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WAYS OF COMBATTING THE HIGH INFANT MORTALITY RATE IN TURKEY

*Jo E. Asvall MD**

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Too many children die in Turkey, too many children die in Europe, too many children die in the world. In 1982 according to the figures received by WHO the infant mortality rate in Turkey was 95 per 1000 live births, which was the second highest in the Region. This is almost twice the global target set for the year 2000 for all Member States of WHO – 50 per 1000 live births – and even higher compared to the European Regional infant mortality target for the year 2000, which is 20. Although in absolute terms infant mortality in Turkey has decreased by some 35 per 1000 live births, in later years the percentage decrease has been slower than in many other European countries. Countries like Albania, Portugal, Yugoslavia and Romania which – after Morocco and Turkey – had the highest infant mortality rates in Europe in the 1970s have had a higher percentage-wise decrease in their infant mortality rates. UN estimates suggest that if things continue as they have in the past, Turkey will, by the year 2000, just manage to achieve the global WHO Health for All target of 50 infant deaths per 1000 live births.

The high infant mortality in Turkey becomes even higher if one looks at it in comparison with the gross national product of the country, as Turkey has a higher rate than a number of countries with lower gross national product per inhabitant.

This high infant mortality is an important factor in the low life expectancy in Turkey, which in 1982 was 63 years, the second lowest in the Region, and well below the average of 70 that is enjoyed by the European populations in general.

Health statistics and other statistics vary in quality, and reports from the more remote rural areas are of questionable reliability, but even so the situation is well enough known to pinpoint infectious diseases, accidents and perinatal care as being important foci for programs to improve the health of infants and children in this country. Respiratory diseases and infectious and parasitic diseases need particular attention too, as these two categories account for 40% of all infant deaths in Turkey, which is twice the rate for Europe as a whole.

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* Regional Director for Europe, World Health Organization, Copenhagen.

Stategies for improving the situation certainly must include a wide range of measures to improve the resistance of children directly through better nutrition and immunization, and by reducing the risk factors in the environment. Effective action must also look at improved housing, the provision of safer drinking water and of better sanitation facilties, the creation of better understanding and motivation for family planning among the population and the initiation of strong measures to reduce accidents, concentrating not only on the behavioral aspects but even more so on the external factors that cause accidents.

Thus, there is a need for taking a very close look at the societal conditions that surround families and children in Turkey. Medical care for children in the more remote places in Turkey, really gives food for thought. An interview study of some 2000 women[1] indicates that the mean age of first marriage is 16, with almost one third being married at age 15 or less. The women's knowledge of family planning was not high, and the practice of it even lower; a full 60% of the interviewed women were non-accepters of any birth control method. Of the 40% who were using contraceptives only half of them received this information from the public sector, the rest getting contraceptives from the pharmacy or private doctor. Of the 25% of the women who did receive contraception from a health center, it should be noted that only 3% received it from the health house in the village and only 5% from the midwives.

If one looks at the place of birth and the birth attendance for these women, we see that a full 80% of deliveries took place at home and extremely small numbers were born in health centres or health houses. Traditional birth attendants were delivering approximately 60% of these babies and the village midwives only half as many. It was even more significant in this regard that around 70% of the women had received absolutely no health care during their most recent pregnancy; this figure was much higher among illiterate women than among the literate.

As regards seeking the help of health services for maternal and/or infant illnesses, the survey found that only 40% had sought such care in the last six months; over half of the time such care was sought from private doctors in hospitals, while only 30% used the village health houses and a tiny 7.5% used the health centers. Thus, with the exception of the village health houses the public health sector was used very little for maternal and infant care among the women surveyed in this rural area in eastern Anatolia.

On the other hand, almost half of the women had been receiving a home visit during the previous six months, from someone from the health center or the health house; usually the midwife. Many of the women, however, did not know why this home visit had been made.

A positive aspect was that breastfeeding was nearly universally practised by these women and lasted an average of 15 months.

With regard to the management of diarrheas, the survey showed that a high proportion of the population are uninformed about the basic principles involved in the care of such an illness in their children. In spite of the fact that oral rehydration packages had been distributed within the six months previous to the survey, at the time of the interview, 57% of women had not heard about the packages; of those who did know about them, only half had actually used them.

Thus, it is clear that there are very important gaps in the general knowledge of women as to what to do and what not to do as regards the basic health care of their children. No less important, in spite of the fact that a health infrastructure based on health centers and "health houses" has been established, the actual use that the population makes of these centers and of their personnel seems to be suprisingly little. It thus appears to be of paramount importance that we learn what the real reasons behind this low utilization rate are, and what can be done to overcome them – whether these are questions of too long distances and poor communications, whether it has to do with the degree of acceptance by the local population of the methods and approaches used by the public health personnel, whether the current information system is not giving the local health personnel the necessary information for improving their function or whether there are other factors involved. There seems to be a need for not only applied research, but also a program of improved management training in the health services, including the local health personnel at the health centers and even more peripheral levels in order to give them a continuous feedback system that can help improve their function and help their supervisors in identifying areas of particular need in that respect. .

This analytical work, with the subsequent design of an improved management and management training system coupled with an improved information system, will require an input from many sources, not least from the Ministry of Health and Social Welfare. However, it is also typically a field where research institutions can provide important inputs. There are several research groups in Turkey that have important contributions to make in this field and it would seem that the Turkish and International Children's Center (TICC) could be an important link between such institutions and also help to improve the flow of information, ideas and expertise between different institutions and levels in Turkey as well as with the international health sector. The World Health Organization – and I am sure also UNICEF – stands ready to cooperate in this work, should the Turkish authorities so wish.

A problem at the moment is that key documents are not available in Turkish and the knowledge of English or other foreign languages is not very satisfactory among health personnel at primary health care level. There definitely is an urgent need for translating these documents into Turkish and distributing them throughout Turkey; TICC could also play an important role in this respect.

In addition, there will be a need for running a large number of training courses for health workers in Turkey, in order to bring new ideas and methods for child health care to the Turkish health providers. Here again, TICC, with its mandate of cooperating with all higher institutions of learning in Turkey, can play a really important role.

Finally, it is very important that information on the Turkish initiatives in the field of child health be well known outside Turkey so that other countries can profit from the very valuable experiences that are being obtained here. Again, TICC can play an important role in this work.

The World Health Organization's Regional Office for Europe, in Copenhagen, has already signed a letter of agreement with TICC, following a request by the Ministry of Health and Social Welfare and TICC in order to determine the thrust and extent of WHO's cooperation in the health development in Turkey and the extent and nature of cooperation with TICC.

We in WHO believe there is an interesting scope for linking this development closer to that of other Mediterranean countries and to WHO's cooperative program with, not only the countries around the Mediterranean, but also European countries in general. The European Regional Office runs a number of collaborative multi-country projects of direct interest to the health of children. I can in that respect mention our recent publication – "Having a baby in Europe"[2] – which gives the result of a five-year study conducted by experts from ten countries in the Region and including data from 24 European countries. This report shows that problems of child care are by no means limited to Turkey; on the contrary, there are large problems with regard to perinatal care in Europe. I can mention only as an example that the frequency of surgical intervention at birth, varies with a least a factor of 4 among European countries, without clear indication of a similar difference in the outcomes. This is only one of the many interesting observations of this WHO study. I think these findings also give interesting food for thought for the coming development in Turkey; there is obviously a need to analyse more closely the health care practices also of professional health care personnel and to ensure more comparison with what goes on in different institutions and different countries in Europe.

The World Health Organization is there to stimulate such discussion and to provide international links for national debates on such issues. I am very optimistic with regard to the new possibilities that now are opening up for a closer cooperation between Turkey and the other countries of Europe through the establishment of the new WHO office in Ankara and the coming medium-term program of collaboration between WHO and this country.

Summary

The author, during a lecture given to the XXXth Congress of the Turkish National Pediatric Society in March 1986 in Ankara, discusses the high infant mortality rate in Turkey and the public health as well as perinatal measures which need to be taken in order to bring this statistic into line with the rest of the European region.

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