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Intensification Of Rural Health Education Through The Media

By

Dja'far Assegaff
INTENSIFICATION OF RURAL HEALTH EDUCATION THROUGH THE MEDIA

I. INTRODUCTION

Talking about "health for all" at national level, Indonesia has about 65,000 villages to be developed intensively on matters selected to health.

Public health services and the media in Indonesia are already committed to promote public health and nutrition, in order that by the end of the Century, where national development is expected to reach "take-off" momentum, health services would have been enjoyed by all the people, including those who live in the villages. At the same time, health education is expected to produce people with attitude and behaviour, conducive to good health and good habit.

For this purpose, the mobilization of funds and forces from various governmental and private sources are needed, to increase national media capacity in support of health education throughout the country.

II. PROBLEMS

The current pressing problem in national development is the large size of population, coupled with high growth rate. However, many parents want to have many children, for being apprehensive of the fact that infant mortality is high. According to housewife survey, held in 1980, infant mortality rate is 90 per 1,000 live births, which is caused by:

1. diarrhea, 24.1%;
2. acute respiratory disease, 22.1%;
3. tetanus and neonatal diseases, 20.2%

Malnutrition is also recognised as one of the predominant factors affecting child survival.

Considering all those problems, the Department of Health has come to the decision to adopt an Integrated Health, Nutrition and Family Planning Programme, which consists of five components, namely nutrition, immunization, oral rehydration therapy, maternal and child health and family planning.
Among these 5 components, the immunization needs special attention, because the coverage is very low, especially immunization for Diphtheria, Restussin and Tetanus (DPT) for children and that for tetanus for pregnant women.

Consequently, we propose immunization campaign to become a pilot project, with children under 5 and pregnant women as the target group.

III. OBJECTIVES
1. The long term objective is the lowering of Infant Mortality Rate, within the scope of creating a happy, prosperous and small-size family.
2. The short term objective is increasing the coverage of immunization.

IV. METHODOLOGY
The assistant media, both traditional and modern, proved to be useful for carrying health messages to the people, to make them aware of importance of health care for their families.

While radio "Rural Broadcasting" "Air Clinics" and Television "Village to Village Programme" are continued to be utilized to motivate people to participate in various development sectors, including health care sectors, Indonesia proposes a pilot project on the utilization of the existing KMD Village Paper's Project for assisting the Department of Health in the immunization campaign.

Implementation of this pilot project will be undertaken by the Department of Health in cooperation with the Department of Information with the publishers of village papers.

To start with, the pilot project will cover 1,000 villages, and each village will receive thirty copies of village papers every month, which will carry in their specials columns, articles on health care in general, for the duration of one year.
In addition, supplements will be issued, containing information related to immunization campaign.

V. INSTITUTIONAL ARRANGEMENTS

The Department of Health will lead the project with the cooperation of the Department of Information.

The Department of Health will bear the operational cost related to the administration of the pilot project, in which health officers and administrators are involved, and the provision of materials for publications in the village papers and supplement.

The Department of Information will bear the operational cost related to the coordination of project implementation, which involved the publishers and editors of KMD village papers, within the scope of operation envisaged in the budgetary provision of the national KMD Project.

VI. RESOURCE REQUIREMENTS

1) News, articles, and other information on health matters in general and on immunization.

2) The development of special immunization promotional materials which will be distributed to the village leaders and kadis through the village papers network. These materials will be designed by the Health Education Department of the Ministry.

3) To increase the quality and presentation of news, articles, and information on health matters, training of the journalists in charge of writing and rewriting messages on health will be necessary.

VII. BUDGET

1. Paper Production

(a) Normal issues: 12 issues/year, for 1,000 villages, 30 copies each:

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30 \times 12 \times 1,000 \times 10\text{cts} = 360,000.00
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(b) Supplement:

\[
30 \times 12 \times 1,000 \times 8\text{cts} = 28,800.00
\]

\[
\text{Total} = 360,000.00 + 28,800.00 = 388,800.00
\]
2. Training of Health Journalists

24 persons, 5 days
(a) Transport 20 X $250 = US$5,000.00
(b) Per Diem 20 X $50 = US$1,000.00
US$6,000.00

VIII. EVALUATION

The Department of Information will observe the implementation of the production and distribution of the KMD village project, while the Department of Health will observe the effect of information carried those village papers to evaluate effectiveness of the project. Immunization rates in the 1,000 pilot villages will be the primary criteria for evaluating the effectiveness of the project.

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