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Promotion Of Health Awareness In Maldives: Constraints Faced And Suggestions For Future Action

By

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&
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PROMOTION OF HEALTH AWARENESS IN MALDIVES.
CONSTRANTS FACED AND SUGGESTIONS FOR FUTURE ACTION.

The Republic of Maldives composed of about 1,200 very small and low lying coral islands stretch over a geographic area of 90,000 sq km. Of these 200 islands are inhabited the present population is 184,500.

The major health risk factors in the Maldives are largely in the basic needs area. Access to safe and adequate water supply is limited, with very marginal systems available to the population of Male and most of the islands.

Nutrition problems affect a substantial number of children and reflect the interplay of many factors. These include the availability of food, aggravated by the conflict between food available in market for cash and demands for local consumption. Traditional eating and food production patterns together with a lack of awareness also influence nutrition. Maternal, child health problems, and communicable diseases continue to be major problems. There is a general lack of awareness of preventive measures and of the real causes behind sickness. Interviews with people have shown that there has been relatively little sensitization to health problems and needs, although the scene is changing for the better.

Health of the Maldivian people is accepted as a fundamental human right. The government has adopted the Alma Ata Declaration on Primary Health Care and it has endorsed the South East Asian Health Charter. The policy of equitable distribution of health resources is explicit in the Country Health Programme of 1980. Towards this policy the Government is endeavouring to strengthen the health care delivery system at all levels - islands, atolls, regional and central. At the island levels are the PHW's & TBA's; at the Atoll levels the CNW's, at the Regional Hospitals at regional level.
Communication between Male* and the Atolls is through a network of HF receivers. Telephone calls can be made from Male* to the main islands of each atoll & vice versa via the Department of Post & Telecommunication. Within each atoll communication between islands is by walkie talkie.

The means of mass communication, in Maldives maybe said to be quite young in our society. The first newspaper was published on 5th June 1943, and the first journal came out in July 1933.

In 1968 the task of mass media & communication came under the Department of Information & Broadcasting (DIB) The State run Voice of Maldives (VOM) operates through this Department. So is the TV Maldives which started in 1978 & covers an area of 30 miles around the capital.

At present there are two daily newspapers published in Male* the capital. Few copies of these find their way to the outer atolls. A fortnightly English language magazine "Spectrum" went into circulation early this year. The DIB publishes a fortnightly publication, known as MALDIVES NEWS BULLETIN.

Radio broadcasting in the proper sense of the word began on 29th December 1962. This is the commonest and most widespread means of mass media. It's impact on the lives of our people is great. Up to date there is one radio set for every 12 persons.

Television is new to Maldives, and covers only a limited area around the capital.

Contd....../3
USE OF MASS MEDIA IN PROMOTING HEALTH

Health Education is required to play a much more expanded and critical role in PHC in the Developing world, where the major health problems are not automobile accidents, drug addiction and so on but nutritional deficiencies, vector borne diseases, diarrhoeal diseases, maternal conditions etc. Many of these, can be prevented and thereby innnumerous lives saved if only people were aware of the public health problems and how to prevent them. No doubt, this awareness can be created if mass media is used effectively and frequently.

Maldives being firmly committed to the goal of HFA by 2000, realizes that PHC as a concept requires concerted intersectoral action in order to succeed in its objectives. It is the government policy to encourage and foster such co-operation & co-ordination. To this end mass media has been utilized to create awareness among the people. However, due to various constraints which will be discussed later, mass media has not been utilized to its full potential capacity.

As radio represents a very popular form of communication, this is the most widely used form of mass media used to transmit health messages. This is done in the form of radio spots discussions, dramas questions & answers etc.

Regular weekly programmes on various health topics are broadcasted over the radio. The topics are chosen by the recently established Health Education Unit, depending on the prevalent epidemics, or diseases at that time and also the priority health problems. Information on these topics as well as the mode of communication (eg. dramas, discussions, spot announcements)) is conveyed by the Health Education Unit to the Educational Development Centre. Technical expertise at E.D.C is utilized for script writing.
and the programme is recorded and broadcasted by the national radio station, Voice of Maldives.

TV is also used to a limited extent to create health awareness. However, this is one area which hasn't been explored fully, due to lack of expertise in the area of production. There are no regular health programmes televised and television is not available nationwide.

The two other forms of mass media in the Maldives are newspapers and the cinema. These sources are restricted to only certain sections of the population and hence have not been used to create health awareness.

Pamphlets have been prepared and distributed by the mobile health team which has started functioning from April this year.

In times of emergency situations like epidemics, efforts are intensified to convey various messages both in terms of warning the public of the dangers involved and imparting knowledge of both the preventive and management aspects of the prevailing epidemic.

PROBLEMS AND CONSTRAINTS

As mentioned earlier, radio is the only mass media which reaches every household of Maldives on a regular basis. Therefore all the government sectors as well as the private sectors compete for the limited available time. As a result the work of the radio station becomes overloaded.

The lack of competent personnel is a major hurdle to cross. This is a problem faced throughout the entire Republic. The Radio and TV stations at present do not have adequate number of the required calibre of personnel. The available staff have their hands full dealing with the day to day tasks and therefore cannot offer much time to the other sectors.
Within the health sector itself, manpower is a problem. In the area of health education and communication, there are not adequate number of people who have the know how of using mass media effectively.

Due to the wide spread islands, separated by the sea, correspondence sent by listeners reach the media people quite late. As a result the much desired feedback from the public is lacking.

There is no regular mechanism of collaboration between the media and the health sector.

Health programmes broadcasted and televised are not evaluated as it should be done and therefore, the necessary changes required to make a better impact on the public is not made.

In the capital and the immediate vicinity TV is a very effective means of communication. But due to lack of production facilities and technical know how this form of mass media hasn't been tapped to a desired level. No regular programmes on health are televised. However, few programmes have been televised on an adhoc basis.

Due to the difference in pay scales between the government and the private sector, those few available trained people leave the media and health sectors thereby adding to the manpower constraints.

Due to lack of manpower, the work load on the available personnel becomes too much for them to cope with. In many cases technical personnel becomes so bogged down by administrative work that they cannot spare the previous time needed for a worthy cause as creating health awareness.
SUGGESTIONS FOR BETTER UTILIZATION OF MASS MEDIA

1) Appointing a Health Education Co-ordinator in the Ministry of Health & naming of contact persons in the Media Sector as well as other relevant Ministries and Departments to be the persons responsible for their Ministry or Departments input to creating health awareness.

2) With the advice of an expert on Media & Communication, prepare a series of Health Education Programmes.

3) Train personnel in the area of communication.

4) Establishment of a health reference library.

5) Translation of basic health knowledge into Dhivehi.

6) Explore the utilization of newspapers & the cinema for creating health awareness.

7) Establish a mechanism to plan, implement and evaluate health awareness programmes jointly by the Media & health people.

8) Set up a team of script writers and a drama team who will work part-time to augment the work of the Ministry of Health and Department of Information and Broadcasting. Funds for this have to be found from external sources.

9) Strengthen the production capacity of the TV station in terms of equipment & personnel.

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