

**MANUAL FOR
IBADAH CAMP ORGANIZER**

A PART OF
THE IIUM FLAGSHIP ENTITLED “GENDER DYSPHORIA”



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Project Leader

PROF. DR. SAMSUL BIN DRAMAN

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الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يُونُسُ بَيْتِي سَلَامًا، أَنْتَ دَارُ الْيُحْسِبِ مِلِّيْسِيَا

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**Kulliyyah of Medicine,
International Islamic University Malaysia,
Jalan Sultan Ahmad Shah,
Bandar Indera Mahkota,
25200 Kuantan,
Pahang Darul Makmur.**



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INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يُونُسُ بَيْسَتِي إِسْلَامُهُ أَنْبَاءُ الْيَحْيَى مِلْدَسِيَا



MESSAGE FROM THE RECTOR

In the Name of Allah, the Most Beneficent, the Most Merciful.

Gender Dysphoria is assumed to involve a diverse gender identity that are inherently “disordered”. As a result, had received diverse impression to both Muslim and non-Muslim community. Regardless, a rehabilitation program to engage with this community, specifically the transgender, is a wonderful effort to help directing them to the right path and enlighten them with knowledge related to this gender-related issue. Considering that, this issue can be sensitive and stigmatizing around our culture. It is pertinent to have a community engagement that shows support and care for them. In this regard, planned activity is very welcome.

I would like to express my utmost appreciation to all the members who have contributed to the development of this manual for their inputs and effort in coming out with this first kind of module to assist people with Gender Dysphoria. The integration of inputs from both scientific and Islamic knowledge as part of the module created a holistic method of approach to various aspects of care to this community.

As part of a Flagship program under Kulliyyah of Medicine, IIUM, it is hopeful that with this manual, many other NGOs, institution or IPTA could also organize a likewise program to ensure more people can experience and gain new insight throughout the workshop. It is my sincere hope that this module could be a great training method to understand the surge of the gender-related issue. If that happen, this manual will serve its purpose, God Willing.



DZULKIFLI ABDUL RAZAK, PROF. EMERITUS TAN SRI DATO'

Rector,

International Islamic University Malaysia.



**MESSAGE FROM
DEAN, KULLIYAH OF MEDICINE**

Assalamualaikum w.b.t.

Alhamdulillah 'ala kulli haal, congratulations to the project leader and his team for their eminent effort in making this manual a success. This manual acts as a guidance for the committee (IIUM Staff and Students) to ensure the content of the program is vetted by the professional and tailored to the need of the committee members by the professionals. The manual consists of guide for technical aspects of the program and sample modules of the program. Issues highlighted in the modules are indeed important and need to be addressed among the transgender.

The team of professionals involves in authoring the modules are expert in assembling the knowledge of Family Medicine, Pharmacology, Psychiatry, Dentistry, and Islamic Revealed Knowledge into simple modules to comprehend by participants. This indirectly will help us to inculcate awareness on high-risk behaviors among the transgender. The Islamic modules guide the committee to facilitate the participants in performing obligatory daily prayers. This will help the participants to remain steadfast in the path of Allah SWT.

“Recite, [O Muhammad], what has been revealed to you of the Book and establish prayer. Indeed, prayer prohibits immorality and wrongdoing, and the remembrance of Allah is greater. And Allah knows that which you do.” [Surah Al-Ankabut: 45, translation by Sahîh International]

Under the flagship of Gender Dysphoria, IIUM students have been involved actively in the community outreach. This has been going on for years now and we are proud of the active and continuous support and collaboration from other universities, government organizations and Non-Government Organizations (NGOs). It is hoped that this become a new *da'wah* for the betterment of the Muslims worldwide.

PROF. DR. AZMI MD NOR

Dean, Kulliyah of Medicine,
Kulliyah of Medicine,
International Islamic University Malaysia.



**MESSAGE FROM
THE OFFICE FOR STRATEGY AND INSTITUTIONAL CHANGE**

Assalamualaikum w.b.t.

Gender Dysphoria is one of the IIUM Flagships that are driving the Whole Institution Transformation at IIUM into a Humaniversity, carrying with it the concept of *Rahmatan lil Alamin*. Gender Dysphoria falls under the Sustainable Healthy Community strategic initiative of the IIUM Roadmap 2019-2020. This flagship project is being led by Prof. Dr. Samsul Bin Draman. Throughout the years, the project has successfully approached many of the transgender communities in Malaysia.

It is a notable achievement for this project to come up with a manual for others to refer to when it comes to organizing motivational and rehabilitation programs for the transgenders. This is vital to ensure program quality and impact towards the targeted community. Through previous programs which have been held for years, the experience and knowledge are assembled into one concise manual. The medical and scientific knowledge contributed by the professionals were made simple and understandable for interested parties who wish to organize similar program for the transgender community.

The involvement of both students and staffs has made this project a medium for mutual responsibility which encourages exposure to the real world. Through this, both can benefit and learn to adapt with their environment. This is indeed in accordance with the mission of IIUM which is to produce better quality intellectuals, professionals, and scholars by integrating the qualities of faith (*Iman*), knowledge (*‘Ilm*), and good character (*Akhlaq*) to serve as agents of comprehensive and balanced progress as well as sustainable development in Malaysia and in the Muslim world.

Finally, I would like to congratulate the project leader and his team, as well as every individual involved, for their efforts in making this manual a reality. May Allah bless your contribution with his *rahmah* as this will surely benefits the future of the Ummah. *In shaa Allah*.

ASSOC. PROF. DR. MUHAMMAD FARIS BIN ABDULLAH

Director,

Office for Strategy and Institutional Change,

International Islamic University Malaysia.



**MESSAGE FROM THE OFFICE OF DEPUTY DEAN, STUDENT DEVELOPMENT
AND COMMUNITY ENGAGEMENT, KUANTAN CAMPUS**

Assalamualaikum w.b.t.

Alhamdulillah, finally we managed to complete this module. It is a long journey and full of challenges and struggles. The program has been conducted since 2011 until now. So, the module is a compilation of each program since 2011.

It is very comprehensive and have many slots in this module. So, the potential organizer can choose the topic that relevant to your place. We use dual language mainly English for medical input whereas Bahasa Malaysia for religious input. The module has been used in Cameron Highland Pahang. It is the best place for Ibadah Camp, heaven on earth. So far 5 Ibadah camps we did here, and it was very impactful. This module has also been tested in Pejabat Perhutanan Belimbing Maran (2016) and Darul Iman Training Centre Kemaman Trengganu (2019).

Many thanks to my colleagues who have contributed a lot especially to Assoc Prof Dr Muhammad Ibrahim and Assoc Prof Dr Muhammad Lokman Md Isa. Special thanks to Tan Sri Dato' Prof Emeritus Dzulkifli Abdul Razak Rector, Prof Dr Azmi Md Nor, Director Campus and Assoc Prof Dr Muhammad Faris Abdullah, Director Office for Strategy and Institutional change (OSIC) for

facilitating this project. Not to forget our regular donors. Also, to my family members who have sacrificed a lot in making this Gender Dysphoria project a big success World First.

We really hope this module will give more impact to transgender community particularly Male to Female. In this module, we share the success of this ibadah camp project with their permission. Nobody gave them chance to change, however when they got *Hidayah*, they become a better person. Better than a normal person like me. Great appreciation to *Persatuan Insaf Pahang, Hijrah Republik*, JAKIM, JAIP, JKNP, USM, USIM and many other agencies for helping us in designing this module directly or indirectly.

Last but not least, thank you to my students from 2011 until now and future. They are leading the way that other students not keen to do. They have used and tested the module. The LGBT community was very surprised with the student's performance. Even though, some of them had little experience dealing with LGBT particularly transgender community. Their contribution and effort will be remembered forever (*dulu, kini dan selamanya*).

PROF. DR. SAMSUL BIN DRAMAN

Project Leader,

Flagship Gender Dysphoria,

International Islamic University Malaysia.

LIST OF CONTRIBUTORS

EDITORIAL TEAM

Prof. Dr. Samsul Draman

Assoc. Prof. Dr. Muhammad Ibrahim

Assoc. Prof. Dr. Muhammad Lokman Md Isa

Dr. Mohd Hanafi Mohd Hussin

Dr. Norfarhana Mohd Asri

Dr. Maizatul Syamemy Mohamad Noor

Dr. Hezlin Md Zin

Dr Nailah Abdur Rafar

CONTENT CONTRIBUTORS

Prof. Dr. Mohd Aznan Bin Md Aris

Prof. Dr. Samsul Draman

Assoc. Prof. Dr. Nor Azam Kamaruzaman

Assoc. Prof. Dr. Muhammad Ibrahim

Assoc. Prof. Dr. Muhammad Lokman Md Isa

Assoc. Prof. Datin Dr Khairani Idah bt Mokhtar@Makhtar

Assoc. Prof. Dr Solachudin J.A Ichwan

Assoc. Prof. Dr Widya Lestari

Assoc. Prof. Dr Ghasak Ghazi Faisal

Asst. Prof. Dr. Mohamad Bin Che' Man

Asst. Prof. Dr. Norny Syafinaz Ab Rahman

Asst. Prof. Dr. Ali Sabri Radeef Al-Ani

Asst. Prof. Dr. Mohd Faiz Bin Md Tahir

Asst. Prof. Dr. Najwa Hanim Binti Md Rosli

Asst. Prof. Dr. Nadzirah binti Ahmad Basri

Asst. Prof. Dr Farah Natashah Mohd

Asst. Prof Dr. Abdul Hadi Said

REVIEW TEAM

Assoc. Prof. Dr. Abdul Hadi Mohamed

Assoc. Prof. Dr. Nani Draman

Assoc. Prof. Dr. Nor Zamzila Abdullah

Asst. Prof. Dr. Azwanis Abdul Hadi

Asst. Prof. Dr. Suhaiza Samsudin

Asst. Prof. Dr. Mohd Zhafri Mohd Razib

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1.0 INTRODUCTION

1.1 Background

Maknyah or male-to-female transgender are those who transform their identity biologically from male to female through crossdressing and their lifestyle associated with homosexuality. Crossdressing and homosexuality are unlawful in accordance with Islamic practices. Often, these transgenders are associated with being sex workers in major hotspots such as in Federal Territory Kuala Lumpur, Selangor, Negeri Sembilan, Pulau Pinang, Pahang and Sarawak.¹ It is estimated that the population size of sex workers in Malaysia in 2018 is 37,000 (22,000 Female Sex Workers and 15,000 Transgender Sex Workers). Despite the reducing number of transgender sex workers in Malaysia (as compared to previous Key Population Estimates in 2010), it is still a concern to Muslims and this trend needs to be relieved promptly.

Thus, this program is aimed to help *Maknyahs* in the country to direct their lives back to the right path through emphasizing *Fardhu Ain* knowledge (involving cleanliness (*taharah*), *wudhu*, solat, etc.) as well as to inculcate awareness among them regarding the medical and health impact of smoking, abnormal sexual activities and abusive hormonal use and to give them psychological support to encourage them to improve their lifestyle. The most important aspect to be addressed is to facilitate them back to the right *'aqidah* for them to have a blessed life in *duniya* and *akhirah*.

¹ Size of Key Population in Malaysia 2018 Estimates, Disease Control Division Ministry of Health Malaysia.

1.2 Manual Overview

To date, there is still a lack of such program that is being held to outreach this community of transgender apart from IIUM in the state of Pahang. Thus, this manual is prepared to provide guidance and general idea for those who plan to organize the likewise course. The manual will include the standard practice in organizing the program and the module related to the program. Also, the checklists listed in this manual will help to direct the organizer to run the program smoothly and ensure that all parties involved are well informed.

1.3 Manual Objectives

1. To provide an overview for the organizer on the Ibadah Camp for *Maknyahs*.
2. To prepare a guideline for the organizer in managing the Ibadah Camp for *Maknyahs*.
3. To formulate a proper checklist in organizing the Ibadah Camp for *Maknyahs*.

2.0 ORGANIZING COMMITTEE

Establishing the organizing committee by the organizer is a crucial step to ensure the ibadah camp can run smoothly. Below are the list of the recommended organizing committee and their respective tasks.

No.	Position/ Unit	Tasks	No Required
1.	Advisor	<ul style="list-style-type: none"> • Supervise the program • Advisor for the program 	1
2.	Project Manager	<ul style="list-style-type: none"> • Draft paperwork • Design and planning the flow of the program • Delegate the task among committee • Ensure the arrangement is in a good setting • Analyze the feedback and report of program 	1
3.	Assistant Project Manager	<ul style="list-style-type: none"> • Assist on drafting the paperwork • Assist in designing and planning the flow of the program • Assist to monitor and facilitate the task given to the committee • Assist in analyzing the feedback and report of program • Cooperate with the Program Manager to make sure the program runs smoothly and follow as planned 	1

4.	Secretary	<ul style="list-style-type: none"> ● Prepare paperwork requested by Project Manager ● Prepare minute meeting ● Prepare reports of program ● Prepare the feedback form ● Analyze the feedback of the program ● Record all the documents related to the program 	1
5.	Treasurer	<ul style="list-style-type: none"> ● Formulate the financial implication for the program proposal ● Prepare the financial report ● Prepare the receipt related program 	1
6.	Public relation	<ul style="list-style-type: none"> ● Contact and confirm the list of speakers ● Facilitate the appointed emcee 	2
7.	Logistic unit	<ul style="list-style-type: none"> ● Arrange the transportation for participants and committee ● Arrange the parking space for speakers and participants ● Ensure the safety of participants throughout the round trip 	1
8.	Accommodation unit	<ul style="list-style-type: none"> ● Book the accommodation for speaker, participants, and committee ● Ensure the arrangement are set accordingly 	1

		<ul style="list-style-type: none"> • Ensure the accommodations are in good conditions 	
9.	Catering	<ul style="list-style-type: none"> • Deal with the appointed caterer on the list of menus and budgets • Ensure the meals are served according to the time allocated • Prepare mineral water, for speaker and participants • Arrange the meal for the speaker (usher) • Prepare the meal signage 	2
10.	Security unit	<ul style="list-style-type: none"> • Ensure the safety of participants and committee throughout the program • In charge of patrolling around the area of accommodation to avoid any unnecessary activities 	2
11.	Registration	<ul style="list-style-type: none"> • Get the list of participants • Set up the registration counter • Prepare the starter kit for participants • Ensure the registration runs smoothly 	3
12.	IT and audiovisual unit	<ul style="list-style-type: none"> • Make sure the AV system is in a good function before and on the day of the program 	2

		<ul style="list-style-type: none"> • The AV system includes a microphone, projector, splitters, laser pointer, screen & laptop • Assist in the session requiring the usage of AV system 	
13.	Discipline and spiritual unit	<ul style="list-style-type: none"> • Govern the occasion (emcee) • Lead the congregational prayer (imam) • Observe the discipline of participants throughout the program 	4
14.	Health unit	<ul style="list-style-type: none"> • Prepare the first aid kit and related medications for pain, allergy and common cold • Attend to participants with health complaints throughout the program 	1
15.	Special task	<ul style="list-style-type: none"> • Prepare the token of appreciation for the speaker • Prepare the goodie bags for participants 	3
16.	Sponsorship	<ul style="list-style-type: none"> • Prepare the list of possible sponsors • In charge to follow up with the sponsors • Organize all the related documents required by the sponsor 	2

17.	Publication, promotion, graphic unit & cameraman	<ul style="list-style-type: none"> ● Draft the promotion strategy ● Execute the promotion through social media (WhatsApp, Facebook, Instagram) ● Prepare QR code and online registration ● Design flyers, program book, certificate, bunting and banner of the program ● Prepare multimedia backdrop for the program ● Take pictures during the program ● Upload and update the webpage with pictures during the program 	3
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3.0 PROGRAMME DETAILS

3.1 Duration

The recommended period of the program is 3 days and 2 nights which is usually held over the weekend from Friday to Sunday.

3.2 Target Participants

This is a *da'wah* program where all *Maknyahs* including the non-Muslim around the district and state are welcome to join the program. There is no specific criteria or requirement needed if any of them are interested to participate in the program.

3.3 Program Tentative

The recommended program schedule is as mentioned below,

Day 1	
9.00 am	Breakfast & Departure to Program Venue
10.30 am	Registration
12.30 pm	Lunch
1.00 pm	Friday prayer
3.00 pm	Ice Breaking session
4.00 pm	Dental Health
4.30 pm	Asr' prayer
5.00 pm	Groups Games
7.00 pm	Dinner & Maghrib prayer
8.00 pm	<i>Kuliah</i> Maghrib & Isya' prayer
10.00 pm	Supper

Day 2

- 6.00 am Subuh prayer & *kuliah*
- 7.30 am Aerobic/Morning Exercise
- 8.30 am Breakfast
- 9.00 am Health workshop: STI, HIV, Hormone usage, Quit Smoking.
- 11.00 am Tea break
- 11.30 am Health Quiz
- 12.45 pm Lunch
- 1.15 pm Zuhr prayer
- 2.30 pm Solat workshop: Hebat Solat
- 4.30 pm Asr' prayer & Tea break
- 5.00 pm Treasure hunt
- 7.00 pm Dinner
- 7.30 pm Maghrib prayer & *kuliah*
- 8.30 pm Isya' prayer
- 9.00 pm Forum/ Talk: Mental Health Awareness, Motivational Talk
- 10.30 pm Supper

Day 3	
5.00 am	Qiamullail
6.00 am	Subuh prayer & kuliah
7.30 am	Breakfast
8.30 am	Jungle trekking
1.00 pm	Lunch & Zuhr prayer
2.00pm	Closing ceremony
	Disperse

A list of different modules are included later in this manual to act as a guide for the organizer. The selected module is considered important and beneficial to the participants. These modules will provide the organizer with options to choose according to their program's tentative, but also will help to verify the contents of the program from series to series and make it more interesting to the participants.

4.0 BUDGET

Since there is no charge impose to the participants, most of the budgets are usually sponsored by government agencies, non-governmental organizations (NGOs) and also the public. Among the organizations involved in this sponsorship include Jabatan Kemajuan Islam Malaysia (JAKIM), Jabatan Kesihatan Negeri Pahang (JKNP) and another religious department. Participation of *MakNyahs* are on a voluntary basis.

Below is an example of the proposed budget with maximum of 80 participants.

No.	Item	Cost	Sponsorship	Total
1.	Transportation	2xRM2,500	Religious department	RM5,000
2.	Meal (Breakfast, Lunch, Dinner, Supper)	RM20/person x 100 x 3days (participants & committees)	JAKIM & JKNP	RM 20,000
3.	Accommodation	Lump sum	Public	RM5,000
4.	Honorarium to <i>MakNyah</i>	RM100/person	Public	RM8,000
5.	Honorarium to speakers	RM500/person x 7	Public	RM3,500
6.	Hamper	Lump sum	Public	RM4,000
			TOTAL	RM 45,500

5.0 CHECKLIST OF PROGRAMME

CHECKLIST FOR PRE-PROGRAMME

NO.	TASKS	PERSON-IN-	DATE
		CHARGE	COMPLETED
1.	Outline the general and specific objectives of the program. <i>(Decide based on measurable outcome to assess the effectiveness of program).</i>		
2.	List down organizing committee with portfolios <i>(bureaus and runners)</i> .		
3.	Specify target participants <i>(area and type of participants)</i> .		
4.	Suggest a suitable date, duration, and venue for the program.		
5.	Decide tentative and speakers of the program.		
6.	Confirm availability of the venue with AV and technical.		
7.	Outline the budget and sponsors needed.		
8.	Write up the proposal for the program.		
9.	Fill in Program Approval form (blue colored) form.		
10.	Submit a proposal of program and approval form to the Dean's Office.		

11.	Fill in Trust Fund Utilization Form to request a budget from Kulliyah's Trust Fund (Kulliyah of Medicine).		
12.	Follow up regarding approval of program with the Dean Kulliyah of Medicine (KOM) Office.		
13.	Book venue and accommodation.		
14.	Book transport and logistics needed.		
15.	Book catering services.		
16.	Book equipment needed.		
17.	Liaise with sponsors on budgets needed.		
18.	Request for the advancement of budget from Dean KOM Office at least 2 weeks before the program.		
19.	Confirm availability of speaker and send out official letters of invitation to specific organizations or individuals for speakers.		
20.	Prepare an online registration form (Google form).		
21.	Design flyers and WhatsApp poster announcement to be distributed to target participants.		
22.	Hold update meetings to monitor the progress of preparations.		
23.	Prepare backup plans for any module or activities.		
24.	Prepare token of appreciation for participants and speakers.		

25.	Spread reminders to participants on the preparation needed before the program.		
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CHECKLIST FOR INTRA-PROGRAMME

NO.	TASKS	PERSON-IN-	DATE
		CHARGE	COMPLETED
1.	Register and do the headcount of participants before departure to venue.		
2.	Assign participants into groups for transportation and accommodation.		
3.	Assign emcee and <i>imam</i> for the program.		
4.	Contact and remind speakers regarding their session.		
5.	Begin every module and activities with FIS (<i>al-Fatihah, Istighfar, and Selawat</i>).		
6.	Brief participants on the flow of the program with rules and regulations.		
7.	Assign leaders to help monitor the participants.		
8.	Carry out any protocol needed for opening/officiating ceremony.		
9.	Assign a person-in-charge (from the committee) for the group of participants.		
10.	Ensure that all participants attend every session of the modules.		

11.	Ensure that participants are well briefed regarding rules of activities which may involve marking system.		
12.	Ensure that the participants move and transported in groups.		
13.	Bring along a first aid kit throughout the activities of the program.		
14.	Attend to any welfare (health and well-being) of participants.		
15.	Ensure that the supply of meals is enough to cater the participants.		
16.	Ensure that the committee mingle well with participants to build a good rapport.		
17.	Update on the progress of participants at the end of the day for the program and explain the flow of the program for the next day.		
18.	Patrol around the area of accommodation to avoid any unnecessary activities.		
19.	Prepare a backup plan if needed.		
20.	Take photos of activities and participants.		
21.	Prepare a token of appreciation for speakers and participants.		
22.	Distribute a feedback form among participants.		
23.	Re-arrange items.		

24.	Carry out any protocol needed for closing/officiating ceremony.		
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CHECKLIST FOR POST-PROGRAMME

NO.	TASKS	PERSON-IN-CHARGE	DATE COMPLETED
1.	Submit receipt to the treasurer for compilation into financial report.		
2.	Hold a postmortem meeting with all committee.		
3.	Prepare financial report.		
4.	Prepare program report.		
5.	Follow-up with participants for progression after the program.		

6.0 MODULE: SEXUALLY TRANSMITTED INFECTION (STI)

Module developer:

Assoc. Prof. Dr. Nor Azam Kamaruzaman.

Objective(s) of module:

1. To deliver information regarding common STI.
2. To discuss the risk and complication of common STI.
3. To empower the participants to identify sign and symptoms of STI.

Estimated time needed:

Maximum 90 minutes for 3 activities (see below for details). However, the organizer may choose any of the activities to accommodate the time constraint in the tentative.

Equipment needed:

1. LCD projector
2. Mahjong paper (1 per group x 4 groups)
3. Marker paper (2 per group x 4 groups)

Contents and Method of delivery:

Activity	Method of delivery	Contents
Activity 1	Lecture (25 minutes) <ul style="list-style-type: none"> - Interactive session - Emphasizes important and practical elements 	Outlining STI as general and specifically on risk factors, clinical manifestation, and complication of common STIs. Refer to Appendix 1
Activity 2	Group work (45 minutes) <ul style="list-style-type: none"> - Divide into 4 groups - The facilitator will assist each group to outline key messages on mahjong paper. - Group representative will present in 4 minutes - Marks will be given to the best group presentation based on content and teamwork. 	Discuss and present on ways to prevent and treat STIs (preferably in combination with HIV).
Activity 3	Online pictorial quiz: Kahoot (20 minutes) <ul style="list-style-type: none"> - Involve all participants as an individual. - The correct answer will be explained - A prize will be given to the top 3 winners. 	Expose participants to common signs of STIs in a competitive manner (preferably in combination with HIV).

<p>Activity 4 (Alternative for activity 3)</p>	<p>Pictorial quiz between groups (20 minutes)</p> <ul style="list-style-type: none"> - Alternative if there is no internet line - The prize will be given to the top group. 	<p>Same as above.</p>
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The material for the module will be attached in **Appendix 1**.

Methodology:

Activity 1 (~25 mins)

The lecture on sexually transmitted infections (STIs) as below:

- The content will focus on outlining STI as general and specifically on risk factors, clinical manifestation and complication of common STIs.
- It will be an interactive session.
- Emphasizes important and practical elements.

Activity 2 (~ 45 mins)

- The participants will be divided into 4 groups.
- A facilitator will assist each group to outline key messages on mahjong paper.
- Group representative will present in 4 minutes.

Marks will be given to the best group presentation based on content and teamwork.

Activity 3 (~ 20 mins)

- Online pictorial quiz on common signs of STI.
- Involve all participants as individual.
- The correct answer will be explained.
- A prize will be given to the top 3 winners.

Activity 4 (~ 20 mins)

- Pictorial quiz between groups.
- Alternative if there is no internet line.
- A prize will be given to the top group.

7.0 MODULE: HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Module developer:

Asst. Prof. Dr. Mohamad Bin Che' Man.

Objective(s) of module:

1. To deliver information regarding HIV.

Estimated time needed: 1-2 hours per activity/sessions.

Equipment needed:

1. LCD projector
2. Mahjong paper (1 per group x 4 groups)
3. Marker paper (2 per group x 4 groups)

Contents and Method of delivery:

1. What is HIV?
Apakah Itu HIV?
2. What is AIDS?
Apakah Itu AIDS?
3. What is the difference between HIV and AIDS?
Apakah Perbezaan Antara HIV versus AIDS?
4. How does HIV infect?
Bagaimana HIV Berjangkit?
5. Is HIV non-infectious?
HIV Tidak Berjangkit?

6. What is CD4?

Apakah CD4?

7. What is Viral Load?

Apakah 'Viral Load'?

8. What is Window Period?

Apakah Maksud Window Period?

9. Stages of HIV infection.

Peringkat Jangkitan HIV.

10. Opportunistic infections.

Jangkitan Opportunistik.

11. How to prevent HIV?

Bagaimana HIV Dicegah?

12. HIV is not an end.

HIV Bukan Pengakhiran.

13. What is HAART?

Apakah Itu HAART?

14. What is the function of HAART?

Bagaimana HAART Berfungsi?

15. Class of drugs for HIV.

Kelas Ubat HIV.

16. Side effects of the HIV drugs.

Kesan Sampingan Ubat HIV.

17. What is drug-resistance?

Apakah Itu Kerintangan?

18. Tips to consume medication on-time.

Tips Untuk Mengambil Ubat Ikut Masa.

19. Healthy lifestyle.

Gaya Hidup Sihat.

20. Viral Load.

Timbunan Virus (Viral Load).

21. Factors defaulting from follow up.

Sebab-sebab ingkar temujanji.

22. Treatment and follow up.

Rawatan dan temuseru.

The material for the module will be attached in **Appendix 2**.

Background/ Rationale of the modules:

The module of Sexually Transmitted Infections and HIV aims to instill awareness and knowledge among the *MakNyahs* regarding them being highly sexually active (by means of their occupation as sex workers) and their risk of getting the infections. This also aims to educate those who are already HIV-positive on how to manage their disease accordingly.

The most important aspect of this module is to encourage the *MakNyahs* to get tested for HIV and other STIs. This will in general enable us to take precautionary measures to prevent the spread of the infection to others. Indirectly, this plays as a part of the HIV and STI prevention program as planned by the government.

8.0 MODULE: QUIT SMOKING FOR LGBT PATIENTS

Module developer:

Prof. Dr. Mohd Aznan Bin Md Aris.

Objective(s) of module:

1. To deliver information regarding harmful of smoking.
2. To deliver and discuss on how to quit smoking.

Estimated time needed:

1-2 hours per activity/sessions.

Equipment needed:

1. Peak Flow Meter Rate.
2. Carbon Monoxide Analyzer.
3. Questionnaires:
 - i. Willingness & Motivational to quit smoking.
 - ii. Fagerström score for level of addiction.

Contents and Method of delivery:

Activity	Method of Delivery	Contents
Activity 1	Lecture- 2 topics	<ul style="list-style-type: none"> ● Harm of smoking and its' side effects. ● Create the awareness on the reason of why people smoking (e.g., stress releasing, environment influence, peer group pressure). ● Preparation for smoking cessation (explore their mind set, readiness to quit, support system, steps that had been taken). ● Pharmacological management for quitting.
Activity 2	Health Screening	<ul style="list-style-type: none"> ● Assess the health status of participants in term of blood pressure, BMI, PEF, CO₂ analyzer. ● Determine the smoking status, smoking dependency and motivational status by using the questionnaires.
Activity 3	Group work	<ul style="list-style-type: none"> ● Why people smoke? ● Benefit vs Harm of smoking. ● Why should we stop smoking?

Activity 4	Group counseling	<ul style="list-style-type: none"> ● Preparation to quit smoking. ● Set a quit date. ● The benefit of quit smoking.
Activity 5	Online survey (Slido or Kahoot etc.)	<ul style="list-style-type: none"> ● What are the factors encouraging them to smoke? ● Contents of cigarettes. ● Benefits of stop smoking. ● How to prepare for quitting. ● Medications available for quit smoking.

The material for the module will be attached in **Appendix 3**.

Methodology:

Activity 1 (~90 mins)

There will be 2 topics/lecturer on smoking as below:

1. Harmful of smoking (~45 min).
 - This topic will cover the harmful side effects for short term/long term of smoking.
 - The contents of the cigarette will be revealed in this topic.
2. Smoking cessation program (~45 min).
 - The behavior changes to stop smoking will be discussed.
 - Preparation before the quit date.
 - Coping strategies of craving during smoking cessation.
 - Medications available for help smoker to quit.

Activity 2

Health Screening (~15 min for each participant)

1. As a part of medical check-up, the smoking status and its dependency can be assessed during this session.
2. Peak flow meter and Carbon Monoxide analyzer will be performed to all smokers.
3. All smokers will be assessed their willingness to quit smoking at the end of sessions.

Activity 3 and 4

Break group into smaller sub-groups, 5-10 per group.

Activity 3 & 4 (~ 30 min each, max of 2 hours).

Group work 3:

1. Outline on cigarettes and its contents.
2. Discuss the effects of each component in the cigarettes to the body.
3. What factors causing them to smoke and how to handle it?
4. Discuss the short- and long-term risks of smoking to smokers and passive smoker.

Group work 4:

1. Assessment of the smoker's willingness and support to stop smoking.
2. Preparation to stop smoking.
3. Setting the Quit Date.
4. Recommendations and tips on how to reduce cravings after stopping or reducing smoking.
5. Medications available that will help to stop smoking.

Guide to do small group work/counselling

Activity 3:

1. Identify who is the smoker and non-smoker among the participants. .
2. Ask their views or experiences on smoking.
3. Ask them to list their reasons, likes and dislikes on smoking.
4. The facilitator will guide the participants on the contents of cigarettes and its short and long term harms to the body.
5. The facilitator will help the participants to identify their reasons for smoking, explore their insight either to stop or continue, assess their readiness as well as their strengths and weaknesses.

Activity 4:

1. Assess the willingness for each smoker and their dependence (Fagerström Questionnaires).
2. Relate their social-economy, health and/or influencer (such as family member or friends). factors with their willingness and motivation to quit smoking.
3. The facilitator will discuss on how to handle craving/addiction of quit smoking.
4. The facilitator will briefly discuss the medications available to help the smoker to quit smoking.

Activity 5: (~20 mins)

Online survey will be conducted among all participants to obtain more information on their status of smoking, its dependence, harms and benefits of stop smoking. The questions will be projected on the screen to all participants, and they will be asked to answer via online survey, which the answers will appear on screen randomly and anonymously (pseudonyms will be used).

Background/ Rationale of the module:

Smoking accounts for one in every five deaths in Malaysia. About 20,000 Malaysians die each year because of smoking. Smoking causes damage to nearly every organ in the body and is directly responsible for several diseases. Transgender adults are 2.1 times more likely than straight adults to smoke. Hence, helping them to quit is essential as a part of long-term health strategy to this community.

Activity 1 is aimed to give awareness and knowledge on smoking. The harms complications and benefits of smoking cessation will be covered in the 1st lecture. The 2nd lecture will guide the participants on methods to stop smoking and its management.

Activity 2 is aimed to get hands on approach on assessing the status of the smoker, their dependence and willingness to stop smoking.

If time permits, both activities 1 and 2 should be done together to ensure the effectiveness of this module.

Activities 3 and 4 are aimed to ascertain the reasons of their smoking and what they can benefit when they stop smoking. These activities will also help the participants to prepare for smoking cessation in the support group. Both activities need a trained facilitator and certified smoking cessation provider.

Activity 5 is aimed to obtain more information on their smoking status and their knowledge on smoking after the previous activities. The questions will be projected on the screen to all participants, and they will be asked to answer via online survey, which the answers will appear on screen randomly and anonymously (pseudonyms will be used).

9.0 MODULE: HORMONE USAGE AMONG LGBT PATIENTS

Module developer:

Asst. Prof. Dr. Norny Syafinaz.

Objective(s) of module:

1. To deliver information regarding hormone pills (OCP) and its use among women.
2. To deliver and discuss the risks of OCP.

Estimated time needed:

45 mins to 1 hour per session.

Total = Max 2 hours for 2 sessions.

Equipment needed:

1. Mahjong paper (1 per group).
2. Mahjong paper stand / presentation easel (1 per group).
3. Marker pen (2 per group).

Contents and Method of delivery:

Activity	Method of Delivery	Contents
Activity 1	Group work	<ul style="list-style-type: none"> ● Outlining the body and identifying the body parts/organs affected by hormones. ● Which parts/organs that the participants desire the OCP to show its effects?
Activity 2	Group work	<ul style="list-style-type: none"> ● Outlining the risks/side effects of using OCP.
Activity 3	Lecture	<ul style="list-style-type: none"> ● <i>"Pil Hormon? Apa tu?"</i>
Activity 4	Online survey (Slido or Kahoot etc.)	<p>Specifically, to ask quite sensitive issues regarding the use of OCPs. The questions include:</p> <ul style="list-style-type: none"> ● Where do you usually buy the OCP? ● Did you seek advice from any medical doctor before taking OCP? ● What type/brand of OCP that you usually buy? ● Why did you choose that brand? Anything special about it? ● How do you know which brand of OCP to buy?

The material for the module will be attached in **Appendix 4**.

Methodology:

Break group into smaller sub-groups, 5-10 participants per group.

Activity 1 & 2 (~ 1 hour)

Group work – outlining the body and identifying the body parts/organs affected by hormones use.

Group presentation by each group representative.

1. Identify the shortest/smallest person in each group and have him/her lie down on the mahjong papers (2 pieces combined/taped).
2. Other members draw the outline of the body without directly touching any parts directly.
3. Draw and label any parts of the body outline affected by hormones use. Also, to write on a mahjong paper on the risks of taking OCP.
4. Display the finished poster and have one person to present the group work.
5. Facilitator corrects misconceptions/incorrect information.
6. Facilitator may ask 1-2 questions to verify understanding (answers may come from the group or others – incentives/rewards may be given for participation).
7. Presentation of next group is to highlight any additional information provided.
8. Repeat steps 5 -7.

Note: Marks can be given to determine the top 3 groups, with incentives given, if appropriate.

Criteria may include content of presentation (50%), Q&A (30%), teamwork and discipline (20%).

Activity 3 (~45 mins)

Lecture on hormone pills will be delivered to correct misunderstanding about its use among LGBTQ participants. Legal issues will also be shared with the participants.

Activity 4 (~20 mins)

Online survey will be conducted among all participants to obtain more information on the practice of OCP purchasing and use especially related to quite sensitive issues. The questions will be projected on the screen to all participants, and they will be asked to answer via online survey, which the answers will appear on screen randomly and anonymously (pseudonyms will be used).

Background/ Rationale of the module:

Activity 1 is aimed to allow participants to share what they know about hormone pills and what it does to their body (specifically).

Activity 2 is aimed to allow participants to share what they know about the risks of taking OCP.

Activity 3 is aimed to deliver the correct information about hormone pills (that commonly used among LGBTQ) and to share its function. To elaborate on the correct information regarding the risks and side effects of taking OCP.

Activity 4 is aimed to obtain more information on the practice of OCP purchasing and use especially related to quite sensitive issues. The questions will be project on the screen to all participants, and they will be asked to answer via online survey, which the answers will appear on screen randomly and anonymously (pseudonyms will be used).

10.0 MODULE: MENTAL HEALTH AWARENESS AMONG ADULTS WITH GENDER DYSPHORIA

Module developer:

1. Asst. Prof. Dr. Ali Sabri Radeef Al-Ani (Department of Psychiatry).
2. Asst. Prof. Dr. Mohd Faiz Bin Md Tahir (Department of Psychiatry).
3. Asst. Prof. Dr. Najwa Hanim Binti Md Rosli (Department of Psychiatry).
4. Asst. Prof. Dr. Nadzirah binti Ahmad Basri (Department of Psychiatry).

Objective(s) of module:

1. To increase awareness among adults with gender dysphoria about their mental health.
2. To psychoeducate them about depression, anxiety and stress (DAS), and to assess prevalence and level of DAS symptoms among them.
3. To increase awareness on personal reaction to stress and building sense of control and mastery over the stressors in participants' lives.
4. To increase awareness of one's own unique personality, self-acceptance, and some exposure on personality disorders to increase help-seeking behavior.
5. To provide information about how they can support self-care and wellbeing and ways to improve Interpersonal skills & communication.
6. To highlight about sexual health from psychological perspectives.

Estimated time needed:

1 hour per session

Total=6 hours for 6 sessions

Equipment needed:

1. Stationeries:
 - A. Pen for each participant.
 - B. Papers (3 papers for each participant).
 - C. Photocopy questionnaires for each participant.
 - D. Zip folder for each participant.
 - E. Marker pen (2).
 - F. White board.

2. Tokens to be given to participants (TBD).

Contents and Method of delivery:

Activity	Delivery Method	Content	Presenter
Activity 1	Lecture and Practical Session	<p>Stress:</p> <ul style="list-style-type: none"> ● What is stress? ● What can cause stress? ● What is the effect of stress on health? ● What are the ways to assess stress? <p>Anxiety:</p> <ul style="list-style-type: none"> ● What are the differences between normal and pathological anxiety? ● What are the types of anxiety disorders? ● What are the symptoms of anxiety disorders? ● How are anxiety disorders treated? <p>Questions and answers</p>	*MFT
Activity 2	Lecture & Screening	<p>Depression:</p> <ul style="list-style-type: none"> ● What is depression? How it's differentiated from normal sadness? ● What is the prevalence of depression? ● What are the causes of depression? ● Is depression a treatable disorder? 	*ASR

		<ul style="list-style-type: none"> ● Screening test using Depression, anxiety, stress Scale -21(DASS-21) 	
Activity 3	Practical session & Screening	<ul style="list-style-type: none"> ● Reaction to stress. ● Coping skills training (Case example) ● Self-care (Short exercise: use worksheets) ● Group activity (Practical session) to practice relaxation techniques: Deep breathing, Mindfulness and Visualization. ● Identify stress-related symptoms using questionnaires (WHO Quality of Life (WHOQOL), Warwick Edinburgh Mental Well-being scale (WEMWBS) and Brief COPE.) 	<p>MFT</p> <p>ASR</p> <p>*NHR</p> <p>*NAB</p> <p>Psychology trainees</p>
Activity 4	Lecture & assessment	<ul style="list-style-type: none"> ● Introduction to personality. ● Personality disorders ● Treatment/psychotherapy for personality disorders. ● Identifying own personality: Administration and scoring of Universiti Sains Malaysia Personality Inventory (USMaP-I)/Big Five Personality Inventory. 	<p>MFT</p> <p>NAB</p> <p>NHR</p> <p>Psychology trainees</p>

<p>Activity 5</p>	<p>Lecture and practical session</p>	<p>Interpersonal Communication Skills.</p> <ul style="list-style-type: none"> ➤ What is interpersonal communication? ➤ Elements of interpersonal communication? <ul style="list-style-type: none"> ● The communicators. ● The message. ● Noise. ● Feedback. ● Content. ● Channel. ➤ Uses of interpersonal communication? ➤ Questions and answers. 	<p>MFT</p>
<p>Activity 6</p>	<p>Lecture and group discussion</p>	<ul style="list-style-type: none"> ➤ Sexual health: psychological perspectives. <ul style="list-style-type: none"> ● Biological factors. <ul style="list-style-type: none"> - Age. - Physical Health. - Hormones. ● Psychological factors. <ul style="list-style-type: none"> - Mental Health. - Personality Traits. ● Life Satisfaction. <ul style="list-style-type: none"> - Self Esteem. - Interpersonal factors. 	<p>MFT</p>

		<ul style="list-style-type: none">• Availability of support (personal/ social).• Relationship quality.• Questions and answers.	
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*ASR: Dr. Ali Sabri Radeef Al-Ani

* MFT: Dr. Mohd faiz Bin Md Tahir

*NHR: Dr. Najwa Hanim Binti Md Rosli

* NAB:Dr. Nadzirah binti Ahmad

Basri

Methodology:

Activity 1: (~ 1 hour)

Lecture and screening; highlights on Anxiety and stress, aiming to psychoeducate and increase the awareness of the participants about anxiety and stress.

1. Stress (20 minutes)
 - A. What is stress?
 - B. What can cause stress?
 - C. What is the effect of stress on health?
 - D. What are the ways to assess stress?

2. Anxiety (25 minutes)

What are the differences between normal and pathological anxiety?

What are the types of anxiety disorders?

What are the symptoms of anxiety disorders?

How are anxiety disorders treated?

3. Questions and answers (15 minutes)

Activity 2: (~ 1 hour)

Lecture and screening; highlights on depression, aiming to psychoeducate and increase the awareness of the participants about depression.

- What is depression? How it's differentiated from normal sadness? (5 minutes)
- What is the prevalence of depression? (5 minutes)
- What are the signs and symptoms of depression? (10 minutes)
- What are the causes of depression? (5 minutes)
- How is depression diagnosed? (5-10 minutes)
- Is depression a treatable disorder? (10 minutes)
- Screening test using Depression, anxiety, stress Scale -21(DASS-21) (15-20 minutes)

Activity 3: (~ 1 hour)

Group work +Screening; To increase awareness on personal reaction to stress and building sense of control and mastery over the stressors in participants' lives.

1. Psychoeducation and identification about own stressors and Reaction to stress: (20 minutes)
 - A. Identifying sources of stress
 - B. How different interpretations of a situation contribute to stress.
 - C. Knowing your goal and acknowledging yourself
 - D. Identify stress-related symptoms using questionnaires "WHO Quality of Life (WHOQOL), Warwick Edinburgh Mental Well-being scale (WEMWBS) and Brief COPE".
2. Relaxation techniques (practical session): (15 minutes)
 - A. Deep breathing
 - B. Mindfulness
 - C. Visualization
3. Coping skills training (Case example): (20 minutes)
 - A. Preparation
 - B. Confronting the stressful situation: Challenge irrational thoughts
 - C. Coping with fear
 - D. Reinforcing success
4. Self-care (Short exercise: use worksheets: (5 minutes)
 - A. Increase pleasurable activities
 - B. Sleep hygiene, nutrition & exercise

Activity 4: (~ 1 hour)

Lecture and assessment, to increase awareness of one's own unique personality, self-acceptance and some exposure on personality disorders to increase help-seeking behavior.

1. Introduction to personality: (20 minutes)
 - A. Identifying own personality; Administration and scoring of Universiti Sains Malaysia Personality Inventory (USMaP-I)/ Big Five Personality Inventory.
 - B. Acceptance of each unique personalities and strengths and weaknesses of each personality.
2. Case presentations: (20 minutes).
 - A. Cluster A.
 - B. Cluster B.
 - C. Cluster C.
3. Treatment/psychotherapy for personality disorders: (20 minutes).
 - A. A. How psychotherapy can help individuals with personality disorders.
 - B. B. When to seek help and how.

Activity 5: (~ 1 hour)

Lecture and practical session; aiming to provide participants with basic information on interpersonal communications and to understand effects of verbal and non-verbal communication on interpersonal interaction and to highlight how to overcome communication barriers.

1. What is interpersonal communication? (10 minutes)

2. Elements of interpersonal communication? (20 minutes)
 - The communicators
 - The message
 - Noise
 - Feedback
 - Content
 - Channel
3. What are the uses of interpersonal communication? (15 minutes)
4. Questions and answers (15 minutes)

Activity 6: (~ 1 hour)

Lecture and group discussion; aiming to highlight about sexual health from psychological perspectives.

Sexual Health: Psychological Perspectives.

1. Biological factors (10 minutes).
 - A. Age.
 - B. Physical Health.
 - C. Hormones.
2. Psychological factors (20 minutes).
 - A. Mental Health.
 - B. Personality Traits.
 - C. Life Satisfaction.
 - D. Self Esteem.

3. Interpersonal factors (15 minutes).
 - A. Availability of support (personal/ social).
 - B. Relationship quality.
4. Questions and answers (15 minutes).

Background/ Rationale of the module:

Mental Health for adults with gender dysphoria is an important aspect of mental health advocacy due to the vulnerability of this group. Studies have emphasized the importance of prioritizing mental health issues in this group due to the alarming number of them who are troubled with stress and mental health-related issues.

Adults diagnosed with gender dysphoria show higher rates than other adults of depressive disorders, anxiety disorders, suicidality and self-harming behaviors, and substance abuse.

The lifetime rate of suicidal thoughts in transgender people is thought to be about 40 percent. The minority stress model predicts increases in mental illness in groups that are stigmatized, discriminated against, harassed, and abused at higher rates than others.

DSM-5 reports that persons with late-onset gender dysphoria may have greater fluctuations in the extent of their distress and more ambivalence about and less satisfaction after sex reassignment surgery.

It is crucial to increase awareness of one's own unique personality, self-acceptance and some exposure on personality disorders to increase help-seeking behavior. It is therefore important that we assess the psychological well-being of this group and consider integrating mental health awareness and effective stress management skills for them to improve their mental health.

A liaison person or representative to address the issues if arise during the program is really advisable. Also, as an act of continuity, this representative could also be the person which the participants can contact after the workshop to seek advice and treatment. For any assistance, listed are the contact details of medical personnels for further information and guidance,

1. Asst. Prof. Dr. Ali Sabri Radeef Al-Ani (dralisabri@iium.edu.my)
2. Asst. Prof. Dr. Mohd Faiz Bin Md Tahir (drfaiz@iium.edu.my)
3. Asst. Prof. Dr. Najwa Hanim Binti Md Rosli (drhoney_mmm@iium.edu.my)
4. Asst. Prof. Dr. Nadzirah binti Ahmad Basri (nadzirahbasri@iium.edu.my)

11.0 MODULE: ORAL HEALTH (OH) CARE AMONG LGBT

Module developer:

1. Asst. Prof. Dr Farah Natashah Mohd.
2. Asst. Prof. Dr Abdul Hadi Said.
3. Asst. Prof. Dr Khairani Idah bt Mokhtar.
4. Assoc. Prof. Dr Solachudin J.A Ichwan.
5. Assoc. Prof. Dr Widya Lestari.
6. Assoc. Prof. Dr Ghasak Ghazi Faisal.

Objective(s) of module:

1. To increase the awareness on oral health to the participants attending the program.
2. To increase the awareness on the high-risk behavior towards oral health related diseases.
3. To identify the oral health status of the participants attending the program.

Estimated time needed:

3 hours.

Equipment needed:

1. Oral health (OH) education kit, with models.
2. Projector and laptop
3. Portable dental chair set (light and chair)

Contents and Method of delivery:

Activity	Method	Content
Activity 1: Oral health education (OHE)	Lecture (30mins).	<ul style="list-style-type: none"> • The importance of OH. • Risk of sexual activities and unhealthy habits to OH.
Activity 2: Oral health screening	Dental check-ups by dentists. Plaque score with tablet.	<ul style="list-style-type: none"> • Dental health status. • Clinical examination.
Activity 3	Group work.	Outline the effect of unhealthy sexual activity to oral health.

Methodology:

Activity 1 (30 minutes)

Lecture on oral health education for the participants will be delivered to increase the knowledge on the risks of sexual activities and unhealthy habits to their oral health.

Activity 2 (2 hours)

Oral health screening will be carried out by the dentists with free chair side consultation and plaque scoring using tablet as well as demonstrating the correct way of tooth brushing.

Activity 3 (30 minutes)

Steps:

Break into smaller groups (5-10 people) per group.

- 1) Discuss about their personal oral health care (e.g., frequency of brushing teeth and dental visit).
- 2) Discuss about any OH related issues (e.g., fake braces).
- 3) Discuss about oral cancer and its relationship with unhealthy sexual activities.
- 4) For each of discussion above, the facilitator will facilitate and correct all misunderstanding.

Background/ Rationale of the module:

Activity 1 is aimed to give information on good oral health care and the risk of sexual activities and unhealthy habits to OH.

Activity 2 is aimed to allow participants to know the status of their current oral health.

Activity 3 is aimed to obtain more information on their current oral hygiene practice and risk factors contributing to oral cancer.

12.0 MODULE: HEBAT SOLAT

Pengarang:

1. Muhammad Bin Ibrahim, Phd.
2. Samsul Draman, MMed. (Family Medicine).
3. Muhammad Lokman Md Isa, Phd.

PENDAHULUAN

Masalah kecelaruan jantina adalah merupakan masalah sejagat yang menyebabkan keresahan kepada masyarakat umum. Oleh yang demikian, Universiti Islam Antarabangsa Malaysia, khususnya Kulliyah Perubatan telah mengambil langkah yang serius untuk mendepani masalah ini.

Dengan pendekatan perubatan dan kerohanian, maka kumpulan sokongan kepada masalah kecelaruan jantina telah ditubuhkan oleh Kulliyah Perubatan sebagai organizer serta disokong oleh semua kulliyah di kuantan kampus termasuklah Kulliyah Sains Kesihatan Bersekutu, Kulliyah Kejururawatan, Kulliyah Farmasi, Kulliyah Pergigian dan Kulliyah Sains.

Modul ini telah dibangunkan untuk mendedahkan peserta kepada modul kerohanian di dalam khemah ibadat yang merupakan salah satu modul yang akan dilaksanakan. Di dalam modul ini terdapat penekanan kepada empat aspek pendekatan yang akan dilaksanakan. Modul pertama menekankan kepada persoalan kemudahan melaksanakan solat, modul kedua pula ditekankan terhadap pengambilan wudu' yang sempurna, modul ketiga pula tentang solat yang sempurna dan modul yang terakhir berkenaan keberkesanan program mukayyam kepada kefahaman Islam peserta.

Diharapkan dengan modul ini, maka perjalanan khemah ibadat akan lebih berkesan dan dipermudahkan oleh Allah SWT. Hanya kepada Allah kita bergantung harap.

Seeru 'Ala Barokatillah.

12.1 Modul I: Laa Bukan Nya Susah Nak Solat

Objektif:

1. Mendedahkan peserta mukayyam kepada beberapa perkara penting sebelum memulakan solat.
2. Menegaskan kepada peserta tentang mudahnya solat.
3. Mendidik para peserta tentang peri pentingnya solat bukan sekadar kewajipan tetapi sebagai satu jalan penyelesaian dalam memberi ketenangan, menghindarkan stress atau tekanan perasaan dan meningkatkan motivasi diri.

Cara Pelaksanaan:

1. Peserta akan ditanya secara rawak tentang perkara yang mereka tahu sebelum memulakan solat.
2. Penceramah atau fasilitator akan memberikan beberapa petunjuk untuk membimbing para peserta untuk berpartisipasi dalam modul yang dilaksanakan.

Item di dalam modul:

1. Masuk waktu solat.
2. Ambik wudu :120 saat.
3. Baca doa selepas wuduk: 10 saat.
4. Sebelum mulakan solat, Iqamah: 10 saat.
5. Solat: 120 saat satu rakaat (480 saat).
6. Wirid: 100 saat.
7. Doa: 60 saat.

8. Selesai solat dengan hanya: 13 minit sahaja untuk satu solat yang 4 rakaat, bagi solat yang 2 rakaat hanya mengambil masa 6.5 minit sahaja. Kan mudah solat.

Kesimpulan:

Solat merupakan kefarduan daripada Allah SWT yang hanya mengambil masa yang singkat tak sampai 15 minit. Jadi tidak ada alasan untuk kita tak menunaikan solat hanya dengan alasan tiada masa atau masa tak cukup.

12.2 Modul II: Wudu' Sempurna, Solat Hebat

Objektif:

1. Menekankan kepada peserta tentang keperluan wudu' yang sempurna demi mendapat kesempurnaan solat.
2. Mendedahkan peserta tentang fardhu wudu', syarat sah wudu', sunat wudu' dan perkara yang membatalkan wudu'.
3. Mendedahkan kepada peserta cara-cara mengambil wudu' yang sempurna melalui praktikal.

Cara Pelaksanaan:

1. Peserta akan ditanya secara rawak tentang perkara yang mereka tahu tentang mengambil wudu'.
2. Penceramah atau fasilitator akan menunjukkan cara wudu' yang betul melalui sesi praktikal yang dilaksanakan bersama dengan sesi ceramah/modul.
3. Setiap jawapan yang betul dan melakukan praktikal dengan betul akan diberikan markah secara berkumpulan.

Item di dalam modul:

A. Fardhu Wudu'

1. Berniat ketika meratakan air ke seluruh muka. Niat wudu' adalah seperti berikut:

“Sahaja aku mengangkat hadath kecil kerana Allah Ta‘ala”.

Atau

“Sahaja aku berwudhu' kerana Allah Ta‘ala”.

2. Membasuh muka. Had atau batasan muka yang wajib dibasuh adalah dari tempat tumbuh rambut di sebelah atas sehingga sampai kedua tulang dagu sebelah bawah dan lintangannya adalah dari anak telinga hingga ke anak telinga.

3. Membasuh dua tangan hingga dua siku. Bagi orang yang tiada siku disunatkan membasuh hujung anggota yang ada.

4. Menyapu sedikit kepala. Boleh disapu di ubun-ubun atau lain-lain bahagian rambut yang ada di dalam had atau kawasan kepala, tetapi yang utamanya adalah menyapu seluruh kepala.

5. Membasuh dua kaki hingga dua buku lali.

6. Tertib, iaitu melakukan perbuatan itu daripada yang pertama hingga akhir dengan teratur.

B. Syarat-syarat wudu'

Terdapat dua syarat dalam wudhu' iaitu syarat wajib dan syarat sah.

Syarat Wajib Wudhu'

1. Islam.
2. Baligh.
3. Berakal.
4. Mampu menggunakan air yang suci dan mencukupi.
5. Berlakunya hadath.
6. Suci daripada haidh dan nifas.
7. Kesempitan waktu. Wudhu' tidak diwajibkan ketika waktu yang panjang tetapi diwajibkan ketika kesempitan waktu.

Syarat Sah Wudhu'

1. Meratakan air yang suci ke atas kulit, iaitu perbuatan meratakan air pada seluruh anggota yang dibasuh hingga tiada bahagian yang tertinggal.
2. Menghilangkan apa sahaja yang menghalang sampainya air ke anggota wudhu'.
3. Tidak terdapat perkara-perkara yang boleh membatalkan wudhu' seperti darah, haidh, nifas, air kencing dan seumpamanya.
4. Masuk waktu sembahyang bagi orang yang berterusan dalam keadaan hadath seperti orang yang menghidap kencing tidak lawas.

Selain itu, terdapat beberapa syarat wudhu' mengikut ulama' mazhab Syafi'i, iaitu:

1. Islam.
2. Mumayyiz.
3. Suci daripada haidh dan nifas.
4. Bersih daripada apa sahaja yang boleh menghalang sampainya air ke kulit.
5. Mengetahui kefardhuan wudhu'.
6. Tidak menganggap sesuatu yang fardhu di dalam wudhu' sebagai sunat.
7. Menghilangkan najis 'aini yang terdapat pada badan dan pakaian orang yang berwudhu'.
8. Tidak terdapat pada anggota wudhu' bahan yang mengubah air.
9. Tidak mengaitkan (ta'liq) niat berwudhu' dengan sesuatu.
10. Mengalirkan air ke atas anggota wudhu'.
11. Masuk waktu sembahyang bagi orang yang berhadath berterusan.
12. Muwalat, iaitu berturutan.

C. Sunat Wudhu'

Perkara sunat ketika berwudhu' adalah sangat banyak, di antaranya ialah:

1. Membaca "basmalah" iaitu lafaz.
2. Membasuh dua tapak tangan hingga pergelangan tangan.
3. Berkumur-kumur.
4. Memasukkan air ke dalam hidung.
5. Menyapu seluruh kepala.
6. Menyapu dua telinga.
7. Menyelati janggut yang tebal.
8. Mendahulukan anggota yang kanan daripada yang kiri.

9. Menyelati celah-celah anak jari tangan dan kaki.
10. Melebihkan basuhan tangan dan kaki daripada had yang wajib.
11. Mengulangi perbuatan itu sebanyak tiga kali.
12. Berturut-turut iaitu tidak berselang dengan perceraian yang lama di antara satu anggota dengan anggota yang lain yang menyebabkan anggota itu kering.
13. Menggosok anggota wudhu' supaya lebih bersih.
14. Bersugi/memberus gigi.
15. Menghadap qiblat.
16. Membaca doa selepas berwudhu'.

Maksudnya:

“Aku bersaksi bahawa tiada Tuhan melainkan Allah yang Esa dan tiada sekutu bagiNya, dan aku bersaksi bahawa Nabi Muhammad itu hambaNya dan RasulNya. Wahai Tuhanku, jadikan aku daripada golongan orang-orang yang bertaubat dan jadikan aku daripada golongan orang-orang yang bersih.

D. Perkara yang membatalkan wudu'

1. Keluar sesuatu dari lubang dubur atau qubul sama ada tahi, kencing, darah, nanah, cacing, angin, air mazi atau air wadi dan sebagainya melainkan air mani sendiri kerana apabila keluar mani diwajibkan mandi.
2. Tidur yang tidak tetap punggungnya, kecuali tidur dalam keadaan rapat kedua-dua papan punggung ke tempat duduk.
3. Hilang akal dengan sebab mabuk, gila, sakit, pengsan atau pitam kerana apabila hilang akal, seseorang itu tidak mengetahui keadaan dirinya.
4. Bersentuh kulit lelaki dengan perempuan yang halal nikah atau ajnabiyyah (bukan mahram) walaupun telah mati.

5. Menyentuh kemaluan (qubul dan dubur manusia) dengan perut tapak tangan walaupun kemaluan sendiri.

6. Murtad iaitu keluar dari agama Islam.

12. 3 Modul III: Solat Hebat, Hidup Sempurna

Objektif:

1. Menekankan kepada peserta tentang kepentingan solat yang sempurna untuk mendapat kehidupan yang sempurna dan tenang.
2. Mendedahkan kepada para peserta tentang syarat sah solat, syarat wajib solat, rukun solat dan perkara yang membatalkan solat.
3. Mendedahkan kepada peserta cara-cara melaksanakan solat yang sempurna melalui praktikal solat.

Cara Pelaksanaan:

1. Peserta akan ditanya secara rawak tentang perkara yang mereka tahu tentang apa yang peserta tahu tentang pelaksanaan solat.
2. Penceramah atau fasilitator akan menunjukkan cara solat yang betul melalui sesi praktikal yang dilaksanakan bersama dengan sesi ceramah/modul.
3. Setiap jawapan yang betul dan melakukan praktikal dengan betul akan diberikan markah secara berkumpulan.

Item di dalam modul:

A. Syarat Sah Solat

1. Yakin masuk waktu.
2. Menutup aurat.
3. Menghadap kiblat.
4. Suci daripada najis.

B. Syarat Wajib Solat

1. Islam.
2. Baligh.
3. Berakal.
4. Tidak buta dan pekak.
5. Sampai dakwah Islam.

C. Rukun Solat

Perkara yang mesti dilakukan dalam sembahyang.

1. BERDIRI BETUL, jika tidak mampu boleh dengan duduk jika tidak mampu juga boleh sembahyang dalam keadaan berbaring.
2. NIAT, dilafazkan sewaktu mengangkat takbiratul ihram.
3. TAKBIRATUL IHRAM, mengucapkan perkataan Allahu Akbar.
4. MEMBACA SURAH AL-FATIHAH, bermula dengan bacaan Bismillah... hinggalah Waladhaallin.

5. RUKUK DENGAN THUMAKNINAH, membongkok 90 darjah.
6. IKTIDAL DENGAN THUMAKNKNAH, berdiri betul selepas rukuk.
7. SUJUD DUA KALI DENGAN THUMAKNINAH, membongkok sehingga dahi berada di paras lantai.
8. DUDUK ANTARA DUA SUJUD DENGAN THUMAKNINAH, duduk sebentar selepas sujud yang pertama.
9. DUDUK BAGI TAHAIYAT AKHIR.
10. MEMBACA TAHAIYAT AKHIR.
11. MEMBACA SELAWAT, membaca selawat ke atas junjungan Nabi Muhammad s.a.w.
12. MEMBERI SALAM, memalingkan muka kearah kanan dan memberi salam dan diikuti pula sebelah kiri juga dengan salam.
13. TERTIB, mengikut aturan, turutan atau urutan seperti yang dahulu didahulukan dan yang kemudian dikemudiankan. Perkara lain yang dilakukan dalam sembahyang daripada rukun ini dinamakan sunat.

B. Perkara Yang Membatalkan Sembahyang

Tidak sah sembahyang serta terbatal jika perlakuan ini dan perlu dibuat semula, yang membatalkan sembahyang ialah: -

1. Batal Wuduk.
2. Makan dan Minum dengan sengaja walaupun seteguk air atau sebiji nasi sekalipun (sisa makanan di dalam mulut).
3. Terbuka Aurat.
4. Melangkah, tiga langkah berturut-turut.
5. Terdapat najis di badan, pakaian atau tempat sembahyang.
6. Tertawa terbahak-bahak.

7. Bercakap, berkata-kata dengan sengaja.
8. Berubah niat.
9. Mendahului Imam sampai dua rukun.
10. Meninggalkan rukun sembahyang.

Kesimpulan:

Solat merupakan tiang agama dan kehidupan. Sesiapa yang meninggalkan solat maka tiadalah tiang agama dan kehidupannya. Seiaapa yang tiada tiang agama dan tiang kehidupan maka runtuhlah agama dan kehidupannya.

Modul ini diharapkan dapat memberikan panduan untuk peserta melakukan solat dengan sempurna dan mendapat kebaikan daripada solat. Moga kehidupannya menjadi sempurna.

12. 4 MODUL IV: HIDUP SEMPURNA, KOMUNITI HEBAT

Objektif:

1. Berkongsi dengan para peserta teknik untuk hidup dengan sempurna supaya komuniti disayangi menjadi hebat.

Perlaksanaan:

1. Peserta akan ditanya secara rawak tentang perkara yang mereka mahu dalam kehidupan ini.
2. Penceramah atau fasilitator akan memberikan beberapa petunjuk untuk membimbing para peserta untuk berpartisipasi dalam modul yang dilaksanakan.

Item di dalam modul:

1. Siapa aku? : Hamba Allah.
2. Apa aku perlu buat? : Perlu hidup di dunia atas petunjuk Allah.
3. Macam mana nak hidup atas petunjuk Allah? : Bersama dengan kumpulan yang baik dan mengikut jalan Allah.
4. Ke mana selepas ini? : Mati, dibangkitkan di hari akhirat dan dibicarakan. Ikut petunjuk Allah di dunia akan selamat dari neraka, akan ke syurga. Bagi yang ingkar akan ke neraka.

Kesimpulan:

Di akhir sesi ini, pihak penceramah/fasilitator dapat mengenalpasti tahap kefahaman dan penerimaan peserta di akhir program ini.

13.0 MODULE: MOTIVASI

Pengarang:

1. Muhammad Bin Ibrahim, Phd.
2. Samsul Draman, MMed. (Family Medicine).
3. Muhammad Lokman Md Isa, Phd.

13.1 MODUL 1: LERAI BEDUNGAN

Aktiviti 1- Tajuk: Sepatuku

Objektif:

1. Memahami bahawa manusia ada tanggungjawab yang mesti ditunaikan.
2. Peserta faham, kehidupan manusia mahukan keselesaan.
3. Peserta perlu ambil peluang untuk meneruskan kehidupan.

Sasaran: Semua peserta program.

Masa: 30 minit.

Bahan: Tiada.

Langkah-langkah:

1. Peserta berkumpul dalam satu kumpulan besar.
2. Fasilitator meminta setiap peserta membuka kasut sebelah kanan dan letakkan di tengah bulatan.
3. Fasilitator meminta peserta mengambil kasut peserta lain di tengah bulatan dan memakainya.
4. Dilarang sama sekali mengambil kasut sendiri.

5. Fasilitator meminta peserta memakai kasut yang dipilih sehingga tamat program.
6. Fasilitator membuat sesi rumusan dengan para peserta.

Falsafah:

Hidup tidak selalunya indah. Langit tidak selalu cerah. Ambillah peluang ketika indah dan cerah, maka hidup akan lebih terarah.

Aktiviti 2 - Tajuk: Duit Oh Duit

Objektif:

1. Menyedari bahawa manusia mempunyai nilai harga diri yang tinggi.
2. Memahami bahawa manusia saling memerlukan antara satu sama lain.

Sasaran: Semua peserta program.

Masa: 30 minit.

Bahan: Contoh duit, Double-sided tape dan sampul surat.

Langkah:

1. Peserta diminta untuk mengeluarkan sampul surat yang telah diberikan semasa pendaftaran.
2. Fasilitator meminta setiap peserta membuka sampul surat yang diberi dan melihat nilai wang diperoleh.
3. Peserta menampal nilai wang tersebut di sebelah kiri dada.
4. Peserta diminta membentuk kumpulan mengikut nilai wang yang diarahkan oleh fasilitator.

5. Semua peserta bergerak membina kumpulan dengan nilai yang dinyatakan. - Contoh: 90 SEN, RM 1.45, RM 2.83, RM 4.92 dan RM 5.00.
6. Fasilitator membuat sesi rumusan dengan para peserta.

Falsafah:

Peserta tahu bahawa, sekecil mana pun potensi manusia itu, ia adalah penting sebagai pelengkap kehidupan.

13.2 MODUL 2: PENGHARGAAN DIRI

Tajuk: Kotak Supernova Cahaya yang Menyinari

Objektif:

1. Mengenalpasti ciri terbaik yang ada pada wajahnya.
2. Berkongsi anugerah tuhan yang dimilikinya.
3. Meyakinkan orang lain yang dia adalah insan istimewa.

Masa: 120 minit.

Bahan: Kotak dan cermin.

Langkah:

1. Peserta membentuk bulatan dalam kumpulan masing-masing.
2. Fasilitator mengedarkan kotak supernova bermula dengan peserta pertama hingga yang terakhir dan merahsiakan apa yang dilihat.
3. Fasilitator meminta setiap peserta berkongsi anugerah tuhan dengan ahli-ahli kumpulan kelebihan yang terdapat pada wajahnya seperti mulut, mata, alis mata, hidung, bibir dan sebagainya.

4. Setiap peserta diminta meyakinkan peserta yang lain tentang keistimewaan yang ada pada dirinya.
5. Fasilitator membuat rumusan.

Falsafah:

Dirimu sangat berharga.

13. 3 MODUL 3: CERAMAH MOTIVASI

Penceramah akan dijemput berdasarkan tajuk-tajuk pilihan dibawah. Ceramah motivasi akan dijalankan selama 1 jam iaitu 45 minit ceramah dan 15 minit Q&A.

Antara tajuk-tajuk pilihan

1. Kenapa aku begitu istimewa?
2. Sempurnakah aku di sisi Ilahi?
3. Keenakan dunia; Nikmatnya hanya sementara.
4. Perlukah diri ini dinilai oleh manusia lain?
5. Keindahan hidup bermasyarakat: Kami endah.
6. Aku, Dia dan Kamu.
7. Bagaimana membendung gelora nafsu di jiwa.
8. Rasullullah adalah contoh keperibadian yang terindah.
9. Bimbinglah aku mencari yang sebenar dan lurus.
10. Aku yang berdosa.
11. Bagaimana untuk mengekalkan kesan perubahan positif?

13. 4 MODUL 4: MODUL PELUANG PEKERJAAN

- Slot ini akan dipenuhi dengan menjemput badan-badan berkanun atau jabatan kerajaan yang mampu memberi peluang pekerjaan pada golongan istimewa ini.
- Slot selama 2 jam akan dijalankan bagi memberi pendedahan kepada golongan ini bagi mencari pekerjaan selain dari bekerja di lorong.
- Peluang pekerjaan ini bukan sahaja daripada badan yang dijemput tetapi boleh juga datangnya daripada sesama ahli PIP yang berkemungkinan memerlukan pekerja untuk perniagaan mereka.
- Pihak penganjur akan membantu golongan ini bukan sahaja semasa slot yang diadakan. Malahan, kita akan memastikan tindakan selanjutnya akan terbimbing. Contohnya, dari segi mengisi borang, berhubung dengan pegawai yang berkenaan dan sebagainya.
- Pihak IIUM juga akan membantu PIP dalam mengendalikan urusan berpesatuan seperti aturcara dan keperluan semasa mengadakan mesyuarat, bagaimana mengambil minit mesyuarat, sistem pemfailan, penulisan kertas kerja dan sebagainya.

14.0 MODULE: KUIZ KESIHATAN

Module developer:

Committee from Ibadah Camp 2018 (Althea) and 2019 (Rhazes).

Objective(s) of module:

1. To evaluate the participant's understanding regarding the health talk that has been given.
2. To ensure that the participants are aware of the important aspects highlighted by the speakers of the health topics.

Estimated time needed: 75 minutes (1 Hour and 15 Minutes).

Equipment needed:

1. LCD projector.
2. Laptop and Powerpoint Slides.
3. Mahjong Paper and Marker Pen.
4. Hamper prizes.

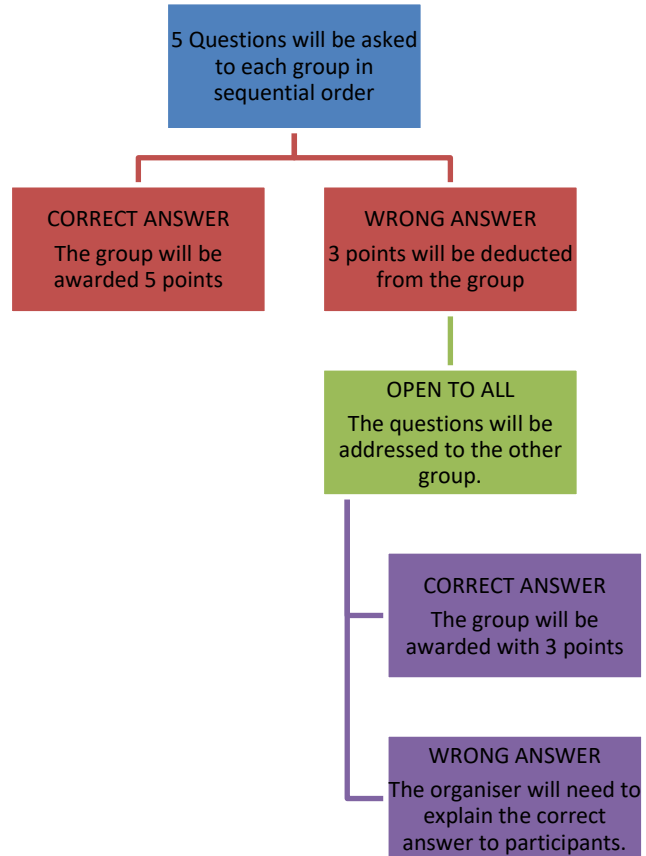
Contents and Method of delivery:

1. Group participants will be divided into 5 different groups.
2. A total of 30 Questions are prepared based on the health talks and activities. The quiz is held in **2(two) rounds**.
3. Questions will be in One-based-answer format (can be chosen from question bank as attached in the **Appendix 5**).

4. The organizer will need to explain regarding the rules and scoring to the participants and have a trial run of the quiz for each round.

5. The methodology of each round are as follows:

a) FIRST ROUND



b) SECOND ROUND

There will be a total of **5 questions** open to all groups.

All of the groups will need to **write down the answer** and reveal them at the same time.

5 points will be awarded to all group(s) that have the correct answer.

2 points will be deducted from the group(s) that have the wrong answer.

6. Should there be extra time, the organizer should ask for representatives of the group to explain regarding what they have learn from the activity.
7. All the marks will be calculated and the group that has the highest mark will win the prizes. All the prizes will be given during the closing ceremony.

Background/ Rationale of the modules:

The module of Kuiz Kesihatan is aimed to emphasize the important aspects in the previous talks and activities in a more interactive and competitive way. Through this initiative, participants can implement the knowledge that they have attained into their daily lives.

15.0 IMPACT OF PROGRAMME



First Ibadah Camp from 22nd till 24th September 2012 at Tanah Rata Cameron Highlands.



Ibadah Camp in 2014, at the same place in Cameron Highlands



2015, in Cameron Highlands



2016 at Pejabat Perhilitan Belimbing, Maran, Pahang



17th till 20th August 2017, at Cameron Highlands



17th till 20th August 2018 at Cameron Highlands



16th till 18th August 2019 at the Darul Iman Training Centre, Kemaman, Trengganu.

We have been doing these programs since 2012 without fail. Cameron Highlands is the usual choice because of its beauty and its distance from Kuantan. The participants will be inclined to go back to entertain clients if the location was nearer.

Our Ibadah camp programs are realized with collaboration from the following groups:

Religious departments

Yayasan Islam Trengganu

JAKIM (Jabatan Kemajuan Islam Malaysia)

JAIP (Jabatan Agama Islam Pahang)

MAIS (Majlis Agama Islam Selangor)

Yayasan Ihtimam Malaysia

Universities

USIM (Universiti Sains Islam Malaysia)

USM (Universiti Sains Malaysia)

UKM (Universiti Kebangsaan Malaysia)

UiTM (Universiti Teknologi MARA)

UUM (Universiti Utara Malaysia)

Government Agencies

JKNP (Jabatan Kesihatan Negeri Pahang)

PKD (Pejabat Kesihatan Daerah)

Giat MARA

Non-Governmental Organisations (NGOs)

Tfitrah

Hijrah Republik

Impact of the program

1) June or Hj. Bakri binAbu Bakar was a *MakNyah* before this. After attending the program and many follow-ups by IIUM and JAIP , he had slowly changed to a better person.



He went for umrah in February 2013, sponsored by Year 5 IIUM medical students and the public. After returning from umrah, he started doing business and *da'wah* inviting his friends from being sex workers to better lives.



He went for Hajj on the 28th July till 3rd Sept 2019, sponsored by staffs and students from IIUM Kuantan and JAKIM. It was a great achievement for us. It became sensational and the whole LGBT community in Kuantan talked about him. They started thinking on how long they want to live as transgenders.

2) Amy or Mohd Nasir performed umrah in 2016 sponsored by staffs in Ummu Qura” University in Macca. He was working on the streets before and after the intervention he started a new life.



In 2019 during the closing ceremony of National Ibadah Camp in Kemaman, IIUM sponsored him for Hajj 2020

3) This is Purple during the Jenazah management course in 2012.



He changed to a new life in 2013 and removed his breast implants at Hospital Tengku Ampuan Afzan in 2014.



He is now married with 3 children. He is currently working as a lorry driver.



4) This is Mira (in red shirt) from Thailand. This photo was taken in 2012 during The Jenazah management course in IIUM Kuantan.



After he was diagnosed with a chronic medical illness, he had changed a lot., This photo of him taken on 11th September 2018 shows that he is totally different now.

APPENDIX 1

CONTENT OF MODULE:

NO	TOPIC	PAGE
A.	Introduction	2
B.	Incidence	3-4
C.	Complication	4
D.	Prevention	5
E.	Principle of management	5
F.	Causative agents	6
G.	Clinical presentation	7
H.	Modified Syndromic Approach	7
I.	Genital ulcer	8
J.	Urethral discharge	10
K.	Vaginal discharge	12
L.	Other presentation	14

A. INTRODUCTION

- STIs are spread predominantly via sexual contact - vaginal, anal or oral sex.
- Some spread through non-sexual contact - via blood or blood products.
- Many STIs can be transmitted from mother to child - during pregnancy and childbirth (including syphilis, hepatitis B, HIV, chlamydia, gonorrhoea, herpes, and HPV)



- STI control contributes to Sustainable Development Goals (SDGs):
 - SDG 3.2 – By 2030, end preventable deaths of newborns and children under 5 years.
 - SDG 3.3 – By 2030, end the epidemic of AIDS, combat other communicable diseases.
 - SDG 3.7 – by 2030, ensure universal access to sexual and reproductive health care.
 - SDG 3.8 – By 2030, achieve universal health coverage.

B. INCIDENCE

GLOBAL INCIDENCE

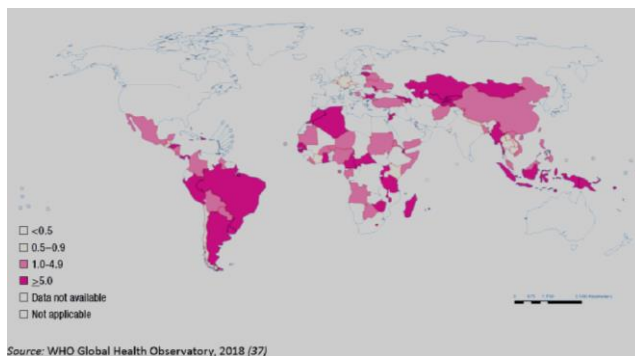
- Globally, more than 1 million STIs are acquired every day.
- Global estimates of new cases of curable STIs in 2016 are as follow:

Sexually transmitted infection	No. (million)
Chlamydia	127
Gonorrhoea	87
Syphilis	6
Trichomoniasis	156
Total	376

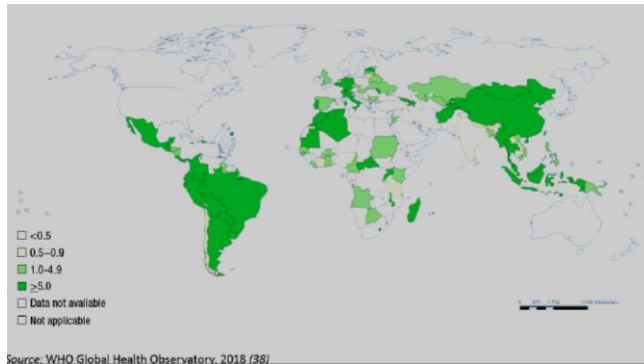
Source: Rowley et al. 2018 (1)

- More than 500 million people are living with genital HSV (herpes) infection
- Estimated 300 million women have an HPV infection, the primary cause of cervical cancer.
- Estimated 240 million people are living with chronic hepatitis B globally. Both HPV and hepatitis B infections are preventable with vaccination.

Percentage of FSWs with syphilis, 2018:



Percentage of MSM with syphilis, 2018:

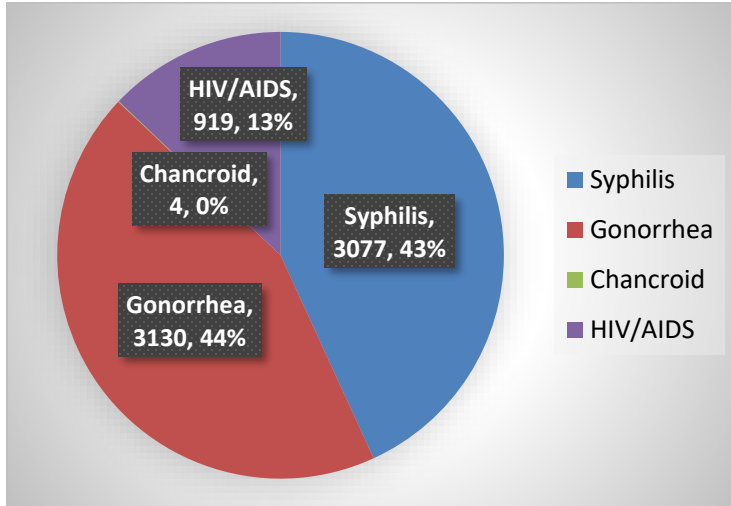


LOCAL INCIDENCE

- STIs are common
- Only 4 notifiable STIs □ gross under reporting of STIs
- Misdiagnosis remains a problem

B. DIAGNOSIS PENYAKIT		
<input type="checkbox"/> 1. Poliomyelitis	<input type="checkbox"/> 16. Hand, Food and Mouth Disease	<input type="checkbox"/> 31. Syphilis - Acquired
<input type="checkbox"/> 2. Viral Hepatitis A	<input type="checkbox"/> 17. HIV	<input type="checkbox"/> 32. Tetanus Neonatorum
<input type="checkbox"/> 3. Viral Hepatitis B	<input type="checkbox"/> 18. Influenza	<input type="checkbox"/> 33. Tetanus - Lain-lain
<input type="checkbox"/> 4. Viral Hepatitis C	<input type="checkbox"/> 19. Leprosy (<i>Paucibacillary</i>)	<input type="checkbox"/> 34. Typhus - <i>Scrub</i>
<input type="checkbox"/> 5. Viral Hepatitis - Lain-lain	<input type="checkbox"/> 20. Leprosy (<i>Multibacillary</i>)	<input type="checkbox"/> 35. Tuberculosis - <i>PTB Smear Positive</i>
<input type="checkbox"/> 6. AIDS	<input type="checkbox"/> 21. Leptospirosis	<input type="checkbox"/> 36. Tuberculosis - <i>PTB Smear Negative</i>
<input type="checkbox"/> 7. Chancroid	<input type="checkbox"/> 22. Malaria - <i>Vivax</i>	<input type="checkbox"/> 37. Tuberculosis - <i>Extra Pulmonary</i>
<input type="checkbox"/> 8. Cholera	<input type="checkbox"/> 23. Malaria - <i>Falciparum</i>	<input type="checkbox"/> 38. Typhoid - <i>Salmonella typhi</i>
<input type="checkbox"/> 9. Dengue Fever	<input type="checkbox"/> 24. Malaria - <i>Malariae</i>	<input type="checkbox"/> 39. Typhoid - <i>Paratyphoid</i>
<input type="checkbox"/> 10. Dengue Haemorrhagic Fever	<input type="checkbox"/> 25. Malaria - <i>Lain-lain</i>	<input type="checkbox"/> 40. Viral Encephalitis - <i>Japanese</i>
<input type="checkbox"/> 11. Diphtheria	<input type="checkbox"/> 26. Measles	<input type="checkbox"/> 41. Viral Encephalitis - <i>Nipah</i>
<input type="checkbox"/> 12. Dysentery	<input type="checkbox"/> 27. Plague	<input type="checkbox"/> 42. Viral Encephalitis - Lain-lain
<input type="checkbox"/> 13. Ebola	<input type="checkbox"/> 28. Rabies	<input type="checkbox"/> 43. Whooping Cough / Pertussis
<input type="checkbox"/> 14. Food Poisoning	<input type="checkbox"/> 29. Relapsing Fever	<input type="checkbox"/> 44. Yellow Fever
<input type="checkbox"/> 15. Gonorrhoea	<input type="checkbox"/> 30. Syphilis - <i>Congenital</i>	<input type="checkbox"/> 45. Lain-lain - nyatakan: _____

Incidence of notifiable STIs in Malaysia, 2018:



C. COMPLICATION

STIs have a profound impact on sexual and reproductive health:

- Herpes and syphilis - can increase the risk of HIV acquisition 2-3-fold or more.
- Mother-to-child transmission of STIs - can result in stillbirth, neonatal death, low-birthweight, prematurity, sepsis, pneumonia, neonatal conjunctivitis, and congenital deformities.
- HPV infection - causes cervical cancer.
- Gonorrhoea and chlamydia - major causes of pelvic inflammatory disease (PID) and infertility in women.

D. PREVENTION

Counselling and behavior approaches

- Offer primary prevention against STIs (including HIV) and prevention against unintended pregnancies.
- Improve people's ability to recognize the symptoms of STIs
- Increase the likelihood they and sexual partner will seek care
- Consist of sexuality education, STI and HIV pre- and post-test counselling, condom promotion, STI interventions targeted to key populations (sex workers, men who have sex with men and people who inject drugs) and adolescents.

Barrier methods (condoms)

- When used correctly and consistently, condoms offer one of the most effective methods of protection against STIs, including HIV.
- Female condoms are also effective and safe.

Male circumcision: reduces the risk of heterosexually acquired HIV infection in men by approximately 60% and provides some protection against other STIs, such as herpes and HPV.

Vaginal microbicide: Tenofovir gel has had mixed results in preventing HIV but has some effectiveness against HSV-2.

Treating sexual partners: interrupt transmission of infection and prevent re-infection.

Vaccines: available for 2 STIs - hepatitis B and HPV.

E. PRINCIPLES OF MANAGEMENT

1. Accurate diagnosis
2. Exclude other STIs - multiple STIs may occur in one setting
2. Effective treatment
4. Counseling and education – assess risk factors
5. Notification of STIs
6. Contact tracing

F. INVESTIGATIONS AT CLINIC

Direct lab investigations

- Urethral/vaginal smears for cultures and antigen test



Blood test

- RPR/VDRL, TPHA for syphilis
- HIV antibody test
- HBs Ag and Anti HCV Ab for Hepatitis B/C

G. CAUSATIVE AGENTS

- 30 different organisms are known to be transmitted through sexual contact.
- 8 of these pathogens are linked to the greatest incidence of STIs.
 - 4 are curable: syphilis, gonorrhea, chlamydia and trichomoniasis.
 - 4 are incurable viral infection: hepatitis B, HSV, HIV, and HPV.

AETIOLOGY	ORGANISM
Bacteria	<ul style="list-style-type: none"> ● Treponema pallidum (syphilis) ● Neisseria gonorrhoea ● B. Ducreyi ● Donovanias granulomatis ● Chlamydia trachomatis
Virus	<ul style="list-style-type: none"> ● Herpes simplex (HSV) ● Human papillomavirus (HPV) ● Pox virus ● HIV ● Hepatitis A, B,C
Protozoa	<ul style="list-style-type: none"> ● Trichomonas vaginalis
Fungi	<ul style="list-style-type: none"> ● Candida albicans
Parasite	<ul style="list-style-type: none"> ● Sarcoptes scabiei ● Phthirus pubis

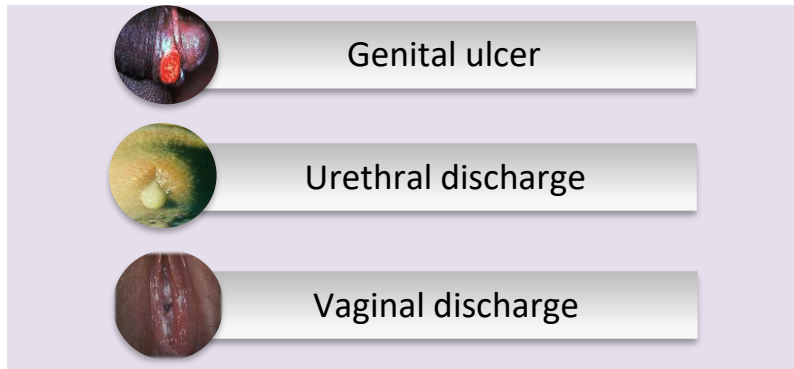
PRESENTATION	CAUSES
Genital ulcers	<ul style="list-style-type: none"> ● Syphilis (chancre) ● Chancroid ● Herpes simplex ● Granuloma inguinale
Urethral discharge	<ul style="list-style-type: none"> ● Gonorrhoea ● Non gonococcal (NGU)
Vaginal discharge	<ul style="list-style-type: none"> ● Cervicitis: Gonorrhoea, chlamydia ● Vaginitis: Candidiasis, trichomonas, bacterial vaginosis
Growths	<ul style="list-style-type: none"> ● Genital warts ● Molluscum contagiosum
Rashes	<ul style="list-style-type: none"> ● Pediculosis pubis ● Scabies

H. CLINICAL PRESENTATION

- A person can have an STI without having obvious symptoms of disease.
- Common symptoms of STIs include genital ulcers, vaginal discharge and urethral discharge or burning in men.

I. MODIFIED SYNDROMIC APPROACH

- MSA is simple, assures rapid, same-day treatment, and avoids expensive or unavailable diagnostic tests.
- It results to overtreatment and avoid missed treatment as majority of STIs are asymptomatic.



J. GENITAL ULCER

CAUSES

STI	Non-STI
<ul style="list-style-type: none"> ● Syphilis ● Chancroid ● Herpes simplex ● LGV ● Granuloma inguinale 	<ul style="list-style-type: none"> ● Pyogenic infection ● Trauma ● Drug eruption ● Secondarily infected scabies ● Behcet's disease ● Neoplasm ● Other dermatologic disease

PRESENTATION

Multiple & painful	Single & painless
<ul style="list-style-type: none"> ● Herpes genitalis ● Chancroid 	<ul style="list-style-type: none"> ● Syphilis (chancre) ● LGV ● Granuloma inguinale (or multiple)



SYPHILIS (CHANCRE)

- *Treponema pallidum*
- IP: 9 -90 days
- Genital ulcer- clean base, indurated edges
- Usually single, 'kissing' ulcer, non-tender (unless sec. bact. infection)



GENITAL HERPES

- Herpes Simplex Virus type 1 or 2
- IP: 2- 21 days
- Painful vesicles, ulceration, dysuria, vaginal/urethral discharge
- Maybe asymptomatic
- Complication: autonomic neuropathy, aseptic meningitis



CHANCROID

- Haemophilus ducreyi
- IP: 3-10 days
- Multiple tender ulcers at primary site
- Inguinal lymphadenitis = buboes



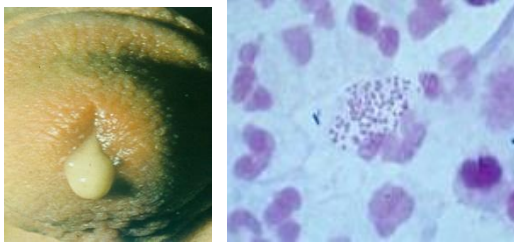
LYMPHOGRANULOMA VENEREUM (LGV)

- Chlamydia trachomatis serovars L1 -3
- IP: 5- 30 days
- Most a/w MSM and HIV
- Transient painless ulcer, 3 -10 days after infection
- Inguinal / femoral LN: 2-6 weeks □ suppurating abscess (buboes), Proctocolitis

K. URETHRAL DISCHARGE

CAUSES

STI	Non-STI
<p>Gonorrhoea</p> <p>Non-gonococcal urethritis (NGU)</p> <ul style="list-style-type: none"> • Chlamydia trachomatis • Mycoplasma genitalium • Ureaplasma urealyticum • Trichomonas vaginalis 	<ul style="list-style-type: none"> • Chrystalluria • Prostatorrhoea • Spermatorrhoea



GONORRHEA

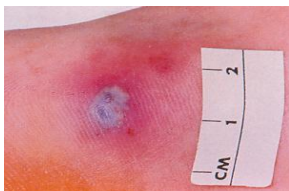
- IP: 2-5 days
- Copious purulent discharge
- Dysuria > 50%



NGU

- IP: 7-21 days
- Scanty mucoid/mucopurulent discharge
- Dysuria
- Itchiness urethra

About 5-10% with gonorrhoea or NGU are asymptomatic



Disseminated gonococcal infection (DGI)

- Uncommon (<1%)
- Fever
- Pustular skin lesions
- Arthralgia, arthritis
- Tenosynovitis

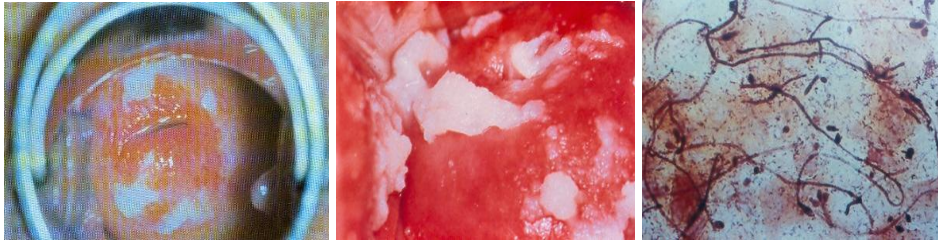


Epididymo-orchitis - C. Trachomatis & NG

L. VAGINAL DISCHARGE

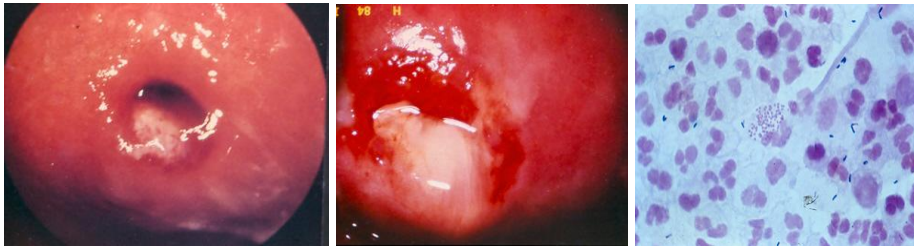
CAUSES

STI	Non-STI
<ul style="list-style-type: none">● Candidiasis● Gonorrhoea● Trichomoniasis● Chlamydia● Bacterial vaginosis● Herpes genitalis	<ul style="list-style-type: none">● Physiological● Ectropion● Foreign body● Neoplasia/ cancer



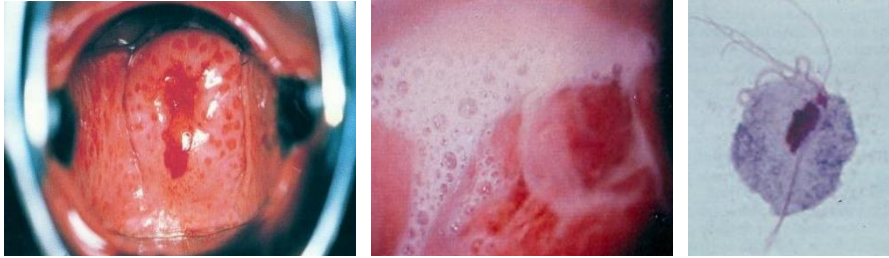
CANDIDIASIS (MONILIASIS)

- *Candida albicans* 80-92%
- Non-*albicans* sp eg. *C. glabrata*
- Thick white curdy discharge
- Vaginal itching and soreness/burning
- Dyspareunia, dysuria



GONOCOCCAL CERVICITIS

- *Neisseria gonorrhoea*
- IP: 2 – 5 days
- 50% asymptomatic
- Mucopurulent endocervical discharge or contact bleeding



TRICHOMONIASIS

- Protozoan: *Trichomonas vaginalis*
- IP: 4 days to 4 weeks
- Diffuse, malodorous, greenish-yellow, frothy vaginal discharge
- Strawberry cervix, Vulvar irritation
- 15-50% asymptomatic



CHLAMYDIA TRACHOMATIS

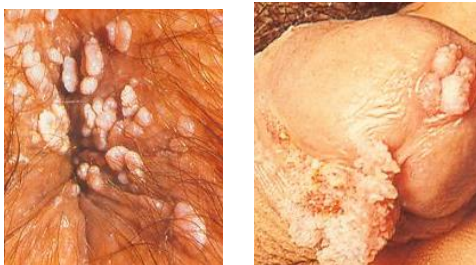
- *Chlamydia trachomatis* serovars D to K
- IP: 7 – 21 days
- Asymptomatic (70%)
- Mucopurulent discharge with inflamed cervix
- Intermenstrual bleeding, post-coital bleeding



BACTERIAL VAGINOSIS (BV)

- Replacement of normal H₂O₂-producing *Lactobacillus* sp with anaerobic bacteria (*Prevotella* sp, *Mobiluncus* sp, *Gardnerella vaginalis*, *Mycoplasma hominis*)
- Not an STI
- Malodorous 'fishy' discharge, homogenous thin, white or grey
- Uniformly coats the wall
- 50% asymptomatic

M. OTHER PRESENTATION: GROWTH



GENITAL WARTS

- Human papilloma virus
- Not culturable
- 70 - 150 types (DNA probe)
- > 30 types infect genital tract

- Types
 - 6, 11: > 90%
 - 16, 18, 31, 33, 35: a/w malignant change



MOLLUSCUM CONTAGIOSUM

- Pox virus
- Direct skin contact
- Smooth pearly papules with central punctum/umbilication
- Genitals in adults and face for HIV patient

APPENDIX 2

The materials on HIV will be used from the MOH module below:



APPENDIX 3

1. Slide presentation 1



HELPING MEN TO QUIT SMOKING

Assoc Prof Dr Mohd Aznan Md Aris
Department of Family Medicine
Kulliyah of Medicine,
International Islamic University Malaysia

2. Slide presentation 2

KEMPEN ANTI MEROKOK

Asst Prof Dr Mohd Aznan Md Aris
Pakar Perubatan Keluarga
Kulliyah Perubatan
Universiti Islam Antarabangsa Malaysia
Kuantan, Pahang

3. Questionnaires

A. TAHAP PERUBAHAN TINGKAH LAKU (PRA)

Adakah anda masih merokok?

- (a) **Ya**, jika ya terus ke pilihan jawapan (e)
 - (b) **Tidak**, saya sudah berhenti dalam masa 6 bulan yang lepas
 - (c) **Tidak**, saya sudah berhenti lebih dari 6 bulan yang lepas
 - (d) **Tidak**, saya tidak pernah merokok
-
- (e) Pada tahun lepas, berapa kalikah anda berhenti merokok sekurang-kurangnya dalam masa 24 jam?
 - (f) Adakah anda serius untuk berhenti merokok?
 - Ya**, jika ya terus pilihan jawapan (g) **ATAU** (h)
 - Tidak**, jika tidak terus ke pilihan jawapan (i)
 - (g) **Ya**, saya ingin berhenti merokok dalam masa 30 hari
 - (h) **Ya**, saya ingin berhenti merokok dalam masa 6 bulan seterusnya
 - (i) **Tidak**, saya tidak merancang untuk berhenti merokok

TAHAP PERUBAHAN	PENERANGAN	TAHAP
<i>Pre-contemplation (PC)</i>	Klien tidak mempunyai niat untuk berhenti merokok dalam tempoh 6 bulan dan tidak merasakan amalan merokok sebagai satu tingkah laku berisiko tinggi	1
<i>Contemplation (C)</i>	Klien mempunyai niat untuk berhenti merokok dalam masa 6 bulan hadapan dan merasakan amalan merokok boleh memudaratkan kesihatan	2
<i>Readiness</i>	Klien bersedia dan sudi untuk menetapkan tarikh berhenti merokok dalam masa 30 hari. Klien juga pernah mencuba untuk berhenti merokok	3
<i>Action (A)</i>	Klien telah mula berhenti merokok dan sedang menjalani sesi intervensi berhenti merokok di Perkhidmatan Berhenti Merokok. (Jika klien merokok semula atau <i>relaps</i> maka pengendali PBM perlu menilai tahap perubahan tingkah laku klien semula)	4
<i>Maintainence (M)</i>	Klien sudah mula berhenti merokok lebih daripada 6 bulan	5

KESEDIAAN BERHENTI MEROKOK

(Berdasarkan tahap perubahan tingkah laku Model Transtheoretical)

Arahan : Sila Tanya klien untuk menggambarkan perasaan beliau SEKARANG (dari Sangat Bersetuju sehingga Sangat Tidak Bersetuju dalam pernyataan di bawah) berkenaan tabiat merokok dalam kehidupan seharian.

		PENYATAAN	SANGAT TIDAK SETUJU	TIDAK SETUJU	TIDAK PASTI	SETUJU	SANGAT SETUJU
1.	P C	Saya tidak perlu berhenti merokok	1	2	3	4	5
2.	C	Saya ada terfikir untuk berhenti merokok	1	2	3	4	5
3.	A	Merokok menyebabkan saya batuk atau sakit. Oleh sebab itu saya nekad untuk berhenti merokok.	1	2	3	4	5
4.	M	Saya memang menyesal merokok. Saya bimbang saya akan merokok semula selepas saya Berjaya berhenti.	1	2	3	4	5

5.	P C	Saya rasa cubaan untuk berhenti merokok adalah sia-sia.	1	2	3	4	5
6.	P C	Saya tahu merokok boleh menyebabkan kanser paru-paru, tetapi saya tidak rasa perlu untuk berhenti merokok sekarang.	1	2	3	4	5
7.	M	Walaupun saya sudah tidak merokok tetapi fikiran saya masih lagi rasa ingin merokok.	1	2	3	4	5
8.	C	Saya akui tabiat merokok saya akan menyebabkan saya sakit. Oleh itu, saya harus berhenti.	1	2	3	4	5
9.	A	Saya memang sedang berusaha untuk berhenti merokok.	1	2	3	4	5
10.	C	Saya harap ada seseorang yang akan membantu saya untuk berhenti merokok.	1	2	3	4	5
11.	A	Semua orang tahu bahaya rokok dan perlunya untuk berhenti	1	2	3	4	5

		merokok. Oleh itu saya akan berusaha untuk berhenti.					
12.	M	Saya memang sudah berhenti merokok tetapi saya selalu tewas dengan rasa 'gian' untuk merokok semula.	1	2	3	4	5

		No. Soalan					Skor					
P	=	1	+	5	+	6	=	[]	/	3	=	PC
C	=	2	+	8	+	1	=	[]	/	3	=	C
A	=	3	+	9	+	1	=	[]	/	3	=	A
M	=	4	+	7	+	1	=	[]	/	3	=	M

Skor	Skor Kesiediaan
C + A + M - P	[]
C	[]

TAHAP KESEDIAAN	SKOR
(1) Pre-Contemplation	1 – 7
(2) Contemplation	8 – 11
(3) Preparation to Action	≥ 12

B. UJIAN FAGERSTROMS' UNTUK KEBERGANTUNGAN NIKOTIN		
Berapa cepatkah anda menghisap rokok anda yang pertama selepas bangun dari tidur?	<p>< 5 minit (3)</p> <p>6 - 30 minit (2)</p> <p>31 - 60 minit (1)</p> <p>> 60 minit (0)</p>	
Adakah anda menghadapi kesukaran menahan diri daripada merokok di tempat-tempat yang dilarang merokok contohnya di perpustakaan, di panggung wayang dan lain-lain?	<p>Ya (1)</p> <p>Tidak (0)</p>	
Pada waktu bilakah paling sukar untuk anda tidak merokok?	<p>Awal Pagi (1)</p> <p>Waktu Lain (0)</p>	
Berapa batang rokok yang anda hisap dalam sehari?	<p>< 10 batang (0)</p> <p>11-20 batang (1)</p> <p>21-30 batang (2)</p> <p>> 31 batang (3)</p>	
Adakah anda lebih banyak merokok dalam jam pertama selepas bangun tidur berbanding dengan waktu-waktu lain sepanjang hari?	<p>Ya (1)</p> <p>Tidak (0)</p>	

Adakah anda merokok walaupun anda sakit dalam keadaan di mana terpaksa berbaring di atas katil sepanjang hari?	Ya Tidak	(1) (0)
JUMLAH SKOR		
<input type="checkbox"/> 0 – 3 = KETAGIHAN RENDAH (1) <input type="checkbox"/> 4 – 6 = KETAGIHAN SEDERHANA (2)	<input type="checkbox"/> 7 – 10 = KETAGIHAN TINGGI (3)	

APPENDIX 4

1. Brochure

Pil hormon TIDAK:

- menyebabkan suara anda nyaring
- mengurangkan pertumbuhan bulu pada muka secara mendadak
- mengubah bentuk atau saiz struktur tulang. Sebaliknya, ia berkemungkinan akan mengurangkan ketumpatan tulang.

Risiko pengambilan hormon tanpa nasihat doktor

- Darah gelap
 - boleh mengakibatkan komplikasi pada paru-paru (pulmonary embolism)
- Retensi cecair
- Darah tinggi
- Strok, Koronari jantung
- Pertambahan berat badan
- Ketidakstabilan emosi
- Penyakit batu hempedu
- Kanser (payu dara, prostat)
-

PIL HORMON

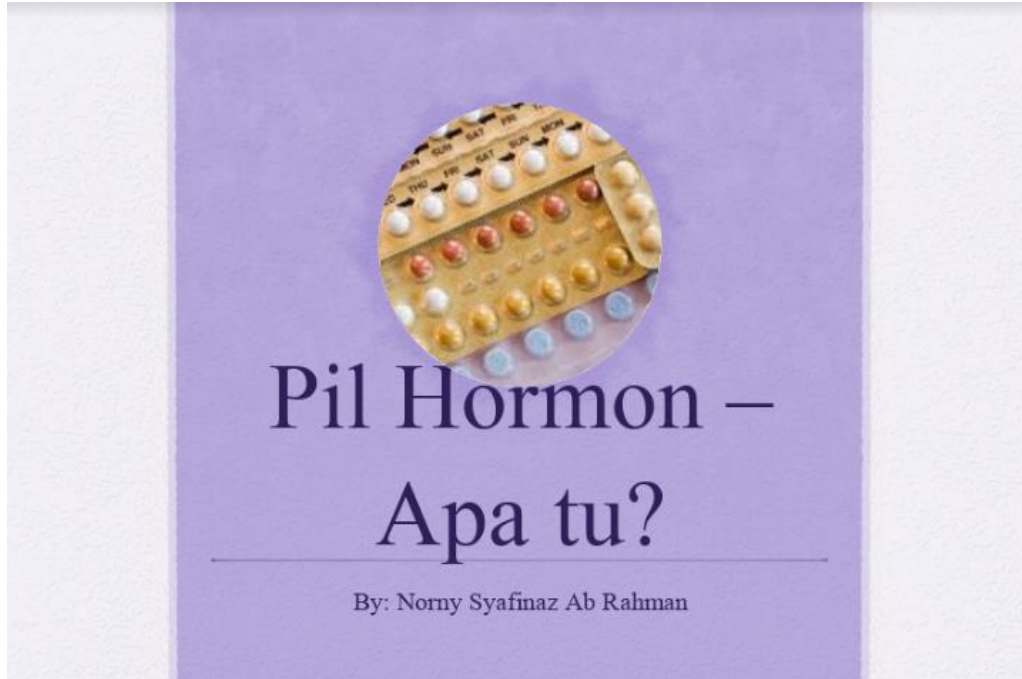
APA ANDA PERLU TAHU?

Etiam orci.
Etiam semper felis ut massa suscipit facilisis.

Disediakan oleh:
Jabatan Praktis Farmasi, Kuliah Farmasi, IIUM, Kuarters
<http://iiuam.edu.my/kuliah/fah/kop>



2. Slide presentation



APPENDIX 5



LINK TO THE QUIZZES ([CLICK HERE](#))

https://drive.google.com/drive/folders/1uJGdLqgdkilfCpDHzomSkO_GvMmCF0ss?usp=sharing

KUIZ KESIHATAN 2018

LINK TO THE QUIZZES ([CLICK HERE](#))

https://drive.google.com/drive/folders/1uJGdLqgdkilfCpDHzomSkO_GvMmCF0ss?usp=sharing

KUIZ KESIHATAN 2019



1

2

MAKLUMAT PENTING!

- Kuiz ini mengandungi 25 soalan objektif.
- Jawapan betul → peroleh +5 markah
- Jawapan salah → ditolak -3 markah
- Kuiz ini terbahagi kepada 5 fasa. Setiap fasa mempunyai 5 soalan.
- Setiap fasa mempunyai cara permainan tersendiri dan wakil.

3

SOALAN

Q1	Q2	Q3	Q4	Q5
Q6	Q7	Q8	Q9	Q10
Q11	Q12	Q13	Q14	Q15
Q16	Q17	Q18	Q19	Q20
Q21	Q22	Q23	Q24	Q25

4

FASA 1

2 ORANG VOLUNTEER

5

FASA 2

KUMPULAN MASING-MASING

6

FASA 3

BAJU HITAM/PUTIH