

WORLD HEALTH
ORGANIZATION

ORGANISATION MONDIALE
DE LA SANTÉ

REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

BUREAU RÉGIONAL DE LA
MÉDITERRANÉE ORIENTALE

REGIONAL SEMINAR ON
MATERNAL AND CHILD HEALTH

Em/MCH.Sem/23
18 December 1957

Cairo, 25 November - 7 December 1957

ORIGINAL: FRENCH

REPORT SUBMITTED AT
THE CLOSING SESSION OF THE SEMINAR

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It appears from the data provided by the Seminar, that its activities were divided into three parts, as follows :

- 1) A series of lectures followed by discussions.
- 2) A series of small group discussions with well defined subjects to discuss, namely :
 - a) assessment of needs;
 - b) administration of MCH services;
 - c) integration of preventive services.
- 3) A series of visits to various institutions within the framework of the Seminar.

The lecturers, who were selected beforehand, developed the main topic of the lecture, and gave details of special interest.

The participants in the Seminar were primarily concerned in the methodological assessment of MCH needs both from the clinical and the statistical standpoints.

In countries where hospitals, specialized doctors, adequate personnel and technical facilities are scarce, and needs particularly urgent and numerous, the most urgent of such needs should be met first; then, the field of activity should expand gradually, with due consideration to the local conditions prevailing in each country and even in each region. Moreover, as far as mothers and children are concerned, emphasis should be put on an educational, preventive and constructive action.

Education should primarily deal with nutrition and health education in general before going gradually into the details of a more comprehensive teaching. The closer the staff is in contact with the public, and particularly with the family, the more effective the work. It is in the family environment that such activities are likely to be best developed.

The activities of the hospital, the clinic, the consultation service or any other institution should also include general measures, e.g., vaccination, group teaching (for grown ups and children), films, lectures, demonstrations, the closest possible co-operation with other services, institutions, organizations whether voluntary or not, and, ultimately, contacts with schools, boys and girls' clubs, etc.

Statistics are an essential component in the assessment of needs of MCH services not only with regard to vital statistics but more particularly in respect of mortality and morbidity, as such factors serve as a guidance for the determination of causes and the qualitative and quantitative evaluation of the work performed.

As vital statistics require a personnel as much qualified as possible, the statistical work should be carried out by stage, and should be limited at the beginning to general information, such as census, registration of births and deaths.

MCH services may play an essential part in the collection of statistical data, when carrying out their activities and also through contacts with the local authorities and by the establishment of small statistical units which may serve as models.

As a general rule, any country interested in such a kind of activity should insist upon a uniform lay-out for statistical data, which should be on the same pattern and should include comparable definitions. Thus, would automatically be laid the foundations of a unified work, likely to expand, and which would help undertaking special studies, such as surveys.

The participants, who came from countries where different conditions prevail, showed a very keen interest in the setting up of MCH centres conforming to a basic pattern, with a view to turning them afterwards into centres not only curative and preventive, but also of value for the education of the family, so that they do not just serve for accumulating knowledge, but as the starting point of a successful undertaking. Thus, these principles will be a justification for an effort aiming at securing maternal and child health, which forms the base of the family and,

consequently, of the society. Moreover, the social workers, through their activities in MCH centres, have the opportunity of being in contact with the whole family and to influence it as an indivisible unit.

The MCH centre has several means for family education. These means may have a part to play particularly in important occasions of life, such as birth or disease, or in helping to solve important problems, like nutrition. Furthermore, by carrying out their activities in the family framework, the social workers would be in the very environment which would enable them to best develop such activities.

The deeper the social workers can penetrate the mentality of the persons attending the centre the more effective their work will be. It is through an understanding and tactful attitude, rather than by displaying much knowledge and anticipating quick and superficial changes, that they would be able to secure success.

It is for this reason that the training of medical and other personnel, assigned to such centres, should be carried out in such a way that those who attend these centres feel at home and that any impression of domination be avoided. On the other hand, as far as personnel training is concerned, the teacher, the leader, the pupil or the subordinate must be aware, from the very beginning, of the fact that they are all collaborators, that discussion is better than a dictated lesson and that both sides contribute to success. Then, it would be possible that such a co-operation between the personnel and the public become constructive and real. Experience showed that the education of personnel and consequently of the public should be based on a pattern entirely different from the present one. Furthermore, what is considered of major importance is no longer a lecture or a theoretical demonstration, but the assistance offered to people to teach them to work for their own sake, to freely accept that teaching, and ultimately request it.

It goes without saying that the health educator should adapt his method to the particular conditions of the family and should deal with the mother, the grand-mother or the step-mother, individually or by small group discussions. Sometimes, there should be a repetition and the method should always be adapted to the possibilities of the pupils; therefore, all those who work in a maternal and child health seminar participate in teaching by all available means and they should bear in mind that example plays an important part in this respect.

Any help, even if offered under the pressure of necessity, should be used as a means of education, but it should always be accompanied by a touch of human feeling without which any effort would be ineffective.

Among the media used for the health education of the family, education aids proved the most important, particularly audio visual aids, which by appealing to the senses of the individual, secure the best way to reach his mind and, consequently, make the teaching process quicker and more lasting. But it is essential that audio-visual aids be used by a qualified person, otherwise their effect may be worthless or only temporary, especially if they have not been carefully selected and if due consideration has not been given to details.

In countries where development is in progress, and in which illiterates are often the majority, audio-visual aids may serve as first rate media of education. One may quote as an example the gradually increasing influence of advertising, which is an essential component in the economy of States, but is still not so, for the time being, in the field of education. If educators do not decide to resort in future to the methods at present used by businessmen for introducing often harmful products, the time will come where education will look unattractive and will be considered with indifference, since the public is allured by such showy methods.

In addition, it is beyond doubt that the concept of a basic maternal and child health centre should be revised either partially or totally. The mother and the child (and this is never emphasized enough) form a whole which can never be separated without risk, and the relationship between this group and the family should be apparent in every field connected with maternal and child health.

There has been up till now a tendency, on the part of those who were dealing with social work, to separate the curative aspects from the preventive aspects of their activity. In order to secure a harmonious physical and moral development of the child, the centre should also be developed in every respect, especially in those fields where it represents, with the school, the only entity concerned in maternal and child care. It is for this reason that relationship between the centre, the school, the hospital, and the local authorities should expand to the fullest extent, so that, along with the medical and para-medical services provided to mothers and children, the cultural development of their environment be encouraged too. In such

a way, the MCH centre will be naturally in close contact with the dynamic and even static factors of the region. It is for such a reason that the centre should at any rate avoid to work isolated on the grounds that any preventive or curative activity intended to the mothers and the children forms an independent activity.

This is why the health of the family should be looked at as a one and indivisible whole, and any effort directed in this way should have a wide range and should reach the family as an entity. This same tendency should appear both in the centre and in the region and include the medical, medico-social and social aspects in administrative circles as well as in public or even voluntary organizations.

Such an integration will result from methods which would vary according to the circumstances, and some constant elements will depend on a decision to be taken by a higher authority (for instance, the appointment of an official responsible for the maternal and child health care in the administration, the setting up of special midwifery, gynaecology and paediatrics services in general hospitals, the general orientation given to the personnel for the integration of services, or also the constitution of advisory bodies consisting of specialists in various fields).

Particularly with regard to the Eastern Mediterranean Region, there are many factors of special interest. Whilst a general decrease in morbidity and mortality rate is recorded in the whole world, this Region must be considered as seriously handicapped in this respect, on account of the living conditions and the generally low standard of their populations. One of the most important factors of maternal mortality is the partial or general lack of obstetrical or gynaecological assistance. Malnutrition, gastro-intestinal disturbances, malaria, tuberculosis, vitamin and other deficiencies, tetanus, etc., are amongst the main factors which account for infant mortality. It is through the study of these factors that it could be remedied to the situation. The MCH Centres would, thus, contrive to show the advantages of an appropriate diet for suckling babies, the value of an integral moral and physical development of pre-school and school children, and so on.

A particular attention should be paid to the recruitment and training of personnel, especially of rural personnel. The MCH Centres should necessarily be adapted to the needs of each country, even of each region.

In the Eastern Mediterranean Region, environmental sanitation plays an important part. The health status of the population depends upon it. Environmental sanitation entails various activities: water supply, disposal of refuse and excreta, housing, food and - more particularly - milk hygiene, insects and rodents control, etc. It goes without saying that priorities should be determined in accordance with local conditions and that those responsible for the carrying out of such activities should be appointed.

Amongst all sanitation measures, the education of the public is the most essential. It should be carried out in accordance with a well defined general programme, set up by the administrative authority, which will provide the family with the means of applying such a programme, by putting within the family's reach health food, and a clean environment where it could develop harmoniously.

Nowadays, conditions are extremely favourable for the development of such a programme, in spite of the economic difficulties which exist in all countries. Everywhere and in all circles, one can notice encouragement given to any activity intended to the benefit of mothers and children. Such a tendency exists not only at the national but also at the international level. WHO, UNICEF, FAO, ICC, UNESCO develop and implement excellent programmes, and thanks to their experience in this field, they provide a support which is not only material but mainly moral.