

## Perspective of Health Promotion in Rural Communities in Asia

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### Concept and need for health promotion

#### 1. Concept of health promotion

The introduction of the recent concept of health promotion entails a change in management of health. As defined in the Ottawa Charter<sup>1</sup>, health promotion is the process of enabling people to increase control over and to improve their health. The health promotion approach, therefore, aims to enhance the health potential possessed by an individual or a community, through changes in personal life styles, strengthened community action, and a reorientation of health services. It also aims at the improvement of health through early detection, reduction and elimination of risk factors that affect good health. Health promotion encompasses many aspects, particularly attitude changes that influence healthy behaviours, healthy life style practices, and the creation of supportive healthy environments.

#### 2. Targets and contents of health promotion programmes

Although the main target of health promotion normally centers around healthy individuals, it should also target persons who are ill, as health promotion includes not only disease prevention but the provision of curative medical services as well.

The purpose of a health promotion programme should be to actively provide promotional services according to the health status of individuals, so as to maintain and promote optimum health status by reducing the risk factors of health. For healthy individuals, this can be done through education on physical exercises, nutrition, regular physical checkups, health counseling, and for sick individuals through the provision of specific health services that reduces risk factors related to relapses of or recovery from diseases.

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<sup>1</sup> First International Conference on Health Promotion, Ottawa, Canada(1986)

### **Need for health promotion in rural areas**

Despite interests shown and investments made to improve the situation in rural areas, the problems facing these areas remain. Problems such as unsteady income, increasing discrepancy in income level between urban and rural areas, a decrease in the farming population, aging of the population, poor living conditions, insufficient provision of welfare benefits, and lower agricultural productivity continue to face the rural population. In addition, environmental pollution due to excessive use of chemical fertilizers and agricultural pesticides, and increased livestock wastes, as well as the introduction of genetically modified food production (GM Food) and unsatisfactory food safety levels despite intensified regulatory enforcement, threaten the health of the rural population.

A study undertaken in 14 developing countries of the world has shown a significant discrepancy in development status between rural areas. For example, electricity supply rate in rural areas is 46%, about half the rate in urban areas(89%), and the rate of household water supply provision is 12%, equivalent to 1/5 of the rate(59%) in urban areas. The health status of the rural population is generally poorer compared with that of the urban population. The health problems, including the risk factors relating to chronic diseases in the elderly, diseases related to women under different working conditions, child malnutrition, accidents, injuries and poisoning related to the use of agricultural machines and pesticides, and communicable diseases, pose a more significant threat to the population of the rural areas than those living in

the urban areas. These differences apply equally to the Asian region as a whole. The need to address the health problems in the rural areas are just as serious as the need for further development of their social infrastructure.

As of 2001, the rate of the people residing in the rural areas in Asian countries (except Japan) was 65.7%, which was higher than 23.2% in Latin American countries and 50.7% in North American countries. Therefore, there is a great need for further developing rural health services in Asian countries.

On the other hand, the rate of increase in the number of people in the urban areas was 2.9% per annum, showing a continued decrease of the rural population in Asian countries.

The rate of people over 65 years of age as of 2000 in the Asian region was 5.9%, with marked difference between countries. For example, it was 2.8% in Cambodia, 3.5% in the Philippines, 3.8% in Mongolia, 4.1% in Malaysia, 4.8% in Indonesia, 5.0% in India, 5.2% in Thailand, 5.3% in Vietnam, 6.3% in Sri Lanka, 7.1% in the Republic of Korea, 7.2% in Singapore, 10.0% in Taiwan, 10.6% in Hong Kong and 17.0% in Japan. The number of the so-called aging countries is increasing. The number of countries with the elderly population of over 7% is projected to be 17 in 2025. This aging trend is more serious in rural areas because younger people move to urban areas, leaving behind the elderly population and their health problems, thus indicating an increased need for health promotion programmes for the elderly to maintain their healthy lives.

## Health status in Asian countries

### 1. Overall Asian countries

Economic levels and public health programmes in Asian countries vary.

In the year 2000, The birth rate was less than 2.1 in China, Republic of Korea, Singapore, Taiwan, Thailand and Sri Lanka; between 2.1-3.9 in Bangladesh, India, Indonesia, Malaysia, Myanmar, the Philippines, Uzbekistan and Vietnam; and more than 4 in Afghanistan, Cambodia and Nepal.

The infant mortality rate was less than 20 per 1,000 live births in Hong Kong, Malaysia, the Republic of Korea, Singapore, Sri Lanka, and Taiwan; between 20-49 in China, the Philippines, Thailand, and Vietnam; between 50-99 in Bangladesh, India, Myanmar, Nepal, Pakistan and Uzbekistan; and more than 100 in Afghanistan.

The mortality rate generally differs significantly according to economic levels. For example, the infant mortality rate is 15 times higher in countries with less than \$2,000 GDP per capita (67.8 per 1,000 live births) as compared with those countries with GDP per capita of more than \$10,000 (4.1 per 1,000 live births).

### 2. Health problems in rural areas

#### 1) Accessibility to public health services

The population in rural areas has 3 times less accessibility to public health services and show very low basic immunization coverage rate. Furthermore, the rate of pregnant women who do not receive regular peri-natalpre- and post-natal care services is very high.

#### 2) Level of public health in rural areas

The public health level in rural areas in the Asian region is poorer than those in urban areas. The rate of safe drinking water supply provision as of 2000 was 66%(99% in cities) in China, 69%(90% in cities) in Indonesia, 94%(97% in cities) in Malaysia, 79%(95% in cities) in Nepal, 79%(91% in cities) in the Philippines, 71%(97% in cities) in the Republic of Korea, and 72%(95% in cities) in Vietnam

Sanitary facilities in rural areas are very low compared with those in urban areas. The rate was 27%(69% in cities) in China, 15%(61% in cities) in India, 46%(69% in cities) in Indonesia, 69%(93% in cities) in the Philippines, and 38%(82% in cities) in Vietnam. Although there is difference by countries, life expectancy at birth is lower by 2-8 years in people in rural areas than those in urban areas. Increase in elderly population in rural areas

In the year 2000 the rate of rural population in Asian countries was 65.5% in China, 71.6% in India, 21.6% in Japan, 36.9% in DPR Korea, 42.5% in Malaysia, 83.3% in Nepal, 41.0% in the Philippines, 78.1% in Thailand, 87.3% in Vietnam, and 13.8% in the Republic of Korea, showing significant differences.

#### 3) Diet and nutritional problem of the elderly

With the increase of the elderly population, the most serious health problems relate to diet and nutrition. More than 30% of the elderly in the rural areas in the Republic of Korea, for instance, do not take a balanced diet, and about 80% of the elderly have only very limited daily physical activities. This elderly population does not receive adequate health care, adequate nutrition intake, and

does not perform sufficient daily physical activities due to limited availability of rehabilitation services.

4) Change in family structure

In most of the countries that achieved economic success, the size of the family has undergone significant changes from a large sized family to a nuclear family, thus resulting in an increasing number of the elderly living alone or partially alone and looking after themselves. The diminished family environment has resulted in a deterioration of the health of the elderly.

5) Accidents, injuries and diseases related to farming and fishing

Farmers and fishermen suffer from many occupational diseases, but very little interest have been shown by health care providers and even by the farmers and fishermen themselves on these aspects. While the Republic of Korea has been a traditional farming country until the early 1960s, the proportion of the farming sector in relation to industry as a whole has decreased considerably. In 1961, farmers and fishermen in the Republic of Korea consisted 56.3% of the total population, by the end of 2002, the rate has gone down to less than 10%. There has been a mistaken notion that since they work in a pollution-free environment, farmers and fishermen are at low risk in terms of job-related diseases. However, this group of workers is in fact very prone to accidents and injuries related to use of farming tools and to diseases related to the use of agricultural pesticides. As farming and fishing remain to be key industries of the country with still poor infrastructure, measures to counter the health problems relating to farmers and fishermen should

be dealt with as a national priority.

6) Unhealthy lifestyles

Poor nutrition, smoking and alcohol consumption contribute to the poor health status of the rural population. The lack of proper hygiene is also a contributing factor. This unhealthy behaviour has resulted in an increase of health problems such as non-communicable diseases (hypertension, diabetes, cancer and cardiovascular diseases) and also others like musculoskeletal diseases due to improper postures in the work places.

7) Health problems due to agricultural pesticides

The amount of crops produced in Asian countries has increased significantly during the latter half of the 20<sup>th</sup> century. In the Republic of Korea, for instance, rice production has increased two-folds, from 3 tons per hectare in the 1950' s to 6 tons per hectare in the mid-1990' s. China showed a similar increase of 3.1 tons per hectare in the late 1960' s to 6.2 tons in the late 1990' s. This increased production could be both attributed to improved rice varieties and to the increased use of chemical fertilizers and pesticides that have not only destroyed the ecosystem and biodiversity in the environment but have also resulted in various health problems for the farmers. Furthermore, many farmers are suffering from farmers diseases working in vinyl greenhouses. About 20-40% of the Korean farmers who are working in vinyl greenhouses, for example, show farmer' s disease symptoms.

8) Zoonoses

Zoonoses are communicable diseases that spread widely between various animals with such level of mutation and adaptability and also acting as a pool

for infection sources for human beings that it is difficult to formulate appropriate control and eradication measures. Even with an improvement in the health level of population and with the advent of new antibiotics, zoonoses in newer forms will continue to pose threat to rural population.

For the effective control and prevention of zoonoses, such measures as neutralizing infection reservoirs by, for example, test, slaughter and mass therapy of infected animals, treatment and rendering of infected persons, as well as environmental control for interrupting infection routes, are essential. Minimizing contact opportunity, increase of resistance level of the host, strategy for consumer protection, principle of animal identification like individual animal identification or points of origin, animal health vs human public health, issues, communication among public health professionals, communication with general public, and health education are also needed.

### 3. Reasons for health promotion in rural areas

The health problems described above point to a need for a strong public health policy, the creation of healthy environments, strengthening individual and community action for health. These are elements basic to the health promotion approach. For example, the provision of safe water supply and improvement of sanitary conditions are crucial for the improvement of health indicators, for the reduction of infant mortality rate and increase in life expectancy.

As current level of health promotion programmes for the rural population in most of the Asian

countries appears inadequate, there is a pressing need for developing and implementing appropriate health promotion programmes for this groups of population, particularly the elderly, women and children.

## Current situation and problems of health promotion programmes in rural areas in Asian countries

### 1. Current health promotion programmes in Asian countries

In most developing countries health promotion programmes have not been well elaborated. Programmes like elderly health promotion, healthy county(village) projects, and those relating to women and children are not well developed and implemented.

In many countries, traditional medicine and complementary and alternative medicine are widely accepted. However, much of their effectiveness have not yet been clearly established. Appropriate and specific strategies to utilize them for health promotion activities have not been well developed at the country or regional level. Only the WHO Western Pacific Regional Office has issued a guideline for country use, produced as a result of a meeting of experts on the subject.

### 2. Lack of cooperation among Asian countries

Many of the Asian countries do not have sufficient experiences in developing exchange or cooperative arrangements on official national level. Even on non-government level, their experiences are limited to undertaking observation trips to the

activities in developed countries.

In fact, there are not too many examples of joint programmes or evaluation indicators to solve common health issues as AIDS prevention and control, adolescence smoking, accidents and injuries due to use of agricultural tools, and pesticides poisoning of farmers.

There exists some difficulty in making cooperative arrangements between countries in Asia because of their varying health and economic levels. However, this same diversity could actually provide an excellent opportunity for developing such cooperative arrangements in wider areas.

#### **Future plan of health promotion programmes in rural areas in Asian countries**

##### **1. Direction of health promotion programmes in rural areas in each country**

The progressive development of health promotion programmes appropriate to the development level of each country is needed, taking into consideration priorities of the countries concerned.

Asian countries could consider 5 common priority areas for development and implementation of health promotion programmes in Asia, i.e. (1) nutrition, (2) physical exercise, (3) alcohol consumption, (4) smoking and (5) improvement of basic sanitation.

For example, countries like China, Myanmar, the Philippines, and Vietnam, could consider developing health promotion programmes in the fields of environmental sanitation and personal hygiene, safe drinking water supply, control of communicable diseases and nutrition. Japan, the Republic of Korea, and Taiwan might consider placing

emphasis on programmes dealing with managing risk factors of non-communicable diseases like hypertension, diabetes and cancers.

In developing and implementing health promotion programmes, the so-called double burden of health problems, i.e. infectious diseases as AIDS, malaria, typhoid fever, dysentery, etc as well as non-communicable diseases as hypertension and cancer, should be included.

##### **2. Direction of health promotion programmes in the Asian region and strategy of international cooperation**

In order to develop closer cooperation among countries in Asia in the areas of health promotion for the rural population, it is important to hold regular periodic forums on subjects such as hygiene, sanitation, nutrition and health education in rural areas. Through these forums, detailed and specific health promotion programmes can be formulated taking into account the varying needs and development levels of the countries concerned.

It is important to develop and implement common guidelines, for example, for cancer registry and cancer management, such as those are under way in Japan, the Philippines, the Republic of Korea, Singapore, Taiwan, and others. The experiences gained in further developing health promotion programmes, for example, by the Republic of Korea through increased funding level and health facilities improvement, and by Malaysia and the Republic of Korea through remodeling of health centres in rural areas may be usefully shared.

Experts in rural health services in Asia might consider forming a study group to strengthen

health promotion programmes in rural areas. The group could undertake common research activities and facilitate exchange of human resources among countries to improve health in rural areas. As an active exchange programme by non-governmental organizations could also play an important part in determining the successful outcome for international cooperation among countries.

The formulation of country specific programmes based on the sharing and exchange of experience will further accelerate international cooperation. The healthy city project and total health project at work site in Japan, and health promotion projects for the reduction of risk factors of hypertension

and cancer in rural areas and sex education projects for adolescents in the Republic of Korea are some excellent examples.

WHO and other international organizations should play an important coordinating role and should provide support for joint research activities among countries by establishing a health promotion network for the rural population, in addition to their continuing support for health programmes in the urban areas. At the same time, they should provide recommendations for disease control programmes, develop and distribute guidelines, and also provide relevant information related to rural health programmes.