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Health And Media In Nepal

By

Shreebatsa Prasad Shrestha
COUNTRY & BACKGROUND

The landlocked Kingdom of Nepal lies along the southern slopes of the great Himalayas with Tibetan Region of China on the North and India on the South. It has an area of 147,181 sq. km, lying between 80°4' and 88°12' East longitude and 26°22' and 30°27' North latitude. Over two thirds of the Country are hills and mountains and includes some of the world's most rugged and difficult terrain. Altitude vary from 152 m. above the sea level in the South to as much as 8,848 m. in the North Himalayas. The climate ranges from tropical along its Southern border through temperate in its middle regions to permanent snow in the high North. Rainfall is heavy in the South and low lying areas are prone to floods. The Northern Regions are rather dry. However, the amount of rainfall ranges from about 750 m in the rain shadow areas to about 500 m in Pokhara.

Nepal is predominantly a rural country with 93% of the population living in the countryside. Agriculture remains the mainstay of the Nepalese economy.

With 15.2 million people in 1981, Nepal has a density of 102 persons per sq. km. The population is growing at the rate of 2.66 percent. By 1984, the population is estimated to have reached about 16 million which by 1990 is expected to further climb to around 18 million. By the year 2000 the total population of Nepal is projected to be of the 20.6 million.

The literacy rate in 1981 is 23.3 percent, the sexwise breakdown of which is 34 percent for males and 12 percent for females.
HEALTH SITUATION

According to 1981 census, the life expectancy at birth was 47.5 years for males and 44.5 years for females. Combined average for both sexes was 45.0 years. However, Central Bureau for Statistics estimate life expectancy at birth for 1985, 53 years for males and 50 years for females.

According to the estimate of Central Bureau of Statistics, the Crude Death Rate in 1985 is 16 per 1000 population.

The Infant Mortality Rate is very high in Nepal. As per the 1971 census the Infant Mortality was estimated as 172 per 1000 live births. However, as per estimate of Central Bureau of Statistics, the Infant Mortality Rate is 111 per 1000 live births in 1985.

According to Demographic Sample surveys, the overall childhood mortality rate for age 1-4 years estimated for 1974 was 34.6 and for 1976 was 34.9. Both surveys estimated the mortality in child age group 1-7 years. According to which for rural was 35.3 (1974) and 35.4 (1976) where as the same for urban was 12.6 (1974) and 18.8 for (1976).

The main causes of mortality according to hospital records for 1978-79 are as follows:-

1. Infective and parasitic diseases
2. Diseases of respiratory systems
3. Diseases of nervous system and sense organs
4. Complication of Pregnancy, child birth and the puerperium
5. Disease of Digestive System
6. Accidents, poisoning and violence
7. Disease of circulatory system

The major causes of mortality according to hospital records for 1978-79 are:-
1. Complication of pregnancy and child birth and the perinatal period
2. Infective and parasitic disease
3. Disease of respiratory system
4. Accident poisoning and violence
5. Symptom of ill defined conditions
6. Disease of genito-urinary system
7. Disease of digestive system

According to the nutritional survey carried out in 1975 among 6562 children aged 6 to 72 months, 7.7 of the children were classified as normally nourished using weight for age standard.

Diarrhoea is the most common cause of morbidity and mortality in children below 5 years of age. Acute respiratory infection is the common cause of high morbidity in all age groups. It was estimated that more than 1.5 per cent of the population was suffering from Tuberculosis. The leprosy cases were estimated to be more than 1 per cent of the population of the country. Malaria is still a problem in Terai region of the country. Out of 75 districts, 11 districts still do not have hospitals. The population per physician estimated for 1985 is 21,706.

(The basic data related to health services is provided in Annex 1).

THE HEALTH SECTOR INSTITUTIONAL SYSTEM:

The health system at the national level consists of the Ministry of Health and Dept. of Ayurveda and the Department of Health Services with its various divisions and units e.g. Epidemiology and Health Laboratory, Nutrition, Health Education, Environmental Sanitation, Zoonotic Disease. Also at the national level are the national hospitals (Tertiary Referral Level). Other significant institutions at the central level are the Integrated Community Health Services Development Project (ICHSDP), Family Planning and Maternal and Child Health Project (FP/MCH), Nepal Malaria Eradication Organization (NMEO), Expanded Programme on Immunization (EPI), Tuberculosis and Leprosy Control Project.

At the regional level: Directorate of Health Services are established in the Western and Mid-Western Regions since 1984/85. Other institutions at this level are 4 regional training centres of ICHSDP and FP/MCH. In other three regions The Regional Directorate of Health Services will be established by the end of 7th plan.
The Next level is the zonal level: At this level there are zonal hospitals and zonal office of NMEP of MEO. At this next level are the district hospitals, district health offices, district FP/MCH offices and district malaria and EPI offices.

At the peripheral or panchayat level there are health posts, FP/MCH clinic and malaria unit office. ICHSDP are now in operation in 26 districts out of 75 districts. Finally, also at the community level, village Health Workers (VHW) and Panchayat Based Health workers (PBHW) bring Primary Health Care to the community and support the work of Health Volunteer designated as Community Health Leaders (CHL).

The activities of various vertical projects are being integrated at the district level and Health Post (HP) level. Out of 744 HP, 450 HP are now delivering integrated community health services through the Village Health Workers. Family Planning and MCH services are provided in 52 districts.

The Community Health Leader (CHL) scheme has been implemented in 13 districts under ICHSDP and one district on pilot basis under FP/MCH. Thus as far 3500 volunteers have been trained and actively promoting community involvement.

HEALTH AND MEDIA

Considering the above cited problems in health, without a combined effort from health and other sector like education, agriculture, industry and communication and broadcasting. The commitment of His Majesty's Government of Nepal, to achieve "health for all by year 2000" may remain as slogan. The role of the motivation is very important not only to persuade the rural people to adapt new treatment methods or use of the modern health institutions but also to educate people in prevention of disease and population control. Therefore maximum efforts should be made to educate the people through media. However, there is a limitation in media, particularly in a country like Nepal, where television broadcasting is still in the planning stage. Only mass media available at present is radio broadcasting. It has got its own limitation as well, because vast majority 96% of population of the country reside in rural area. There are more than 50 different languages in the country. Very few house-holds could afford a radio, even those who could afford, could hardly spare the time in listening to the radio, particularly the health message.
In Nepal, Radio broadcasting is media being used in the activities like population control, child immunisation, malaria control and diarrhoeal diseases control. What is the impact of such broadcasting has not yet been evaluated. However in June 1985 a health survey was carried out in six district of Nepal. This survey included a question on sources of knowledge about family planning methods. This shows that only 5% of household respondents said they came to know about family planning methods from Radio or other communication media.

So under such circumstances, one should give a serious thought on selection of media.

In delivery of primary health care, we are trying a group media, instead of mass media to educate the people. The community health worker uses the flip charts and posters to educate the people on family planning methods, immunization, use of rehydration (home made) therapy, T.B. Leprosy and Malaria control use of locally available food for better nutrition, good hygiene and sanitation. The impact of such media is still to be evaluated.