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1985

Bista, R. S. (1985). The press and health promotion in Nepal. In AMIC-WHO-UNESCO-IPDC Roundtable on Health and the Mass Media : a Partnership in the Public Interest, Colombo, Sep 11-13, 1985. Singapore: Asian Mass Communication Research & Information Centre.

<https://hdl.handle.net/10356/86387>

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Introduction:

Nepal is a landlocked least developed country with a population of about 16 million. Sandwiched between India on the South, East and West and China on the North, Nepal has a total area of 147,181 square kilometers, 2/3rd of which consists of rugged mountains, hills and valleys. Geographically Nepal can be divided into three major regions- the Himalayan highlands in the North, the flat fertile land of the terai in the South and the mid-mountain region in between them. Out of the total population 48 p.c. live in the mid-mountains region, 44 p.c. in the terai and 8 p.c. in the Himalayan region.

Administratively, Nepal is divided into 14 zones and 75 districts. About 93 p.c. of the people live in the rural areas earning their livelihood from the existing 17 p.c. arable land. As pointed out in the world development report 1985, Nepal's per capita income is estimated at 160 u.s.dollar (1983).

According to study of the national planning commission 40 p.c. of the total population, which is increasing annually at the rate of 2.6 p.c., live below the poverty line. Since 1956 Nepal has embarked upon planned development with a view to eradicating mass poverty, illiteracy and disease. Mass media have been harnessed to some extent in galvanizing the people in the battle against ignorance, disease and mal-nutrition. They have been used to support mass campaigns launched by govt. and other governmental and non-governmental institutions to control and prevent diseases. There is a growing realization in Nepal that communication support is vital for the success of any plan and project involving the participation of the people.

In the process of the planned development conscious efforts have been made in Nepal to develop the hospital system and the primary health care side by side under the guidance of the ministry of health. Since the planning experience the number of hospitals has increased from 34 with 625 beds to 73 with 2580 beds in 1983. Now the doctor - population ratio is 1: 23298 and one hospital bed for 2849 people. The number of health posts in 1983 went up to 744 with 2100 health workers.

The health system that is being developed in Nepal is constructed basically on a three tier inter-related infrastructure which facilitates the referral system to run smoothly from village health workers to district hospital through the health post and further on even to zonal hospital and the specialist hospitals in Kathmandu. A greater emphasis has been placed on the development of small hospital at district level within the framework of primary health care. However ~~the bigger national ~~many~~ hospitals should~~^{are to} be developed in such a way as to enable them to be credible enough to treat the majority of diseases.

However the hospital-based medicine of the cities can not reach the vast majority of the population. Health problem in Nepal is intricately linked to the people's lack of education, sanitation, employment, purchasing power and other socio-economic factors. This is why His Majesty's Government of Nepal is fully committed to the implementation of the strategy of "Health for all by 2000" as adopted by the world health organization. In Nepalese context Health for all by the year 2000 means making provision to meet the basic minimum needs of the people e.g. food grain, domestic fuels, drinking water and sanitation, basic health services, primary, vocational and adult education and basic transport facilities as emphasized by the 6th plan (1980-85) and the current 7th plan (1985-90).

In this regard community health and integrated health services were initiated during the 5th plan (1975-80) with the objective of bringing integrated package of basic minimum health services to the people. The most important of this project is at village level where basic health care activities take place in direct contact between the people and mobile village health worker. The primary job of village health worker is to motivate people for variety of health practices while visiting every house in a given area once every two months.

The just completed 6th plan had laid emphasis on developing health services at the village and community level, control and eradication of communicable and epidemic diseases, improvement and development of medical services and the programme of nutrition and environmental sanitation.

Although much progress has been achieved in setting up of health infrastructure and medical facilities, a lot remains to be done. The efforts made in the process of planned development in the health sector has resulted in a decline of mortality and morbidity rate. But it remains among the highest in the world. The life expectancy in Nepal is 45.4 years - 47.5 for male and 44.5 for women. The crude death rate is 21.5 for male, and 22.8 for female. Similarly the infant mortality rate is 128 per 1000 live birth, for male infants and 137.9 for female infant.

The most wide spread diseases in Nepal are probably those transmitted by human feces. The most common are the intestinal parasitic and infectious diseases. In July this year more than 65 people died of diarrhoea in a village of Doti district in far western Nepal. Diphtheria, Tetanus whooping coughs, diarrhoea, malnutrition and other infectious disease are widely prevalent and constitute the major load of morbidity and mortality. Complication of pregnancy and infective and parasitic disease, water borne diseases and malnutrition account for majority of deaths among the poorest people. The water borne diseases are the most significant of the group.

The spread of these diseases is easy in areas where water supply is not sound. only 20.6 p.c. of population have piped water. In rural areas 15.7 p.c. of rural population have access to potable drinking water. Majority of them obtain water from rivulet wells, canals, streams etc. ~~It~~ This is why people suffer from water borne diseases.

Very small percentage of the country's population is within five miles distance of the modern health services. Overwhelming majority of rural population has no access to any health facilities even within ten miles. Most of the medical facilities are limited to some urban pockets of the country. There is serious shortage of doctors and medicine in hospitals, dispensaries and health posts outside Kathmandu even today there are no hospitals beds in 13 mountain districts and 9 hill districts of the countries. Less than 5 p.c. of the total deliveries are done in health institutions.

To reduce infants mortality rate, much attention has been given in the development plans to child welfare activities such as health education, nutrition, rehydration and immunization. For the expansion of immunisation activities, expanded programme of immunization is making substantial progress by covering nearly 2/3 rd of the country. Small-pox has been completely eradicated and malaria has been controlled to a satisfactory level.

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to a satisfactory level.

Nepal being one of the least developed country there are a quite a large number of population who are undernourished. Child mal-nutrition is reported to have reached an alarming stage. According to the 1975 national nutrition study, only 7.7 pc. of children between 6 months and 6 years of age can be classified as normally nourished using weight for age standard. The elimination of mal-nutrition will require not only the primary health care but other health sector support plus enormous action in other sectors.

Development of health awareness among the people is vitally important for the success of any health programme and projects. As ~~xxx~~ a vehicle of information dissemination mass media such as newspapers, radio, television and video can educate the people and bring about new awakening about health practices. However information disseminated by the media should contain specific messages that are intelligible to and in conformity with the socio-cultural and economic concerns of the target audience.

The press in Nepal:

Before the advent of democracy in 1951, the mass media in modern sense were virtually non-existent in Nepal. Because of the mountainous topography of the country and lack of transportation and communication facilities, the movement of men, materials and information was very difficult. This impeded both vertical and horizontal flow of information. The last three decades have witnessed far-reaching changes in the field of education, transportation communication. Nepalese people who were living in isolation for more than hundred years, were exposed to the information explosion of the 20th century.

According to the Nepal Press Council Report of 1982-83, there are 58 dailies, 335 weeklies and 54 fortnightlies and several magazines and journals including three medical periodicals in Nepal. Most of these newspapers are published in Nepali language which is spoken and understood throughout the length and breadth of the country. Excepting the oldest and widely circulated vernacular daily "The Gorkhapatra" and its sister publication in english "The Rising Nepal" all other newspapers in Nepal are in private hands.

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Nepal had launched a communication plan 15 years ago to give new thrust to national communication media. The plan incorporated as its underlying philosophy the concept of "Communications for development" in conjunction with the freedom of information as guaranteed by the constitution of Nepal. In a developing country like ours, the media have to share with the government the common task of national-building, while sincerely playing the watch-dog role never failing to point out the acts of omissions^{and} commissions by the government.

Nepal's National News Agency(RSS) feeds Radio Nepal, television project, newspapers and other subscribers with the news and information on varied activities of the national life including the curative and preventive public health plans and programmes and their impact on the incidence of diseases. It collects and disseminates information on the health care, family planning, maternity and child care and so on. Although it reaches the people through other media its role in the growth of health consciousness cannot be overlooked.

The most important contribution that the press can make to health promotion is in the first place, the dissemination of elementary medical information to the people.

Since the literacy rate is only 23.3 p.c., the print media may have only limited impact. However, they can reach even the illiterate masses through the opinion leaders who benefit from the exposure of printed word.

The problem in Nepal is that most of the newspapers are irregular and their circulation is negligible confined to Kathmandu. There are some weekly newspapers and the official daily "The Gorkhapatra" which are much in demand from the literate people. However they have not been able to meet the demand from the different parts of the kingdom because of the problem of distribution as well as that of production.

This being the case, we have started paying more attention to audio-visual media to educate the illiterate masses on health practices. Video-films are also being screened in rural areas to educate the people on health practices.

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Radio Nepal has been more effective in reaching the masses in the kingdom. ~~Radio Nepal~~⁹¹ covers 55 p.c. of the population with its medium wave and the rest with the powerful short wave transmitter as a source of information, education and entertainment. It has been broadcasting programmes on health and hygiene~~le~~, family planning, maternity and child welfare and so on. what has been the impact of its programmes is to be studied and analysed. The very fact that because of the low purchasing power, people below the poverty line are not in a position to buy radio sets shows the limitation of Radio Nepal as a propagator of the message of sound health practices. It is obvious that mass media have their limitations But they can ~~also~~ reinforce and revitalise the message that the health workers try to pass ^{to} the people in their house-to-house campaign.