CHAPTER XII

Health and Family Planning

I.—INTRODUCTION

528. Malaysia has made impressive progress in the area of medical and health services over the past ten years. As a result of this progress some problems of public health which were serious in the past are no longer so pressing. Epidemic disease and serious malnutrition, which pose a challenge to development in many other countries, are generally not a problem in Malaysia. However, a number of less pressing health problems exist and progress has not been uniform throughout all parts of the country. In particular, improvements of conditions in the rural areas of Malaya and in the Borneo States are needed if an adequate level of public health is to be enjoyed by all Malaysians.

529. The measures which have been undertaken in recent years have resulted in a steady improvement in health conditions in all the constituent states of Malaysia. Death rates, both general and infant, have declined significantly. In Malaya, for example, the infant mortality rate was 59 per thousand live births in 1963 as against the corresponding rate of 95 as recently as 1955. The death rate was 8.9 per thousand population in 1963 as against 11.7 per thousand population in 1955. Measures for the control and eradication of communicable diseases such as malaria, filaria, leprosy, yaws and diphtheria have resulted in a marked decline in the incidence of these diseases and deaths arising therefrom.

II.—PROGRESS DURING 1961-65

530. The health measures undertaken during the period 1961-65 may be considered under two broad heads—preventive and curative. The preventive measures may be further sub-divided into the control and/or eradication of communicable diseases and promotion of health and sanitation. With

regard to control of communicable diseases, the main task in Malaya was the control of TB as a major public health problem, which involved intensifying the BCG vaccination campaign and identifying early infectious cases with a view to rendering them non-infectious. In Sarawak the major task since 1959 has been malaria eradication. Control measures involving spraying and surveillance were undertaken in the more remote areas of the State, which border Indonesia, where the disease is still prevalent. In other parts of Sarawak maintenance measures were required in order to prevent any recurrence of infection.

531. The main programme in the promotion of health and sanitation in all states was the rural health service, which involved the building of health centres, sub-centres and mid-wives clinics. In Malaya a total of 31 main health centres, 132 sub-centres and 645 mid-wives clinics were constructed during the five-year period. These facilities provide both preventive and curative services, including two specialised services—dental health care and maternal and child health care. In Sabah and Sarawak a similar scheme is in existence.

532. The main targets of the dental health service were school children, the pre-school group and pregnant and nursing mothers. In Malaya, on account of the increased facilities, the total number of pre-school and school children given dental service increased from 458,000 in 1960 to 646,000 in 1964. In Sabah and Sarawak the respective figures for total attendance of school children for 1965 were 12,000 and 48,000 as against 2,000 and 27,000 in 1960. For maternal and child health care in urban areas, another four clinics were built in Malaya during the five-year period in addition to the 124 urban health centres already in existence.

533. As regards curative measures, new hospitals and extensions and improvements to existing institutions constituted the main items of development. Four new hospitals in Sarawak, one in Sabah and one in Malaya were built. Considerable extensions and major improvements were undertaken to existing hospitals. As an index of progress, the total bed strength in Malaya rose from 21,000 in 1960 to 23,000 at the end of 1964. In Sabah and Sarawak the corresponding figures for 1965 were 1,471 and 1,705 as compared to 996 and 1,262 in 1960.

534. Despite the improvements which have been achieved, there are still a number of problems to be solved. For example, health facilities in Sabah and Sarawak are relatively less developed than those in Malaya. Throughout the country medical facilities and personnel are not evenly distributed between urban and rural areas. The ratio of medical personnel and facilities to population in respect of Malaya, Sabah and Sarawak is shown in Table 12-1.

TABLE 12-1

MALAYSIA: RATIO OF DOCTORS, NURSES AND HOSPITAL BEDS TO POPULATION

	Malaya 1964	*Sabah* 1963	*Sarawak* 1964
Doctors	1:6,000	1:13,100	1:14,000
Nurses*	1:2,500	1: 1,500	1: 3,000
Hospital beds	1: 270	1: 450	1: 460

II.—OBJECTIVES OF THE MEDICAL AND HEALTH PROGRAMME, 1966-70

535. The medical and health programme to be undertaken under the First Malaysia Plan is designed to alleviate some of the shortages and deficiencies described earlier and make further advance in the provision of better medical and health services to the population. The emphasis will continue to be on preventive health and training projects although provision will also be made for additional curative measures.

536. The broad objectives of the medical and health programme are as follows:

(i) to expand and improve medical and health facilities, especially in rural areas;
(ii) to provide facilities for the training of personnel to man these services;
(iii) to promote the general health of the population by systematic control of communicable diseases, improvement of environmental sanitation and nutritional standards and provision of more and better specialised services; and
(iv) to establish a programme of family planning.

The main features of the programme designed to meet these objectives are described in the following paragraphs.

IV.—PREVENTIVE SERVICES

CONTROL OF COMMUNICABLE DISEASES

537. *Tuberculosis control:* In Malaya the objective is to continue the national campaign launched in 1961 for controlling tuberculosis. The campaign involves: firstly, identifying infectious cases in the community and rendering them non-infectious; secondly, continuing the BCG vaccination programme; and thirdly, conducting case-finding campaigns in selected

* Includes hospital assistants and assistant nurses.

groups of the community to discover early cases of pulmonary TB which can easily be treated on an outpatient basis. The programme for the next five years involves the expansion of existing facilities, both for prevention and cure, the continuation of the training of technical personnel and the gradual rectification of existing deficiencies. In Sarawak the TB control programme begun in 1960 will be intensified. In Sabah the programme is aimed at consolidating the tuberculosis control service, which is now operating on a State-wide basis. The programme in both States has received substantial assistance from Australia under the Colombo Plan. In Malaya 384,000 new-born babies and 535,000 persons living in TB-risk areas have been given BCG vaccinations since 1961. The case-finding campaign X-rayed 821,000 persons during the same period and uncovered 9,848 confirmed cases of pulmonary TB.

538. *Leprosy services:* In Malaya the programme is to improve the existing facilities in the Leprosarium at Sungei Buloh in order that it may become the national centre for leprosy control. The leprosy control programme, which is aimed at the eradication of leprosy as a public health and social problem, will lead to the eventual abolition of expensive sanatorium care. A total of 21 clinics will be set up in existing district hospitals, to be supervised from 10 main clinics attached to general hospitals. In Sarawak the programme will provide facilities for the domiciliary treatment of leprosy.

539. *Malaria eradication:* In Sarawak the objective is to consolidate the eradication campaign undertaken with WHO and UNICEF assistance. Only the more remote area bordering Indonesia still requires control measures involving spraying and surveillance. For the rest of Sarawak maintenance measures will be continued in order to prevent any recurrence of infection.

PROMOTION OF HEALTH AND SANITATION

540. *Rural health services:* The First Malaysia Plan will consolidate and expand the rural health services and special emphasis will continue to be given to preventive work. The majority of the population still lives in rural areas, where one of the pressing needs is the improvement of rural health by environmental sanitation, health education and mother and child care.

541. In Malaya the programme provides for completion of schemes started under the Second Five-Year Plan and extension of the network of health centres, sub-centres and clinics to additional rural areas. A total of 60 sub-centres and 450 mid-wives clinics is planned. In Sarawak improvement of environmental sanitation in the rural areas, with special

reference to health education, will be one of the main activities. Personnel required to implement this scheme will be recruited and trained. They will work closely with other members of the rural health services and in co-operation with field staff in other departments, such as agricultural extension workers. In Sabah area health units will be established. Each unit will consist of at least one "cottage" hospital, district health centres, village group sub-centres and dispensaries. A variety of services will be provided in each area unit; these include maternal and child health care and school dental treatment. These area units will be linked to the major hospitals. The hospitals will undertake the actual treatment and management of patients, while the area services will be responsible for all other aspects of curative and preventive work.

542. *Dental health service:* In Malaya the objective is to continue and expand the dental care service for school children. In Sarawak it is planned to enlarge the existing dental service to provide treatment and care to about 40,000 children per year as against the present 12,000. Service for the general public will also be provided by special dental clinics.

543. *Urban health service:* The programme in Malaya will consolidate maternal and child health facilities in urban centres where existing facilities are inadequate. It is expected that six centres will be constructed under this programme.

V.—CURATIVE SERVICES

544. In the field of curative medicine, measures will be taken to establish institutional facilities in areas which are still without them, to improve existing facilities and to increase the number of doctors, medical technicians, nurses and mid-wives. In Malaya major schemes in this category are mainly hospitals already approved under the previous Plan.

545. *New hospitals:* New hospitals in Malaya will be established at Kuala Lumpur, Seremban, Petaling Jaya (teaching hospital), Tanjong Karang, Changkat Melintang (Perak) and Dungun. In Sarawak six treatment centres in the form of small local hospitals will be built. The biggest project is the first phase of the new Sarawak General Hospital in Kuching, which initially will have 300 beds and eventually 570 beds. In Sabah a 288-bed hospital will be built at Tawau and cottage hospitals will be constructed at Beaufort, Bandan-Kudat, Papar and Semporna.

546. *Extensions and improvements:* Existing facilities in a number of institutions throughout the country will be improved and expanded in order to upgrade hospital services and enable more people to be treated.

547. *Mental hospitals:* In Malaya the programme is intended to improve and remodel the over-crowded and unsatisfactory mental institutions at

Tanjong Rambutan and Tampoi. It is also aimed at the development of community mental health services. A new mental hospital with accommodation for 250 persons is being planned at Jesselton and will replace the existing mental hospital at Sandakan.

VI.—FAMILY PLANNING

548. A new policy to be adopted under the First Malaysia Plan is the implementation of a positive programme for family planning. With population growing at the rate of 3% per annum, the effort made to raise the level of living has to be very large indeed in order to make any real impact. This high rate of population growth is due partly to the rapidly declining death rate resulting from more and better medical and health services and partly to the high birth rate. To prevent any increase in income from being nullified by rapid population growth, a large programme of family planning will be implemented.

549. The experience of the Family Planning Association has proved that large numbers of people in both urban and rural areas of the country are now keenly aware of the desirability and need to limit the size of their families in order to maintain better educational and living standards. Family planning is of vital importance from the point of view of mothers' health and child care and will be implemented in conjunction with the extension of medical facilities and public health. Family planning services will be made available to those who desire it. In many parts of the country the main handicap is the lack of knowledge and the non-existence of adequate facilities for family planning.

550. A concentrated effort will be made to popularise family planning. A sum of $2 million has been provided under the First Malaysia Plan for this programme. As the campaign of family planning gathers momentum and gains acceptance, more funds may be needed and will be provided. Voluntary organisations, government departments and mass media communications will be utilised to help carry out the educational and promotional work of family planning. The success of this campaign will bring great dividends in terms of improvement of mothers' health and living standards.

551. In implementing the family planning programme, the government's efforts will be supplemented by assistance from the Ford Foundation, which has agreed to provide technical assistance and training. As an initial step, a section will be set up in the Economic Planning Unit to work under the Cabinet Sub-Committee on Family Planning to direct and conduct preliminary organisational work, including surveys required to launch the programme. A National Family Planning Board will soon be established to carry out an intensive programme on a national scale. The Department

of Statistics will also be suitably strengthened to enable it to assist in conducting sample surveys and demographic studies connected with family planning.

VII.—FINANCING DEVELOPMENT EXPENDITURE FOR HEALTH AND FAMILY PLANNING

552. The breakdown of total cost for the health and family planning programme is shown in Table 12-2.

TABLE 12-2

MALAYSIA: DEVELOPMENT EXPENDITURE FOR HEALTH AND FAMILY PLANNING, 1966-70

($ millions)

	Malaya	*Sabah*	*Sarawak*	*Malaysia*
I. PREVENTIVE SERVICES:				
Control of communicable diseases—				
T.B. control	3.0	0.2	0.2	3.4
Leprosy control	1.0	—	—	1.0
Malaria eradication	—	—	0.6	0.6
Sub-Total ...	4.0	0.2	0.8	5.0
Promotion of health and sanitation—				
Rural health service	20.0	6.1	0.9	27.0
Dental health service	1.3	—	0.7	2.0
Urban health service	1.0	—	—	1.0
Municipal clinics	0.4	—	—	0.4
Sub-Total ...	22.7	6.1	1.6	30.4
II. CURATIVE SERVICES:				
New hospitals	98.0	2.8	17.6	118.4
Extensions/equipment	12.0	5.6	0.3	17.9
Other hospitals/institutions	1.0	2.4	0.1	3.5
Sub-Total ...	111.0	10.8	18.0	139.8

	Malaya	*Sabah*	*Sarawak*	*Malaysia*
III. OTHER PROJECTS/PROGRAMMES:				
Training programmes	3.0		0.3	3.3
Institutional quarters and hostels	5.0	0.4		5.4
Miscellaneous	2.7	0.5	0.3	3.5
Sub-Total ...	10.7	0.9	0.6	12.2
IV. FAMILY PLANNING	2.0	—	—	2.0
TOTAL ...	150.4	18.0	21.0	189.4

553. The level of planned expenditure of $150.5 million in Malaya is nearly 50% more than the amount expended during 1961-65. In Sabah and Sarawak the planned expenditure of $18 million and $21 million respectively for the next five years is about 250% and 260% respectively of the level during the previous five years.