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MATERNAL AND CHILD HEALTH IN RURAL AREAS
(Thessaly experiment)

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Maternal and Child Health of the rural population is a "sui generis" work, a rather intricate one, I should even say it is a polymorphous work, which depends, not only on the local conditions of each country, but even on its general policy. In fact, it is the latter which ultimately determines the best system, its scope and the method of procedure.

In spite of the fact that I am a pediatrician, I devote to my country the major part of my time, in dealing, from the social standpoint, with maternal health and infant welfare, and I believe that any Social Welfare work, whatever it may be, should be carried out in accordance with one and indivisible policy, which should be followed by all those who are called upon to develop such a work, irrespective of their fields of specialization. Thus, all activities may be systematically centred and co-ordinated.

It remains, of course, to define the part of the programme which will be given priority, the goal aimed at, and to specify the means through which this goal will be reached. Needless to say that due consideration should be given to local conditions.

When our Ministry of Social Welfare laid the foundations of its new-born social policy, thirty years ago, host of programmes were established and innumerable discussions took place, in order to lay down a line of conduct and to select among the various branches those which should have priority.

It was, then, unanimously agreed to give priority to "Maternal and Child Health". The National Welfare and Social Assistance Institution was, therefore, established (PIKPA), whose various services concerned were to analyse and closely study the important problems connected with this matter.

For lack of time, I shall not review all the fields of activity of this organization, which is proceeding, slowly but steadily, towards the implementation of a rational, positive and carefully designed programme. I shall not, either, tackle the sphere of activity of other medico-social organizations, whose duties are to solve other problems related to Maternal and Child Health, such as moral child-welfare, re-education of mentally handicapped children, etc.

On the other hand, I shall expatiate on the subject of maternal and child health among the rural population, a highly important and far-reaching social work, which aroused the great interest of the Hellenic Government and the U. I. C. E. F. and received the sanction of the Parliament by two decrees (2690/53 and 2968/54).

When, two years ago, we started in Greece the implementation of the Thessaly Programme, which, thanks to UNICEF generous help, has materialized, we could already foresee the various needs of the rural population and we had some idea of many other needs related to the lack of education of this population, its customs and its superstitions.

Two inspectors from PIKPA, a pediatrician and an obstetrician, both of them experts in their respective fields, visited Thessaly, and studied, for months and on the spot, the way of living of some 500,000 people. At the cost of great exertions, much thinking and perseverance, they succeeded in developing a plan of operation aiming at establishing direct contacts between the rural population and a qualified technical personnel, with a view to creating conditions likely to promote the health principles which developed and took shape with the progress of civilization.

Such a spreading of beneficent principles was expected to arouse in particular the interest of small remote villages, which being far from any cultural or health centre, could not look forward to having a standard rural health centre set up for each one of them.

In fact, our country's economic resources are much limited, and whenever a proposal is made regarding a social or a sanitary question, due consideration is to be given to the financial side of the matter.

But at this juncture, we do not consider that the economic problem should be our only concern. Of course, a sound programme, implying a moderate and limited expense, is of no minor importance. But, as a set-off, it should be staffed by a personnel whose technical qualifications and high character would enable it to gain the confidence and the sympathy of the population it has to serve. Now, in addition to the perpetual financial question and to the lack of facilities, as far as Maternal and Child Health is concerned, we find another obstacle standing in our way, in rural areas, and it is often an insuperable one, namely, the difficulty to recruit a qualified personnel, "socially" trained to undertake such a work.

After scrutinizing the statement submitted by the inspectors, we were able not only to realize the extent of the problem, but also to lay our finger on the real facts as they were, and we therefore came to the conclusion that an experiment should be tried, and that we should make the best of it.

In order to achieve this assistance and to provide Maternal and Child Health Services in rural zones, we had to find a way to get in contact with the villagers, to arouse the interest of the people, to tactfully neutralize any possible passive attitude, and to give rise, instead, to a close continuous and fruitful co-operation, to interest in our efforts not only the local health circles, but also the public and administrative authorities, the education authorities, the school teachers and the clergy, ultimately, we had to properly collect and centralize the results and to synthesize the various actions taken for the maximum and immediate benefit of the rural population.

The mobile unit we used for reaching the willages was the automobile. The number of mobile units was originally fixed at 12, but it was reduced, at the beginning of the experiment, to 9. As, however, this number proved, later on, to be insufficient, it was proposed to revert to the original figure of 12.

Each mobile unit was to consist of a young physician, with a general medical knowledge, a nurse visitor and a midwife, both had to be qualified and selected among the best graduates from the Government training institutes.

After overcoming the difficulties referred to above, regarding the recruitment of this indispensable technical personnel, we had to provide for their medico-social re-education by appropriate courses, in order to enable it to serve with efficiency, zeal and charity the 760 localities scattered throughout Thessaly.

Indeed, we just intended to try an experiment, but, should had it proved successful, in fact, we looked forward to extending our welfare programme to other provinces in our country.

The task devolved to this personnel was a most difficult one. First, because of the great needs of the rural areas, then, because the methods of approach had to be very specific, since the population to deal with was either ignorant, or superstitious, or distrustful, or backward, or indifferent, or economically under-developed, with a low standard of life, and, in addition, affected by a high mortality rate.

Therefore, such a personnel must be young, well educated, of ^{outstanding} character, full of confidence and enthusiasm, in order to be able to face a generally rough people, with much understanding and comprehension, with steadiness, love and even with some spirit of sacrifice. That personnel was also expected to develop among the people a social consciousness and a new concept of the rural health service; for this reason, any ^{material form} of relief should be, if possible, avoided.

It was for this purpose that a practical training was established for a period of 6 months in obstetrics and baby care, without omitting **moral** development in the social meaning. **Among the series of methods preliminary to an intelligent, beneficial and flexible rural activity, capable to adapt to circumstances, that personnel, while following selected courses, became acquainted, as far as possible, with all the problems related to rural Maternal and Child Health.**

The automobiles were offered by U.I.C.E.F. which procured us also the technical equipment indispensable to the implementation of our programme.

The latter, which started 2 years ago, on an experimental basis, in Thessaly, gave us a feeling of surprise mingled with satisfaction, as we noticed, the first time our mobile units went out, how warmly they were welcomed by the rural population of this province.

With due consideration to the needs of the villages and the possibilities of the mobile unit, the latter visited the villages once per month; there, ante-natal, infant and children consultations took place, and were of great assistance to a deeply grateful rural population.

The social nurse visited systematically all houses and got into touch with families, among which polyvalent health and social work was carried out.

Thus, she strengthened what was good and right and brushed aside what was bad and nocuous, without roughness, without brute force, without going against traditions, but with a tact and an ability which called for sympathy, for confidence and even for the much desired co-operation of the rural population. Such a co-operation is essential, as any effort of social improvement cannot be effective unless the population realize the importance of its own contribution.

The physician established contact with his colleagues and the midwives in the visited villages, and explained to them that the mobile unit, far from competing with them, was nothing else but a generous ally which was lending them a helpful hand and that all its resources, both material and moral, were at their disposal. It seems that such a policy was the right one, as, apart from a few exceptions, all were eager to offer us their valuable co-operation.

In the meanwhile, we realized that in order to meet the needs of the rural population, we had to set up, at all costs, baby clinics, to reorganize the obstetrical services of the Government hospitals existing in our field of action, i.e. Thessaly, so that the "Dystocié" may be entrusted to those competent services, instead of being into inexperienced hands, operating under poor conditions, "at home".

It may already be noted with satisfaction that any sick child may be treated by specialists in newly established clinics, and that any difficult confinement is dealt with in hospital or in a special clinic, whilst normal confinements are no longer entrusted to non-qualified midwives but to professional people and attended at home by the community midwife or in the Community

Health Centres (a small rural branch of the Government hospitals accomodating 6-8 beds, with a doctor and a midwife).

The mobile units being still in close co-operation with the latter, provided the community midwives with all the equipment they needed, they gave medicaments to the rural population, carried out vaccinations and distributed milk, vitamins and layettes whenever necessary.

Every 4 months, "local seminars" are held in some town or village in Thessaly; thanks to the participation of the whole staff of the mobile units, of the departmental health inspectors, the doctors and the midwives of the area, and even with the attendance of the school teachers and the local authorities, such seminars are of the greatest interest. In a friendly and constructive atmosphere, all problems connected with our plan of operation are discussed. The variety of opinions gives rise to valuable indications regarding the policy to be adopted.

Two years have elapsed since the mobile units started to scour Thessaly roads in every direction, on an experimental basis (we stress it again). Two years of uninterrupted work, of medico-social activity, of an intensified socio-hygienic propaganda carried out by all possible means : demonstrations, illustrated posters, leaflets, pamphlets, talks, cinema, etc.; two years of disappointed hopes and of achievements, enabled us to gain a valuable experience in Maternal and Child Health. For, if University lays the foundations for Science, Experience goes beyond its possibilities.

In our opinion, Thessaly experiment has come to an end, and the results achieved are most encouraging. The mentality of the rural population has markedly changed. After being sometimes indifferent - even hostile -, that population shows now readiness for fruitful co-operation. Maternal and infantile morbidity and mortality have notably decreased. As a striking example, we should recall that, whilst more than 30 cases of tetanus neonatorum were reported in 1954, the incidence of this disease has decreased during the last two years and almost completely dropped.

The work achieved is, naturally, subject to criticism. For instance, it may be objected that the sole monthly visit to villages is not sufficient.

We agree to this; but we should not forget that our work is essentially "preventive", that medical care properly called is provided by our colleagues working on the spot, and that our presence gives rise to a spirit of social conscience, which prompts people to report to clinics and rural health centres.

But it is true that there remains many problems to solve in order to improve Maternal and Child Health we undertook to develop. We should quote, inter alia, the organization of combined mobile units (motor cars and mules) used for some mountainous villages, inaccessible by road, the tightening of our co-operation with the rural population through an increase of the number of health visiting nurses and the solution to find to the important problem of premature infants, "those unripe fruits broken off from the branch by a gust of wind" (Wallich and Fruhenholz) and who may be snatched from the rural infant mortality statistics through special care given by a qualified personnel, continuous medical supervision and appropriate diet.

I am stating, however, some statistical data which may give an idea of the work carried out. There were 766 tours. The number of villagers visited by us amounted to 597,613 of whom 20,858 were examined; these consisted of 18,824 children and 2,034 women. In 8 instances, the units attended confinements owing to a total lack of midwives or doctors. 1,221 infants were vaccinated and 61 mothers and children were admitted to local hospitals. Furthermore, 151 sets of baby garments (layettes) and 6,699 cans of milk were distributed to destitute families (as a gift from UNICEF). The layettes and the milk were delivered at home by health visitors.

The morbidity rate was 36% (out of the total numbers of examined children). The number of diseases of the digestive system and of infectious diseases was very favourably influenced.

The availability of a qualified personnel enables us to carry out special investigations, such as registration of crippled children, etc.

Finally, our getting into touch with the technicians of the Ministries of Agriculture and Reconstruction gives an opportunity to discuss various problems connected with the raising of the living standard in villages.