# This document is downloaded from DR-NTU (https://dr.ntu.edu.sg) Nanyang Technological University, Singapore. 

## Media's role in promoting child family health in the Philippines

Iriarte, R.

1989

Iriarte, R. (1989). Media's role in promoting child family health in the Philippines. 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/10356/85956

Media's Role In Promoting Child/Family Health In The Philippines

By
R Iriarte

## NEDIAAS ROT: IN PRONOTING CHILD/ <br> FGAIILY HEALTH IN MHE PHILIPPINES

By: R. Iriarte.

## INTRODUCTION:

During the Third Internationsl Symposicum on Public Health in Asia and the Pacific Region hela at Jakarta, Indonesia on Dec. 4-8, 1988, Er. Vicente G. Tirol of the Press Foundation of Asia in cooperation with Unicef revealed to the participants of the efforts of the Press and Media in the promotion of Child/ Family Health in the Philippines. He revealed the encouraging experiences and the results of the efforts of the Press and Media in Tacloben City ana Eastern Visayas Region in Central Philippines. In 1986 the immunization stood at a normal $50 \%$. In 1988 after the workshops and echo seminars and campaign the committee on child survival, which I was the Vice Chairman it shot up to $80-90 \%$.

Mr. Tirol disclosed to them on what happened in the Philippines after the liass Media campaign. What was the result and who were the ones involved.

But he only mentioned this Philippine exprrience as one of the projects of PF /Unicef in Asia South Asia and Southeast isialsuch countries as Baneledesh, India, Indonesia, Philippines, Thailand, Japan, Malaysia, Nepal, Pakistan, Papuz New Guinea, and the South Pacific.)

I will present to you my testimonial on that Philipnine Experience, the strategies and details.

MEDIA'S ROLE IN PROROTITVG CHILD/
FAMILY HEALTH IN THE PHILIPPINES
By Ralph M. Iriarte
Singapore, Febuary $20-22,1989$

On Dec. 3 - 5, 1986, The United Nations Childrens Fund and the Press Foundation of Asia conducted in the Eastern Visayas ( Tacloban City ) Media Round Tabe on child Survival and Development.

Three groups of participants came to attend the workshop namely:

Group I - Government Organizations
Group II - Media
Group III- Non-government Organizations
Identified health problems in 1986 were as follows: Region Vlll
Problem Affected Group
Tuberculosis
Children and Adult
Measless
Malnutrition
Dysentery
Pneumonia
Skin deseases
Children

Schistosomiasis
Hepalitis
Children
Children

Diarrhea
Children
Children a Adult
Children e Adult
Children \& Adult

Amoebiasis
Polio

Chilaren \& Aảult
Children
Children

These were the problems perceived by the Media.
The Government Statistics were as follow:
The third Degree Malnutrition in 1984 was 2.4 while in 1985 was 3.3.Malnutrition was the 5 th cause of death among children. No. 1 was pneumonia. The government alloted $\not \subset 1$ million per province for medicines and $70 \%$ of this go to children. A province

Page: 2-
has an average population of 500,000 and the Region V111 has $2,799,534$ people. It is compose of 5 provinces ( 1986 ).

In 1985 the crude birth rate was 17.01 per 1,000 ; the crude death rate was 5.5 per 1,000; the infant ( 1 year below ) mortality was 43.3 and the maternal mortality was 1.5 per 1000 .

Details in the infant mortality were: (per 1000) ( 1986 )
Pneumonia - - 19.3
Diarhea - - 5
Pretonitis - 2.2
Bronchitis - 1.8
Malnutrition - 1.5

The Malnutrition picture was: ( 1986 )
$60 \%$ and below - Severe
60-75\% - 2nd degree
$75-92 \%$ - Ist degree

The immunization program of the government in 1986 were:
DPT ( Dipteria, Pertussis Tetanus) polio, measles, BCG or anti - TB.

Statistic on Breast feeding in 1986 was:
162\% for Southern Leyte Province
107\% for Eastern Samar Province 5\% for Tacloban City

With this background the following workshop questions were made:

1. How can media help us promote CSD? Vhich media and what format would be most useful in promoting CSD?
2. Have we worked with media on CSD or in other developmentoriented activities? What was our experience on the collaboration? That factors helped to make the collaboration possible? 河hat problems, if any, stood in, the way of fruitful collaboration?

Page 3-
3. What can we do from our own end, and with our existing resources, to solve these problems?
4. What kind of support/assistance can we extend to media to help them a better work of promoting CSD?
5. ithat can we do together to solve these problems? What can we do with outside support?
6. What can we do together to take advantage of these opportunities?
What can we with outside support?

The Recommendations were:

## RECOMIENDATIONS:

1. Establish formal linkages between the media and the agencies involved in the CSD program specifically through:
a) regular dialogues and seminars,
b) systematic dissemination of the latest information on CSD activities, programs, researches on the part of the agencies,
c) helping provide more air time or column inches on the part of media practitioners.
2. Agencies involved in CSD program should be more accessible to the media. A competent and properly trained public information officer should handle the preparation/dissemination of information. In the absence of a. PIO, a liaison officer who knows how to deal with media, should be assigned this task.
3. Conauct training seminars for aعencies supporting CSD, in the production of information materials for dissemination to the broadcast and print media.
4. Createecho seminars for other media practitioners.
5. Agencies like Ministry of Health ( as the leading agency), the Philipnine Information Agency and even the Tinistry of Education and Culture and Sports ( IFCS) should undertake the production of relevent information about CSD.

## Page 4-

These communication materials ( e.g. visaal-aids, brochures, posters, comics, leaflets, etc.) preferably in the dialect of the target audience should be distributed not only to the media but should also reach the grassroots level.
6. Monitor and gather feedback on CSD programs and activities with MOH taking the lead, assisted by NGOS.
7. Creatéa CSD committee/Task Force with the specific task of looking into the communication aspects of the program. This could spin off into a foundation later on.
8. Integrate and organize all the agencies involved with CSD program which should include the media, government and non-government people such as MOH ( as the lead agency), POPCOM, PCF, MSSD, WECS, with the help of $\mathbb{F N I C E F}$ and Press Foundation of Asia, Civic organization like the Rotary, Inner Wheel club, media society particilarly pediatricians should also be included together with archdiocesan and social action groups. This is envisioned to spin off into a foundation later on.
9. Tap international acencies like UNICEF and Wido for funding purposes so that scope of CSD procram and its dissemination could be widened.
10. For incentives, give citations and awards to deserving agencies and grouns who have greatly helped promote the cause of CSD.

With these recommendations, the participants in the workshop elected its officers as follows: Chairman - Regional•Director Luis Hontero - representing the Government Sector

Three Vice Chairman -
Ralph Iriarte - representing the print media Danny Genotiva - remresentine the broà̃cast media Radio Station DYVI

Ficiel Dagami - representing the non-government organization ( The Giants) a civif club in Palo, Leyte.

It was purposely done to elect the Regional Director of the Department of Health as Chairman so that the resources of the Department of Health can be used by the CSD committee.

Every month thereafter an echoworkshop was made in the five canitals of the 5 provinces of Eastern Visayas such places as Maasin, Southern Leyte; Catarman, Northern Samar, Borongan, Eastern Samar, and Catbalogan, Western Samar.

The participants and organizers ( CSD Committee) did not spend much because the transportation used came from the De partment of Health. The participants slept on the bed for patients as they were hpused in hospitals, and ate the food given to patients and the echo-Seminar workshop was itself held at the hospital hall. Government Organizations such as the Department of Health, non fovernment oreanizations such as the religious groups ( MAKAPAWA) Catholic Church ) civic clubs ( Lions, Rotary, Jaycees, Kiwanis) and social clubs ( Giants ) and the third group the media or press ( Radio, TV \& Print Media had to experience these conditions in order to fulfil the objectives of the campaign on child Survival \& Development.

The workshop was the first step towards collaboration among the Government Organizations, Non-government Organizations and the Media.

After the workshop, the committees on child Survival \& Development immediately started to work on the recommendations, such as regular dialogues and seminars; systematic dissemination of the latest information on CSD activities, programs, researches specifically on Growth Monitoring, Oral rehydration; Breast feeding and Immunization ( GOBI); helping provide more airtime, and print Snaces on the part of the media practitioners ( Samples Exhibits A)

Page 6-

After two years of this campaign, we made the following assessments and analysis:

These assessments were done during the CSD Second Conference wherein the participants not only came from central Philippines but also from NorthePn Philippines ( Luzon ) and Southern Philippines ( Mindanao )

Here is the Story of the Government worker Mrs. Honorata C. Chan of the $D_{e}$ partment of Health:

The mothers already knew the antigens to be given because there is an assembly every now and then. These are the small groups of 10 - 15. They knew the site where the immunization will take place because of the media. They already knew how many injections to complete the immunization, The ages of the children to be immunized, and the pregnant mothers.

The Barangay Health Workers were indigenous volunteers. They were in charge of the orderliness of the center. The same also with the Barangay Nutrition scholar (BNS). They made the listing of the mothers and the follow-up of instructions. Sometimes they answer questions from mothers and when they cannot answer them; they refer the guestion to the personnel of the City Health Office. Guestion were on Growth INonitoring, Oral Rehyoration, Breast feeding \& Immunizations and Family Planning. Since the Rotary Club has a Polio plus program, they also provided the 8 teams with food and snacks, transportation and incidental expenses. The City Health Office provided the enti- pyretics medicines. The Regional Health Office provided the following:

For the 1 and $1 / 2$ month children simultaneously they were given DPT and OPT ( antigens for Diptheria pertussis and Tetanus and Oral Polio taccine) For the 9 months, old,antigens given were for measles and TB ( BCG vaccine ). For the preanant mothers they were eiven tetanus toxoiç.

In the 央iren District a masterlist was made and resulted in 186 children and 29 mothers. These 186 were $0-12$ year old children.

The progress are indicated in the 5 Charts (Exhibits $B, C, D, E, F)$.

On Health Education especially nutrition and mothercraft, the mothers are taught to prepare the food and feed their children at the center and they continue these at home.

On the Question: What do you see to be the role of the media in promoting child Survival and development? Do you see the media fulfilling these roles?

Answer: The Radio and IV and Print helped a lot especially when information regarding the difference between a healthy and a malnourished mother and also information of mothers going to immunization centers and showing also the benefits of a sanitary living conditions, wholesome environment, the right use of water sealed toilets and good health habits. They published and aired the immunization schedules and the benefits and advantages of immunization and GOBI.

On the Cuestion: What can the Mass Media do to help the heslth and nutrition of children?

Answer: Ihese must be continous jingle on health and nutrition and GOBI and they must be timely when mothers are preparing food and during mealtimes. ( breakfast, lunch, dinner)

A Barangay Health Vorker Anacorita Baeno añ her Husband the Community leader, since he was the Barangay recder . related the same experiences regarding the role of the media in the successful program Siren District. ,

A mother Leeh Vinas related also her experiences on the role of the lredia. She said that she became aware of the

Page 8-
immunizations and was reminded every now and then of the schedules by Radio and TV: ( Radio crew were at the center and aired live the immunization. TV crew also covered the drive).

She said that her sources of information on health and nutrition were the, BHY, BiSS, Midwives in the area and the radio and TV.

She said she knew Oresol, breast feeding,immunization and growith Monitorine from BH.r, BNS, Midwives and radio and TV.

She said she lisisten to radio and watch IV from neighbor. She even showed the accomplished growth Fionitoring chart.

Representatives of the Non-Eovernment organizations namely $C_{e}^{-}$lito Yap of the Rotary Club of Tacloban and Charlie Avila of the Leyte Economic Foundation and Mayor of Tanauan, Leyte when asked:

Has there been any sienificant change in the health situation of the children in the area? The answers were both yes. To what can you attribute the chance? Ans: Both answered education brought up this change. Cuestion: What are your sources of information about child health and nutrition? Answer: Radio. How adequate are these? There must be a radio program in the early morning where the Baren£ay folks are listening maybe 5:00 A.F. before they eo to their farms and work.

With these Tecloben City and Dastern Visayas, Philippines modiel, we held the Second Workshon last Kov. $20-23,1988$ and invited the Press and Radio anc (TV ITedia) people from other regions in the Philipnines so that they can learn from our experiences. Participants were brought to Siren District and they asked the Fothers enc Parents, the Non-government Organization ( Rotary) th Barancay Health \#orkers ( BHW) the Community leaders ( Mr.Baefo) the government representative working in the area ( Dr. Hermilo Quintero and Mrs. Honorata Chan ) and the media ( Ralph Iriarte, Danny Genotiva, Babes Custodio, Guz Arnaiz)

Page 9
Leah Vinas, a 25-year- old mother, married to Edmundo Vinas, a truckhelper, and having two children, ages 2 and 3 years old, said that all her children were already imnunized. That she first heard of the immunization over the radio and afterwards they were trained by the Barangay Health Borker named Encarnacion Tiozon of Barangay 39-A(Village) Siren District, Tacloban City.

Beatriz Corpin, another mother of Siren District, Tacloban City, married to Marcelo Corpin Sr. said that she is brea.ttfeeding her 6-month-old child named Marcelo Corpin Jr. She said that she knew about breastfeeding from the radio. She said that on Feb. 4, 1989 there will be immunization in their district an d she will have her child Marcelo Corpin Jr. immunized. She said she heard this immunization drive over the radio. On Feb 4, 1989 there will be 25 chíldren ages 0-12 years old, whe will be irmunized in Siren District, Tacloban City. They will be immunized from Diptheria, Pertussis, Tetanus(DFT) and Polio( Oral Polio Vaccimin(OPV).

Ereastfeeding in Tacloban City in 1986 was $5 \%$ nd now it is steadily increasing due to education and positive information on the advantages and benefits of breastfeeding.

In 1986 there were 2,084 children or $76.4 \%$ who were immunized in Tacloban City. In 1987 it rose to 2,774 or $79.4 \%$ and in the year 1888 there were 2,904 child̈ren immunized against DPT and polio or percentagewise, it was 84.7 percent. This was due to the information and education drive of the CSD or Child Survivall and Development Committee composed of the government health vorkers, the media and the non-government organizations such as the Rotary Club of Tacloban City.

- :


## Page

With this experience, I hope that we may. share this with you, and in the interaction, I can also bring back to the Philippines, Your experiences that may augment or enrich our collaboration on child survival and development.

I may say, lastly, that the key words are: partnership, convergence, confluence, cooperations, collaboration, awareness, commitment, sincerity and love and acceptance the feeling of joy and altruism in child survival and Development.

Thank you.

