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MATERNAL AND CHILD HEALTH AROUND THE WORLD

edited by

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and

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Preface

The field of maternal and child health represents one of the areas of basic preventive health services. It has the opportunity and responsibility of promoting optimal health; of protecting the foetus, infant, child and youth during the period of physical and emotional growth and development; of educating parents and children about personal health, disease prevention and child care; of improving nutritional knowledge and nutritional status of mothers and children; of improving the environment in which families live; of making it possible for parents to have the number of children they want and can care for; of preventing handicapping conditions, and of promoting and providing care for handicapped children and other children requiring special care, services and protection.

The field of maternal and child health can have a direct influence on the quality of life of each generation. It can also influence the health and quality of life of the next generation. Thus, it can influence the general condition and strengths of people of any nation.

Mothers and children represent a majority of the people of any country. In developing countries, children under the age of fifteen years represent almost half of the total population. Girls and women of the childbearing age represent one-fifth of the total population. Thus, maternal and child health services, if fully planned, developed, distributed and delivered, should be able to reach two-thirds of the population of developing countries.

Children, youth and their parents represent the most vulnerable part of the population. The foetus from the time of conception and the child from the time of birth are continuously growing, developing and changing. As they do so, their needs change. A knowledge of 'normal' physical and emotional growth and development is essential for those working with children, parents and families. Knowledge and identification of critical periods and high risk situations is also essential; individuals entering or candidates for high risk situations need to be identified early, if the risk and the sequelae are to be prevented or minimised.

Maternal, infant and early childhood mortality rates are high in developing countries, and represent a high proportion of total deaths in these countries. There is a direct correlation between such mortality rates and socioeconomic status. As in more developed countries, the majority of these deaths is preventable through the application of knowledge already available.

Making it possible for parents to have the number of children they want and can care for is an important facet of maternal and child health. It is as important for the couple unable to have any children as it is for the couple likely to have too many or unwanted children, unless education and services are available. Child spacing and pregnancy limitation are important parts of maternal and child health, and are essential if each child is to be wanted and to be reared in a family setting with adequate individual personal care and love. Introducing a new baby into a home where there are already too many children for parents to care for, or where home conditions are hazardous, or when they will lead to abrupt weaning and serious problems of malnutrition and infection can frequently lead to reproductive wastage in the broad sense and to maternal depletion. The protection of children and of child life and health begins with the protection and promotion of maternal health and the facilitation of the desired number of children, child spacing and family size.

According to the World Health Organization (1952),

the object of maternity care is to ensure that every expectant and nursing mother maintains good health, learns the art of child care, has a normal delivery, and bears healthy children. Maternity care in the narrower sense consists in the care of the pregnant woman, her safe delivery, her post-natal examination, the care of her newly born infant, and the maintenance of lactation. In the wider sense, it begins much earlier in measures aimed to promote the health and well-being of the young people who are potential parents, and to

help them to develop the right approach to family life and to the place of the family in the community. It should also include guidance in parent-craft and in problems associated with infertility and family planning.

According to the World Health Organisation (1969),

the objectives of maternal and child health (MCH) services begin with the immediate health problems of mothers and children and extend to health throughout life and to community health. Through concern with child development and the health education of parents and children, the ultimate objective of MCH services is lifelong health. The effect of careful and informed mothering on the health of the entire family and the relation of family health to community health are important factors in individual, community and national development.

The health of mothers and children is influenced by what happens in and to the family as a whole. The family, in turn, is inevitably affected by the human and environmental conditions of the community whose life it shares. Most MCH problems are public health and community problems that can be solved only by applying general measures to a whole area.

MCH is concerned with the biological demands of reproduction, growth and development; with the vulnerability of mothers and children as a result of these demands; and with the special services required. Since injury during development may damage the organism permanently, health measures taken at this stage are potentially of long-term benefit. Recognition of MCH as an entity is desirable in order to focus concern on the special needs of mothers and children and to mobilize, develop, and organize the services required to meet these needs.

In 1959, the WHO recommended that 'the ideal for which MCH services should aim is to ensure that every child, wherever possible, lives and grows up in a family unit, with love and security, in healthy surroundings, receives adequate nourishment, health supervision, and efficient medical attention, and is taught the elements of healthy living'.

The Twenty-first World Health Assembly (WHO, 1969) recognised,

that family planning is viewed by many Member States as an important component of basic health services, particularly of maternal and child health,

and in the promotion of family health, and plays a role in social and economic development and that every family should have the opportunity of obtaining information and advice on problems connected with family planning, including fertility and sterility.

The social aspects of obstetrics and gynaecology, as defined by the World Health Organisation (1963) are

those aspects of personal and community life which have an impact on the child-bearing potential, habits, and efficiency of a population and the health and treatment of the individual woman, with particular reference to her reproductive system. Community life is meant to include not only social, economic, and nutritional conditions but also the cultural systems of values, aspirations, and satisfactions that influence marital and family behavior. Under reproductive habits and health are included the factors influencing age at child-birth, family size and spacing, morbidity and mortality of both mother and child and the appropriate organization of maternity, gynaecological and medico-social services.

The purpose of this book is to share and disseminate information provided by experts in the field of maternal and child health around the world to health workers in the field of MCH and to students, in the hope that the health care of mothers and children will improve.

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