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CONCEPT OF MATERNAL AND CHILD HEALTH SERVICES IN A RURAL
HEALTH PROGRAMME AND ROLE OF MATERNAL AND CHILD HEALTH
TEAM IN HEALTH EDUCATION, BOTH INDIVIDUAL AND GROUP

Paper Submitted by the Government of India

1. Concept of Maternal and Child Health
Services in a Rural Health Programme

1.1 Preliminary

Maternal and child health services are specific services which aim at the total well-being of the child within the framework of the family and the community. The services are combined - curative, preventive and promotional - and form an integral part of the over-all development of the community. These special provisions for mothers and children ensure that the health services of the area are adapted to the needs of the child with such supplementary services as are necessary to fulfill these needs.

One of the factors responsible for the slow development of maternal and child health services is that their results are not seen immediately, as is the case in most development programmes and in certain health programmes. In most countries it is the economic and other associated factors which have not allowed a rapid expansion of maternal and child welfare services in the Region. In the past, the practice has been to develop maternal and child health services as a separate service. This practice originated because the initial steps for developing the services were taken by voluntary organizations whose funds were earmarked for a specific purpose. When the national Government assumed responsibility in this direction it continued to work on similar lines. In countries where other health programmes were well developed, maternal and child health services were provided as supplementary services, and good progress was made, with encouraging results.

Although the development of general health programmes brought about some reduction in infant and maternal mortality, this reduction was not appreciable. Special services for mothers and children were therefore provided, which resulted in a steady decline in maternal and infant mortality. The experience of other countries is that special services for mothers and children are necessary if the desired results in promoting their health are to be achieved.

In most countries of this region, the position with regard to health services is little different. Programmes for environmental hygiene, safe water supply and the control of communicable diseases are at present limited mostly to urban areas. In the rural areas, where 80% of the population resides, the services are undeveloped. In urban areas, where health services exist and where maternal and child health services are supplemented, the results are encouraging. In rural areas the maternal and child health services must progress alongside other health programmes of the areas. It is now recognized that specific services for mothers and children should form a part of the health services of the areas, both preventive and curative, unlike the situation in some countries where the need for maternal and child health services was recognized long after the establishment of general health and medical services.

1.2 Aims and Objects of the Service

In providing such services the object of achieving the total well-being of the mother and child should remain to the forefront. Under such an integrated health programme the maternal and child welfare service will aim at:

- (1) Fuller use of the health programmes in the area, (namely environmental sanitation, control of communicable diseases, health education, etc.), especially those that have direct bearing on the welfare of children, and
- (2) Provision of direct services for the protection of the health of mothers and children.

1.3 Present Position

At present, the concept of maternal and child health services is not well defined in either urban or rural areas. In urban areas the services are under the Municipality. As the services are still in the initial stage of development in most areas, they are fulfilling the greatest demands of the area, namely that for maternal care and some health supervision of the infant and the child. The major emphasis is on prevention, and only minor ailments are dealt with. In some areas maternal care programmes have expanded at the expense of health services for the child.

In rural areas the services are those of domiciliary midwifery; they are not associated with other health programmes and therefore fail to achieve the desired results.

1.4 Future Health Services

India's health programmes envisage in future that the maternal and child welfare services in rural areas will be provided as an integral part of the health programmes of the area and that the services

will combine preventive and curative aspects. Other countries whose health services are still under-developed are also likely to be in the same position. It is, therefore, necessary to consider:

- (1) How maternity and child welfare services should be developed in an over-all health programme;
- (2) In what manner the services should expand in the rural areas to achieve the ultimate object, namely to provide a service for the total well-being of the child from the prenatal stage to inception and through all ages of the child;
- (3) What the content of the service in the initial stages should be and how it should be expanded;
- (4) How to provide a service which is economical and at the same time can achieve the desired results;
- (5) In what way the parents, teachers and family can intelligently participate in the successful implementation of health services for children;
- (6) For reasons of economy and owing to shortage of personnel, the use that should be made of ancillary personnel and how the participation of parents and teachers can be effected;
- (7) What the training and preparation of the maternal and child health personnel should be in the initial stages and in a long term programme;
- (8) What study and research should be undertaken to determine the needs of the child; and
- (9) How the services which will aim at the total well-being of the mother and child can be made more effective.

1.5 The Services

In the initial stage of the development of health services in the rural areas, the maternal and child health team in a rural health centre would consist of the part-time services of the doctor, a health visitor or nurse with public health orientation, and four midwives for a population of sixty to seventy thousand.

With such a limited staff, it is difficult to achieve the desired results unless the team clearly understands its functions and works in close co-operation with the rest of the health team, making maximum use of the other health and community resources and other health and ancillary workers.

Prenatal care, group teaching and training and supervision of ancillary workers should receive priority in the initial stages of development. Where the midwives can be given full assistance by the ancillary workers (namely, the dais) in the maternal care programme, the health visitor or the public health nurse and the doctor should devote greater attention to child health programmes, but the staff will need to be further strengthened in order to cover the area. In the school health programme, the teachers would be the ancillary workers. In the initial stages, greater emphasis will need to be placed on a better use of other health and community services, namely, programmes for the control of communicable diseases, environmental sanitation, nutrition, and health teaching within the family and the school.

In order that the services may be effective and give maximum results, each member of the team should have a clear understanding of his or her role and of the services available both at the local and intermediate district levels. The basic training of health personnel should not be too specialized but should provide a concept of the total service to the family, with emphasis on maternal and child health. Regional programmes for the reorientation of the health personnel staffing health centres are valuable in giving an understanding of each other's functions and in providing a co-ordinated programme. In order to keep the staff informed of recent trends and developments, technical guidance should be provided at the district level. Competent and expert assistance is necessary in the hospitals, to deal with abnormal cases of delivery and to treat sick children. Since some mothers have already been delivered at home, and experience has shown that a home delivery for a normal case is just as safe as in a hospital, emphasis should be placed on providing adequate prenatal care and improved domiciliary midwifery.

2. Role of the Maternal and Child Health Team in Health Education, Both Individual and Group

The success of maternal and child welfare services depends largely on the participation of the family and the teachers and the intelligent role that parents and teachers are made to play in the health programmes for mothers and children. The maternal and child health team, consisting of trained and ancillary workers, plays an important role in health education, both in individual and group teaching.

Every health worker needs to have preparation in individual and group teaching. The maternal and child health team works closely with the families and schools, and its work demands that parents and teachers actively co-operate. The personnel of the team, therefore, must have an adequate preparation in order to play their role intelligently and to equip parents, teachers and other ancillary workers also to play their part effectively, to ensure the success of maternal and child welfare programmes as well as overall health programmes. In a family, the mother cares for the child and is responsible for domestic hygiene and the health of the family. The important task of the maternal and child health team is to assist the mother, the family and the teachers in participating in programmes for the health and welfare of mothers and

children. With adequate preparation, every member of the team, both trained and ancillary, can effectively participate in a health education programme and can be equipped to give individual and group teaching.

2.1 Maternal and Child Health Team in a Health Education Team Programme

The dai (or the birth attendant) enjoys the full confidence of the family and is a valuable link between the family and the health team. With some preparation she can also be valuable in convincing the mothers of the need for a balanced diet, personal and domestic hygiene and preparation for delivery. She can also be influential in overcoming long-standing prejudices of people, which may hinder maternal care or care of the newborn. She is thus a valuable asset in individual teaching, provided she keeps in touch with modern trends in prenatal care, infant feeding, care of the newborn and elementary hygiene. The midwife is closely associated with individual mothers and families on her own as well as through the dais. She will offer prenatal services to expectant mothers both in their homes as well as at the clinics. She is closely associated with the training of dais and will be responsible for their work. If she is well equipped in health education, she can be a valuable asset to individual and group teaching of mothers, families and of dais, and can obtain their intelligent participation. Her individual teaching can also help in improving nutrition, birth registration and early vaccination of infants.

The health visitor (midwife with public health training or nurse with public health training) - This category of workers is equipped, during training, in health education, both for individual and group teaching, and can supplement the efforts of the health team by emphasizing certain health programmes related to personal and domestic hygiene, nutrition, environmental sanitation, etc., during individual and group teaching. She is constantly in touch with families and can obtain the co-operation of the family, influence the attitude of mothers and obtain their active participation in her health programme. The health visitor's work is largely that of health education; better use can be made of her training and talent by keeping her informed of developments in other health fields and in the latest methods of health education by assisting her with respect to teaching material and visual aids. The health visitor's role in the health education programme can thus help the mothers to participate in their own health programmes as well as equip them to assist other women in the neighbourhood.

The teacher is a valuable member of the maternal and child health team in a school health service, being closely associated with the school-children and responsible for maintaining the hygiene of the school, as well as for teaching the pupils to participate in their own health programme. With continued assistance the teacher can help the children to assume responsibility for their own health and to participate in the community health programme.

The doctor who has a background in public health is constantly engaged in individual health teaching in medical consultations and at clinics, and in obtaining the co-operation of the family in the case of the newborn and the child.

Doctors and nurses working in hospitals can also play an important role in health education by explaining to the mothers the cause of the disease and thus by helping the family to prevent its recurrence. Group teaching and demonstration in the lying-in and paediatric wards can be helpful in improving the health of children and of the newborn and in establishing proper feeding.

The maternal and child health team is thus actively engaged in health education, and its personnel play an important role in group and individual teaching. The members of the team are closely associated with families; they have a good knowledge of their traditions, customs, culture and interests and should be a part of the total health education programme. In view of the background knowledge they have of the families and their needs, they can be an asset in drawing up health education programmes. Their own dwellings and ways of living can demonstrate healthful living to the people in all places where they live and work. The maternal and child health team acts as a liaison between the health programmes of the areas and those of other social agencies and thus brings in knowledge as to how the efforts of the health team can best be directed to make maximum use of the other social services.

In order that the maternal and child health team can play an effective role in health education, the trained workers in the team should receive special instruction in health education and should be supplied with suitable material and teaching aids. They should be allowed to participate in a health education programme with such technical guidance as is necessary at the local and intermediate level. The maternal and child health personnel should be kept informed of new developments in the field and should be allowed to participate in the meetings, discussions and staff education programmes.