

# Role of Mass Media in Health Care Services in Nepal

**Key Words:** *Nepal Health Care System, Nepal Television/Media, TV Health Programmes, Radio Health Programmes, Media Awareness Programmes*

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*The rapid growth of communication technology and the availability of a varied number of communication media and their application have contributed substantially to improving the lives of people. Communication influences and shapes how people conduct their daily lives. In the field of health, substantial evidence shows that people want to know more about their health, they want to talk more about health to friends and family, hear about it through mass media, and discuss it with caring service providers. People are willing to change their health behavior, and health communication programs are helping people make these changes. This paper describes various National and International reports which clearly shows the significant improvement of awareness about health services for Women, Natal & Prenatal care due to media programmes.*

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Nepal is largely a rural society. About 86 percent of the total population of Nepal resides in rural areas and although the infant mortality rate (IMR) has declined from 79 deaths per 1,000 live births during the five-year period preceding the 1996 survey to 48 deaths per 1,000 live births during the five-year period preceding the 2006 survey (MOHP, New ERA and Macro International Inc., 2007), the current level of IMR is one of the highest in Asia. Social pressure to bear male children, combined with poor nutritional status, creates enormous stress on women's health. Nepal's maternal mortality ratio (MMR) is estimated at 281 maternal deaths per 100,000 live births for the 6 years before the 2006 survey, and although this level has declined by nearly 50 percent from the MMR estimated for the 6 years before the 1996 survey (539 maternal deaths per 100,000 live births), it is still high by world standards. Fewer children and more widely spaced childbirths are two of the most effective ways to reduce maternal mortality; 25 percent of married women of reproductive age in Nepal say they want to space or limit their births but use no form of contraception. These problems have led many governmental and nongovernmental organizations (NGOs) to implement communication programs encouraging people to engage in healthy behaviour. Responding to the growing magnitude and importance of these communication programs, the 2006 Nepal Demographic and Health Survey (NDHS) included a set of questions measuring the reach of selected health communication programs. The purpose of this study is to assess the reach of selected health communication programs about family planning and health in Nepal, the effect of exposure to these health communication programs on contraceptive use and spousal communication, and the programs effect on some safe motherhood practices, such as use of skilled birth attendants during delivery and practice of immediate breastfeeding.

## **Communication for health in Nepal-**

Communication today is a sine qua non of everyday life. The rapid growth of communication technology and the availability of a varied number of communication media and their application have contributed substantially to improving the lives of people. Communication influences and shapes how people conduct their daily lives. In the field of health, substantial evidence shows that people want to know

more about their health—they want to talk more about health to friends and family, hear about it through mass media, and discuss it with caring service providers. People are willing to change their health behavior, and health communication programs are helping people make these changes.

Health communication has been an important feature of the development of the government of Nepal. With United States Agency for International Development (USAID) support, the Rapti Valley Development Project began public health services in 1957 that also carried out health promotion activities (Isaacson, et al, 2001). In 1961, the MOH established a health education section as the second step in its institutionalization of health communication. The initial vertical health communication projects were later modified, and the health communication program has been an essential component of the integrated health services since the establishment of the National Health Education, Information and Communication Centre (NHEICC) at MOH in 1993 (NHEICC, 2006).

The expansion of health services to the grassroots level by the government as well as NGOs and the private sector has contributed to reducing morbidity and mortality over the years. Nepal is making progress toward reaching the Millennium Development Goals in reducing child mortality, improving maternal health, and combating infectious diseases. In terms of the nation's health, Nepal has much to be proud of. For example, during the past 10 years, maternal mortality (down from 539 deaths per 100,000 live births in 1996 to 281 in 2006), infant mortality (down from 79 deaths per 1,000 live births in 1996 to 48 in 2006), and child mortality (down from 43 deaths per 1,000 children aged 1-4 years in 1996 to 14 in 2006) rates have decreased; contraceptive use has increased from 29 percent in 1996 to 48 percent in 2006; life expectancy has increased from 60.4 years (males, 60.1 years; females, 60.7 years) in 2001 to 63.3 years (males, 62.9 years; females, 63.7 years) in 2006; good health has gained momentum; and the country has developed one of the best child vaccination programs in South Asia, with 83 percent of children aged 12-23 months fully immunized against six vaccine-preventable diseases—tuberculosis, diphtheria, whooping cough, tetanus, polio, and measles (MOHP, New ERA and Macro International Inc., 2007).

Table 1 however shows that there are still many challenges to be met. Half of all deaths in Nepal

are caused by infectious and parasitic diseases and pre natal and reproductive disorders. The main causes of deaths and disability are infectious and parasitic diseases and pre natal and reproductive ill health. The groups at highest-risk are children less than five years of age and women of reproductive age (World Bank, 2000). In addition, literacy is still low in Nepal: Only 54 percent of the population aged-? and over are literate, and this number is much lower among females (43 percent) than among males (66 percent). Health information, education, and communication (IEC) can play a pivotal role in reducing disease transmission, controlling vectors, improving hygiene and sanitation, and creating demand for service provision, resulting in a healthier population. The number of media channels has also increased in recent years. There are 19 TV channels, one national short wave radio channel, one national medium wave radio channel, and 241 FM radio stations in the country. National networks of FM stations have also been established. Similarly, the number of daily and other newspapers has also increased in recent years. Since the mid-1990s, USAID has supported the government of Nepal in its long-term goal of reducing fertility and underfive mortality within the context of the Government's National Health Policy and the SLTHP. The two intermediate objectives of USAID support are to increase the use of quality family planning services and to increase the use of selected maternal and child health services. In the mid-1990s, USAID supported the Radio Communication Project (RCP; 1995-2004), which pioneered the use of radio drama serials to communicate health messages alongside other educational initiatives. The RCP supported a drama serial for the general public— 'Ghanti Heri - ? Had Nilau' (Cut Your Coat According to Your Cloth) and the 'Sewa Gare Mewa Painchha' (Service Brings Reward) radio programs. These programs promoted health awareness among the general public and provided new information and skills to grassroots health workers. The Government's National Health Education, Information and Communication Centre (NHEICC) was involved in the RCP.

The Radio Health Program (RHP) started in 2004 and continued until 2007, continuing the work of RCP by supporting an integrated program of mass media and community activities and an interpersonal communication intervention for female community health volunteers (FCHVs). RHP supported 'Gyannai Shakti Ho' (Knowledge is Power), a radio drama

serial for the general public, and Sewa nai Dharma Ho (Service is Religion), a radio distance education program intended to improve the knowledge and skills of FCHVs.

**Table-1. Health media programs**

Elements of radio and television programs on health and reproductive health, including family planning, Nepal 2006	
Radio	Program brief
Janaswasthya radio karyakram (Public Health Radio Program)	This program is designed and produced by NHEICC and MOHP and is aired by Radio Nepal. The cost of airing it is borne by NHEICC. In 2006, this program was aired three times a week and focused on Essential Health Care Services (EHCS) including family planning, child health, safe motherhood and newborn, communicable and noncommunicable diseases, and beyond. It essential healthcareservices, and changing desired behavior on health (Badri B. Khadka, NHEICC, MOHP, personal communication).
Gyan Nai Shakti Ho (Knowledge Is Power)	This is an extension of the earlier RCP jointly implemented by NHEICC, MOH, and Johns Hopkins University Population Communication Services (JHU/PCS). This is one of two series of the Radio Health Program (RHP) jointly implemented by the NHEICC/MOH and JHU/PCS. The purpose of this audio drama serial was to increase awareness of the general public about family planning, reproductive health, and maternal and child health issues and to increase the demand for quality health services. It began in 2004 and continued until the end of 2006; it has since been discontinued (Badri B. Khadka, NHEICC, MOHP, personal communication).
Sewa Nai Dharma Ho (Service Is Religion)	'Sewa Nai Dharma Ho' is another series of the RHP. It was a radio distance education series aimed at improving the knowledge and skills of FCHVs. It was on the air until the end of 2006 (Badri B. Khadka, NHEICC, MOHP, personal communication).
Hamro Swasthya Radio Karyakram (Our Health Radio Program)	This program is designed and produced jointly by NHEICC/MOHP and Radio Nepal and is aired by Radio Nepal. In 2006, this program was aired for 15-30 minutes daily, and the issues it covered included EHCS and beyond, including family planning, child health, and safe motherhood. It is an ongoing program (Badri B. Khadka, NHEICC, MOHP, personal communication).

Sathi Sanga Manka Kura (Discussion of Issues of One's Liking with a Friend)	The 'Sathi Sangamanka Kura' radio series is implemented by an NGO called Equal Access, Nepal. It started in 2002 and is supported by UNICEF/Nepal. The target audience of this program is youths and adolescents. The issues focused on are juvenile problems and life skills, and to some extent it also addresses adolescent reproductive health. It is broadcast one hour a week from the national grid of Radio Nepal and from a number of FM stations in different parts of the country. It is an ongoing series (Upendra Aryal, Equal Access Nepal, personal communication).
Desh Pradesh (Homeland and Foreign Land)	The 'Desh Pradesh' radio series began in 2005. It is also implemented by Equal Access/Nepal. The program deals with safer migration, STIs/HIV/AIDS, and girl trafficking. The program is broadcast through the Radio Nepal national grid for half an hour every week. It is also broadcast from Mumbai and New Delhi every week. Wherever applicable, FM radio stations are also used to broadcast the program. The WorldSpace International Satellite Radio Service is used to cover larger areas. Equal Access works with Family Health International (FHI) and its partner NGOs, with financial assistance from USAID/Nepal. The program is ongoing (Upendra Aryal, Equal Access Nepal, personal communication).
Ek Apaas Ka Kura (Discussion between Friends)	The 'Ek Apaas Ka Kura' radio series is implemented by Thomson/Nepal with an agreement with FHI/Nepal, and with funding from USAID/Nepal. It was targeted at youth and adolescents and promoted peer communication on HIV/AIDS issues. It has since been discontinued (Upendra Aryal, Equal Access Nepal, personal communication).

Source : Nepal Demographic and Health Survey

Recent data from the 2006 NDHS Survey suggested that the majority of women (68 percent) age 15-49 years have heard a family planning message recently on the radio, whereas only 40 percent of women have heard family planning messages on television. About 15 percent of women have read about family planning messages in the newspaper or magazine. In addition to mass media exposure, the trends in family planning attitudes and practices observed in the country were likely conditioned by other factors as well, notably women's sociodemographic characteristics. A strong and positive relationship between family planning and educational attainment emerges as one of the most consistent findings from empirical analyses of

reproductive knowledge, attitudes, and behavior in developing countries. Education may be seen as a catalyst in diffusion-of-innovation theories. In addition, it typically is employed as an indicator of socio-economic development or, among women, a proxy for gender status. Other socio-demographic factors often cited in the literature as important determinants of changing family planning attitudes and practices include age and parity. Generally speaking, contraceptive use tends to peak in the middle of the reproductive span, likely reflecting a greater desire among couples in the middle age bracket, who are at higher fecundity, to prevent or space additional pregnancies. Likewise, contraceptive use is often found to vary with the number of children ever born, along with the changing nature of family planning goals. Residence also has repeatedly been found to influence reproductive behaviors, with urban-rural distinctions differentiating access to health care facilities, socio-cultural norms, and living situations. Overall, women's behavior in reproductive matters probably is conditioned by a combination of both individuals' characteristics and ideological differences.

The aim of the study is to examine whether observed differences in the levels of modern contraceptive use and the intention to use a method among women after the implementation of health communication programs signified a positive relationship between exposure to family planning messages and improved perceptions and use. Multivariate regression analyses are employed to help elucidate the relationship between intensity of exposure to BCC messages and family planning attitudes and practices, controlled for the effects of a number of background characteristics including age, parity, education, ethnicity, economic well-being, and residence. The analyses take into consideration the intensity of exposure both in terms of the dose effects of multichannel interventions and of the influences of particular combinations of media messages.

#### Measures-

The outcome measures for the current analyses, which capture respondents' reproductive health behaviors, are dichotomous variables indicating whether a respondent practices contraception, discussed family planning matters with her partner in the past few months, and among the non-users of contraception, whether they intend to use contraction in the future. The safe motherhood outcome measures include whether the birth was attended by a skilled

birth attendant and whether the newborn was put to the breast soon after birth.

To measure exposure to communication programs about family planning and health, we examine the responses to the number of radio and television programs heard of or watched in the recent past. It is recognized that some of these programs focus exclusively on family planning, whereas others address other topics as well. Unfortunately, detailed information about the specific components of the programs to which the respondents were exposed is not available. Respondents' general media exposure is captured by dichotomous variables measuring whether the respondent read newspapers or magazines, listened to the radio, or watched television.

As control variables, we include respondents' age (in years), highest level of education achieved (none, primary, secondary, and higher), wealth index (lowest, second, middle, fourth, and highest), caste/ethnicity, residence, and children ever born. Media would be independently and positively associated with the likelihood of an individual's use of health services such as the use of the service of skilled birth attendants (SBAs) and whether a newborn would be put to the breast immediately after birth.

#### Conclusion-

In the above analysis and with the help of table given above it clearly appears that there is a significant improvement in health status of peoples in Nepal and media interference whether it is radio or television play an important role in improvement of Health Services. The paper describes various National and International reports which clearly shows the significant improvement of awareness about health services for Women, Natal & Prenatal care.

Even Health Care service providers are also giving emphasis to media for wide coverage of health programme to the public in particular area. This paper also shows various problems which occurs in part of health related awareness. Overall people of Nepal are now considering it as an important aspect of their usual living.

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संगोष्ठियों में शोध प्रपत्र का वाचन शोधार्थियों एवं शोधविदों के लिए एक महत्वपूर्ण अवसर है। अपने गुणवत्तापरक शोध कार्य को इन संगोष्ठियों के माध्यम से जनमन के बीच लाएं।

### पृष्ठ 60 का शेष

वर्ष 2007 में जब हमने इस परियोजना को समाप्त किया तब यह आंकड़ा घट कर 0.4 प्रतिशत रह गया। प्रशिक्षण के क्षेत्रों में भारत द्वारा 3000 नेपालियों को वार्षिक रूप से छात्रवृत्तियां प्रदान की जा रही हैं।

संयुक्त आयोग की बैठक नेपाल के राजनैतिक पटल पर बदलाव के मध्य तब सम्पन्न हुई, जब संविधान-निर्माण की प्रक्रिया नया स्वरूप ले रही है। भारत ने नेपाल के आंतरिक मामलों से अपने को अलग रखने की सुविचारित नीति को बनाये रखा है, परन्तु हिमालयन राज्य में जो आधुनिकता और राष्ट्रीयता नवीकरण की अपनी यात्रा स्वयं की शर्तों पर तय कर रहा है। चिर शांति स्थायित्व लाने के लिए एक समावेशी राजनैतिक प्रक्रिया की निरंतर रूप से मैत्री भाव से वकालत की है। 27 मई को नई दिल्ली में प्रधान मंत्री कोइराला के साथ अपनी बैठक में प्रधानमंत्री नरेंद्र मोदी ने नेपाल को “एक पुराने और बहुत ही सम्मानित मित्र” के रूप में वर्णित किया और ईमानदारी से उम्मीद जताई कि नेपाल द्वारा संविधान को एक वर्ष की उस समय-सीमा में अंगीकार कर लिया जाएगा जो उसने अपने लिए तय की है।

अतः भारत की विदेश मंत्री की 25-27 जुलाई 2014 की नेपाल तथा प्रधानमंत्री नरेंद्र मोदी की 3-4 अगस्त 2014 की नेपाल यात्रा भारत-नेपाल संबंधों को नए मार्ग पर लाने और दोनों पक्षों के लिए बहुआयामी लाभदायक अवसरों के असंख्य नए द्वार खोलने के लिए निर्णायक पल साबित हो सकता है, जिससे दोनों पड़ोसी देश खुशहाली के लिए मिलकर काम करते हुए और अधिक निकट आएंगे।

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