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Role Of Mass Media In Health Education Campaign:
An Indonesian Case

By

Titie Said Sadikun
ROLE OF MASS MEDIA IN HEALTH EDUCATION CAMPAIGN

An Indonesian Case

BY TITIE SAID SADIKUN
(Editor, FAMILI magazine, Jakarta)

[1.] Overview

Indonesian mass media are not passive carriers of information about health education. They participate actively in an ongoing nationwide campaign to uplift public awareness and involvement in upkeeping people's health, which is defined as "a state of complete physical, mental and social well-being."

There are several reasons for mass media to support the campaign. Most salient ones are:

(a) The magnitude of health problems in Indonesia makes it morally imperative for all professional and social organizations, both government and private (NGOs), in the country to contribute their parts to the promotion of health care through education.

(b) Mass media, as prescribed in the Press Law, are expected to actively support the country's national development which also covers health development and health education.

Given the "raison d'être," mass media in Indonesia have indeed played their roles in the health promotion campaign through reporting and publication of information for motivating people and social organizations.

The primary purpose of this paper is to explain "how" and "why" Indonesian mass media do their jobs in helping to promote health education in the country. Electronic media are excluded from the discussion for reasons of inadequate empirical experience on the part of the writer of this paper. However, observation on TV and radio will be slightly touched.
[2.] Background

Health is closely related to population problems. With 176 million people, Indonesia is the world’s fifth populous country.

Geographically, Indonesia is one of the largest archipelagos. The country is made up of 13,600 islands and islets, stretching across a land area of two million square kilometers, and a sea territory of another three million square kilometers.

Population growth now stands at 2.3 per cent, which means a yearly increase of some four million infants. Infant mortality rate is 50 per 1,000 live births, which exceeds the maximum rate of 50 per 1,000 live births as set forth by the World Health Organization (WHO). This implies a great task ahead to correct the situation.

Indonesians comprise more than 300 sub-ethnic and cultural groups. Although they speak one national language, Bahasa Indonesia, the people also use some 150 to 200 local languages.

Roughly 80 per cent of the people live in the rural areas. Agriculture, forestries and fisheries provide jobs for two-thirds of Indonesian workers.

Education and employment are two most pressing problems facing the nation. Providing facilities for education and jobs are therefore given priorities in Indonesia’s national five-year development programs.

Furthermore, any country, desiring to have people with high productivity, needs to be healthy in the first place. By healthy, we mean physical and mental state of well-being. And for this, people must have sufficient foods, and acquire reasonable standard of social and economic prosperity.

In Indonesia, development is planned to create an overall physical and mental well-being -- a balanced growth of material, spiritual prosperity that gives opportunities and freedom to everyone to pursue happiness and self-actualization to his/her fullest potentials. It is a development of people in its entirety ("pembangunan manusia seutuhnya.")
Health care is a priority. It contributes to the enhancement of people's quality of life.

Speaking about health care, we need to have "indicators" as yardsticks to measure and monitor progress. The World Health Organization (WHO) agreed at its 34th World Health Organization in 1981 to use twelve (12) fundamental yardsticks which enable both countries and regional groupings to be assessed and compared one with another.

The 12 global indicators are that:

1. Health for all has received endorsement as a policy at the highest official level. This might take the form of a declaration of commitment by the head of state; allocation of adequate resources equitably distributed; a high degree of community involvement; and the establishment of a suitable organizational framework and managerial process for national health development.

2. Mechanisms for involving people in the implementation of strategies have been formed or strengthened, and are actually functioning.

   This is to say, effective mechanisms exist for people to express demands and needs, and decision-making on health matters to various administrative levels.

3. Allocation of, at least, five per cent of a country's Gross National Product (GNP) is spent on health.

4. A reasonable percentage of the national health expenditure is devoted to local health care. This includes community health care, dispensary care, health care center, etc., excluding hospitals.

5. Resources are equitably distributed. This means that the per capita expenditure as well as the staff and facilities devoted to primary health care are similar for various population groups or geographical areas, such as urban and rural areas.

6. The existence of well-defined strategies for Health for all, accompanied by explicit resources allocations, and the needs for external resources are receiving sustained support from more affluent countries.
Primary health care is available to the whole population, with at least the following:

- Safe water and adequate sanitary facilities in the home and immediate vicinity.
- Immunization against diphtheria, tetanus, whooping cough, measles and tuberculosis.
- Local health care, including availability of at least 20 essential drugs, within one hour's walk or travel.
- Trained personnel for attending pregnancy and childbirth, and caring for children up to at least one year of age.

The nutritional status of children is adequate.

The infant mortality rate for all subgroups is below 50 per 1,000 live births.

Life expectancy at birth is over 60 years.

The adult literacy rate for both men and women exceeds 70 per cent.

The gross national product per capita/head exceeds US $500.

3. Identified Problems

1) High population increase rate brings inter-related pressures to the problems of providing health care, education, employment, etc. There is a need for integrated solutions and efforts by both the government and people.

   Within five years from now, Indonesia's population would total 192.9 million, an increase of 17.2 million people, in spite of a declining birth rate to 1.9 per cent (from 2.1% in 1988.)

2) Female population outnumbers males. According to the latest statistics, women account for 50.3 per cent of Indonesia's population.

3) A total of 37.5 per cent (65.9 million) are in the age brackets of 0 to 14 years. It will increase to 34.7 per cent (66.9 million) in the next five years.
Uneven distribution of population creates a problem of allocation of limited resources. Together with the ongoing rapid urbanization, rural people moving to city centers to earn a more decent living, the problem of generating spread-out economic benefits would be a difficult task.

In the next five years, urban population is estimated at 31.7 per cent of the total population. This is likely to cause greater competition and scramble for jobs, housing facilities and living amenities in the growing urbanized centers.

Infant mortality rate is still high — 58 per 1,000 live births. The rate should be lowered to 50 per 1,000 live births. Substantial resources (funds, health care facilities) should be allocated.

Life expectancy is now 63 years. It means that a person could expect to live that long, provided that he/she is given good health care all the way from birth.

Role of Mass Media

Mass media in Indonesia are committed to national development. Here are some the crucial things done by mass media in helping to promote health education and motivate public awareness and participation:

1. Provide adequate space (news-hole) for news reports on health programs. Some print media, dailies and magazines, set up rubrics or special sections for health news and health consultation.

2. Give prominence to reports seeking to promote and internalize new social values and sound practice through "Pola Hidup Sehat" — living-a-healthy-life campaign.

3. Help organizers in launching a nation-wide writing contests on health topics by publishing entries from contestants.

4. The Planned Parenthood Program (Keluarga Berencana) seeks to implant or popularize the ideal of "STOP AT TWO" in a nation-wide campaign to encourage people to limit number of children to two. The campaign requires acceptance of the need to change long-held perceptions that "children bring wealth."
The press takes active part in the campaign by reporting stories that tell readers the reasonings -- the "WHY" and "HOW" -- of the proposed "STOP AT TWO." It requires acceptance to delay marriage and to space pregnancy.

There is no way in a Pancasila-democratic country of Indonesia to use force against people for accepting changed values and beliefs. It has to be done through motivation by giving them an opportunity to weigh the "merits" and "demerits", the "benefits" and "disadvantages" of having too many or fewer children.

5) Media owners publish supplements, KORAN MASUK DESA, newspapers for villages. It is not easy, given that there are no less than 52,000 villages (desa) spreading out throughout the country.

6) Electronic media, TVRI and radio stations, organize viewers and listeners group in villages in cooperation with local authorities. Subjects of public concern are discussed in an open environment with reference to information broadcast by the media. It is a form of discussion group led by social workers.

7) There are at least 15 women publications (magazines and tabloid) that play crucial role in providing information and educational materials to motivate readers, mostly housewives and women, to undergo "healthy life patterns" (Pola Hidup Sehat). The deal is important to improving people's quality of life.

8) The mass media report "feedback" from the communities whenever reporters found unsatisfactory health services in the rural areas. Feedback is the way people feel about health services. And feedback provides "input" for policy-makers to take corrective adjustments.

9) Media also help fund raising for families who cannot afford to pay on their own the medical bills charged for treatment of exceptionally "difficult" ailments, such as cancer surgery, amelise twin surgery and the like. Media open "Readers' Donation ox" and run stories appealing to rich and generous readers.
The Indonesian Journalists' Association (PWI) is a professional organization for working journalists, both editors and reporters, throughout the country. Under the Press Law, one has to be a PWI member to work as journalist. As such, PWI is consulted by government and private agencies on matters related to policy-making and communication strategy. The interactive mechanism facilitates communication with government policy-makers, social organisations (NGOs).

PWI members are invited to take part, either on an organizational or individual capacity, in Communication Forum dealing with child and family health care, family welfare movement and the like.


In Indonesia there are 263 print media publications (based on the number of SIUPP — publication licences issued by the Ministry of Information), and 1,042 internal publications (based on STT — publication permits). These include a number of specialized publications on health matters.

The rest include 60 dailies (19 dailies in Jakarta, total circulation 1.6 million copies), 89 weeklies, and 105 magazines.

The total circulation is estimated at 7.87 million copies per day. Jakarta dominates the scenes with 108 publications, which include 19 dailies seeking a nation-wide circulation.

Compare with the total population of 175.6 million. There is enough room for further expansion in the media industry. However, expansion is not an easy thing to do for three major reasons: 1) media industry now needs multi-million rupiah in investments, 2) reading habits among the people, particularly in rural areas, are still to be extensiﬁed, 3) people tend to prefer broadcast media, radio dan television, which provide entertainments.

Most of the print media, especially magazines, carry stories and information addressed to women readerships. Along with stories about fashions, house-making, foods, and popular news reports, magazines also run special pages for the so-called "consultations" with medical doctors, psychologists and "women lib advocates."
The underlying reasons have yet to be verified on why they consult media "advisory editors," instead of seeing the professionals personally. Over 80 per cent of those who wrote queries to the editors are women. One reason could be that they are shy to tell their " woes" and " grievances." Writing to the editors could give them protection to their identities.

[6. ] Conclusions

<1> Based on the Indonesian experience, mass media could help motivate people in the communities to take health care seriously in light of uplifting quality of life. News reporting with a specific purpose could encourage people to help implement health programs. It also promotes self-reliance and understanding on ways to solve health problems.

<2> Media could exercise social control along with motivating and educating people on health care.

<3> Medical doctors need to train themselves in writing about health care, so that they can contribute to media. Medical doctors should lend themselves as news sources and be willing to speak and provide information to reporters.

<4> Journalists need to go through seminar-stype training courses which help them understand the subject well enough so that he/she can write better on health subjects.

<5> Journalist exchange program that expose journalists to different setting of working environment and subjects would be crucial to uplifting the standard of journalism in the region.

<6> Health agencies are called to involve journalists in all stages of program planning, organizing, executing, and evaluating. The experience would place journalists on a better position to monitor and write stories on health matters.

<7> Print media would be well advised to allocate larger space for health news reports in view of the growing concern among the public for personal and environmental health. Readership might be expanded.

Jakarta, February 17, 1989]
Indonesian Journalists' Association
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