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THE ROLE OF THE MATERNAL AND CHILD HEALTH SERVICE  
IN THE HEALTH EDUCATION OF THE FAMILY

by

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The need to "refashion the fashioned", to adapt our ideas and actions to new circumstances and new knowledge, is constantly with us. Nowhere is the need more urgent today than in that field of education where the goal is to enable the family, the foundation stone of any society, to enjoy a healthier and happier life.

There are many ways of defining education. If we agree that "education is the art of the utilization of knowledge" it is apparent that the old idea that education was something you could 'give' people, as you would 'give' an injection, is untenable. We can only offer such knowledge as we think will be useful, hope that it will be accepted, and do our best to remove the obstacles that may prevent people from becoming the artists who use this knowledge to build, for themselves, their own health and happiness.

That people primarily concerned with maternal and child health should set themselves the goal of "Education of the Family" denotes in itself, a change in our thinking. We have evidently come to realize that the health of the mother and her child is inseparable from the health of the family. We have, in fact, gone further than that and accepted that the health of the family depends to a great extent on its environment, and on the general standards of economic and social health of the community and country to which it belongs.

Nevertheless, we persist in using more or less the same kind of machinery as was originally designed to influence only the mother and her infant - with here and there a few minor modifications to widen its scope to include other members of the family. We still have maternal and child health centres to which the mother brings only her smaller children, and the arrival of a new baby remains the signal for home visits to begin. Only occasionally do you find maternal and child health personnel playing their part in 'family centres' in which all members of the family feel at home.

While the maternal and child health centre as it functions in many areas today, may be effective in meeting the needs of one of the parents for health supervision through its ante-natal clinics, for health protection of the younger children through its advisory and immunization services, and for health promotion through its curative activities - as an educational source it operates under great difficulties, and as a source of family education hardly at all. It is noticeable in England that, where the maternal and child health staff are enthusiastic about extending their educational activities beyond the individual interview, they have usually abandoned the attempt to combine group education with the routine activities of the centre. Special facilities such as parents' clubs, mothers' clubs, fathers' nights or ante-natal discussion groups have been established and have proved both popular and an effective means of education, especially when taken over and run by the parents themselves, and where the maternal and child health service is a well integrated part of the whole health and welfare services of the area.

In other settings, the maternal and child health service which concentrates on the mother and her young child or children may be still further handicapped as an educational influence. Where traditionally the young mother has little say in how things are done in the home, where the grandmother, mother-in-law, the father or the mother's brother is the person of prestige and authority in the home, education of the young mother is unlikely to produce the changes in behaviour which we hope to see. Nutrition education is generally recognized as one of the most important functions of a maternal and child health service. Margaret Read<sup>(1)</sup>, discussing this with reference to the African peoples she knows, writes - "In cooking the food, in serving it out, in teaching the children table manners, in the proverbs and stories with eating food as their theme - it is in such surroundings that attitudes towards food are built up. The people who impress these attitudes on succeeding generations are not necessarily the child's own parents." Again, nutrition education is bound to be less effective if the mother, anxious to follow the advice of the maternal and child health centre, has no say in how the daily marketing money is to be spent.

Sometimes in the more unsophisticated societies, the division of the child clientele of a maternal and child health centre into babies, pre-school age children is bewildering and incomprehensible to the parents. In such societies the stages of growth are much more likely to be recognized by changes in the child's behaviour than by chronological milestones. The suckling, the young child, the adolescent and the adult are the natural groups. Even the most widely recognized stage - puberty - has often little connection with the physiological changes which we associate with this phase, and is in fact a social stage, recognized by social rites and duties (Benedict) (2).

If our goal is education of the whole family how can we refashion our administrative machinery and working arrangements so as to create regular opportunities for meeting the family in its natural groups and for reaching the influential members of each group, and of the family as a whole? Would it be wise to devote more time to visiting the family in its home and less to the work carried out at the centre? Satisfactory answers to these questions will only be found after many facts have been weighed, and an attempt made to define our own values and the roles which we consider each of us should play in the service.

Judging by the lack of available evidence, the crucial question "Which do the people themselves prefer, coming to the centre or being visited at home?" does not seem to have been asked very often. Such indirect evidence as there is suggests that where the people can choose they apparently much prefer (and are prepared to pay quite handsomely for their preference) to discuss their health problems in their own home rather than in crowded clinics and health centres, but until we have accurate information from the people concerned in any one area we cannot know for certain.

Recently a few attempts have been made to find out how the people regard the services provided to safeguard their health and treat their illnesses. The answers given by people in very different parts of the world have shown a great degree of similarity (Adams<sup>(3)</sup>, Foster<sup>(4)</sup>, Freedman<sup>(5)</sup>, Koos<sup>(8)</sup>, McKim Marriot<sup>(7)</sup>, Mead<sup>(6)</sup>, Wellin<sup>(9)</sup>).

A real assessment of the scientific skill of a doctor or nurse being extremely difficult for a lay person in any part of the world, it is not surprising that most of the recorded comments concern other factors - the working of the centre, and the attitude of the qualified staff to the person who comes for advice or treatment.

In general it appears that if people are not kept waiting for long periods in the Health centre, if treatment is not refused for the sick child when the mother feels it is needed, if local customs and beliefs are respected and met as far as possible, then the health centre or hospital is popular and frequently used. If the staff are not so rushed that they appear brusque and rude, if they do not ridicule the unscientific beliefs of the people, if they are not 'superior' but talk to the patient as an equal, if they take time to explain fully and clearly the nature of the illness and the treatment given, then they are liked, consulted freely in the centres and welcomed in the homes. If, on the other hand, home visits are conducted more like sanitary inspections by a critical unsympathetic 'superior' who insists rigidly on often impossible rules about, e.g., the child's diet (instead of showing by an unhurried discussion and demonstration how some small improvement might be made), or who seems more interested in exhorting the mother to bring her child to the centre on the appointed day than in discussing the family problems and the best solution possible - then there is little welcome for the centre staff and little confidence in their knowledge. Faced with the humiliating intolerance of the

educated for the old-fashioned beliefs which he still holds, what does the average villager do? He deals with the situation as he has learned to deal with other unmanageable elements in his environment. He either withdraws altogether, or, more usually he makes a compromise and consults the health centre for those ailments which he thinks scientifically trained worker knows how to deal with - and continues to consult his traditional curer for the other conditions about which the centre doctor obviously knows nothing.

It would seem then that if we are to influence successfully all aspects of the family's health, we must refashion not only our own administrative machinery, but also to some extent our own attitudes and behaviour. It cannot be taken for granted merely because the nurse or doctor has been born and brought up in the same country as the people with whom they work that they will necessarily understand and have sympathy for their less sophisticated countrymen. Indeed the very urgency of our desire to spread knowledge and to see rapid improvements in the health of the families we want to help, is often self-defeating.

A good deal can be accomplished in the training of doctors and nurses towards developing the kind of approach which enables people to feel at ease with each other and to work together towards a common goal. By the use of techniques which minimize or eliminate the dominance of one individual over another and encourage the concept of teacher and student as a team working together to find the answer to various problems; by replacing the lecture by discussions and case conferences; by working on practical projects in the field rather than memorizing notes, the student will unconsciously acquire an attitude which he or she will carry with them into their future work.

This attitude will be further strengthened or destroyed by the atmosphere of the hospital or centre where the young student works after his formal training. If the same feeling of working together as a team permeates the whole centre, from the senior administrator down to the lowest paid employee - a team in which the contribution of each worker is held to be of equal importance to the smooth functioning of the whole - then the parents' cooperation will be sought with the same patience and courtesy, in the realization that without it, the team cannot function. But if the 'peck order' is well established in the centre or the hospital, then the parents will be 'pecked' in turn - and 'pecked' parents have a way of preferring peace to progress, even in health! Our fellow medicals are sometimes startled by the suggestion that it is we who should be grateful to people for their ignorance of scientific medicine (which allows us to enjoy our interesting work) and not they who should be grateful to us for teaching them better ways - but where would we be if everyone knew all the answers?

Our gradually accumulating knowledge about the way in which people learn, and the obvious failure to achieve results by years of devoted didactic teaching are forcing us to refashion also our educational methods, and indeed our whole concept of

our task as family educators. Today the emphasis lies less on direct teaching by lectures, talks and demonstrations in which the audience takes no active part and more on helping people to do things for themselves. This approach may seem at times very indirect to the maternal and child health worker, but if slowly and thoughtfully developed it forms a sure foundation for improved standards of health. Some confusion has arisen, however, in the swing away from the old reliance on imparting knowledge by the reiteration of facts. There seems to be a tendency for some educators to shy away from their responsibility for providing factual information, and to place too much faith in the power of the group to discover for themselves the necessary facts. There are occasions and there always will be when facts must be given in a straight forward way. The point is that to be effective the occasions must be chosen by the learner and not by the teacher. Some one has defined liberty as "the voluntary acceptance of restrictions"; one could define learning, or at least one aspect of it as "the voluntary acceptance of instruction". Once people want to learn something we must supply the information as clearly, concisely and dramatically as possible, and then leave them to apply it to their own problems in their own way.

But are we doctors and nurses many of us women, the people to whom all members of the family will naturally turn when they want advice about their own or their family's health? Would we be wiser to use an indirect approach and enlist the help of those in the community whose advice is most respected and most frequently followed? And, if so, who are they?

In some parts of the world the midwife is a power in the land much more respected than any young doctor or nurse. Will she become an educational ally, or a rival transmitter of a different kind of knowledge?

Are the parents always the most influential people in the education of the younger members of the family at all stages of their development? In some cultures the school teacher becomes a strong influence on both boys and girls in their early years. In others the daughters may remain with their mothers and learn from them, while the sons break away to become part of the men's society and learn from special instructors, how to play their part in the grown up world.

If we are to avoid creating confusion among our families by exposing them to conflicting schools of thought about how health can be achieved and maintained, we shall have to try to explain our ideas to the other influential people in our area and to enlist their cooperation also. Unfortunately, conflicting opinions are often found among medical workers themselves. Stimulating though this may be among research workers, it is disastrous among educators working in the field, and as such we must discipline ourselves to speak with one voice. A good place to begin this quest for unanimity is in the maternal and child health centre, especially if the staff have been trained in different medical and nursing schools. It seems obvious

that all members of a maternal and child health centre, including the servants, must agree about what is to be taught about, for example, infant feeding and weaning, but it does not always happen.

Again, the other people working to promote health and welfare in any area - sanitary officers, home economists, social welfare workers - cannot be expected to know what aspects of child health we feel are particularly important, unless we ourselves see that we do. Similarly if the agricultural policy does not include the cultivation of the foods most needed for the improved nutrition of mothers and children, and if family gardens are difficult or impossible to maintain, or if the local village shop does not include, in its range of goods for sale, the kind of foodstuffs which are nutritionally valuable and economically possible for its clients, how can we hope that our nutrition education will be effective? In urban areas the vendors of commercial goods such as tinned milk, or various patent strengthening foods are often powerful educators. How are we to cope with the parent who spends money he can ill afford on some such product, and has none left for what we know is nutritionally valuable and necessary?

If we agree that this cooperation with other educators and potential educators, and this unanimity of approach is desirable and in fact essential, how are we to bring it about?

It would appear that a great deal of our time and energy will have to be spent not in the centre but in the world at large, trying to persuade all sorts of people to see our point of view and to cooperate with us. Do we feel adequately prepared to undertake this task? Has our training equipped us to work with people of all grades of knowledge and opinion on equal terms as men and women who feel that their point of view has stood the test of time and experience and is therefore not to be lightly dismissed? Little in the history of medicine and public health practice suggests that this is so.

Which of us, starting a maternal and child health service where none had been before, would have the wisdom of Florence Nightingale, who, amid the chaos of the Crimean wards which she had come to relieve, had the courage to remain inactive until her help was asked by the local leaders?

Why is it that sometimes volunteers trained for a short time in certain principles and techniques of working with people can elicit more information on an intimate subject than the public health nurses known for years to the families concerned?<sup>(10)</sup>

The interest and friendliness of an outsider who will take time to get acquainted with the people and then sit on the floor to show a woman how to boil the milk for her hungry twins, or cover the baby's face with a piece of muslin, explaining that the dirt on the fly's feet carries disease to the baby's eyes, cannot fail to make an impression. As one mother said "Until you came we never knew what to do to keep our children healthy. We waited until the baby's eyes were so bad that he could

not see, and then we took him to the health centre"(11). Why does the public health nurse sometimes "fail to make an impression" in this way?

The maternal and child health services were designed to prevent ill-health by education. "The aim of the worker must not be to alleviate but to educate ... the needs of home-health bringing require different but not lower qualifications, and more varied"(12). Nearly a hundred years have passed since Florence Nightingale wrote these words, but still, in most countries, the basic training of the "preventive" family doctor or nurse is no different from that of any other doctor or nurse. How many of the four to six years training of this family health educator are devoted to developing the skills of the educator?

"The man who goes into family doctoring and reckons he is going to make a success of it because he knows a text-book of medicine off by heart, or how to give a blood transfusion is going to flop as from the first day of his arrival in practice. The qualities which go to make a good doctor do not appear in any text-books; they are not discussed in any university medical curriculum, nor are they in any book of prescriptions"(13).

Perhaps we may discuss them in this seminar, and work out together the means by which these elusive qualities may be most effectively encouraged and used in the education of the family.

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