

Representation of Non-Communicable Diseases in the Malaysian National Strategic Plan and Medical Brochures: A Discourse-Historical Approach

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ABSTRACT

Non-communicable diseases (NCDs), such as heart disease and diabetes have a high mortality rate, which inspired governments to develop plans to manage NCDs. The Malaysian government produced the National Strategic Plan for Non-Communicable Diseases 2016-2025 (NSPNCD 2016-2025) and various brochures to enhance NCD prevention and management, and to inform the public about heart disease and diabetes. However, healthcare is one of the most prevalent contexts where stigmatization occurs. Unequal power relations in health discourse exists where language tends to tacitly blame chronic disease patients for poor health conditions. Motivated by these linguistic issues, the present article performs a critical discourse analysis of the National Strategic Plan and health brochures using the Discourse-Historical Approach (DHA). Strategies in the DHA were chosen to deconstruct how social actors are linguistically referred to and predicated, and how argumentation transpires in the texts. While heart disease is represented as a lethal NCD, diabetes is represented as an NCD and a risk factor for heart disease. The former is caused by hereditary factors and unhealthy lifestyles, but the latter is manageable yet incurable. However, the two NCDs are depicted as a threat to the economy and country. Moreover, the government and citizens are contrasted. The government is given a positive evaluation because it helps to control the two NCDs while Malaysian NCD patients seem to burden the health services, and they need to endeavor to avoid NCDs. The contrast is exemplified by the topoi of threat and urgency to justify actions and decisions regarding health. The National Strategic Plan and various brochures convey a consistent ideology that the two NCDs should be prevented, and individual responsibility is required. This study sheds light on the underlying ideologies that shape the texts, particularly the portrayal of NCDs as an individual responsibility.

Keywords: Discourse-Historical Approach; discursive strategies; non-communicable diseases; health discourse; Malaysia

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INTRODUCTION

Non-communicable diseases (NCDs) are recognized as chronic medical conditions or illnesses. NCDs develop due to several reasons such as the combination of genetic, physiological, environmental, and behavioural factors that are strongly related to health determinant factors (Trovato, 2012; Kim & Oh, 2013). Changes in socio-economic status have increased at-risk populations with NCDs (Hami, et al., 2021). It is estimated that 2 billion people have lost their lives due to NCDs, which have become the major cause of death worldwide, including Malaysia.

NCDs are known as a major disease burden to developing countries (World Health Organization, 2018). Malaysia is an upper-middle income country with a population of 33.2 million (Department of Statistics Malaysia (DOSM), 2023). Demographic and behavioural shifts such as rapid urbanization and aging, low health literacy, and an obesogenic environment have caused an increase in the prevalence of NCDs (Miranda, Kinra, Casas, Davey, & Ebrahim, 2009). Heart diseases and diabetes contributed to 75% of premature deaths in Malaysia, and 70% of the burden of disease in 2014 (Report of Malaysia Burden of Disease and Injury Study (2009-2014), 2017). The Malaysian government devised the National Strategic Plan for Non-Communicable Diseases 2016-2025 to strengthen Malaysia's response to the growing burden of NCDs (Chandran, Selva Kumar, Hairi, Low, & Mustapha, 2021). The strategic plan covers the action plan and statistical information on NCDs. Medical brochures have also been produced and are available at public health facilities such as government hospitals and clinics to raise awareness and to educate the public on NCDs.

Although the implementation of the strategic plan and the dissemination of medical brochures are underway, NCD prevalence has not decreased. Many Malaysians are reported to be living an unhealthy lifestyle and are affected by shared risk factors of the two NCDs. Statistics indicate that around 3.6 million Malaysians are suffering from diabetes (Dzulkerfly, 2019) while heart attack remains the leading cause of death in Malaysia (Loh, 2019).

The National Strategic Plan and medical brochures are the two types of prominent texts to inform the public about the government's plan for the prevention and control of NCDs and NCD education. Discourses on managing and preventing heart disease and diabetes in the National Strategic Plan for Non-Communicable Disease 2016-2025, and medical brochures of the NCDs are propagated on different platforms. These fields of action are key institutional sites that (re)produce an array of ideologies. Once ideologies are disseminated to the public, people may internalize them. Ideologies facilitate the operation of governmental power, becoming taken for granted everyday beliefs (Burroughs, 2015). Moreover, the influence of power is prevalent in global health, and research on power is rare in health policy research (Gore & Parker, 2019).

Healthcare is one of the most prevalent contexts where stigmatization occurs (Talumaa, Brown, Batterham, & Kalea, 2022). A study by Cox & Fritz (2022) in the UK indicate that the language on diabetes patients associates them with poor lifestyle and risky behaviour. Moreover, public health interventions reinforce stigmatizing assumptions (Puhl & Heuer, 2009; Phelan, et al., 2015; Thille, Friedman, & Setchell, 2017). Apart from that, neoliberalism dictates that individuals are required to assume the responsibility of managing their own lives and the interference of the state in the subject matter should be minimised (Horton, 2007). Written materials are a common tool of education and treatment related instructions among patients with NCDs such as diabetes (Aldridge, 2004; Glanz & Rudd, 1990; Aguilera, Pérez, & Palacio, 2010). The literature indicates that language use around diabetes has been characterised as negative and blaming (Browne, Ventura, Mosely, & Speight, 2013). The use of language can cause the power imbalance between

people with diabetes and the healthcare system (Banasiak , et al., 2020). It may occur when overreliance on medical terminology in the texts occurs. Consequently, intimidation and power differential between healthcare professionals and people living with diabetes are created (Banasiak , et al., 2020).

Therefore, the analysis of texts from two fields of action such as the Strategic Plan and medical brochures pertaining to heart disease and diabetes are worth examining. These texts are fused with ideologies and are linked to broader rationalities of governance (McLaren, 2001, p. 88; van Dijk, 1997; van Dijk, 2009; Wodak & Reisigl, 2009), especially the representation of heart disease and diabetes. Using strategies in Wodak’s discourse-historical approach (DHA), this article examines the use of discursive strategies in representing heart disease, diabetes, and social actors in the Strategic Plan and medical brochures. The analysis of nomination, predication and argumentation discloses how the two NCDs and social actors in the discourse are represented.

RESEARCH ON HEALTH DISCOURSE

Most studies of health policy documents and brochures were conducted in Europe and North America. Major studies of NCD policy documents indicate unequal power relations in the portrayal of social actors. Boman, Borup, Povlsen, and Dahlborg-Lyckhage (2012) explore discourses in healthcare guidelines for children with diabetes type 1. Parents are depicted as dependent on expert knowledge, as recipients of education, as valuable to and responsible for their child’s health through practicing medical skills in the expert discourse. Opportunities for parents’ voices may be reduced by guidelines rooted in expert discourse, and parents’ knowledge may be overlooked. Ravn, Frederiksen, and Beedholm (2016) investigate the representation of chronically ill patients in contemporary Danish chronic care policies. Chronically ill patients’ active role, lifestyle and health behaviour are depicted to be the main risk factor that affects the susceptibility to chronic disease. Similarly, Walton and Lazzaro-Salazar (2016) point out that policies construct chronically ill patients as “others”. The patients are portrayed as deviant or different from the “normal” population. The discourse further plays a role in blaming the chronically ill both for being sick and for placing a serious financial burden on society.

Competing discourses are present in NCD policy documents to serve the agenda of the producer of the documents. Reyner, Scarborough, and Allender (2006) analyse the values underlying the National Service Framework for coronary heart disease in England. Managerial, clinical and political discourses are present in the documents, with managerial discourse being dominant. All parties mentioned in the National Service Framework are urged to enforce the prevention and treatment of coronary heart disease in various ways. This indicates the way managerial discourse exerting its power through policy documents. Consequently, society might view NCDs in a different perspective.

Narratives in health policy discourse could create unequal power relations. Mulligan, Elliot, & Schuster-Wallace (2012) perform a critical discourse analysis on the World Health Organization’s first report on neglected tropical diseases (NTDs) (2010) with the focus on the operationalization and inception of globally hegemonic dengue discourse at the local level in Malaysia. Mulligan et al. (2012) find that dengue is represented and characterised as the disease of the *other*. Poor people are *other-ed* and associated with unclean spaces and unsanitary behaviours. In the same vein, discourse also shapes the public’s view on NCDs and forms bias. Salas, Forhan, Caulfield, Sharma, and Raine (2017) identify prevailing narratives in obesity prevention policies and strategies in policies published on the Public Health Agency of Canada’s

(PHAC) website. Brookes (2021) offers insights into how social actors and obesity are constructed in an obesity policy plan. Findings indicate the constant portrayal of social actors such as government and citizens. The government is portrayed as an altruistic caretaker that lends support to citizens and assists them in taking care of their health. Meanwhile, citizens are portrayed as individuals who need to make good choices for their health and lifestyle to eliminate obesity.

Medical brochure readability and suitability help the delivery of NCD knowledge to the public. Hill-Briggs and Smith (2008) examine the suitability of cardiovascular patient education materials for patients with low health literacy. Taylor-Clarke, et al. (2012) examine the suitability and readability of written patient education materials on heart failure and heart healthy lifestyle. Jahan, Al-Saigul, Alharbi, & Abdelgadir (2014) examine health education brochures designed and disseminated by the Ministry of Health institutions in Saudi Arabia. The brochures are culturally appropriate, and the content is deemed adequate. These studies conclude that the design of patient education materials should adhere to low literacy design which is tailored to patients with low literacy and promote an understanding of NCDs.

Language use when discussing NCDs in medical brochures is crucial in public health education. Ornia (2015) compares medical brochures in English, Spanish and the English translated version published in Spain. The Spanish to English translated brochures did not entirely match the English brochures nor the Spanish brochures. Lin, Ayre, & Muscat (2020) examine multilingual information sheets about diabetes self-management from the Diabetes Australia and National Diabetes Services Scheme websites. The information sheets are deemed problematic due to undefined polysyllabic words and complex medical terms, despite their high readability. Demmen, Hartshorne-Evans, Semino, & Sankaranarayanan (2022) conduct a corpus-based linguistic study on heart failure and found that heart failure is underdiscussed in present-day English language. These studies suggest that the representation of heart disease and diabetes has been examined at the lexical level, but it is still largely unexamined at discourse level. In the Malaysian context, Govindaraju (2014) performs a transitivity analysis to examine the transitivity choices employed in medical brochures and the role of transitivity in meaning creation pertaining to cervical and breast cancers. In the process of portraying general procedures and description of the non-communicable diseases, Material and Relational processes are widely used in the brochures.

Previous studies on NCD policy documents exemplify the representation of heart disease and diabetes patients and competing discourses in policy documents. Meanwhile, past studies of NCD medical brochures centre on readability, suitability and language use. The unequal power play among social actors in the discourse, and the representation of heart disease and diabetes are often not considered. Moreover, there is a scarcity of research studies on the topic in the Malaysian context. Recent linguistic studies of health discourse in the Malaysian context focus on portrayal of NCDs in Malaysian newsprint media (Abu Shamsi, 2019), metaphor application in country leaders' speeches on Covid-19 (Rajandran, 2020), public letters to the editor on Covid-19 (Joharry & Turiman, 2020), and the portrayal of female circumcision in newsprint media (Sofiyya, Izzati, Pillai, & Kaur, 2021). Although these studies cover the issue of language use in multiple health contexts and mediums, how NCDs are constructed in policy paper and medical brochures are understudied.

The historical context of NCD prevention also saw the launch of 'Tak Nak' campaign ('Just say no' anti-smoking campaign) and KOSPEN programme (national healthy community programme). However, Malaysia did not see the decline in the number of NCD patients as heart disease and diabetes (as a heart disease risk factor) continue to rise (Firus, et al., 2022). The

epidemic has prompted the Malaysian government to publish strategic plans and medical brochures. Therefore, research should uncover the discursive practices (Wodak & Reisigl, 2009) and shed light on the understanding of the NCDs. This article aims to demonstrate the construction of heart disease, diabetes, and social actors in two fields of action using strategies in the DHA (Mulligan, Elliot, & Schuster-Wallace, 2012).

METHODOLOGY

The English versions of the National Strategic Plan for Non-Communicable Disease 2016-2025 and medical brochures were downloaded from the Ministry of Health Malaysia homepage. The strategic plan was chosen as it is the official government policy document that corresponds to the government's plan for nation building, as stated in the medium-term national plan, the 11th Malaysia Plan 2016-2020 (Eleventh Malaysia Plan 2016-2020, 2015). The NSP-NCD 2016-2025 incorporates the WHO NCD global monitoring targets and emphasizes the critical importance of an effective surveillance system in risk and morbidity monitoring, and responsiveness to policies and public health interventions (Chandran, Selva Kumar, Hairi, Low, & Mustapha, 2021). The strategic plan (published in 2016) has 34 pages detailing the introduction and operationalization of the plans for prevention and management of NCDs in Malaysia, the role of social actors in Malaysia, and the evaluation of the plan. Sections in the Strategic Plan such as Excerpt from the 11th Malaysia Plan 2016-2020, Message from the Minister of Health Malaysia, Message from the Secretary General, Ministry of Health Malaysia, and Message from the Director General of Health Malaysia were analysed because the officials' messages represent the voice of the government.

The other data consists of 16 English medical brochures downloaded from the sub-portal of the Ministry of Health Malaysia. The brochures were published between 2008 and 2013 by the Health Education Division of the Ministry. They are still in circulation and are the latest versions in the MOH sub-portal. Only medical brochures pertaining to risk factors and introduction to heart disease and diabetes were included. The chosen sections present the risk of heart disease and diabetes and the effects of heart disease and diabetes. Ministry of Health-published medical brochures were chosen as they are the major outreach material and NCD education material for the public.

Strategies in the Discourse-Historical Approach (Reisigl & Wodak, 2009) were utilized to analyse the data. The DHA aims to expose the way language and other semiotic practices are utilised by those in power to maintain dominance (Wodak & Reisigl, 2009). To do so, the DHA proposes five discursive strategies to identify ideological positioning. The discursive strategies involve the characterisation of the discourse contents, linguistic means of expression and realisations of stereotypes through context-dependent linguistic devices (Encarnacion, 2011). Wodak & Meyer (2001, p. 73) define discursive strategies as a more or less accurate and more or less intentional plan of practices employed to realise a particular social, political, psychological or linguistic aim. This article selected three discursive strategies, namely nomination strategies, predication strategies, and argumentation strategies. Nomination strategies concern the way persons are named and referred linguistically while predication strategies involve the traits, characteristics, qualities, and features are attributed to social actors. On the other hand, argumentation strategies involve the way arguments are constructed and deployed in the discourse, particularly how the texts argue for actions against NCDs and the role of social actors in the discourse.

Some nomination strategies are adapted from van Leeuwen's (1996) system network of representation of social actors (Reisigl & Wodak, 2001). To analyse nomination strategies, we identified categories that convey in-group and out-group construction. We particularly identified membership categorization devices, deictics, tropes such as metaphors, metonymies and synecdoches, and verbs and nouns to denote processes and actions (Wodak & Reisigl, 2009). Main social actors, in the form of nouns such as the Malaysian government, NCD patients, heart disease, and heart diseases were identified. For predication strategies, attributions to social actors and events were identified to reveal how subjects are described. Evaluative attributions, and predicates or predicative nouns/adjectives/ pronouns (Wodak & Reisigl, 2009) that describe the Malaysian government, Malaysian NCD patients, and NCDs were identified. To reveal the argumentation strategies used in the texts, major topoi from the texts were examined to justify positive and negative attributions to events and social actors in the texts. Toulmin's (2012) framework was employed in argumentation analysis due to its robustness in dissecting the structure of an argument. Three fundamental parts of an argument particularly the claim, the grounds, and the warrant were identified. Toulmin's framework is utilized to breakdown arguments in the texts to fundamental parts and other complementary parts such as claim, grounds, warrant, qualifier, rebuttal, and backing in claims involved in the portrayal NCDs and relevant social actors.

ANALYSIS AND DISCUSSION

The discussion focuses on the use of nomination, predication and argumentation strategies in representation of major social actors, heart disease and diabetes, and topoi in the Malaysian Strategic Plan and medical brochures. The 'discourse strand' (Wodak, 2021) of the data covered the governmental discourse in both the Strategic Plan and medical brochures.

NOMINATION AND PREDICATION STRATEGIES

GOVERNMENT AS DRIVER OF NCD PREVENTION AND CONTROL

The Strategic Plan nominates the Malaysian government as the main driver of NCD prevention and control. The Strategic Plan first predicates the government in positive light as a committed agent to improve health. The nomination and predication of the government is aided by using the hyponym (Ministry of Health) as the agent taking the lead in NCD prevention and management. The portrayal of the government is completed by mentioning that other parties are encouraged to cooperate with it.

Nouns of agency and role depict the government as the authority and administrator of the Strategic Plan. As noted by van Leeuwen (1996), high-status social actors, such as 'government' are always functionalised. For example, in Extracts 1 to 4, nouns such as 'the government' and 'the Ministry of Health' show the function performed by the government to administer the Strategic Plan. It also depicts the government and the Ministry of Health as the social actors with power. The sources of government's power come from the state and spaces of power work in the civil service, policing, legislation, regulations, and the manifestation of power comes in the form of facilitation or blocking of decisions and implementation (McCartney, Dickie, Escobar, & Collins, 2021) which in this case, is the Strategic Plan.

Through predication strategies, the government and its hyponym "Ministry of Health" are portrayed as a committed agent. The predication is supported by adverbial phrases "remains

committed” and “is committed”. The former signifies the ongoing state in preventing and managing NCDs while the latter signifies the involvement of the ministry in the NCD management.

Besides that, efforts in NCD prevention and management are described as continuous by predicating the two social actors. “Continuing efforts” in Extract 1 predicates the ongoing work of the government in upgrading the healthcare system. The effort further fortified the image of the government as a committed agent. To support the portrayal of the government, the Strategic Plan takes the linguistic reference “evidence” in Extract 2 that lends concrete support to the government as the committed agent in NCD reduction. The clause “has taken the lead” in the present perfect tense in Extract 4 indicate the leading role of the ministry that corresponds with the government’s effort in managing NCDs.

Extract 1

Consequently, the Government **remains committed** to achieving universal access to quality healthcare.....by continuing efforts to improve the fundamentals of the health system.

NSP-NCD 2016-2025, p.iii

Extract 2

This Strategic Plan is **evidence** of the commitment of the Government in reducing the burden of Non-Communicable Diseases (NCDs) in Malaysia.

Executive Summary, p.vii

Extract 3

The Ministry of Health **is committed** to reducing the burden of NCDs and to work in partnership as a nation to save our people from this disease burden.

Message From the Director General of Health Malaysia, p.vi

Extract 4

The Ministry of Health (MOH) **has taken the lead** in the formulation of this Strategic Plan to combat NCDs

Message From the Minister of Health Malaysia, p.iv

As part of the effort in predicating the government as the main NCD management agent in the Strategic Plan, pronouns are used as a nomination to achieve positive predication and imply an unequal power relationship.

The inclusive ‘we’, ‘our’, and ‘us’ are used to positively predicate the government as an agent who takes the burden of NCD management, as in Extracts 5 and 6. The use of ‘we’ and ‘our’ suggests social inclusion (Smith, 2007). As noted by Bramley (2001), the pronoun ‘we’ can be utilized to co-implicate the reader in utterances. Moreover, it assimilates the government to the reader (Fairclough, 1989). The inclusive ‘us’ in Extract 5 is used when the government calls all Malaysians to work together to enforce the Strategic Plan. The government positions itself as part of Malaysians to persuade Malaysians to work together. Fairclough (1989) claimed that the use of ‘we’ could be manipulative as it can claim a spurious solidarity, For instance, the pronoun ‘we’ in Extract 5 indicates the sense of togetherness and claiming possession of the expected positive result ‘truly healthy nation’ through the pronoun ‘our’. Comparatively, the use of inclusive ‘we’ in Extract 6 sees the government identifying itself and Malaysians as part of a positive predication effort.

Extracts 7-9 exhibit the paradoxical use of first-person pronouns to achieve ‘us vs them’, and to express the stance of the government. Addressee-exclusion is achieved with referential matrix of first person pronoun + they (third person pronoun) (Wodak, de Cillia, Reisigl, & Liebhart, 2010). When the Minister of Health uses the exclusive ‘we’ in Extract 7, the social actor aligns itself to the government and created the ‘us vs them’ situation in the discourse. Similarly, the government exerted authority in the discourse with the use of exclusive ‘I’ in Extract 8. The extract indicates that the social actor assumes the specific role of minister, a hyponym of the government when expressing the imperative command to invite all Malaysians’ cooperation to implement the Strategic Plan. The exertion by the government is plausible and would imply that the audience must share the government’s views as being the only correct one (Fairclough, 1989).

Extract 9 shows the use of both inclusive and exclusive ‘our’ to reflect the government’s stance as the authority and its alignment with Malaysians. It can be recognised as an attempt to form a relationship with readers of the Strategic Plan. Organisations tend to represent themselves with the pronoun ‘we’ (Woods, 2006). Exclusiveness is achieved when ‘our’ modifies ‘population’, indicating the population as subject to the government. On the other hand, government’s alignment to Malaysians is achieved using inclusive ‘our’ to indicate that it would experience the impact from NCDs.

Extract 5

Let **us** work together to implement this Strategic Plan so that **we** can realise **our** vision of a truly healthy nation.

Message from the Director General of Health Malaysia, p. vi

Extract 6

Its greatest asset is its people, **we** Malaysians.

Message from the Minister of Health Malaysia, p. iv

Extract 7

This is the healthy future that **we** want for all Malaysians.

Message from the Minister of Health Malaysia, p. iv

Extract 8

I urge everyone to work together to implement the recommended interventions and make Malaysia a healthier place to live in.

Message from The Minister of Health Malaysia, p. iv

Extract 9

It is hoped that **our population** would reach the highest attainable standards of health and productivity at every age

01. Introduction, p. 01

NCD PATIENTS AS ECONOMIC BURDEN

NCD patients are predicated in a negative light and the country’s interests are placed before them. Generally, they are predicated as NCD patients that cost the country in several aspects. When NCD patients are linguistically referred as ‘adults in Malaysia’, they are predicated as the intermediate cause of emotional and financial toll that affects all parties (Extract 10). Poorly managed NCDs

give rise to an increase of disabled people with limited capacity to perform at work. In the same vein, the increasing prevalence of NCDs contributes to economic loss because of reduced labour productivity and rising health care costs to treat NCD patients (Ministry of Health Malaysia, 2020). Health is depicted as a requirement for productivity and economic growth (Sanders, De Ceukelaire, & Hutton, 2023). A similar allusion of Malaysians as the cause of Malaysia's health deterioration can be seen in Extract 11. Nomination strategies show that the social actor is referred as 'people with NCDs' and they are explicitly cited as the cause of deteriorating Malaysia's health situation. When the social actor is genericised, it is symbolically removed from the readers' world of immediate experience, to be treated as distant 'others' rather than as people that readers deal with in their everyday lives. (van Leeuwen, 1996). The metaphor 'bringing the 'Health of the Nation' to a critical crossroad' sees 'people with NCDs' being activated (van Leeuwen, 1996) as the social actor that causes NCD related problems.

The brochure in Extract 12 assumes readers as smokers. Smokers are generally predicated as people who need health education and take the responsibility to reduce the risk of heart disease by quitting the smoking habit. Extract 12 in the medical brochure has imperatives exhorting smokers to quit smoking and to avoid being killed by cigarette smoke. Commands and suggestions are often encoded as imperatives or "soft" commands (Longarce, 1974; van Leeuwen, 2008). Infinitive verbs in the imperatives denote the idea of risk reduction by staying away from tobacco consumption and other smokers, and increasing health awareness such as heart protection and self-care. Nomination strategies include the use of second-person pronoun 'you' and second-person possessive 'your' when depicting the responsibilities and risky behaviours of smokers. In Extract 12, the pronoun 'you' serves as a direct address (Koller, 2009) to Malaysians as the victim of cigarette smoke. The possessive 'your' addresses the ownership of Malaysians' risky behaviour (smoking). The use of second person pronoun increases the feeling of engagement (Schoenmakers, Hachimi, & de Hoop, 2023). The personalised communication identifies the reader through the use of the pronoun 'you' (Woods, 2006). This paradoxically conveys authority (Koller, 2009) and aims to influence belief and behaviour (Longarce, 1974), particularly in urging the reader of the brochure to quit smoking, thus serving the function of interactivity between the text producer and the reader of the medical brochure.

Extract 10

NCDs are the **leading cause of death** and morbidity among adults in Malaysia, and have resulted in heavy emotional as well as financial toll on **all of us**.

Message from the Minister of Health Malaysia, p. iv

Extract 11

The number of **people with NCDs** such as diabetes, hypertension, cancers, and heart diseases keeps growing **bringing the 'Health of the Nation' to a critical crossroad**.

Message From the Director General of Health Malaysia, p. vi

Extract 12

Smoking increases the risk of attack.

- Reduce **your** risk by quitting smoking.
- Do not let cigarette smoke kill **you**.
- Learn to love **your** heart.
- Help **yourself**.

Brochure-Cigarettes Cause Heart Attack

HEART DISEASE AND DIABETES AS THE CAUSE OF MORBIDITY

Heart disease and diabetes are seen as contributors of morbidity internationally (Extract 14) and domestically (Extract 10). They are also portrayed as fatal diseases that severely affect the nation's health status, and as an expensive affair for both the government and patients.

The severity of NCDs is realised through personalisation. In 'Leading cause of death and morbidity' (Extract 10), the adjective 'leading' highlights that there are other morbidity factors in Malaysia but NCDs are the primary agent of morbidity. In Extract 11, diabetes and heart disease are depicted as critical and expensive NCDs. The depiction of NCD severity is achieved by personalising with metaphor. Personalisation represents social actors as human beings (van Leeuwen, 1996). Extract 11 indicates the conceptual metaphor NATION IS PERSON as seen in 'health of the Nation', which personalises the nation as a human being who arrives at a "critical crossroad". The idiom "crossroad" implies the urgency of the nation's health and the critical decision to be made to alleviate the problem.

Unhealthy lifestyle is cited as the factor for non-congenital heart disease (Extract 14). Heart disease is associated with smoking, and the verb 'attack' in Extract 15 implies the severity and unpredictable nature of heart attacks caused by smoking. Diabetes is portrayed as a risk factor for heart disease, and diabetes management is frequently mentioned to emphasize lifestyle monitoring in heart disease control. Extract 16 employs imperatives to control diabetes as part of heart disease management. Similarly, Extract 17 emphasizes the monitoring of glucose. The recommendations seem to be preventive, and it equates controlling diabetes to preventing heart disease.

Diabetes is depicted as an expensive affair, and it is portrayed as a cause that adds to other expenses in Extracts 18 and 19. The noun phrase "economic burden" serves as the superordinate for all types of losses incurred by diabetes. The adverbial phrase 'cost is significant' describes the costly damage incurred by diabetes inclusive of treatment costs and societal costs.

Extract 13

Non-Communicable Diseases (NCDs), mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, are the **biggest cause of deaths** worldwide.

01. Introduction, p. 01

Extract 14

Types of heart disease

Non congenital heart disease (due to unhealthy lifestyle or infection)

III. **Coronary heart disease (most prevalent)**

Brochure-Heart Disease

Extract 15

Myocardial infarction or heart **attack** is strongly associated to smoking.

Brochure-Cigarettes Cause Heart Attack

Extract 16

Control your diabetes if you are diabetic

- **Control your blood sugar levels** through exercise and healthy eating
- **Monitor** your weight

Brochure-Heart Disease

Extract 17

For those**you are advised to** undergo a health screening to determine the level of:

- **Glucose**

Brochure-Heart Disease

Extract 18

The **impact of diabetes on society** is substantial. The **true economic burden of diabetes** should incorporate **not just the cost to the healthcare system but also economic losses** due to ...

2.3 Burden of NCD in Malaysia, p. 06

Extract 19

The **cost of diabetes to the nation is significant** and a macro-economic **study done** in 2011 showed the cost at approximately ... This represents the cost of treating diabetes itself and also that of its complications. ... The sensitivity analysis reflects that this national cost..... If societal costs were included, this cost would be even higher.

2.3 Burden of NCD in Malaysia, p. 04

ARGUMENTATION STRATEGIES

TOPOI OF THREAT AND URGENCY TO JUSTIFY THE NEED TO ELIMINATE NCDs

Topoi of threat and urgency is employed to predicate NCDs as a threat to Malaysia and justify the need for immediate action to mitigate the damage caused by NCDs. Topoi of threat is supported by topoi of urgency in the Strategic Plan to justify the issue and the need to take immediate action.

Threat is depicted as the primary factor for death and morbidity with the modifiers “leading” and “biggest” in Extracts 10 and 13 respectively. The arguments in both Extracts are supported by the Ground ‘death and morbidity’. The Warrant can be understood as ‘Since NCDs are the biggest and leading cause of death and morbidity’. It leads to the Claim ‘therefore NCDs are threats and actions need to be taken to curb these threats’.

On the other hand, the urgency of action to be taken against NCDs is depicted through the verbal phrase ‘must be dealt with’ in Extract 21. The verbal phrase serves as the Qualifier of the argument. The phrase ‘must be’ serves a similar function to signal the imperative and the need for immediate action. The use of adverb ‘now’ in Extract 20 depicts the urgency to quit smoking. In the same vein, the intensification of urgency in Extract 21 sees NCDs likened to a public health emergency. The Claim can be understood as ‘since NCDs are urgent issues like any public health emergency, therefore immediate action must be taken to handle the issues. The construction of claims in the argumentation reveals that NCDs have commonly been predicated as a threat and urgency in the historical context of Malaysia as a country plagued by NCDs. Moreover, the social actor such as Malaysian NCD patients are backgrounded. The exclusion of the social actor reflects the severity of the NCD issue which is urged to be treated like any public health emergency. A similar pattern is observed in Extract 24 which sees obesity is foregrounded while obese people are backgrounded. In the process of activation, it depicts obesity as the active, dynamic force in an activity (van Leeuwen, 1996) that encourages the government to take immediate action to prevent it.

Numbers have always served as evidence for a particular argument (Reisigl & Wodak, 2001). In this case, it is the argument of NCDs as a threat and urgency. The noun “number” in

Extract 11 appeals to an implicit topos of threat (Reisigl & Wodak, 2001) which further achieves the portrayal of NCDs as a threat and urgency. With “the number of people with NCDs” phrase being mentioned, the threat is then quasi-objectified with numbers (Reisigl & Wodak, 2001). The interpretation of the phrase shows that the number of NCD patients in Malaysia reflects the critical state of the country and the severe economic damage caused by NCDs. The emphasis on number warns the government and readers of the Strategic Plan on the need to bring down the number of NCD patients by preventing NCDs.

Extract 11 makes the number of NCD patients the agent that brings the nation’s health to a situation that requires a crucial decision. Similarly, the cost of treating diabetes, national costs, and societal costs are cited as the reasons that cost the country billions of ringgit. The situations in both Extracts 11 and 19 cite the consequences reflected by the number of patients and cost of treatment that indicates NCDs as a threat and urgency issue. Policy discourse often employs numbers to explicate the relation between the numbers, the issue, and the policy measures in overcoming the problem with an obvious objective of achieving compliance (Jablonka & Bergsten, 2021).

The sense of threat and urgency is also materialised by depicting the rise of healthcare and human related costs in Extract 22. Consequential phrases in the form of ‘If X, then Y’ serve as the Warrant in the argument. The Claim ‘If the trend of NCDs/prevalence of obesity continues to rise, healthcare costs will not be unsustainable’ is formed. Therefore, there is a need to take immediate action. The use of the military metaphor ‘combat’ in Extract 23 shows obesity as a threat. This metaphor is negative and it positions people with obesity as the opponent of other groups including the government, and society in general (Coltman-Patel, 2020; Bednarek, et al., 2023).

Extract 20

QUIT SMOKING NOW!

- You **are** killing yourself and the people around you.
- Quit **before it's too late**.

Brochure-Cigarettes Cause Heart Attack

Extract 21

The NCD situation in Malaysia is like that of an epidemic and **must be dealt with like any Public Health Emergency**.

Message from The Minister of Health Malaysia, p. iv

Extract 22

The **increasing medical costs to treat patients with NCDs** is of serious concern. If the trend of NCDs continues to rise, healthcare costs **will not only be unsustainable**.....

Message From the Director General of Health Malaysia, p. vi

Extract 23

The rise in the prevalence of obesity.... calls for **immediate actions to combat obesity in Malaysia**.

04. Operationalising NSP-NCD 2016-2025, p. 12

TOPOI OF RESPONSIBILITY

The topoi justify the need to get everyone involved in NCD prevention and management. Specifically, all Malaysians should shoulder the responsibility of taking care of their health and preventing NCDs.

The government wants all Malaysians to play a role in NCD prevention and management, as in Extracts 3 and 24. The similarity of the topoi lies in the similar goal which is to create a 'truly healthy nation' and 'make Malaysia a healthier place to live in'. Another similarity is the explicit indication of MOH's part in leading the NCD prevention effort. Clauses such as 'The MOH is committed...' and '...not only MOH's responsibility but also everyone's responsibility' indicated the contribution of MOH and all Malaysians are expected to play a role in this effort. The Warrant 'since creating a healthy nation is both MOH and all Malaysians' responsibility' is created and it leads to the Claim 'therefore everyone must shoulder the responsibility and take action to prevent NCDs'. In the same vein, the pronoun 'everyone' in Extract 26 includes all Malaysians in taking the responsibility to limit alcohol consumption.

The ideology of involving all Malaysians in sharing the responsibility of NCD prevention and management permeates the discourse and it is visible in Extract 24. Similarly, Extract 25 indicates the idea of being inclusive, using the modal phrase 'should be empowered and involved'. The modal phrase implies the delegation of power to the people in the NCD-related affairs.

Extract 24

The emphasis on the **whole-of-government and whole-of-society approach** to NCDs health is **not only the MOH's responsibility but also everyone's responsibility**. I urge **everyone to work together** to and **make Malaysia a healthier place to live in**.

Message from The Minister of Health Malaysia, p. iv

Extract 25

People and communities **should be empowered and involved**

03. NSP-NCD 2016-2025, p. 08

Extract 26

Everyone has a role to play:

Brochure-Excessive Alcohol is Harmful

CONCLUSION

This article has examined the use of nomination, predication and argumentation strategies in representing heart disease and diabetes in the National Strategic Plan for Non-Communicable Diseases 2016-2025 (NSPNCD 2016-2025) and medical brochures from Malaysia. The government is painted in a positive light and predicated as the authority that drives the efforts in NCD prevention and management. Contrastingly, NCD patients are placed in negative light, and predicated as a burden to the government and the nation especially when medical and other societal costs are involved. Heart disease and diabetes are predicated as the main contributors to death and morbidity. Predication of the NCDs also indicated that diabetes is both an NCD and a risk factor of heart disease and it is costly to control diabetes. Prevalent topoi involved in justifying the actions in NCD prevention and management are topoi of threat and urgency, and topoi of responsibility. The topoi give the reasons to prevent and control NCDs. Through the examination of discursive

strategies, a neoliberal ideology permeates throughout two fields of action, making health an individual responsibility and if it is costly to treat an NCD, it is a threat and burden to the government.

Several extensions can be proposed from this study. Firstly, underlying ideologies that shape the health policy documents and medical brochures can be identified. The construction and reproduction of power relations between social actors that exist throughout the documents can be examined. Studies that presented multiple actors, competing policy arenas and highly loaded ideas contribute to the understanding of framing in health (Koon, Hawkins, & Mayhew, 2016). Besides that, social practices and language use in health policy and medical brochures to represent health issues can be studied (Evans-Agnew, Johnson, Liu, & Boutain, 2016) as it helps understanding language issues in addressing health issues among the public and non-experts.

Since this research involved a relatively small sample size and the result is not to be generalized to health discourse in Malaysia, future research could include a bigger sample size of policy documents and their co-texts such as other policy documents and medical brochures related to heart disease and diabetes. Apart from that, future research could engage in diachronic study of the data to understand change in language use in a certain period. Besides examining discursive strategies, future research could examine interdiscursivity and intertextuality to identify the way language is employed in various genres and documents when addressing non-communicable disease issues in policy documents and medical brochures.

REFERENCES

- Abu Shamsi, N. (2019). *The Construction of Non-Communicable Diseases in Malaysian Newsprint Media*. (Doctoral dissertation). <https://researchspace.auckland.ac.nz/handle/2292/45228>
- Aguilera, C., Pérez, M. A., & Palacio, L. M. (2010). Readability of diabetes education materials: Implications for reaching patients with written materials. *Salud Uninorte. Barranquilla (Col.)*, 26(1), 12-26. <https://www.proquest.com/docview/1436243457?sourcetype=Scholarly%20Journals>
- Aldridge, M. D. (2004). Writing and designing readable patient education materials. *Nephrology Nursing Journal*, 31(4), 373–377. <https://pubmed.ncbi.nlm.nih.gov/15453229/>
- Banasiak, K., Cleary, D., Virtue, B., Barbieri, P., Nagpal, S., Sorensen, M., . . . Senior, P. (2020). Language matters e A Diabetes Canada Consensus Statement. *Canadian Journal of Diabetes*, 44(5), 370-373. <https://doi.org/10.1016/j.jcjd.2020.05.008>
- Bednarek, M., Bray, C., Vanichkina, D. P., Brookes, G., Bonfiglioli, C., Coltman-Patel, T., . . . Baker, P. (2023). Weight stigma: Towards a language informed analytical framework. *Applied Linguistics*, Advance online publication. <https://doi.org/10.1093/applin/amad033>
- Boman, A., Borup, I., Povlsen, L., & Dahlborg-Lyckhage, E. (2012). Parents' discursive resources: Analysis of discourses in Swedish, Danish and Norwegian health care guidelines for children with diabetes type 1. *Scandinavian Journal of Caring Sciences*, 26(2), 363-71. <https://doi.org/10.1111/j.1471-6712.2011.00942.x>
- Bramley, N. R. (2001). *Pronouns of politics: the use of pronouns in the construction of 'self' and 'other' in political interviews*. (Unpublished Ph.D thesis) Australian National University.
- Browne, J. L., Ventura, A., Mosely, K., & Speight, J. (2013). 'I call it the blame and shame disease': A qualitative study about perceptions of social stigma surrounding type 2 diabetes. *BMJ open*, 3(11), 1-10. <https://doi.org/10.1136/bmjopen-2013-003384>

- Burroughs, E. (2015) The discourse of Controlling “Illegal Immigration” in Irish parliamentary Texts. *Journal of Language and Politics*, 14(4), 479-500. <https://doi.org/10.1075/jlp.14.4.01bur>
- Chandran, A., Selva Kumar, S., Hairi, N. N., Low, W. Y., & Mustapha, F. I. (2021). Non-communicable disease surveillance in Malaysia: An overview of existing systems and priorities going forward. *Frontiers in Public Health*, 9, 1-7. <https://doi.org/10.3389/fpubh.2021.698741>
- Coltman-Patel, T. (2020). *Weight stigma in Britain: The linguistic representation of obesity in newspapers (Doctoral dissertation)*. <https://irep.ntu.ac.uk/id/eprint/42065>
- Cox, C., & Fritz, Z. (2022). Presenting complaint: Use of language that disempowers patients. *BMJ*(377), 1-3. <https://doi.org/10.1136/bmj-2021-066720>
- Demmen, J., Hartshorne-Evans, N., Semino, E., & Sankaranarayanan, R. (2022). Language matters: Representations of 'heart failure' in English discourse- a large-scale linguistic study. *Open Heart*, 9, 1-6. <https://doi.org/10.1136/openhrt-2022-001988>
- Department of Statistics Malaysia (DOSM). (2023). *Demographic statistics Malaysia first quarter 2023*. https://www.dosm.gov.my/uploads/release-content/file_20230510164730.pdf
- Dzulkerfly, A. (2019, March 27). Malaysia has 3.6 million diabetics, says Dzulkerfly. the StarOnline, <https://www.thestar.com.my/news/nation/2019/03/27/malaysia-has-36-million-diabeticssays-dzulkerfly>
- Encarnacion, H. T. (2011). Critical Discourse Analysis, An overview. *Nordic Journal of English Studies*, 10(1), 183-210. <https://doi.org/10.35360/njes.247>
- Evans-Agnew, R. A., Johnson, S., Liu, F., & Boutain, D. M. (2016). Applying Critical Discourse Analysis in health policy research: Case studies in regional, organizational, and global health. *Policy, Politics, & Nursing Practice*, 17(3), 136-146. <https://doi.org/10.1177/1527154416669355>
- Fairclough, N. (1989). *Language and Power*. Longman.
- Firus, K., Ramli, A. S., Abdul Razak, S., Mohd Kasim, N. A., Chua, Y.-A., Ul-Saufie, A. Z., . . . MyHEBAT Study Investigators . (2022). The Malaysian HEalth and WellBeing Assessment (MyHEBAT) Study Protocol: An initiation of a national registry for extended cardiovascular risk evaluation in the community. *International journal of environmental research and public health*, 19(18), 1-19. <https://doi.org/10.3390/ijerph191811789>
- Glanz, K., & Rudd, J. (1990). Readability and content analysis of print cholesterol education materials. *Patient Education and Counseling*, 16(2), 109-118. [https://doi.org/10.1016/0738-3991\(90\)90085-y](https://doi.org/10.1016/0738-3991(90)90085-y)
- Gore, R., & Parker, R. (2019). Analysing power and politics in health policies and systems. *Global Public Health*, 14(4), 481-488. <https://doi.org/10.1080/17441692.2019.1575446>
- Government of Malaysia. (2015). Eleventh Malaysia Plan 2016-2020. <https://www.ekonomi.gov.my/sites/default/files/2021-05/Chapter%201.pdf>
- Govindaraju, S. (2014). *A Transitivity Analysis of Medical Brochures with a focus on Cervical and Breast Cancer* (Unpublished Master's thesis). Universiti Malaya
- Grue, J. (2009). Critical discourse analysis, topoi and mystification: Disability policy documents from a Norwegian NGO. *Discourse Studies*, 11(3), 305-328. <https://doi.org/10.1177/1461445609102446>
- Hami, R., Shahabudin, S., Yusof@Hanafi, H., Shariff, N., Mohd Mujar, N., Isa, S., . . . Mohamad, M. (2021). Factors contributing to non-communicable diseases in a selected low socio-

- economic status community in Kedah, Malaysia *Malaysian Journal of Medicine & Health Sciences*, 17, 117-123. https://www.researchgate.net/publication/349762317_Factors_Contributing_to_Non-Communicable_Diseases_in_a_Selected_Low_Socio-Economic_Status_Community_in_Kedah_Malaysia/citations
- Hill-Briggs, F., & Smith, A. S. (2008). Evaluation of diabetes and cardiovascular disease print patient education materials for use with low-health literate populations. *Diabetes Care*, 31(4), 667-671. <https://doi.org/10.2337/dc07-1365>
- Horton, E. S. (2007). Neoliberalism and the Australian Healthcare System (Factory). *Proceedings 2007 Conference of the Philosophy of Education Society*. Wellington, New Zealand. <https://eprints.qut.edu.au/14444/>
- Institute for Public Health. (2017). *Report of Malaysia Burden of Disease and Injury Study (2009-2014)*. <https://iku.moh.gov.my/images/IKU/Document/REPORT/BOD/BOD2009-2014.pdf>
- Jablonka, E., & Bergsten, C. (2021). Numbers don't speak for themselves: Strategies of using numbers in public policy discourse. *Educational Studies in Mathematics*(108), 579–596. <https://doi.org/10.1007/s10649-021-10059-8>
- Jahan, S., Al-Saigul, A. M., Alharbi, A. M., & Abdelgadir, M. H. (2014). Suitability assessment of health education brochures in Qassim province, Kingdom of Saudi Arabia. *Journal of Family & Community Medicine*, 21(3), 186-192. <https://doi.org/10.4103/2230-8229.142974>
- Joharry, S. A., & Turiman, S. (2020). Examining Malaysian Public Letters to Editor on COVID-19 Pandemic: A Corpus-assisted Discourse Analysis. *GEMA Online® Journal of Language Studies*, 20(3), 242-260. <http://doi.org/10.17576/gema-2020-2003-14>
- Kim, H. C., & Oh, S. M. (2013). Noncommunicable diseases: Current status of major modifiable risk factors in Korea. *Journal of Preventive Medicine and Public Health*, 46(4), 165-172. <https://doi.org/10.3961/jpmph.2013.46.4.165>
- Koller, V. (2009). Analysing collective identity in discourse: Social actors and contexts. *Semen*(27). <https://doi.org/10.4000/semen.8877>
- Koon, A. D., Hawkins, B., & Mayhew, S. H. (2016). Framing and the health policy process: A scoping review. *Health Policy and Planning*, 31(6), 801-816. <https://doi.org/10.1093/heapol/czv128>
- Lin, S., Ayre, J., & Muscat, D. M. (2020). How readable are Australian multilingual diabetes patient education materials? An evaluation of national English-language source texts. *Public health research & practice*, 30(1), 1-8. <https://doi.org/10.17061/phrp3012002>
- Loh. (2019, Oct 31). *Heart attack leading cause of death*. The Star Online. <https://www.thestar.com.my/news/nation/2019/10/31/heart-attack-leading-cause-of-death>
- Longarce, R. E. (1974). Narrative versus other discourse genres'. In *Advances in Tagmemics* (pp. 167-85). Amsterdam, North-Holland: University of Missouri.
- McCartney, G., Dickie, E., Escobar, O., & Collins, C. (2021). Health inequalities, fundamental causes and power: towards the practice of good theory. *Sociology of health & illness*, 43(1), 20-39. <https://doi.org/10.1111/1467-9566.13181>
- McLaren, L. M. (2001). Immigration and the new politics of inclusion and exclusion in the European Union: The effect of elites and the EU on individual-level opinions regarding European and non-European immigrants. *European Journal of Political Research*, 39, 81-108. <https://doi.org/10.1023/A:1007128912618>

- Ministry of Health Malaysia. (2020). *The Impact of Noncommunicable Diseases and Their Risk Factors on Malaysia's Gross Domestic Product (2020)*. https://www.moh.gov.my/index.php/database_stores/attach_download/554/64
- Miranda, J. J., Kinra, S., Casas, J. P., Davey, S. G., & Ebrahim, S. (2009). Non-communicable diseases in low- and middle-income countries: Context, determinants and health policy. *Tropical Medicine and International Health*, 13(10), 1225-1234. <https://doi.org/10.1111/j.1365-3156.2008.02116.x>
- Mulligan, K., Elliot, S. J., & Schuster-Wallace, C. J. (2012). Global public health policy transfer and dengue fever in Putrajaya, Malaysia: A critical discourse analysis. *Critical Public Health*, 22(4), 407-418. <https://doi.org/10.1080/09581596.2012.659722>
- Ornia, G. F. (2015). Medical Brochures Translated into English and their comparison with source English and Spanish medical brochures. *Procedia - Social and Behavioral Sciences*, 212, 226-229. <https://doi.org/10.1016/j.sbspro.2015.11.337>
- Phelan, S. M., Burgess, D. J., Yeazel, M. W., Hellerstedt, W. L., Griffin, J. M., & van Ryn, M. (2015). Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity reviews : An Official Journal of the International Association for the Study of Obesity*, 16(4), 319-326. <https://doi.org/10.1111/obr.12266>
- Puhl, R. M., & Heuer, C. A. (2009). The stigma of obesity: A review and update. *Obesity (Silver Spring)*, 17(5), 941-964. <https://doi.org/10.1038/oby.2008.636>
- Rajandran, K. (2020). 'A Long Battle Ahead': Malaysian and Singaporean Prime Ministers Employ War Metaphors for COVID-19. *GEMA Online® Journal of Language Studies*, 20(3), 261-267. <http://doi.org/10.17576/gema-2020-2003-15>
- Ravn, I. M., Frederiksen, K., & Beedholm, K. (2016). The Chronic Responsibility: A Critical Discourse Analysis of Danish Chronic Care Policies. *Qualitative Health Research*, 26(4), 545-554. <https://doi.org/10.1177/1049732315570133>
- Rayner, M., Scarborough, P., & Allender, S. (2006, April 1). Values underlying the National Service Framework for coronary heart disease in England: A discourse analysis. *Journal of Health Services Research & Policy*, 11(2) 67-73. <https://doi.org/10.1258/135581906776318956>
- Reisigl, M., & Wodak, R. (2001). *Discourse and discrimination: Rhetorics of racism and antisemitism*. Routledge.
- Salas, X. R., Forhan, M., Caulfield, T., Sharma, A. M., & Raine, K. (2017). A critical analysis of obesity prevention policies and strategies. *Canadian Journal of Public Health*, 108(5-6):e598-e608., e598-e608. <https://doi.org/10.17269/CJPH.108.6044>
- Sanders, D., De Ceukelaire, W., & Hutton, B. (2023). The Struggle for Health: Medicine and the politics of underdevelopment. In B. Hutton, & W. De Ceukelaire (Eds.), *Health Policies and Health Care in the Context of Neoliberal Globalisation* (pp. 154–188). Oxford: Oxford Academic. <https://doi.org/10.1093/oso/9780192858450.003.0005>
- Schoenmakers, G.-J., Hachimi, J., & de Hoop, H. (2023). Can you make a difference? The use of (in)formal address pronouns in advertisement slogans. *Journal of International Consumer Marketing*. <https://doi.org/10.1080/08961530.2023.2215472>
- Smith, R. (2007). Media depictions of health topics: Challenge and stigma formats. *Journal of Health Communication*, 12(3), 233-249. <https://doi.org/10.1080/10810730701266273>
- Sofiyya, N., Izzati, S., Pillai, S. S., & Kaur, S. (2021). *A Discourse Analysis of Media Representations of Female Circumcision in Malaysia*. <https://sistersinislam.org/wp->

[content/uploads/2023/03/A-Discourse-Analysis-of-Media-Representations-of-Female-Circumcision-in-Malaysia.pdf](#)

- Talumaa, B., Brown, A., Batterham, R. L., & Kalea, A. Z. (2022). Effective strategies in ending weight stigma in healthcare. *Obesity Reviews*, 23(10). <https://doi.org/10.1111/obr.13494>
- Taylor-Clarke, K., Henry-Okafor, Q., Murphy, C., Keyes, M., Rothman, R., Churchwell, A., . . . Sampson, U. K. (2012). Assessment of commonly available education materials in heart failure clinics. *The Journal of cardiovascular nursing*, 27(6), 485-493. <https://doi.org/10.1097/JCN.0b013e318220720c>
- Thille, P., Friedman, M., & Setchell, J. (2017). Weight-related stigma and health policy. *CMAJ : Canadian Medical Association Journal*, 189(6), E223–E224. <https://doi.org/10.1503/cmaj.160975>
- Toulmin, S. E. (2012). *The uses of argument* (2nd ed.). Cambridge University Press. <https://doi.org/10.1017/CBO9780511840005>
- Trovato, G. M. (2012). Behavior, Nutrition and Lifestyle in a comprehensive health and disease paradigm: Skills and knowledge for a predictive, preventive and personalized medicine. *EPMA Journal*, 3(8), 1-15. <https://doi.org/10.1007/s13167-012-0141-2>.
- van Dijk. (1997). *Discourse as social interaction: Discourse studies: A multidisciplinary introduction* (Vol. 2). (T. A. van Dijk, Ed.). Sage.
- van Dijk. (2009). *Society and Discourse: How Social Contexts Influence Text and Talk*. Cambridge University Press.
- van Leeuwen, T. (1996). The representation of social actors. In *Texts and Practices: Readings in Critical Discourse Analysis* (1 ed., p. 47). Routledge.
- van Leeuwen, T. (2008). News genres. In R. Wodak, & V. Koller, *Handbook of communication in the public sphere* (pp. 345-362). Mouton de Gruyter.
- Walton, J. A., & Lazzaro-Salazar, M. (2016). Othering the Chronically III: A Discourse Analysis of New Zealand health policy documents. *Health Communication*, 31(4), 460-467. <https://doi.org/10.1080/10410236.2014.966289>
- Wodak, R. (2021). Crisis communication and crisis management during COVID-19. *Global Discourse: An interdisciplinary journal of current affairs*, 11(3), 329–353. <https://doi.org/10.1332/204378921X16100431230102>
- Wodak, R., & Meyer, M. (2001). *Methods of critical discourse analysis*. Sage.
- Wodak, R., & Reisigl, M. (2009). The Discourse Historical Approach. In R. Wodak, & M. Meyer (Eds.), *Methods for Critical Discourse Analysis* (pp. 87-119). Sage.
- Wodak, R., de Cillia, R., Reisigl, M., & Liebhart, K. (2010). *The Discursive Construction of National Identity* (2nd ed.). Edinburgh University Press.
- Woods, N. (2006). *Describing discourse: A practical guide to discourse analysis*. Oxford University Press.
- World Health Organization. (2018). Noncommunicable Diseases Country Profiles 2018.. <https://apps.who.int/iris/bitstream/handle/9789241514620-eng.pdf>

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