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Title	Federated states of Micronesia.
Author(s)	Esikiel Lippwe.
Citation	Esikiel L. (1986). Federated states of Micronesia. In Health and the media : forging a partnership in the public interest, September 22-26, 1986, Tonga.
Date	1986
URL	http://hdl.handle.net/10220/709
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Federated States Of Micronesia

By

Esikiel Lippwe



Federated States of Micronesia

Information Office

P. O. Box 490
Kolonia, Pohnpei, Eastern Caroline Islands 96941
Tel: 548 Cable: FSM GOVT
Telex: FSM6807

Honorable guests, delegates, ladies, and gentlemen allow me to introduce my colleague, Mr. Sos Maras, Health Educator from the Truk States of Micronesia.

The Federal States of Micronesia is a new nation which came into being when its constitution was implemented on May 10, 1979. It is composed of four former districts of the Trust Territory of the Pacific Islands administered by the United States, which are the State of Kosrae with a population of 5,010, Pohnpei State with a population of 23, 920, Truk State with a population of 40,010 and the State of Yap (in the west) of 9,630. That brings a fast growing population for the FSM of 78,570 people, which will be double in the next 10 years.

The ethnic diversity of the FSM is reflected in eight officially recognized languages and a number of local dialects. The eight languages are: Yapese, Ulithian and Woleaian in Yap; Pohnpeian, Nukoroan and Kapingamarangian in Pohnpei; Trukese and Kosraean.

Our government is a constitutional democracy. Its capital is in Pohnpei. The Honorable Tosiwo Nakayama is serving as the President and the Honorable Baily Oltor as Vice President.

We have four Radio broadcast stations and three TV stations, of which two are privately owned (in Pohnpei and Truk) and one for the Government of the State of Yap. All the states government owned radio stations are doing a tremendous job disseminating our Health Education programs to the public. The use of the mass media, radio broadcast in particular, in the Federated States of Micronesia has proved to be more effective to carry out any message from the state center to the outlying island communities. It influences people to react and to be aware of what is going on in their countries and know more about their Health needs.

Mass communication is an important tool which can reach lots of people everywhere; either in their homes, cars, boats. Just take it along with you as a companion wherever you go and listen to what is happening in the world.

We have a school dental program where we use the radio and send out nurses to explain to the people the preventive measures which should be taken in order to have clean teeth. Our dental team will go out and explain to the people how to take care of their teeth, give preventive works on the children, provide them with operative works when necessary. They will take out the bad teeth and hold group discussion and lectures to explain the oral hygiene program. As a result, 5,000 people, mostly students, have been treated for the last three months.

These are some examples of what we have done using the mass media in the Federated States of Micronesia.

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I wish to take this opportunity to discuss with you some points on why radio and television are important mediums to reach the outlying island communities.

Television and radio are the leading channels of communication in the world today. For many people they are the vehicles in which information is disseminated about what is going on in the world and why. Broadcasters provide news about daily events, comment on these events, and analyze their causes and importance. People listen to radio and watch TV. They rely on what the broadcasters say to give them an accurate and unbiased report of events of the day. They trust what the broadcasters say, and believe that when he reports an event it must be very important.

Television and radio educate, sometimes by chance, through commercials, high school and college courses, languages, politics, and other educational subjects. They also provide specialized coverage of subjects to interested groups in their listening and viewing audience, as in the case of agriculture and farm market reports and in programs designed for children. They can stimulate public interest and concern over current issues, through documentary programs, or by discussions embodying political leaders and other leaders in the government and local communities.

In summary, radio and television are the primary channels of communication. What they do can have a tremendous impact on the community. Media, therefore, has a great responsibility to use the influence they have to promote the best interest of the communities they serve. Newspaper, magazines and the other mass media activities can also provide a great deal of support to our Health promotional programs; however, radio and television are currently the most timely and immediate sources of information.

Health Education no doubt will be very successful if we work cooperatively with our community leaders, hospital doctors, other health experts such as WHO, IPDC, our health colleagues in the Pacific, and last but not least media.

Thank you very much.

Esikiel Lippwe
FSM Broadcast Administrator

Feedback from our people is that our Health Education programs are effective. They want more health programs in order to improve their standard of living. The Health Education Departments in the States are willing to produce more programs, but need funding very badly. Funding is need for the training of Health Education staffs, equipment to work with and an expert to train them to conduct better and more effective programs.

One doctor from one of the FSM States asked me to explore the possibility of an WHO expert to seek outside funding sources so that we can apply for funding of our Health Education programs in terms of training and equipment. This expert from WHO would train us side by side so that we can carry out our Health Programs more effectively.

The following are samples of few of the many Health Education programs that we have tried producing for mass communication use.

(1) Title: Infections Disease

Objective: To be aware of the vital signs of Infections Diseases. And to minimize the severity and spreading of the infections diseases, in order to be a healthy person.

In our Health Education radio program, we gather information from physician specialists and explain to the public how to recognize the symptoms and signs of Infections Diseases such as tuberculosis, Leprosy and other childhood infections diseases like chickenpox, tetanus, diphtheria, etc.. We also explain to them what measures to take to minimize the severity of the diseases, and ways to bring the patient to the Health Service so that we can work on them in order to establish specific diagnosis of the infections diseases.

(2) Title: Why Family Planning Necessary?

Objective: Reduce population Explosion, lack of natural resources small land area. Limited income.

In our Health Education program, we explain to the public that because of population explosion, our land area is very small (our lack of resources of land) and our income is limited. We also explain how to cope with the second increase of population. We give them the advantages and disadvantages of small family units and disadvantages of having large family units, and what services are available for family planning for those who want to practice family planning.

(3) Title: Parental and Child Health Care.

Objective: To have mothers and child born both healthy.

In our Health Education radio program on Parental and child care, we focus mainly on how to make mothers and children born both healthy at the end of each pregnancy period. We inform the pregnant women to come to the Health Clinic in their first three (3) months of pregnancy for medical checkup and treatment. If we find something that will make their pregnancy a health problem, we will try to eliminate all possible problems so that both the child and mother are healthy after birth.

(4) Title: Immunization

Objective: Emphasizing the importance of the vaccine to the public to encourage their children to get the vaccine, to prevent them from getting polio, maltase, measles, diphtheria, tetanus, and whooping-cough but stay healthy.

In this program, we explain to the public the importance of the vaccine and we encourage them to bring in their children and their 2-month old babies to the hospital to be inoculated for polio, maltase, diphtheria, tetanus, and whooping cough. We follow it up through all eight (8) grades students; all elementary and high school students. Immunization is a part of our parental child health care, plus the environmental health education for general cleanliness, consumer sanitation, safe drinking water and political chores. We also send out nurses and a doctor to communities to explain the benefits they will get, if they follow instructions from the Health Services.

(5) Title: Hypertension (High Blood Pressure)

Objective: To know the symptoms of High Blood Pressure and to know what to eat and not to eat to avoid the disease.

In this radio program we explain the symptoms of High Blood Pressure to the people and ask them to report to the Hospital for treatment if they feel they have the symptoms for treatment. We also ask them to exercise regularly to avoid being overweight and to maintain normal weight and tell them what to eat and to avoid salty food stuffs. As a result of this radio program, we have registered 383 people who have had HBP.

(6) Title: Dental Hygiene

Objective: To prevent tooth decay among school children and adults and to have long strong and clean teeth.

We explain the way they should brush their teeth and tell them the kinds of vitamins needed to have strong teeth. Often they will come to the hospital for dental checkups and have a thorough examination with the dentist.

Thank you.

Esikiel Lippwe
FSM Broadcast Administrator

FSM (36)

Honorable Minister of Health from the beautiful island of the Kingdom of Tonga, resident of the Queen's Medical Center Honolulu, Mr. Fred Pritchard our distinguished delegates from AMIC, IPDC fellow delegates and observers, ladies and gentlemen.

It gives me a great pleasure to be here today to participate in this very important meeting dealing with health and the media.

Many of us come from different societies with different ethnic communities and ways of life. We have been trying to forge a united and cohesive nation. We have to educate our people to be disciplined, courteous, hardworking and to constantly learn and improve themselves. How can we improve ourselves if we are not healthy? Someone might say go to the hospital and visit the doctor. Yes if I am staying closer to the hospital, but what will happen to the outer island people who are served by field trip ships only every three months and only have a corpsman? This is where the mass media is needed.

So far we know that mass media are the most powerful instruments for mobilizing the masses, changing attitudes, teaching skills, creating awareness of opportunities and reflecting peoples needs. But mass media in most of countries, FSM for example, might not have the capability of performing effectively those tasks which are vital for our National Health Development programs if we lack training of Health Educators, equipment to work with Health Expertise, and most importantly funding to have all the lacking components accommodated.

These two most effective media radio and television are the leading channels of communication in the world today. For many people they are the vehicles in which information about what is going on in the world and why. They provide news about daily events. They comment on these events and analyze their causes and importance. People listen to radio and watch TV everyday. They rely on what the broadcasters say, it gives them accurate and unbiased report of events of the day. They trust what the broadcasters says, and believe that he reports an event and it must be very important.

Television and radio educate, sometimes by chance, through such things like commercials, high school and college courses, languages, politics and other educational subjects. They also provide specialized coverage of subjects on the spot to interested groups in their listening and viewing audience, as in the case of agriculture and farm market reports and in programs designed for children. They can stimulate public interest and concern over current issues, through documentary programs or by discussions embodying political leaders and other leaders in the government and local communities.

To repeat, radio and television are the primary channels of communication. What they do can have a tremendous impact on community. Upon this media, therefore, rests a great responsibility to use the influence they have to promote the best interest of our communities they serve. Newspaper, magazines and the other mass media can also do a great deal of support to our Health promotional programs but those two radio and television are immediate and on the spot.

I feel it is necessary at this time to set the course and look forward to our next steps. And in doing this perhaps we will be able to learn from each other what we have to accomplish in order to proceed with an effective health education program.

As I look out on this distinguished and capable group of dedicated health experts and media specialist, I feel certain that we can and will achieve our aims.

We would like to request WHO to explore the possibility of funding and an expert to be sent to the Micronesian countries to work side by side with our health educators and broadcast personnel pursuing our health education programs to the public for the sake of Health and Economic Development. I believe if we are healthy and strong we can work hard for the betterment of our country's health, economic, and social progress.

Health education no doubt will be very successful if we work cooperatively with our community leaders, hospital doctors and other health experts such as WHO, AMIC, IPDC and our HEALTH EDUCATORS in our country.

I would be remiss if I do not also acknowledge my thaks to the host country the beautiful Kingdom of Tonga for the excellent preparations made for this health and the media meeting. In this very comfortable setting I am sure that our deliberations will result in a thrust forward for the meeting.

On behalf of the President, the Director of our Health Services and the people of the Federated States of Micronesia, we bring you greetings and thank the President of the Queen's Medical Center Honolulu, the Honorable Fred Pritchard and all who coordinated this meeting, for inviting the FSM to participates in this very important meeting. Ach kilisou chapur.

(1) Title: Infection^us Diseases

Objective: To be aware of the vital signs of Infection^us Diseases. And to minimize the severity and spreading of the infection^us diseases, in order to be a healthy person.

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(2) Title: Why Family Planning Necessary?

Objective: Reduce population Explosion, lack of natural resources small land area. Limited income.

In our Health Education program we explain it to the public that because of population explosion, our lack of resources our land area is very small, our limited income, and to cope with the second increase of population. And give them the advantages and disadvantages of small family unit and disadvantages of having large family unit, and what services are available for family planning for those who want to practice family planning.

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Objective: Emphasizing the importance of the vaccine to the public to encourage their children to get the vaccine, to prevent them from getting polio, maltase, measles, diphtheria, tetanus and whooping-cough but stay healthy.

In this program we explain to the public the importance of the vaccine to the public to encourage their children and to bring in to the hospital their 2-month old babies to the hospital to have them inoculated for polio, maltase, diphtheria, tetanus, and whooping cough. Then we follow it up all through eighth (8) grades students. All elementary and high school students. Immunization is a part of our parental child health care, plus the environmental health education for general cleanliness, consumer sanitation, save drinking water and political chores. We also send out nurses and a doctor to help them in the communities explaining to them the benefits they will get, if they follow instructions from the Health Services.

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We explain the way ^{they} you should brush ^{their} your teeth tell them the kinds of vitamins needed to have strong teeth, how often they will come to the hospital for dental checkup and have a thorough examination with the dentist.

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Thank you very much.

Esikiel Lippwe
Esikiel Lippwe
FSM Broadcast Administrator

POPULATION PROJECTION FOR FSM
 BASED ON 1973 COUNT BY STATES
 1982 - 1986

<u>YEAR</u>	<u>KOSRAE</u>	<u>POHNPEI</u>	<u>TRUK</u>	<u>YAP</u>	<u>FSM TOTAL</u>
1982	5,300	24,773	41,460	9,944	81,477
1983	5,490	25,690	42,975	10,264	84,419
1984	5,684	26,634	44,596	10,595	87,509
1985	5,893	27,598	46,159	10,948	90,598
1986	6,116	28,585	47,724	11,322	93,747

The Department of Social Services, Division of Health Services continued to expand its technical assistance to the states hospitals, seek and coordinate further assistance to the states hospitals, coordinate further assistance from organization outside of the FSM. More expatriate physicians and dentists have been added to the medical staff in Pohnpei, Truk, and Kosrae through the National Health Services.

The National Health Services also continued to coordinates, monitor and provide assistance in all existing Federal Program Environmental Health programs and other related Health Programs to the states hospitals.

The four states center hospitals are staff by doctors, nurses, administrator and a health educator who prepares all health education programs through radio, video, newspaper, pamphlets, posters, group discussions, counseling and many more and disseminate them to the public.

A good example of this kind of health educational programs was when the cholera epidemic struck Truk and all kinds of media were used to educate the people of what to do to combat the disease from spreading around the FSM. I think it is a good idea to pursue the use of the mass media for health for all people.

The FSM is composed of four former districts of the Trust Territory of the Pacific Islands administered by the United States which are the State of Kosrae with a population of 5,010 people, Pohnpei State with a population of 23,920 people, Truk State with a population of 40,010 people and the State of Yap in the west of 9,630. The total population for the FSM is 93747 people which will be double in the next 10 years.

The ethnic diversity of the FSM is reflected in eight officially recognized languages and a number of local dialects. The eight languages are: Yapese, Ulithian and Woleaian in Yap; Pohnpeian Nukoroan and Kapingamaragnian in Pohnpei; Trukese and Kosraean.

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