A BRIEF STUDY OF MOTHER AND CHILD HEALTH IN SELECTED VILLAGES OF THE TORBALI PROVINCE *

A Preliminary Report

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The idea that a university must often work outside in the field is no longer a subject for argument, but is recognized as a realistic approach to the problem of progress. We have started work in certain selected villages in order to get acquainted with the people and their social problems and to work out the preliminary problems in a district which will be socialized in 1966, as well as to show the social aspects of pediatrics to the medical students.

We cannot claim that we are able to even state all of the existing problems in the villages since the time spent on this study was so short. We have, however, been able to discover several areas of interest in the mother and child health field.

Material and Method

Our field consisted of six villages, and the material presented in this report is based on our findings in five of these. Two of the villages are located on the Izmır - Tire highway, which is a well-traveled area. Two other villages are inland settlements, 15 to 20 kilometers away from the highway. The remaining village, of great interest to our survey, owns no land. The population, approximately 350 persons, leads a subservient life, since the water supply and the only access road are under the control of the neighboring landlord whose private land, covering 6,000 decars, surrounds the village.

Our aim was to study the problems of these villages in the light of their individual differences. To simplify classification of the data, the children were divided into the following age groups : 0 - 6 months; 6 - 12 months; 1 - 2 years; 2 - 4 years; 4 - 7 years; 8 - 12 years; 12 years and over. The children in each group were studied with respect to previous diseases and present pathological conditions. The total number of children examined was 720.

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Discussion

Our observations indicated that diseases such as whooping cough, anemia, avitaminosis ,and upper respiratory infections occurred in about the same ratio in every age group, with a slightly higher incidence of anemia in the two to four age group. The diseases of highest incidence were measles and chicken pox, which occurred five times more often than whooping cough.

Mortality rates : Generally, we were unable to discover the causes of death. We were given descriptions of abdominal pain and cyanosis but these were too vague to consider seriously. Mortality rates in the five villages were found to be 199, 97.7, 112, 125, and 90.1 per thousand. When the village without its own water supply or land is compared with the others where living standards are higher, it is seen that there is not much difference in the mortality rates. This cannot be explained either by the water situation or the low economic standing, but by the lack of knowledge and experience in raising children common to all the villages. Here we have to remind ourselves of the importance of child health in public education.

Abortion rates : The rates we obtained were calculated on the basis of 1,000 born children and are as follows : 41.2, 97.7, 88.1, 88.1, 49.3, and 54.8. These rates are several times greater than those of Europe. At this point, birth control becomes another problem, and, whether it is practiced or not, people induce abortion in various ways even if it costs their health and lives.

Stillbirth rates : These were 12.6, 10.57, 30.45, 8.20, and 32.1 per cent, respectively, and are comparable to child mortality rates in Europe. We must point out that all the villages except one have midwives. The presence of near-by cities and good roads make it possible for these villagers to reach hospitals in a short time. The high rate of stillbirths in spite of these facilities comes from the fact that women are not examined during their pregnancies. If a centrally located mother and child health program is begun, it is probable that the rate of stillbirths will be decreased.

Relation between number of children and age of parents : According to our data, parents have their first child when the father is 27 years old and the mother 23, on the average. By the time of their third child, the father's average age is 30, and the mother's, 28. We can suppose that in the ensuing years the average couple will have more than three children. Since the average family has only four

children, we assume that couples practice birth control within the limits of their knowledge, and vithout any help from the government.

Living quarters : Homes were visited and classified as to the number of rooms, water supply and toilet facilities. Sewage and toilet problems did not exist. All houses, with the exception of two or three, had septic tanks. An interesting aspect of this was that the school teachers had taught people how to build the tanks and the closed toilets and had supervised their constuction.

We also sought to determine whether villagers made use of sunlight in their homes. We found that often the windows and shutters remained shut and the rooms were dark. In working with villagers, we would stress the need for education in the value of light and airy homes.

In four of our villages, there are more homes with two rooms than with three or four. In one of the villages we were given the wrong figures because the stables which were not in use at the time were added to the number of rooms contained in the house. In this village there were six people living in two rooms on the average. However, this particular village, which consists of houses made from bush branch material very similar to big baskets, covers only a small area and can not in any sense be compared with the land of the other villages. The ceilings of these houses are low, and the windows narrow, raising the problem of ventilation.

Water : All villages except one have fountains or wells. The water samples we received from these sources yielded a high incidence of coli although only 32 out of 720 children had intestinal complaints.

Conclusions

As a result of our study, we learned that if we want to be successful in our village enterprises, we must collaborate with three persons in the village : 1. the Muhtar (elected village mayor) ; 2. the Imam (village religious leader) ; and 3. the School Teacher. During our study, our work rooms were usually the village rooms located in the mosque yard. The teachers are usually respected people and frequently consulted. We should mention the village midwives here, too. Visiting nurses are received in a much more positive way if they are guided by the local midwives. These women are also the only permanent health service people in the community and may be useful in follow-up care, under the direction of a doctor .

Summary

We have come to the following conclusions on mother and child health in the village :

1. Diseases of high incidence are measles, upper respiratory infections, whooping cough, anemia, and avitaminosis (A and B complex).
2. Child mortality in the villages is largely a result of lack of knowledge of child care.
3. Birth control is essential, and is practiced within the limits of the villagers' knowledge .
4. The village midwife is trusted by the people and should be well-trained.
5. Training and education in the village can be succcessful only if the muhtar, imam and school teacher collaborate with the personnel of the mother and child health program.