

Child family health education

Zuleika Rachman Masjhur.

1989

Zuleika R. M. (1989). Child family health education. In Seminar on Media and Child Family Health : Singapore, February 20-22, 1989. Singapore: Asian Mass Communication Research and Information Centre.

<https://hdl.handle.net/10356/85960>

Child/Family Health Education

By

Zuleika Rachman Masjhur

CHILD/FAMILY HEALTH EDUCATION

ZULEIKA RACHMAN MASJHUR
INDONESIAN CHILD WELFARE FOUNDATION

INTRODUCTION

The total population in Indonesia is at present estimated at 175.6 million. More than 50% are under the age of 20, while the population of children under the age of 5 years is about 12.5% of the total population or about 22 million. The growth rate is still high, though it is decreasing from 2.32 percent during the 1971-1980 period to 2.15 percent in the period 1980-1985. This decrease is due to the decrease in the fertility rate as well as the mortality rate.

Though the status of health of the child has considerably improved lately, its condition is not yet satisfactory as a situation where a maximal growth can be assured has not yet been achieved.

The time has come that all forces have to be moved to tackle the situation. The population cannot be covered by a medical movement only, but it has to run parallel with a social movement. Forces in the community that can become channels of communication and reach the parents, and particularly the mothers of children under five, have to be mobilized. These forces could be teachers, religious leaders, mass media, public offices, community organizations, labour organizations, professional organizations and of course also health organizations.

The target for this communication is the parents, particularly the mothers, because modern health services are not always available sufficiently, and even though they are available they cannot provide the main support for a growing child, as the parents who have been provided with the knowledge and skills to care for the health and welfare of the child in its own home.

In order to achieve this goal community health cadres have been trained and the parents with children of under 5 years of age are encouraged to group themselves into groups of 10 households - *dasa wisma* - to make communication more easy for themselves.

PROBLEM AREAS

1. Environment.

The low socio-economic status of the population does not permit the family to avail themselves of available health services. Poor transportation facilities are also a handicap. Another problem is sanitation.

2. Due to the low educational level of the parents there is a lack of awareness of health problems, which actually can be easily tackled.
3. Health services are provided by the government not only through stationary health centres, but also by mobile clinics. Though the budget that is being spent for health care is quite big, the coverage is still limited.
4. The IMR has decreased in the last five years from 100 per 1000 live births in 1980 to 71 per 1000 live births in 1985, a decrease never experienced before in Indonesia. Contrary to the IMR, the MMR has increased from 150/100.000 births in 1980 to 450/100.000 births in 1985. This latest development in the MMR is still under scrutiny and will be further analyzed. Compared to other countries in the ASEAN Region though, the figures are still very high.

The causes of death for children under five years of age are diarrhoea and diseases which can be prevented by immunization. Other baby killers are acute infections of the upper respiratory track and tetanus. 40% of deaths in the first month of the child is caused by tetanus neonatorum. Protein calory deficiencies are 16% of causes of death for children below 5 years of age and 14% of the infants are born under-weight, less than 2500 grams. Therefore, all the efforts for infant care are geared towards their survival and growth though without neglecting other aspects of their development.

OBJECTIVES OF THE PROGRAMME

The big programme that has been developed has the objective that :

- a. A social system will develop that will support the health care of infants through increasing the skill of the family to handle health problems.
- b. Through the above system by the year 2000 the health services will be able to have covered 90% of the infants un-

der 1 year of age, 100% of the under fives and pre-school age children and 70% of the families; that these services will have the result the CMR will have decreased to 26.3/1000, IMR 45/1000 and the mortality rate of children under five years of age 10/1000; that the skill and involvement of the community, the family and all its members will have improved in such a way that they will be able to handle their infants' health problems, especially by enhancing the role of the mother in the family.

POLICIES AND STRATEGIES

The health care of mothers and children, especially infants, is the priority for health care. Efforts are being undertaken to shorten the distance between the services that are provided to the public by the lowest rank of health services which is the Puskesmas or Public Health Centre by having the services organized by the community groups themselves in the villages.

Another channel is the channel of institutions in which members of the family are taking part according to age and gender, like schools, infant groupings (karang balita), youth groups, women organizations, and others.

COMMUNITY ACTIVITIES

1.1 Triggered by the policies outlined by the government the community started to organize its own activities. The most prominent movement was organizing Posyandu (integrated, comprehensive health posts) which can be found all over the country.

The Posyandu functions only once a month and where the different activities organized by different sectors in the community can be combined.

At these sessions the infants are weighed, nutrition, ORT, immunization and family planning is being explained and provided, pregnant mothers are examined, tetanus toxoid immunizations are given.

Community leaders in cooperation with development sector personnel have increased the number of Posyandu or integrated services posts, from 40.000 in 1983 to over 200.000 now.

A Posyandu is a community activity which combines the activities of former acceptor groups in the villages and weighing activities organized by the nutrition improvement of the family movement, now also including the care of pregnant mothers.

This last item has been included as it has been found out at a household survey done by the Ministry of Health in 1986 that the maternal mortality rate has increased to 450 per 100.000 from 150/100.000 in 1980.

Each village has been advised to organize at least one Posyandu, better still to organize one Posyandu for 100 children under five years of age.

The activities are organized by the PKK (the family welfare movement), a grass-root women movement and other community organizations, able to carry out similar activities. Religious women organizations are playing an active role also in organizing these activities.

The Posyandu is the vehicle through which the child survival programme is being carried out and for the immunization programme a member of the health profession, usually from a public health centre, is also present.

By grouping every 10 families with infants in each neighbourhood the monitoring can be more intensive and the coverage for immunization especially will improve.

The latest reports have shown that returns for second and third immunization for DPT and polio have been improved and we are therefore very optimistic that diseases which can be prevented by immunization will be able to be minimized.

It will be more difficult for diarrhoeal diseases and a better nutritional status for the child as this concern factors like the availability of clean water and environmental hygiene and socio-economic factors. But making the people aware of ORT has at least been able to reduce mortality in cases of diarrhoea.

- 1.2 Supporting the programme above, UNICEF has a special programme with some 12 religious women organizations for training motivators who will pass the message of problems of child health and the child survival programme through their own religious activities. During their training the

motivators are being acquainted with the relevant verses from the Holy Books of the different religions and are provided with a manual on how to use them.

- 2.1 Another nation wide programme by a private organization, the Indonesian Child Welfare Foundation, is a training programme for child care and development. The Foundation, which was founded in 1979 - the International Year of the Child - in the first years of its existence, has trained over 300 women from all the 27 provinces. Some have replicated this course for women from all districts (kabupaten and municipalities) in their province, and these have again disseminated their knowledge through more simpler courses for women from the subdistricts (kecamatan) in their district.

A slide-sound package was developed for the main topics to support the training programme of the child care and development course, and simple booklets have been printed which health cadres can use for communicating topics relevant to child care.

- 2.2 Soon after, a monthly magazine, Majalah Balita (the under five year old) was published and distributed through those who had attended the courses.
- 2.3 To create the attention and the awareness for the importance of the infant, contests were organized annually throughout the country culminating in having the winners at provincial level come to the capital and select winners for the national level. The prize-giving ceremony is done by Mme. Soeharto, wife of the President, and one of the founders of the Child Welfare Foundation.
- 2.4 An information and documentation centre was initiated where next to books, studies on the child in general are being collected from universities all over the country. This centre is meant to serve the community as well as the scientific society to obtain information about child care and development.
- 2.5 The Decade for the Child was proclaimed by the President in 1986, based among others on resolutions taken by the National Conference on Child Welfare.

THE ROLE OF THE MEDIA

Having given an overview of these educational programmes for the mother particularly, growing and still going on, one would like to know where the media has participated. In accordance with the role which is expected of the media (giving information, education, motivation and stimulation) all the media, printed as well as electronic; general as well as specific, have played a supportive role, the state owned media, may be a little bit more intensive than the private ones.

Taken into account the low educational level of the population audio visual media are considered more effective than the printed ones. But again in the more traditional societies the credibility of messages very much depend on the support of the formal and informal leadership. The community therefore is encouraged to form listeners/readers/viewers group to discuss topics of importance, included health, to back up the efforts of the media.

Through regular competitions between the groups of different villages and attractive prizes the interest in communication through the media is kept going.

The nation is being kept aware of this special programme through television especially, where the effectiveness of the media can be measured, next to the effectiveness of extension workers.

REFERENCES

1. Central Bureau of Statistics : Welfare Indicators 1987.
 2. Ministry of Health : Directorate for Family Welfare - Several Aspects of the Care of Family Health towards Enhancing the Skills and Self-reliance of the Family in Healthy Living presented at a One-day Panel Discussion on the Role of Community Organizations in Enhancing the Skills and Self-reliance of the Family in Healthy Living, Jakarta, 20 August 1988.
-