<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Maternal mortality: the educative role of the media (Singapore context)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s)</strong></td>
<td>Tan, Audrey</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>1989</td>
</tr>
<tr>
<td><strong>URL</strong></td>
<td><a href="http://hdl.handle.net/10220/647">http://hdl.handle.net/10220/647</a></td>
</tr>
<tr>
<td><strong>Rights</strong></td>
<td></td>
</tr>
</tbody>
</table>
Maternal Mortality: The Educative Role Of The Media
(Singapore Context)

By

Audrey Tan
The Maternal Mortality Rate is defined as the number of deaths due to deliveries and complications of pregnancy, childbirth and the puerperium in a year per thousand livebirths and stillbirths in the same year where the puerperium is the period up to 42 days after delivery.

At the Inter regional meeting on the Prevention of Maternal Mortality convened by WHO in November, several factors were considered to contribute to maternal mortality. These are medical factors, health service factors, reproductive factors and socioeconomic factors.

Pregnant women who have existing medical conditions may die when these conditions are aggravated by pregnancy or delivery.

Health service factors that can affect maternal mortality include deficient medical treatment of complications, lack of essential supplies and trained personnel in medical facilities such as lack of blood for transfusions, drugs and equipment, lack of access to maternity services and lack of prenatal care.

Reproductive factors like maternal age and parity are also important. The risk of maternal mortality increases with women more than 35 years old and younger than 20 years old and with the number of pregnancies. Unwanted pregnancies can also lead to illegal induced abortion and reluctance or inability to get medical care.

Lastly, socioeconomic factors like poverty and status of women can also affect maternal mortality. Poor women are less likely to have formal education, less likely to be in good general health and less likely to seek or receive medical care. The status of women affects their nutrition, reproductive behaviour, utilization of health care services and vulnerability to harmful traditional practices.
Trend in Singapore

In Singapore, the maternal mortality rates have been very low for many years. In the sixties and seventies, the rates have ranged from 0.1 to 0.5 per thousand. In the eighties so far, the rates have been around 0.1 per thousand.

The low rates in Singapore are probably contributed by many factors including advances in medicine with proper medical treatment of complications, trained personnel in medical facilities, adequate supplies of drugs, equipment etc, easy access to maternity services and hospitals for deliveries, trained midwives, favourable socioeconomic factors with many women having formal education and the general good health and social status of women.

2 other important factors are the availability of services for antenatal care and the emphasis on family planning in the earlier years. Antenatal care, especially early antenatal care is important to detect high risk pregnancies and complications of pregnancies. If these are detected early, prevention or early treatment can be instituted to prevent maternal mortality. Family planning leads to low parity, less unwanted pregnancies and spacing of children, all of which are important in maternal health, hence decreasing maternal mortality rates.

Maternal and Child Health Services (MCHS)

In Singapore, health services for mothers and children were provided by the Municipal Authorities in the city area since 1907 while home visiting of mothers and newly born infants living in rural areas was instituted in 1927. These services, administered by the City and Government Health Departments respectively, were integrated in 1961 as the Maternal and Child Health Services (MCHS) within the Ministry of Health.

The MCHS provides antenatal, postpartum postnatal and family planning services for mothers besides many other functions and services. Health education programmes are also conducted by the department.
By 1976, there were 22 fulltime and 13 part time MCH centres which provide the full range of maternal and child health services and 2 full time and 3 part time FPPB clinics which provide only family planning services. Polyclinics with MCH services were also being planned. In 1987, there are 12 MCH clinics situated in polyclinics and another 11 free standing MCH clinics. These are situated all over the island.

Besides the MCH services which provide antenatal care, private doctors - the general practitioners and the obstetricians also provide antenatal care. At the present moment, there are about 600 GPs who have clinics all over the island and many are within the HDB estates.

Health Education Programmes

One of the functions of the MCH clinics is health education. Health education is devoted to various aspects of family health care including family planning, antenatal exercises, nutrition in pregnancy, infancy and childhood, simple hygiene etc. It is an important component of the MCH service and is carried out in the clinics and in the patients' homes through formal group sessions and on a one-to-one basis.

Activities in the clinics include group talks or health education classes and special talks on nutrition accompanied by demonstrations. Other activities through the media had also been carried out to educate the public.

The Training and Health Education Department of the Ministry of Health also carries out health education programmes, informing the public about the importance and the need for antenatal care through group talks at community centres, libraries etc. and through the media. It produces resource materials like pamphlets, posters, slides and videoprogrammes for MCHS as well as for its own programmes.

Role of Media

Media is defined as the channel, method or system of communication or information. This includes both the mass media as well as the medium of face-to-face or interpersonal communication.

Here, we're talking about mass media which includes print media (posters, pamphlets, newsletters, press etc), broadcast media (TV, Radio, Telephone), modified print media (exhibitions, banners etc) and projected media (filmshows, video shows, slides etc).

Media has an important role in health education but so far, the educative role of the media with regards to maternal mortality in Singapore is seen only in the following areas:

- Educating the public on the availability of the MCH services and the importance of antenatal care
- Giving information on antenatal care and family planning methods.
Print Media

Pamphlets were used to make services of the MCH Centres known. "A Letter to Mother" was one pamphlet that was sent to mothers to tell them about the MCH services in the earlier years. This was later replaced by another pamphlet called "What the MCH offers you" which is currently being used. Another pamphlet called "What Toa Payoh Polyclinic offers you" also gives information on the MCH services available at the polyclinic.

Articles on antenatal care were also printed in the 'Our Home' magazines (which reached out to all HDB dwellers) and other popular women's magazines.

Antenatal classes were also promoted in the press.

Broadcast Media

In 1982, one of the doctors was invited as a guest in a Mandarin phone in service called "Evening Date" broadcast by SBC. She answered questions on MCH and family planning matters.

A series on Antenatal and Child Care was also aired over the Rediffusion.


In 1988, a TV series "Action for Health" which has a segment in the programme Sunday Morning Singapore also featured some sessions for the pregnant mother including Antenatal Care and Nutrition Tips and Antenatal Exercises and General Care.

Modified Print Media

In 1976, an exhibition called "Nation's wealth through Better Health" from 18-26 September at the People's Park Concourse highlighted the MCH services available.
Projected Media

Audiovisual materials like films, videos and slides are also used both in assisting the talks and health education classes being conducted as well as being used on their own.

A slideset produced for a talk on "The Need for Antenatal Care" is used to give these talks at MCH Clinics as well as community centres and other organisations. There is also a videoprogramme which is based on the slideset.

In 1987, a total of 3,326 hours were spent in giving health education talks to 29,685 parents and child care givers at MCH Clinics.

In the Toa Payoh Health Promotion Centre in 1988 there are several modules comprising of a series of talks on antenatal care and other aspects for mothers.

Besides these activities, the family planning campaign made use of all forms of mass media - posters, pamphlets, press, bus panels, souvenir items, TV, Radio, a telephone information service, exhibitions, filmshows etc.

Conclusion

Media has a role in educating the public on certain factors affecting maternal mortality that are preventable eg. informing the public on the health services available and the importance of early antenatal care. In Singapore so far, there has been no intensive media education on this aspect except for the family planning campaign but the maternal mortality has so far been stable at a low rate and the services of MCH are already widely known.

References