REGIONAL SEMINAR ON DEVELOPMENT OF FIELD TRAINING AREAS, THEIR NEEDS AND ADVANTAGES FOR THE TEACHING OF MCH AND FAMILY PLANNING TO HEALTH PERSONNEL

DR/2

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REPORT ON FIELD VISIT TO NAJAFABAD CITY AND NEARBY THREE VILLAGES (26 May 1975)

Introduction

The purpose of arranging the field visit with the kind collaboration and assistance of the Health Department of Najafabad* was to demonstrate to the participants of the meeting the approach towards observation and preparation of a potential field training area. Thus, they also had the benefit of seeing some rural populations near Isfahan city. The exercise of some visits to households in small groups of guest and host country participants was intended to show that contact with rural and urban people is not difficult if carried out with sincerity and due courtesy. The Iranian members of the groups (7) of four or five persons helped interpret questions and answers from which some simple data was collected which is presented here.

The data is only illustrative of the kind of information one can easily arrange to collect through medical students or other health personnel, and by no means represents any real situation in the areas visited.

About thirty persons (participants, observers and resource persons)were divided into seven groups of four or five persons; five groups visited three villages in Najafabad Shahrestan (population of villages ranged between 1500 and 3000) and two groups visited some families in Najafabad city. The total number of families thus visited was twenty-eight, which ranged between five to fourteen family members.

The whole field visit was carried out in accordance with the planned programme, copies of which were previously distributed.

1. Average Size of Family

Ranged from a low of 5.3 up to 10 but mostly from 6 to 8. A family of 12 children plus parents was found in one case.

2. Occupation of Father

In almost all rural localities the father was a farmer and did some technical work related to farming in very few cases like owning a tractor.

* Through the kind courtesy of Dr. M. Loghmani, Deputy Director General, Health Department, Isfahan Ostan, and the kind hospitality of Dr. Rasai, Medical Officer Najafabad Shahrestan.

In urban areas the father was almost always involved in non-farming occupation, ranging from a government employee to a technical private enterprise.

3. Carpet Making

However, in both urban and rural localities, whenever carpet making was looked for, almost all houses were engaged in this very profitable industry which capitalizes on the efforts of the mother and the girls in the house starting very early in life to pick the skill (as young as 6 years).

4. Education of the Children

The above finding could explain the lower literacy rate of females (30%) in contrast to that of males (above 70%). This was true in both rural and urban localities. The parents or the older generation were mostly illeterate except for few parents in the urban locality of Najafabad.

5. Obstetric Care

Obstetric care was to a good extent offered by the hospitals in Najafabad for both rural and urban areas; and the attendant in the hospital was mostly a nurse or a midwife unless need for interference (like caesarean section) arises which then was performed by the Ob/Gyn doctor. The home deliveries were mostly attended by the local TBA midwife and recently the new rural midwife has started to perform this function (range of home deliveries was between 25% and 100%).

6. Source of Medical Care

This was far from the place of residence of the people and they had to travel to get the hospital service from Najafabad in all the three villages including Khorasang and Galah Shah, which have a health centre and outpatient dispensary respectively available.

7. The Cost of Medical Care

With the exception of the few privileged government employees (who pay 20% of the cost) and all industrial workers who are insured, most of the families in rural and urban localities visit the private practitioner and pay anything from 30 up to 200 Rials per visit, plus transport cost, and other indirect expenses involved.

8. Preventive Items Covered are:

(a) Immunization on a mobile team basis in rural areas and in the MCH centres in urban areas;

(b) malaria eradication activities including mainly spraying D.D.T. is usually found only in rural but not in urban areas;

(c) while family planning motivation and service was perceptible in all rural and urban localities, MCH care was only found in urban centres and in the newly established health centre in Khorasang village;

(d) nutrition supplementation was associated with either MCH or school health care,

(e) and school health was apparently giving a reasonable coverage especially with respect to meals.

9. Child Mortality

Child mortality appeared to be on the high side especially in rural localities due to insufficient coverage of regular medical care, and it ranged from 5% (in families that were rich enough to arrange attendance of mothers and children at hospitals) up to 40% from total number of live-born infants in the observed families. On the other hand, where facilities existed in the urban centre, the range of child mortality was very low (5 to 8% of total number of live births).

10. The main causes of early infant and child mortality were gastro-enteritis, pneumonia, birth injury, malnutrition and undiagnosed fevers.

11. The main problems expressed were the lack of medical care at the periphery in rural areas so the demand was strong for health centres because transportation even if cheap is not always available for emergencies.

Another complaint even in the presence of a rural health centre in Khorasang, the referal need to hospital for medical care was still not fully met and a fair proportion had to travel to Najafabad for care.

Public baths were also requested to cover the needs of the people in the villages.

Mosquitoes, flies and other problems were expressed variably, although the general sanitation was noted to be fairly good.

ANALYSIS OF DATA FROM FAMILY RECORD INFORMATION COLLECTED IN NAJAFABAD URBAN AND RURAL AREA
(26 May 1975)

Locality	Group	Size of Family M	F	Preg. Women	Occup. of father	Educ. of Children M	F	Home Indus. (carpet making)	Last Delivery Where Whom	Hospital Home	Village Outside	Source of Med. Care	Cost/Visit* Direct	Indirect	Death of Children Number	%	Cause of Death G.E.	Resp.	Others**	Preventive Items Immun.	Malaria Nutrition F.P. MCH	Sch.Hlth	Problems Med. Centre	Pub. baths	Flies	Others
Galah Shah	A 4	4	3		Farmer	82%	80%	50%	MW 100%	75%	25%	- 100%	400	30	2	28	33%	30%	37%	+	+ -	+	-	+	+	-
	B 5	5	5	40%	3 Farm 1 Groc 1 Empl	83%	60%	60%	MW 80% Doc. 20% (C.S)	60%	40%	- 100%	600	60	0.4	5	50%	-	50%	+	+ -	+	-	+	+	+
Galah Safid	A 5	3.4	3.2		Farmers 80% Tea 80%	75%	30%	N.A.	MW 60% Doc. 20% (C.S)	40%	60%	- 100%	600	30	3	42	-	-	100%	+	+ -	+	-	+	-	+
	B 4	3	3		Farmers 75% Bath Workers 25%	100%	-	100%	MW 100%	-	100%	- 100%	700	30	1.2	23	40%	-	60%	+	+ -	+	-	+	-	+
Najafabad	A 3	4	4		100% non-farmers	50%	20%	33%	Nur 66% MW 33%	66%	33%	100% -	50* Ins.	20	0.3	5	-	100%	-	+	- -	+	+	-	-	+
	B 3	3.3	2		100% non-farmers	72%	-	-	MW 100%	-	100%	100% -	400	30	0.3	8	-	-	100%	+	- -	+	+	-	-	+

Locality	Group	Size of Family M	Size of Family F	Pref. Women	Occup. of Father	Educ. of Children M	Educ. of Children F	Home Indus. (carpet making)	Last Delivery Whom	Last Delivery Where: Hospital	Last Delivery Where: Outside	Source of Med.Care: Village	Source of Med.Care: Outside	Cost/Visit: Direct	Cost/Visit: Indirect	Death of Children: Number	Death of Children: %	Causes of Death: G.E.	Causes of Death: Resp.**	Causes of Death: Others	Preventive Items: Immun.	Preventive Items: Malaria	Preventive Items: Nutrition	Preventive Items: FP	Preventive Items: MCH	Preventive Items: Sch.Hlth	Problems: Med.Centre	Problems: Public Baths	Problems: Flies	Problems: Others
Jhora-rang	4	5	3		Farmers 100%	80%	-	N.A.	100% MW	-100%		50%	50%	300	30	2	30%	25%	12.5%	62.5%	-	-	+	+	+	-	-	-	+

* Those working in technical jobs are employees covered by insurance and pay only 20% of actual fees.

** Mostly malnutrition fever and birth injury.

ANALYSIS OF INTERVIEWING OF MIDWIVES OR OTHER FIELD PERSONNEL IN NAJAFABAD AREA
(26 May 1975)

Locality	Categ. of Worker	No. of Families	Satisfaction +	Satisfaction -	Training Sch. Educ.	Training Prof. Educ.	Report to whom Phys.	Report to whom Nur.	Freq. of Reporting 1/m	Freq. of Reporting 2/m	Freq. of Reporting Daily	Help from Supervisor +	Help from Supervisor -	Knowl. of all Preg. in Area +	Knowl. of all Preg. in Area -	Causes of Child Mortal. G.E.	Causes of Child Mortal. Resp.	Tetanus Neon. +	Tetanus Neon. -
Gal Sh	Aux. MW.	1000	-	✓	-	6ms.	✓	-	-	✓	-	-	✓	✓	-	✓	-	-	✓
Ge Sai	Rural MW.	530	✓	-	9yrs.	7ms.	✓	-	-	✓	-	✓	-	✓	-	?	?	-	✓
Nafa-ba	FP Asst (Behyar)	70	-	✓	6yrs.	2ws. in-ser trng.	-	✓	-	-	✓	-	✓	-	✓	✓	-	✓	-
Kho-san	Rural MW.	?	✓	-	6yrs.	6ms.	-	✓	-	✓	-	-	✓	-	✓	?	?	?	?