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DISCUSSION GROUP REPORTS
ON
THE CARE OF THE CHILD FROM ONE TO SIX

Tuesday, 10 September at 2:00 p.m.

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REPORT OF GROUP A

The members of this group are:

Dr. C.H. Yen (China) Chairman
Dr. H.E. Downes (Australia)
Dr. E. Agustin (PI) Rapporteur
Dr. W.G. Evans (UK)
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Dr. R.Y. Atienza (ISBT)
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In the attempt of the members of the group to find out what problems confront the age group 1-6 and to analyze what solutions are best to solve these problems, considerable discussions by each and every member were offered on the subject. Their discussions were more or less centred on their experiences and observations in their own areas, hence these experiences are varied and are rich with interesting facts. Finally they came to agree to approach the subject matter in two comprehensive headings as follows:

I. What are the health needs in the age group 1-6

II. What are the best ways to solve these health needs

I Health needs:

The health needs in this group are varied in the different areas. In general however, the problems are as follows:

1. Acute infectious diseases specially of the respiratory system and the gastro-intestinal tract. Chronic diseases like tuberculosis are also common problems, and infections of the skin. In some countries, although the infectious diseases are no longer the problem yet, accidents, dental carries and nutritional conditions, are more frequent.
2. Other diseases and conditions may be considered as: malaria, poliomyelitis and parasitism.
3. Emotional and social problems were also mentioned in certain areas.
4. Poor environmental conditions, overcrowding, poverty and lack of proper education on the part of the parents have contributed to high mortality and morbidity rate in this age group.

II How to solve the above enumerated health needs

The following are suggested:

1. Strong health organization at the local level (rural health unit).
2. Effective co-operation and assistance with the local health unit by voluntary and private organizations as:
 - a. Women's club
 - b. PT. association
 - c. Private medical and para-medical practitioners
 - d. Farmers' association
 - e. Civic societies
 - f. Welfare societies
 - g. Religious and educational groups, etc.

This organization should synchronize their activities so as to obtain the maximum assistance and co-operation with the official health department.

It should be borne in mind that, the rural or local health units alone could not cope with solving all the above-enumerated problems in this age group. Aside from the dearth of qualified public-health personnel to man these units in most of the areas, it is also a fact that funds to support them adequately is a problem. The help of voluntary organizations in the community therefore, should be solicited if not encouraged to participate in solving this problem.

REPORT OF GROUP B

The members of this group are:

Dr. Le Khac Quyen (Viet Nam) - Chairman
Dr. Chao Souvath Sayavongs (Laos)
Médécin-Colonel R. Augère (France)
Dr. J. Bierdrager (Netherlands)
Dr. J. de Paiva Martins (Portugal)
Dr. P. G. Can (Viet Nam)

Mr. S. M. Keeny (UNICEF)

The Group recognized the complexity of the problem and the scope of the subject.

The choice of the topic seemed pertinent, the infant being more or less well protected by his mother who hardly leaves him. The school-children is doubly taken care of by his parents and teacher, however, the child from one to six years is less protected against outside influences.

The information concerning this question may be divided into three categories:

- 1) economic problems
- 2) social and family problems
- 3) medico-social problems

1 Economic problems

In many countries, the general economy is variable and the usual food consumption is often inadequate to provide people a well-balanced diet. Economic help is indispensable to give them nutritious food vital to their health and well being.

2 Social problems

Social problems are of paramount importance. The high cost of living makes life difficult in most parts of the world. Parents have to work hard to provide the needs of their families, and sometimes their children are left to the care of third persons.

3 Medico-social problems

These include the prevention of endemo-epidemic diseases, both infectious and communicable, the pre-school and school medical insurance and the curative medicine.

Three meetings would be required to cover such a broad subject. Almost all interested countries benefit by an improved health organization which makes it possible for them to carry on the treatment and eradication of most of the known diseases.

In many countries, however, the duties of the medical staff are so heavy that performance of some varied work in the curative and preventive medicine would not be possible.

The problem has to be analyzed to see how the greatest number of children could be reached as well as the people who could help in this work.

It would be necessary to differentiate the urban from the rural populations, because the former are usually more developed while the rural populations are often difficult to reach and to convince. It is towards the latter that we must aim.

In the cities, we are confronted with needs:

- 1) Mothers' education through lectures on child care and visits by nurses and social workers. It is the most economical way to use funds and which gives the best results.
- 2) Establishment on a large scale of public nurseries, day nurseries and kindergartens. This system is desirable but very expensive and always insufficient in spite of the importance of the efforts undertaken. This would be of little use if the child does not return to an improved environment.

In the rural areas, it is necessary, within the framework of existing institutions, religious or secular, to promote health-education practices with the help of the existing medical and nursing personnel.

The separation of the children and their mothers is undesirable and we should direct our efforts in the future toward better guidance of mothers. We must teach them the elementary care to be given to the children, the way of using milk and proper foods and how to change their prejudices, superstitions and "taboos".

Will the personnel be paid by interested collectivities or by the central administration? Both theories have merit.

The Group suggests the following five questions for study:

- 1) Principal needs and dangers for children from one to six
- 2) Suggested methods of approach:
 - a) care within the family
 - b) care in the children's hospital
 - c) care in the maternal and child health centres
- 3) Means of providing the principal needs and avoiding dangers
- 4) How to raise the medico-social level?
- 5) How to work towards the participation of women and girls in the child's education?

REPORT OF GROUP C

The members of this group are:

Dr. A. C. Regala (PI) - Chairman
Dr. R. K. C. Lee (USA) - Rapporteur
Dr. L. C. Yen (China)
Dr. M. Kusumoto (Japan)
Dr. C. C. Lee (Korea)
Dr. R. Tumbokon (PI)
Dr. Mohamed Din bin Ahmad (UK)
Médecin-Colonel Aretas (France)

Dr. F. del Mundo (IPA)
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THE PROBLEMS

1. Medical problems
 - a. Preventable diseases
 - b. Deformities, disabilities and injuries
 - c. Nutritional diseases
 - d. Mental retardation
2. Mental and emotional problems
3. Social, educational, recreational and spiritual needs.

THE APPROACHES

The Group considered the needs of the child from one to six years in any area, rural or urban, developed and under-developed, and giving full recognition to cultural and traditional patterns of each country's people. The Group decided to discuss one specific problem in children from one to six years. Using this one problem, the Group felt that the same approach to meeting the needs of these children can be applied in general to all other needs. Diarrhoea and enteritis appeared to be a major morbidity and mortality problem in this age group. In most of the major countries of this region, this condition was first or second in cause of deaths. This was true more particularly in rural areas.

Reaching the mother and the family was considered a basic factor. Every avenue of approach must be utilized. Health education and instruction was a fundamental need. The mother and family had to be fully instructed on the importance of food and water sanitation. Adequate food and water storage, preparation and servicing was important. All agencies and individuals should be informed. The home was the first objective, followed by the health centre, the private practitioner, the school, the hospital, the governing body and other agencies. The health officer,

the nurse, the sanitary inspector, the health educator, the extension agent were important "cogs in the machinery" needed to reach the children. Health instruction, personal hygiene, improved nutrition education, adequate and trained personnel, economic needs are all important factors. Immunization was not of value in attacking the problem of diarrhoea and enteritis of this age group.

The health officer, in developing a programme to reduce the incidence of diarrhoea and enteritis in children from one to six, must know the extent of this problem, must inform professional and lay groups of this fact and obtain their support. Organized medicine must work hand in hand with the health agency. Governing bodies, if informed of the problem, usually will give legislative and financial support to meet a serious problem. The Group concluded by emphasizing that the child from one to six is largely a neglected group in the home and in the community. It is a difficult group to reach and the home, the mother particularly, is the most important element in this problem. Health services and instruction by all agencies and individuals should be concentrated on the mother. Whether the problem is diarrhoea or enteritis or malnutrition, the mother and her family is the focal point of all health efforts.

REPORT OF GROUP D

The members of this group are:

Dr. K. Bain (USA) - Chairman
Dr. Y. T. Kuo (China)
Dr. F. S. Maclean (NZ)
Dr. M. Doraisingham (UK)
Dr. T. Gomez (PI)
Dr. A. R. Edmonds (UK)

Dr. R. Rivera-Ramirez (MWIA)
Mr. P. O. Hanson, Jr. (UNICEF)

At the outset, the Group decided it would be futile to attempt anything comprehensive. It therefore decided to discuss only malnutrition in this age group.

It considered that no coherent practical approach could be attempted without an assessment of the types and degrees of malnutrition, if any, in a community and the causes.

A survey by ~~scamp~~ sampling (by adequate methods) is therefore recommended as an essential minimum and it might be expected that such a survey would reveal outstanding features relating both directly to nutrition and to other determinants, including infections and infestations, customs, habits and prejudices as well as economic conditions which might limit diets.

The Group felt that in developed and partially-developed communities much of the necessary information might be obtained, with caution, from official records. If these were convincing (or moderately convincing) limited sampling for confirmation would suffice. In areas where satisfactory records are unavailable, the Group suggests that sound statistical sampling is indicated.

The Group considers that want, ignorance of disease, prejudice, idleness and squalor, are the basic causes in most communities. Further, that each of these requires expert attention in assessing their etiological importance in pre-school malnutrition.

It is suggested also that a potent factor in many areas is the changing patterns of social and economic life which have considerable bearing on nutritional problems in this age group and it must be constantly borne in mind that these are not static whilst community is changing from one type of existence to another.

In its broad consideration of the means of correcting malnutrition in the pre-school child, the Group realized the importance of access to the child, and in general this is thought to be through the mother.

Previous experience has been gained from many agencies, maternity and child health centres, schools and school medical services, clinics, dispensaries and hospitals, community organizations and their leaders, voluntary bodies, and in more developed areas by health education.

The Group therefore recommends that:

- 1) in areas where these services are not available, they should be developed.
- 2) where they do exist, they should be utilized by educating their personnel in the techniques of both home and institutional corrective measures.
- 3) the curative services should be used to the utmost for their propaganda value to inform the people with the advantages of preventive measures.
- 4) improvement in economic standards, cultural levels and social responsibility are of obvious importance in the long-range view, and in particular the importance to the community of the growing child must be informed to the fullest extent.
- 5) Government and local authorities, while giving material assistance, must accept and develop the concept that the community must help itself by developing its own industries and occupation, and should give guidance in these matters, not just from the health aspect but from the point of view of social security, which involves the total development of a country.

To summarize, this group is of the opinion that, while its conclusions were achieved somewhat hurriedly and therefore may not stand critical examination any remedial attack must include measures necessary for immediate action, and in every instance a long-term policy which goes far beyond the confines of our own disciplines.