbeing requires a multidisciplinary, collaborative approach. Active ageing, in turn, is characterised by personal responsibility for health, regular physical activity, adequate nutrition, effective stress and emotional management, strong social support networks, and the pursuit of self-fulfilment. The demographic dividend phenomenon in Malaysia will accelerate the nation's ageing. The transition of the population towards the older age group worldwide has prompted initiatives to prepare the country to face the changes. Not only building age-friendly environments, but also implementing social and health interventions to support older people. In line with the national action plan for older adults, building an empowered community to provide support and care for the elderly should be highlighted, and greater effort should be made to achieve the goal of healthy ageing. The lower rate of empowerment among the community to support the other communities is the primary concern. The preparation of the ageing population, especially in Malaysia, needs to be examined in many ways, including the engagement and empowerment levels of local communities. These were to ensure the community was well prepared, with a high level of empowerment, for elderly care through structured competency-based skills training.

The evidence on community empowerment regarding older people's needs remains insufficient in Malaysia. Many targets and plans for problem-solving or public health-related issues are proposed to empower individuals or communities. However, emphasising empowerment as an alternative pathway for preparing an ageing country without an adequately structured intervention to replicate it will not enable the community to help the government address these problems. Evaluating the implemented programs in the community could serve as an assessment of empowerment and readiness for participation among older people in this country.

Community engagement through activities in the community centre has been seen as part of the empowerment process. Building knowledge, improving social skills, communication, getting help and helping others were the fundamental strategies. Most older people prefer to age in their own place. The aim was to keep older people at home with family for as long as possible. However, not all family members were able to take care of their elderly parents. The majority of the reasons were financial constraints and the inability to manage the frailty of older people due to a lack of knowledge and emotional stress. Most older people end up as homeless people and remain for extended periods in the hospital wards or are taken care of by welfare services. Community care is provided to older people and their carers to help them remain independently at home, including personal care, meal preparation, social support, and other services as needed.

Some examples of community care programs or packages available in the high-cost living area include Home and Community Care, Extended Aged Care at Home, Day Therapy, and Respite services. It supports the independent aged 65 years and above living at home with their carers. In rural areas, aged care services are provided by multipurpose services based in the health centre setting. The federal or local government funds the majority of aged care services, but they are constrained. The priorities in community aged care support were community participation and a sense of empowerment. Studies suggest that a few determinants may influence those factors, including health literacy, socioeconomic status, and quality of life.

Thus, this study aimed to understand students' experiential learning in assessing the relationship between quality of life based on community participation and empowerment, and to evaluate the effectiveness of a multidisciplinary approach in community intervention. The complexity of elderly problems requires comprehensive care that includes early intervention in the community. Ageing in place is the target for older individuals to get closer to their homes, families, and communities. Community empowerment has been a vital strategy to address the shortage of healthcare providers' capacity to address the rise in older population problems. Overburdened healthcare providers and overcrowded health clinics are among the healthcare issues that need to be managed.

## Conclusion

Non-governmental organisations are being set up to care for older people who are neglected by their family members, especially those who suffer from illness or disability. However, not everyone can afford the service, as most services are expensive. The carers and older people are burdened by high care service bills, which sometimes lead to neglect due to financial constraints. Even though the Social Welfare Department had a programme in which volunteers visited older people in their homes to provide care, more volunteers were needed to offer more frequent visits and better care. A good policy would help the government focus on areas that should be prioritised to build a supportive ageing environment. Implementation and evaluation of this policy and other programs should be carried out continuously by all stakeholders in unity to improve services for older people and successfully tackle the challenges of an ageing nation.

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