CHILD HEALTH, AN INDEX OF SOCIAL AND MENTAL CONDITIONS IN THE COMMUNITY

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INTRODUCTION

The standard of health in any community is constantly influenced by multiple factors. Some of these factors are medical and they are related to the quality and quantity of medical care in the community; others are non-medical and they indicate the social, cultural and economic standards of the community. Thus, even the highest quality of medical care will not raise the standard of health in any community without proper nutrition, good housing, adequate education and a well-balanced family life.

In this respect the type of constitution of the State will influence medical and social conditions in the community. In capitalist countries where no social and health services are offered by the State, quality of medical care rendered to individuals will depend on their own financial resources.

Prosperous families can afford a high standard of living, nutrition, education and medical care; others who are poor, cannot provide the essential requirements for life. An obvious example of definite inequality of distribution of social and medical services is seen in the U.S.A., where infant mortality in 1960 for whites was twenty-six and for non-whites forty-five per 1000 live births (Harper, 1962).

In socialist countries, health is the responsibility of the State, and health and social services are provided for all members of the community irrespective of the individual's financial resources, colour, race or religion.

As children constitute the most vulnerable group of the population they need special consideration in medical and social services. An international index of the standard of development of the community is the infant mortality the number of deaths in the first year of life per1000live births. This remarkably low in highly developed countries, where extensive health and social services are available, equally distributed and supported by the State; but it is high in poor countries or even countries where social and health services are inadequate forthe large proportion of the population, even if a high standard of living is available for a small privileged group (Table 1).

TABLE 1 : Infant Mortality (World Health Statistics Report 1970)

Country	Infant Mortality per 1000 live births
SWEDEN	1967
	12.9
THE NETHERLANDS	13.4
ENGLAND AND WALES	18.3
UNITED STATES OF AMERICA	22.4
CZECHOSLOVAKIA	22.9
SCOTLAND	22.0
IRELAND	23.5
YUGOSLAVIA	62.1
SUDAN	96.0
Chile	99.8

Trends in infant Mortality :

There was a high level of infant mortality at the beginning of century in all the highly developed countries of today. The main cause of infant deaths (1–4 years) were: pneumonia, gastroenteritis, diphtheria, tuberculosis and measles (Schlesinger, 1953).

With improvement in social and health services, including proper nutrition and immunization programmes, infectious diseases were eradicated, malnutrition in children disappeared and infant mortality has been greatly reduced. The present causes of deaths in children (1–4 years in these countries are: accidents, congenital malformations, malignant neoplasms, influenza and pneumonia.

As a contrast the main causes of death in children (1–4 years) in developing countries where social and medical services are inadequate, are identical with those which occurred in the well-developed countries at the start of the century. They relate to the two basic medical and social problems – infection and malnutrition.

Child health programmes:

The standard of child health in any community can be assessed by three questions:

(i) Does the community have a child health programme ?

(ii) Is the community a safe an suitable environment where children can be born and develop normally so that they may become useful citizens in the future ?

(iii) Is the child health programme accepted and supported by the people and the State as a community responsibility?

ESSENTIAL PRINCIPLES FOR A NATIONAL CHILD HEALTH PROGRAMME

(1) A child health programme should be planned for all children in the community irrespective of income, social, regional, or racial groups.
(2) Health services for children should be integrated in homes, schools, clinics and hospitals. Overlapping and unnecessary duplication and expense should be avoided.
(3) Preventive and curative health services for children should be organized in one unit and no demarcation line drawn between them.
(4) The child health programme should be comprehensive and include all aspects of child health whether physical, mental, emotional or social.
(5) The attitude of the people towards health problems should be realised so that understanding, recognition and support can be secured.
(6) A child health programme should be based on certain fundamental principles which should compose a national charter.

Planning of a child health programme :

A concise outline of the ideal plan for child health will explain the magnitude of the problem and its after-effect on the community. Pre-marital appraisal: necessitates the establishment of clinics for medical care, genetic counselling and health education of youth before marriage. This will ensure the prevention of infectious diseases, hereditary abnormalities in children and a sound understanding of family life. Maternal health: child health is inseparable from maternal health, which has two aspects:

(a) the mother during pregnancy: her nutritional state, freedom fro disease and her physiological state will all reflect on the health of the newborn.
(b) the standard of obstetrical care vital for both mother and newborn.

Many countries have achieved a great reduction in maternal and neonatal morbidity andmortality by instituting deliveries in hospitals or maternity homes under proper medical supervision.

The neonatal period: this is a critical period during which the vast majority of infant deaths occur, due to prematurity, infections, asphyxia, birth injuries and congenital abnormalities.

The high mortality in premature infants-almost half of the total neonatal deaths, can be appreciably reduced by applying recent advances in the medical sciences and paediatrics on a community-wide basis, Expert care in well-equipped hospitals and proper transportation of prematures delivered in homes, can offer the best chances for reducing the immense tragedy of premature deaths.

Care during infancy: during infancy rapid growth and development occur. Nutritional deficiencies may result from faulty dietetic habits in the family or inadequancy of food. Infections are most likely transmitted from others to the neonates.

After a short period of passive immunity (from four to six months) for certain diseases (measles, diphtheria, poliomyelitis), the infant becomes exposed to communicable diseases, a number of which can be prevented by a complete immunization programme. Child welfare clinics, if comprehensive and properly managed, can play a great role in the reduction of infant mortality, through educating mothers in methods of nutrition and infant care.

Care of preschool children: the preschool period is important because of its effect on future life. During this critical phase of childhood, there is a valuable chance for medical care, nutrition, immunization and child health guidance. In developing countries this vital period is often neglected in health services with the tragic result of increased morbidity and mortality in this age group.

The school health service: the aim must be the promotion of positive health in school-children, who constitute twenty percent of the population in this country. Thus the effect on the health of the whole nation is great. The basic principles of health appraisal of school-children should be (Hassan 1968):

(a) Early detection of physical illness.
(b) Promotion of mental health.
(c) Health education.
(d) Nutrition: the supply of a school meal (breakfast) or even milk to chool-children will improve their health.
(e) Promotion of physical health through encouragement of sports, advice on sanitation and avoidance of overcrowding in classrooms.
(f) Dental health: prevention of caries and preservation of healthy status of teeth and gums are essential for well-being of individuals.

Health Education : the aim is to educate the public, individually or collectively, in order to develop a sound attitude towards the promotion of their health. This may require the adoption of special techniques which suit each community. Mass communications media, e.g. radio, press, television, screen, leaflets, group discussion and audiovisual aids are all means of health education which can be appropriately utilized.

Nutrition services : the promotion of nutritional status may depend on proper information of parents on techniques of feeding. The availability of enough food of high nutritional content is closely related to the economic status of