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MEETING OF DIRECTORS OR REPRESENTATIVES OF SCHOOLS OF PUBLIC HEALTH

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Agenda item No.4

THE NEEDS FOR URBAN HEALTH TRAINING IN SOUTH-EAST ASIAN COUNTRIES

by

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The trend of increasing urbanization in the Region is unabated as evidenced by the residential structure of its population. Appendix A shows the rural and urban population and Appendix B the growth of population in the main cities over the years.

While it is recognized that health is part of the aspect of proper social functioning, the control of the environment can determine how we live. This is more so in the urban setting where the ill effects of life particularly the depressing effect of the environment may lead to unfavourable physical and mental development of its population.

Many cities in the Region are ill prepared to receive the large hoards of population in the shift from the rural villages to urban towns and cities. Slum and sub-standard housing mushroomed around centres of

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employment, with its attendant over-crowding and less than a minimal or non-existing sanitary facilities.

In the face of these conditions many countries are actively planning programmes to realize their particular goals for urban development. However, a lack of comprehensiveness in the policies is evident. Not unusually a clear definitive relationship between urbanization, industrialization and social and economic development so vital to its success are found wanting. This is more so in the public health sector of the process, this being relegated quite low in the priorities or cut out entirely in the planning. The well-being of the population is considered looked after so long as a shelter of whatever description or standard is being provided for - usually of a very low nature. This of course is far from satisfactory and the problems must be dealt with in a comprehensive manner with due regard to questions of employment, land policy, industrial location and other social and economic aspects of urban development including health.

The possible reasons for the absence of health planning in urban areas are as follows:

(1) Acute shortage of trained manpower.

(2) Lack of awareness on the part of Public Health Administrators of the rationale for and the concept of comprehensive planning.

(3) Failure to appreciate, on the part of those responsible for formulating national development plans, the need to prepare comprehensive plans for urban areas.

At present there is a serious lack of personnel trained in the planning, administration and management skills capable of undertaking health planning. Training of such personnel is sorely required. In order that this type of

training be fruitful the health personnel must be exposed to disciplines such as economics, public administration and planning. Not only should they be able to discern the health aspects of urbanization but also to appreciate the need for planning for their department's activities in the broadened scope of urban development. More specifically the health personnel should appreciate the various elements which comprise public health administration and practice peculiar to the urban areas. Thus the training should equip them not only in areas which require knowledge and techniques to deal with urban health problems but be able to work with other departments and disciplines connected with urbanization as a whole.

In the Region the training of professional health workers is mainly for those who will be working in the rural areas. The present DPH course in the University of Singapore trains medical officers of health from various districts of Malaysia and Singapore. The MPH course in the Philippines lays emphasis on the training of health workers required for their rural health services. A different approach will be required to train our staff who will have to deal with health problems in our cities. Our present city health departments have performed and will continue undoubtedly in future to fulfil some of the tasks connected with the health of our cities but these are largely connected with environmental sanitation and some personal health services. With the present enlarged scope of activities and its inter-dependence and relationship with other disciplines these officers will require different types of training to cope with this situation. It is hoped that the conference may meet to discuss further training programmes for this group of health personnel.

Rural and Urban Population

Appendix A

	Urban	%	Rural	%	Urban/Rural
Indonesia[1]					
1961	14 358 372	14.9	81 960 457	85.1	0.18
Philippines[1]					
1939	3 730 523	23.3	12 269 780	76.7	0.30
1948	4 630 758	24.1	14 603 424	75.9	0.32
1960	8 102 476	29.9	18 958 209	70.1	0.43
Ceylon[1]					
1901	418 969	11.7	3 146 985	88.3	0.13
1911	502 945	13.2	3 563 405	86.8	0.15
1921	637 870	14.2	3 859 984	85.8	0.17
1931	737 272	13.9	4 569 599	86.1	0.16
1946	1 023 042	15.4	5 634 297	84.6	0.18
1955	1 586 053	14.9	9 038 454	85.1	0.18
Burma[1]					
1931	1 520 037	10.4	13 147 109	89.6	0.12
Thailand[1]					
1947	1 734 767	9.9	15 707 922	90.1	0.11
1960	4 778 648	18.2	21 479 268	81.8	0.22
Singapore					
1911[2]	259 623	85.0	45 816	15.0	5.7
1921[2]	350 283	83.4	69 721	16.6	5.0
1931[2]	445 717	79.6	114 229	20.4	3.9
1947[2]	752 737	80.2	188 087	20.0	4.0
*1957[3]	912 343	63.1	533 586	36.9	1.7
1966[4]	1 526 768	79.1	402 965	20.9	3.8
Malaysia (West)					
1911[2]	250 278	10.7	2 088 773	89.3	0.12
1921[2]	406 937	14.0	2 499 754	86.0	0.16
1931[2]	571 951	15.1	3 215 807	84.9	0.18
1947[2]	780 386	15.9	4 127 700	84.1	0.19
1957[5]	1 666 300	26.5	4 611 789	73.5	0.36
1968[5]	2 546 696	28.5	6 383 795	71.5	0.40

Source:
1 U.N. Demographic Yearbook
2 Malaya, Report of the 1947 Census of Population
3 Singapore, Report of the 1957 Census of Population
4 Singapore Sample Household Survey 1966
5 L.W. Jayesuria - A review on the Rural Health Services in West Malaysia

* Redemarkation of Urban/Rural boundaries

Growth of Population in Main Cities

Appendix B

Indonesia[1]				
(a)	Djakarta	(1930)	-	435 184
		(1961)	-	2 906 533
(b)	Soerabaya	(1930)	-	341 675
		(1961)	-	1 007 945
(c)	Bandung	(1930)	-	166 815
		(1961)	-	972 566
(d)	Palembang	(1930)	-	108 145
		(1961)	-	474 971
Philippines[1]				
(a)	Quezon	(1948)	-	107 977
		(1960)	-	397 990
(b)	Manila	(1948)	-	983 906
		(1960)	-	1 138 611
Ceylon[1]				
	Colombo	(1946)	-	362 074
		(1963)	-	510 947
Burma[1]				
(a)	Rangoon	(1941)	-	500 800
		(1957)	-	821 800
(b)	Mandalay	(1941)	-	163 537
		(1958)	-	195 348
Thailand[1]				
(a)	Bangkok	(1947)	-	620 830
		(1960)	-	1 330 153
		(1963)	-	1 608 305
Malaysia (West)				
(a)	Kuala Lampur	(1911)[2]	-	46 718
		(1921)[2]	-	80 424
		(1931)[2]	-	111 418
		(1947)[3]	-	175 961
		(1957)[4]	-	316 230
(b)	Penang	(1911)[2]	-	101 182
		(1921)[2]	-	123 069
		(1931)[2]	-	149 408
		(1947)[3]	-	189 068
		(1957)[4]	-	234 900
		(1967)[4]	-	440 524

Sources:
1. U.N. Demographic Yearbook
2. Malaya Report of 1947 Census of Population
3. 1957 Census of Federation of Malaya Report No.14
4. D.P.H. Dissertation (Dr. Lim Lay Sean)