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Environmental Communication : Singapore

By

Richard C B Lim
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ENVIRONMENTAL COMMUNICATION
- SINGAPORE

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The problem of environmental health is a major concern of government and health agencies. In developing countries, the programmes are on the improvement of basic sanitary services - water supply, disposal of human waste, solid and liquid wastes, food sanitation, control of vectors and housing. Communicable diseases arising out of lack of these basic amenities contribute to the high rate of morbidity and mortality.

By comparison, the developed countries having made considerable progress with the provision of basic sanitary services, are faced with a new set of problems arising out of industrialisation and urbanisation. For example, air and water pollution, car accidents, mental, social and physical health. This is not to deny the existence of such problems within the developing nations where a high degree of urbanisation and industrialisation are likewise creating problems similar to those in the developed countries. In fact, the existence of these problems along with the more pressing need for basic sanitary services compound the difficulties of government planners in solving environmental health problems.

Environmental health interventions to raise health standards, have long been characterised by emphasis on science and technology, especially engineering technology. While technology is necessary, there is increased understanding of the interaction between social forces and technology. We need also to consider the social and psychological factors in the design and operation of environmental health programmes. Thus, in planning and implementing environmental health programmes, the interactions between physical, social and psychological environments must be taken into account since they may have a bearing on the interventions proposed.
The use of health education as one of the interventions in planning and implementing environmental health programmes recognises this point. We can consider health education as a form of social intervention aimed at helping people to develop the type of behaviour which can lead to the highest possible level of health.

Sanitary practices among the people in developing areas have their roots in traditional customs and habits. These practices cannot be changed easily unless conscious and determined efforts are made to convince the community. Since our purpose in health education is to ultimately effect a behaviour change, the basis of the health education programme is a communication process between the health educator and the target group. Importance is therefore attached to the involvement of the community in programmes related to environmental health development. There is a real need to incorporate health education as an integral part of planning the respective environmental health programmes.

Singapore's rapid pace of urbanisation and industrialisation since the sixties has made it vulnerable to environmental pollution. Keeping Singapore clean and keeping pollution under control has been a crucial task.

Early efforts on environmental pollution control relied mainly on source control and an efficient public cleansing service with little or no community participation. It was soon realised that without public cooperation even the most efficient service cannot achieve the desired results. Against this backdrop, an ambitious plan of action was launched. In 1968, the "Keep Singapore Clean" Campaign spear-headed the first national effort to bring about public participation in an environmental programme. A National Campaign Committee was formed and this was headed by the Minister for Health and comprised representatives from government ministries, statutory boards and private organisations who planned and coordinated the activities of the campaign.
The campaigns extensively employed the mass media, exhibitions, posters, pamphlets and face-to-face talks at grassroots level. Public participation was encouraged.

These national educational campaigns have been repeated after 1968 to reinforce the public's awareness of their social responsibility and role in improving the quality of our environment. Specific health hazards were highlighted each year.

National Health Campaigns (1968-1976)

1968 Keep Singapore Clean
1969 Keep Singapore Clean and Mosquito-Free
1970 Keep Singapore Clean and Pollution-Free
1971 Keep Singapore Pollution-Free
1973 Keep Our Water Clean
1974 Food Hygiene
1975 Better Food for Better Health
1976 Combat Infectious Diseases

With the formation of the Ministry of the Environment in 1972, the Ministry took over the responsibility of environmental health including public cleansing from the Ministry of Health, as well as, sewerage and drainage works from the Ministry of National Development so that all anti-pollution and related matters could now be under one Ministry for concerted and more effective action. The "environment" therefore embraces a wide area from provision of modern sanitation to food hygiene to keeping Singapore clean and infectious disease free.

The Training & Education Department of the Ministry of the Environment plans and organises public health education programmes and in-service training courses. In planning and organising public health education programmes, emphasis is placed on increasing the participation of grassroot organisations, such as youth groups, residents committees (RCs) of public housing (nearly 80% of the population live in public housing estates), and Citizens Consultative Committees (CCCs). Joint activities with these groups give impetus to the development of community responsibility for a healthy and clean environment.
11 Public Health Education Programmes

The department has several on-going public health education programmes. The main ones that have been sustained over many years are the following:

(a) Proper Disposal of Refuse
Residents are encouraged not to litter and to use plastic bags for refuse disposal. Activities are organised jointly with RCs, Housing & Development Board (HDB) and with the support of Members of Parliament of the respective areas. Evaluation studies showed that these activities led to a general increase in the use of plastic bags for disposal of refuse.

(b) Food Hygiene and Cleanliness of Food Centres and Markets
This programme is aimed at encouraging stallholders to practise good housekeeping so that food centres and markets can be more orderly and clean. The stallholders are also advised not to pollute the drains with sullage water or refuse.

(c) Prevention of Mosquito Breeding
This education programme against dengue haemorrhagic fever (DHF) is aimed at the public to take preventive steps in getting rid of stagnant water in homes so as not to create favourable breeding places for the *Aedes* mosquitoes. The problem of DHF is really a disease closely associated with urbanisation and development, and the creation of man-made breeding habitats in homes and construction sites. This is an area which is amenable to health education
because there is something that the public or householder must do in order to eliminate the source of breeding.

A study on awareness and attitude of flat occupiers on refuse disposal was carried out in three housing estates. 511 respondents were interviewed, of which 78.9% were females. 73% of those interviewed heard about our campaigns, the majority through circulars, posters, stickers, pamphlets or through another person. 87.5% agreed that throwing a tissue paper out of the window is a "serious offence", and 96.3% agreed that all flat occupiers should use plastic bags for refuse disposal. However, only 19.2% agreed with the statement: "any flat occupier who sees litter lying around the common corridor or void deck should pick it up". 67.1% agreed if it applies to the corridor outside their flats only. Observation studies that counted the plastic bags used before and after the education activities showed an overall increase in usage of plastic bags.