

Health Promotion in Singapore : A need to focus on sociocultural and socioeconomic differences

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Conflictos de interés: Los autores declaran no tener conflictos de interés alguno.

Abstract

Background: In the last 50 years, Singapore's achievement has been to use multiculturalism to foster social cohesion and build a new nation. With a population of 75% Chinese, 13% Malays, 9% Indians and 3% other nationalities, this heterogeneous population brought with them different cultures and goals. The nation has seen through diverse health promoting interventions with mixed success. **Purpose:** This paper presents the health behavior trends focusing on sociocultural and socioeconomic differences in the population using data from the on-going Health Behavior Surveillance of Singapore (HBSS). Highest educational qualification is used as a proxy for socioeconomic status.

Study/Intervention Design: Cross-sectional study

Methods: The HBSS uses a multi-stage probabilistic methodology and the uninterrupted data collection from 2010-2014 will provide us with a better understanding of the current health indicators on a national level, and its relationship with other covariates. **Results:** Educational levels and ethnic difference showed distinct differences in the health behaviors and screening practices of Singapore Residents aged 18-69 years old. Among the ethnic groups, Malays had consistently highest smoking rates, lowest fruit and vegetable intake and lowest cancer screening rates. Those with only primary education also demonstrated similar patterns of having greater risk factors associated with unhealthy lifestyle choices compared with residents of tertiary qualifications. **Conclusion:** Health disparities are often attributed to low socioeconomic status (SES). Personal choices, health circumstances as well as upbringing will affect lifestyle choices. As such, health promotion interventions should be tailored to suit the cultural effects, SES and personal situation.

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