



SEACO POLICY BRIEF 003

Changes in Rural Health Service Needs Following Rural-Urban Migration

South East Asia Community Observatory
(SEACO):
Research for a Healthy Community

This research based evidence brief highlights potential policy options

Who is this Policy Brief for?

Policy makers and other stakeholders who are interested to address the problem based on research evidence

Why was it prepared?

To inform stakeholders about health policies and interventions by summarizing the best available research based evidence about the problem

What is Research Based Evidence Brief for Policy?

Research Based Evidence Brief for Policy is generated from the studies implemented by SEACO, an ISO accredited health and demographic surveillance site which acts as a research platform for health related research

Full Publication

The research based evidence is described in detail in the SEACO publication

Jahan NK, Allotey P, Arunachalam D, Yasin S, Soyiri IN, Davey TM, et al. The rural bite in population pyramids: what are the implications for responsiveness of health systems in middle income countries” BMC Public Health. 2014;14 (Supple 2):S8

<https://www.ncbi.nlm.nih.gov/pubmed/25081203>

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The Problem:

In Malaysia, rural to urban population migration has been promoted due to rapid industrialization. This internal migration significantly contributed to the restructuring of the population pyramid of rural Malaysia. The prevalence of non-communicable diseases (NCDs) and NCD risk factors have risen extensively. The country records one of the highest rates of obesity and diabetes in the South East Asian region. In addition, it has maintained one of the higher fertility rates for an upper middle income country (above the 75th percentile). This has created additional health systems challenges with respect to the appropriate mix of service provision across a country that continues to become more urbanized whilst retaining a significant rural population.

Evidence to Support Policy Options:

Nationally, the Malaysian population pyramid has the classic expansive population pyramid shape due to relatively high fertility rate. However, the population profile of rural sub districts is radically different from the national profile due to rural-urban migration.

Study conducted in the five SEACO sub-districts of Segamat district found that young adult population aged 20 years and over leave the district for employment, education and marriage. As a result, there is a sharp decline in the population from 20 years of age until 40 years of age. This decline in the young adult population effects the aged dependency ratio. Within the five SEACO sub-districts of Segamat, there are 6.8 productive residents for every person aged 65 and over contrasting to the national figures where there are 12.8 productive residents for every person aged 65 and over. The population profile of the rural Malaysia is showing the development of an aging population. The proportion of the SEACO sub-districts population in the age group of 60-74 year is twice that of the national data. The relatively greater number of older people in the rural population suggest a very different health service need which is mainly towards chronic conditions and aged care.

Recommendation:

Due to the differences between rural and urban population profile, health system needs to be flexible enough to accommodate the needs of the population of specific areas rather than depending on the national profile; this will allow to address effectively population specific health needs that may vary from one location to another.