



P.195 Bandar Kuching

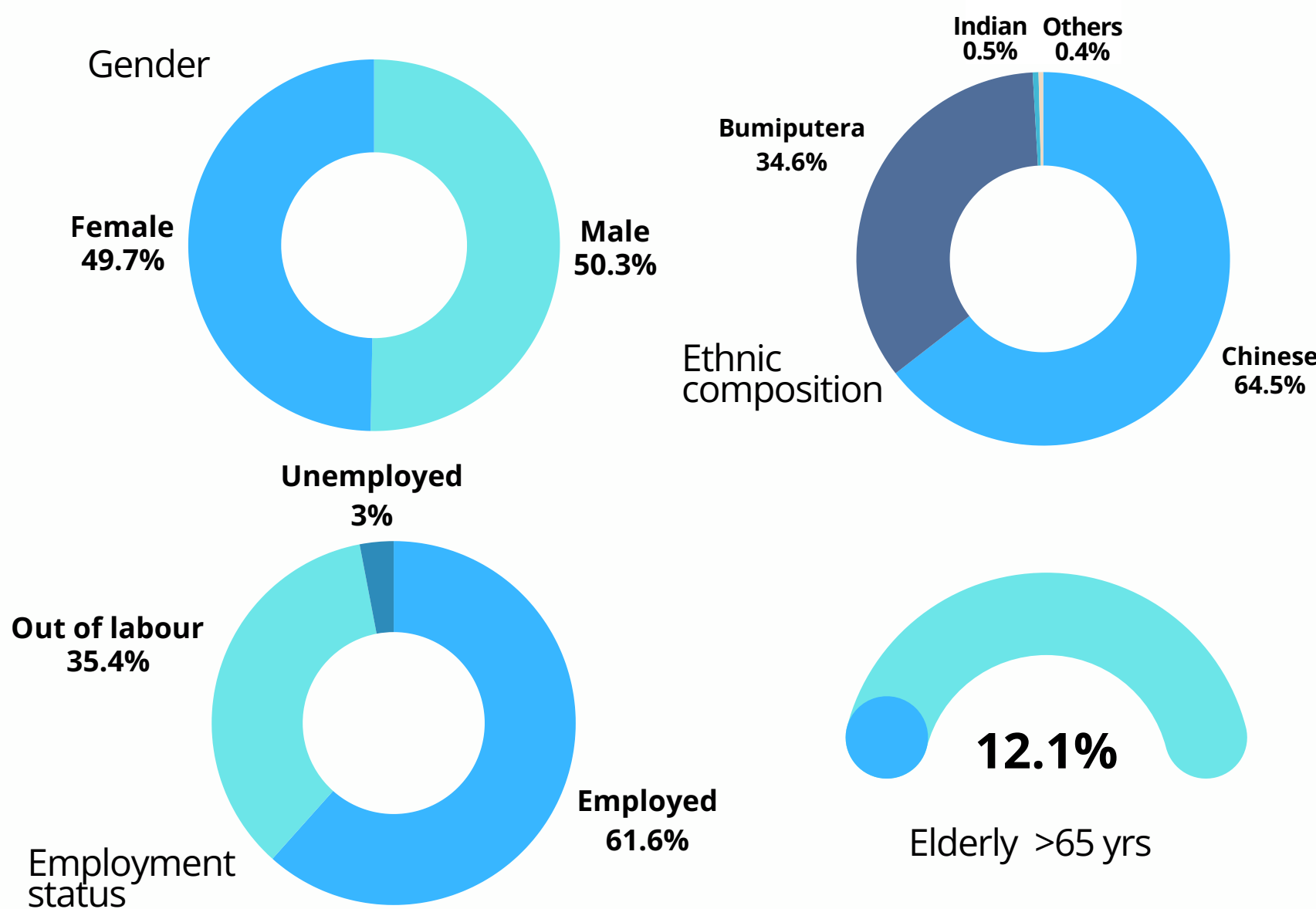
CHRC 2/ November 2025

Constituency Health Performance Report Card

- Bandar Kuching, comprising the primary urban centre of Sarawak, exhibits a **health profile shaped by a combination of urbanization and socioeconomic factors**.
- Key strengths include good access to primary and tertiary healthcare services and generally strong maternal and child indicators compared to national figures.
- However, the constituency faces a severe and growing crisis of non-communicable diseases (NCDs). Sarawak reports some of the highest national rates for hypertension and hypercholesterolaemia.
- **The high burden of kidney disease is a direct consequence of these NCDs which are largely undiagnosed and unmanaged.**
- This is compounded by environmental health challenges like dengue and issues related to access to clean water and nutrition in poorer urban communities.



Population **116,280** mostly urban



Overview

Average household size	3.8
Household income	RM 7,712
Live births per 1,000 people	29.1
Death rate per 1,000 people	5.8
Old-age dependency ratio	0.2
Health clinics per 1,000 people	0.7
Number of clinics (public & private)	12
Number of hospitals (public & private)	3

Sources: MyCensus 2020, DOSM 2023, Galen Centre 2025

Access to healthcare

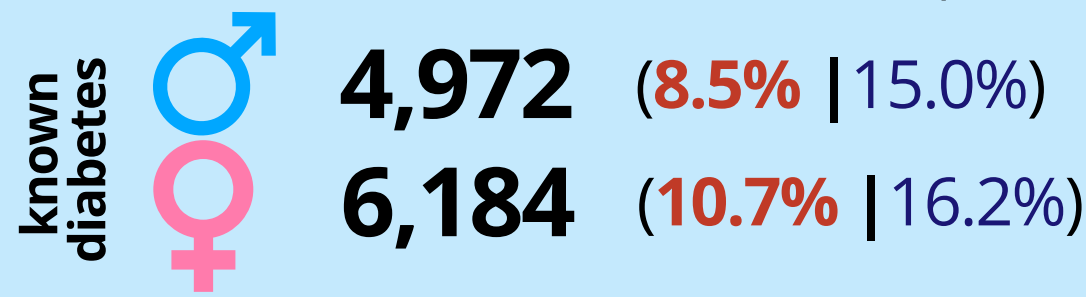
- Bandar Kuching has relatively **good access to healthcare**, centred on Sarawak General Hospital as the main public tertiary and referral facility, supported by several government and private primary care clinics.
- This is complemented by many private hospitals and specialist centres in and around the constituency.
- **Key challenges** including overcrowding and long waits at the public healthcare facilities, cost barriers in the private sector, transport and information barriers for urban poor and elderly residents, and gaps in after-hours primary care and health services for vulnerable populations such as the lower income households, young people and indigenous communities.
- The population is also increasingly **ageing**.

Diabetes

number of adults with diagnosed and undiagnosed diabetes

17,093

(14.7% | 15.6%)



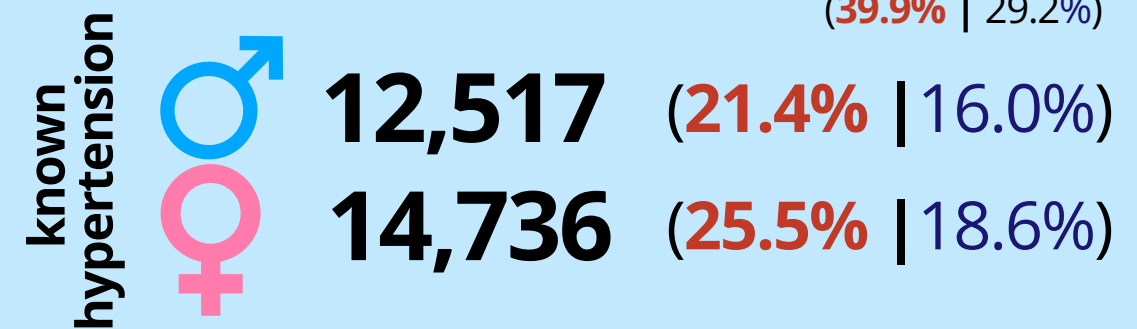
Diabetes prevalence is **slightly lower than national figures**

Hypertension

number of adults with diagnosed and undiagnosed hypertension

46,395

(39.9% | 29.2%)



Rate is significantly **higher for both men and women and undiagnosed**

Key: (Sarawak | National)
Black figures - constituency estimates

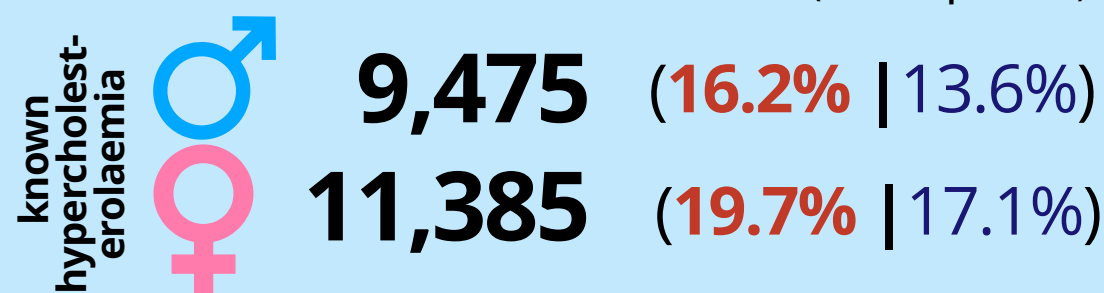
Source: NHMS, MOH 2023

Hypercholesterolaemia

number of adults with diagnosed and undiagnosed hypercholesterolaemia

45,233

(38.9% | 33.3%)



Hypercholesterolaemia is **largely undiagnosed**

Hypertension and hypercholesterolaemia are risk factors for cardiovascular diseases (CVD) such as heart failure and ischemic heart disease. These are the leading causes of death. More than a third of the population suffer from either one of both of these conditions.

More than 1 in 7 adults in the constituency are estimated to be living with diabetes.

Half of kidney failure cases are linked to diabetes. It is likely that more adults will suffer from CKD, and even kidney failure.

A growing number of people are likely living with diabetes, high cholesterol and chronic kidney disease at the same time. Most will be unaware of their condition.

The burden of NCDs is projected to rise further due to an aging population and increasing prevalence of risk factors.

Obesity

number of adults estimated to be living with obesity

27,442

Obese (BMI ≥30 kg/m²) - WHO 1998

(23.6% | 21.8%)

More than 1 in 5 adults are obese

Chronic kidney disease

estimated number of people living with chronic kidney disease (CKD)

18,000

estimated number of people with Stage 5 CKD or End-Stage Renal Disease (ESRD)

419

number of dialysis centres (public and private) in the constituency

11

With both diabetes and hypertension rates high and rising, **the incidences of CKD and ESRD will also rise**

Estimates based on data: MSN 2024; Galen Centre 2025

Maternal mortality

Maternal mortality

5-year average maternal mortality rate for Sarawak, per 100,000 live births

17.7

National 5-year average

24.2

Mental health

Youth mental health

have had suicidal thoughts

13.4%

have attempted suicide

9.9%

Source: DOSM 2023; NHMS, MOH 2023

Bandar Kuching has the advantage of relatively good physical access to primary care clinics and specialist services in the constituency. Maternal mortality figures are better than the national rate. Challenges include late diagnosis and presentation (especially among working adults and lower-income households) of NCDs, suboptimal long-term care, and an aging population.

References

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