

A Healthy and Productive Population

There seems to be a widely held view prevalent in PNG that illness is the preserve of doctors and other health professionals, who'll provide a "shoot" (antibiotic) when you get sick, or, that one's health is simply determined by fate or the influence of others, such as sorcerers. Tackling this country's unsatisfactory rates of morbidity (illness) and mortality (death), requires individuals, families and the wider community take greater responsibility for their own health and avoiding risks, rather than absolving themselves and leaving their prospects to others or "fate".

Clearly, the availability of professional and committed medical staff, and hospitals, health centres and aid posts, stocked with suitable supplies, are critical to providing treatment, and also in providing health awareness and disease prevention, including effective immunisation programmes. Such health services, however, fulfil only part of the need. Ensuring that an effective public health service is sustained is also partly dependent upon community appreciation of its role, providing effective public demand. The totally inadequate level of operational funding for health services, especially in some provinces (e.g. Sandaun and Central) and the progressive decline of these services over the years, particularly rural services, suggests either a lack of public demand or that this demand is not being heard clearly by decision-makers at the national, provincial or local levels....maybe because they don't use the public health facilities? (This general inadequacy of services is not universal, with many centres of excellence, such as the church-run hospitals at Kudjip and Mingende in the Highlands, and many skilled and dedicated staff performing their best despite totally inadequate resources).

PNG's unsatisfactory health indicators are determined by various factors, including poor health services and low immunisation rates; high prevalence of certain parasites and vectors (such as mosquitoes); but also lack of public education and awareness of health risks, prevention; poverty and poor nutrition, particularly in childhood and during maternity (often with a long term effect); isolation and poor communications, whilst recognising that increased mobility and high rates of family and sexual violence increase the prevalence of some transmissible diseases, such as HIV/AIDS. The limited public information and appreciation of health risks and associated lack of responsibility for one's own health, including the "newer" ailments now affecting urban dwellers, including the more affluent, living relatively sedentary lives, often with high intakes of fatty and sugary fast foods, plus alcohol and higher stress levels, increases the prevalence of illness and the burden on inadequate public (and private) health services.

Even before the appearance of HIV/AIDS in PNG (in the late 1980s), there were excessive deaths in rural areas largely from preventable diseases and initially relatively minor infections, in childbirth, from various enteric diseases and septicaemia, lack of clean potable water, poor hygiene or lack of simple treatments. There has also been excessive prevalence of mortality amongst apparently healthy adults in urban areas and increasingly from heart conditions or diabetes, in people who'd be considered young in other countries. Why the constant loss of loved ones, including key bread winners, plucked in their youth or prime, with children losing parents and households their

incomes. There's a great outcry of grief and immense expense in funerals, yet surely some of these tragedies could be prevented if individuals, families and society took more control of their own health and futures, and advice was more readily available and then diagnoses and remedy more readily accessible?

PNG is a verdant land for agriculture and fisheries, and most people traditionally have had access to ample food supplies. There have, however, been deficiencies of certain products in some areas and particularly during certain seasons. For example, lack of a steady intake of protein (followed by bouts of relative plenty) triggered a formerly prevalent disease in the Highlands called pigbel. This was largely eliminated through improved nutrition (as well as the introduction of a vaccine). Goitre, caused by iodine deficiency, was prevalent particularly in non-coastal areas, where fish was unavailable, but this is readily addressed with iodised salt. Over-dependence upon some starchy foods, including root crops and sago, encouraged malnutrition in young children, unable to secure adequate protein from the quantities consumed. Villagers were also seasonally, and in some years badly affected by "taim hangri" (period of food shortage-usually seasonal), during the period before the new staple crop came into production. During this season various foods, such as karuka and marata (pandanus) are consumed, whilst traditionally exchange would occur between those who were short and those with surplus (perhaps lower down the valley).

Significant improvements in nutrition, and hence resistance to other health conditions, came as a result of access to cash incomes, notably from sale of cash crops, to supplement home food produce with more regular intake of protein and other ingredients, including during the traditional taim hangri. Whilst there has often been a simplistic argument expressed that cash crops decrease food security, the evidence is largely that they improve nutrition and food security, so long as there is not an over-dependence on a single cash crop and abandonment of food production and other income sources. Income, which in turn is largely dependent upon accessibility, also enables purchase of other products and services (some of) which improve health conditions and educational opportunities. Poverty studies in PNG clearly show that, using a range of criteria (including high mortality and morbidity rates), higher rates of poverty prevail in locations which lack access (by road or other means) to markets and services (whilst recognising that some transmissible diseases – including HIV/AIDS – are more prevalent in the most accessible locations, such as along main highways).

Improved incomes and education are amongst the key factors in improved nutrition and health, not just health services. Those services must be recognised as necessary constant public services, however, providing awareness and prevention, and not just accessed (and therefore supported) when one falls ill. Individuals and the wider community must take greater responsibility for their own health and lifestyles. Rates of illness and premature death are excessive, but living dangerously has consequences. The newer illnesses of relative affluence, require greater awareness by parents, students and schools (and other institutions) themselves. As with under-nutrition/traditional malnutrition, when our young over-consume, particularly unsuitable foods, the impact can last for rest of their lives, but also undermine attention and school performance. Studies overseas have found that

banning fast foods from consumption during school hours raises the students' alertness, performance and health. Improving standards of foods in schools has become a major issue in European and Australian schools in recent years. Some of PNG urban/peri-urban school canteens, however, only serve fast food and drinks, and do not provide healthy local produce or potable pure water. Ensuring adequate food quality and sanitation is necessary with fresh and locally processed foods, including from the informal sector, and extensive awareness and training is required in both schools and through informal education, by education, health and urban authorities.

Safeguarding and ensuring one's health is both an individual and wider community responsibility. Poverty alleviation and adequate nutrition are critical, requiring broad-based income-earning opportunities and access to resources. Education, awareness and communications are critical to empowerment, for managing one's family's health and demanding authorities provide and maintain satisfactory health services (whilst ensuring community cooperation in providing such local services).

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