

Feature Health

Mother's Role in Child Care

by Sultana Sarwatara Zaman

MOST theories and research projects on children's emotional development have been based on the premise that children grow up in a nuclear family, with a mother and father but no other adult relatives; that the mother assumes the primary, almost-total, care of the infant, while the father's main role is to encourage and support the mother; and that the most important factor in a child's emotional well-being is the mother-baby bond. When a child turns out to be well-adjusted, the mother is praised; when the child has problems, she is blamed.

Although some psychological literature does use terms like "caretaker" or "caring person" instead of "mother", almost universal implication is that a child's healthy emotional development is fostered entirely by good mothering. This emphasis on the mother's importance has been influenced by our societal patterns, and in turn, has reinforced these same patterns. The father has been almost ignored by the researchers.

In order for the child's emotional life to develop adequately, she/he must feel loved. The amount of affection given to the child by the mother during her early years of life seems to be related to the kinds of relationships which she/he can eventually form with other individuals. The security that the infant gets when her/his needs are met and the emotional relationship with the mother is satisfactory are vital during early infancy. Mother's care and love permits the individual to be more completely spontaneous, and to be free from anxiety.

Maslow believes that psychological health comes from being loved. The self-actualised individual has both the power to love and the ability to be loved. The climate of feeling in the home with a motherly care provides the original source

Parents' Pledge to Their Children

In every home where this pledge is made and kept, children will have a greater opportunity to grow into healthy, intelligent and useful members of society.

- (1) From your earliest infancy we will give you our love, so that you may grow with trust in yourself and in others.
- (2) We will provide the conditions for wholesome play that will add to your learning, to your social experience, and to your happiness.
- (3) We will encourage you always to seek the truth.
- (4) We will provide you with all opportunities possible to develop your own faith in God.
- (5) We will work to rid ourselves of prejudice and discrimination, so that together we may achieve a truly democratic society.
- (6) We will provide you with rewarding educational opportunities, so that you may develop your talents and contribute to a better world.

(Excerpts from a pledge adopted by 6000 delegates to a White House Conference on Children and Youth, held in Washington, DC, December, 1960)

for the child's development of self and his feelings of adequacy. A climate of love enables the child to develop more adequate concepts of self, society, and the world. Research by Goldfarb and Spitz indicates that children institutionalised during infancy who do not experience consistent "mothering" become apathetic and socially unresponsive. They point out the importance of relatively consistent gratification from some person.

Renee Spitz also tells of an experiment in a nursery and a foundling home. The nursery children were raised by their mothers; those in the foundling home were cared for by the overworked personnel. Both institutions provided adequate food, medical attention, and housing. Results showed that the nursery children developed normally, but 37 per cent in the foundling home died during the two-year observation. This condition has been titled "Marasmus", indicating that the child is com-

pletely starved for affective emotional interchange.

Affection shown to the child during her/his first years of life, then, is of extreme importance. One of the most important functions of the mother is to transmit a genuine feeling of love and concern. When the child feels a severe lack of affection, she/he is often prone to such destructive tendencies as suspiciousness, fear, and aggression.

The care of mother and her love and affection in the child's development is most significant. Being loved gives the child her/his basic security; being valued as she/he is, becomes vital for complete acceptance. When the child feels loved she/he is more able to accept her/himself and others. She/he no longer needs to reassure her/himself of her/his worth but is free to extend her/himself to others her/his social interest is cultivated.

Being loved permits the child to identify peers, parents, and the culture.

The mature self feels love, acceptance, and belonging to the extent that it can extend love and acceptance to others. Love is manifested in happiness, satisfaction, affection, and a greater capacity to enjoy the experiences of life. The individual has a feeling of desiring to please wanting to give and serve.

Psychologists, educators, and sociologists all agree that the family is the most significant single influence on the development of the child. The family is the major environmental influence and remains throughout life the most pervasive of all influences. It is in the family that the child either learns to trust people or to be fearful and uncertain of others.

The child can learn that mother's care, responds to his call, and provides him with good food and protection from the elements. Some children, unfortunately, learn that the mother is inconsistent, unpredictable, and not always to be trusted. This can have a serious influence on their development.

It is in the home that the child first experiences the meaning of love. It is here that the child comes to experience the give-and-take values of family life. Does he know how to get along with his siblings? The child who cannot get along with his siblings may eventually have difficulty in getting along with other peers. One of the advantages of family life is the opportunity to learn the responsibilities of caring for others. In the family the child has the opportunity to take on responsibilities.

The family has a most significant role to play in the moulding of the personality of a child. The customs and beliefs of our society are first handed down within the family. Here, the child first observes and then internalises the values of the parents. Social, political, and religious beliefs and customs that are transmitted through the family.

Sanctions Turn Blackmarketeers into Iraq's New Aristocrats

Paul Palmer writes from Baghdad

A 22-year-old Iraqi woman doused herself in petrol and burned to death after an argument with her husband about the cakes she had baked him as a treat.

The argument was the last straw: economic sanctions are making the securing of basic necessities an impossible struggle.

The woman's husband, a soldier, earns 200 Iraqi Dinars a month. Sugar costs ID450 a kilo. They argued because the family's sugar ration has been used up on the cakes, and the woman could see no way out of the family's desperate situation. She leaves a six-year-old son.

The family — from Saddam City, a sprawling working-class suburb on the outskirts of Baghdad — has no doubt about who is responsible for their plight.

"Take this message of Clinton," the widow told foreign reporters visiting Baghdad for the commemoration of the third anniversary of the Gulf war. "We are with Saddam, we always were and we always will be. There will come such a rise in fundamentalism that Saladin (a 12th century Muslim emperor who fought the Crusaders in Palestine) will look like a children's tea party."

The family had gathered in a tent for the traditional three-day mourning. Inflation has increased the cost of the ritual to ID30,000, a sum raised only by contributions from everyone in the family.

For the working class, life is intolerable. The average salary of ID400-450 a month is a bad joke which has turned into a nightmare. Lamb costs ID450 per kg, baby milk ID600 for an 800 gram tin, aspirin tablets ID10 each. Coffee, chicken, milk and tea are rare and according to the UN Food and Agriculture Organization, the country is in a pre-famine stage.

Food prices are soaring, private incomes have collapsed, personal assets are rapidly being depleted and destitution is on the increase.

"Arab culture is falling apart at the seams," a former Iraqi ambassador told the journalists, who contributed food for the meal at his house because of his desperate situation. "In our culture it was once a matter of great respect to invite guests to your home for a meal."

As the journalists were buying their chicken, a black-market dealer purchased seven chickens, salad and seven bread rolls for a price which equaled the annual salary of the ambassador and his household.

The blackmarketeers are the new aristocrats. No-one else can afford a car battery which costs ID6000.

Perhaps the most horrifying development is the sale of hu-

man organs. There is a profitable trade in kidneys, which are sold by the poor for around ID60,000, mainly to Saudis and Kuwaitis. Recipient come to Iraq with their own medical teams and the operation is carried out in a private clinic.

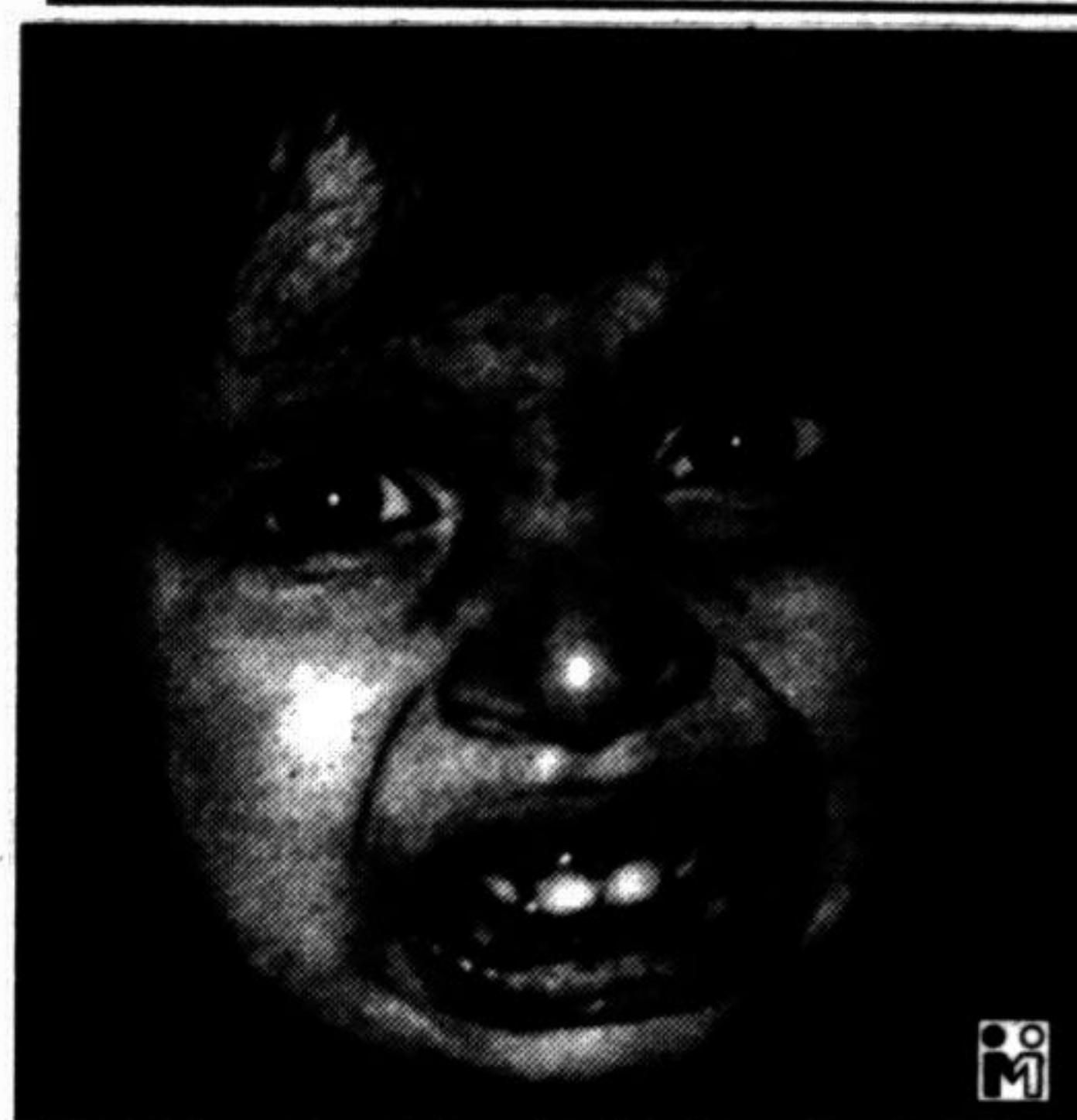
The trade in human spare parts may temporarily improve the living standard of a few wretched individuals and their poverty-stricken families. But the dollars cannot buy non-existent medicines. There are no pain-killers in the country. Anaesthetics are in short supply at the General Hospital in Saddam City and may soon run

normal body weight and his mother looked on helplessly at the death of a second child in a week.

In the next ward, a three-year-old was dying of Leukemia, his stomach horribly distended, his testicles swollen. The boy next to him with septicaemia could have been saved by antibiotics, of which there are none. In the premature babies unit there is no pure oxygen.

"There is nothing we can do for the babies expect make them as comfortable as possible, and pray to God," said a doctor.

Continuing economic sanctions against Iraq are having a devastating effect on health. Mothers and children are particularly hard hit, with child mortality said to be up fourfold.



Iraqi misery: Fourfold increase in the rate of child mortality.

out. The burns unit is horrific. "Without pain-killers, badly burned children go into shock and we lose them," explained a doctor.

"The ones we can stabilise face a second problem of infection. There are no antibiotics or anti-bacterial creams so the risk of infection is great. We have no sheets so the parents being in blankets to cover the children. They run the risk of infection, which we cannot cure, from the fluff on the blankets."

"We can't even give them a simple intravenous re-hydration fluid as we no longer have any tubes or needles."

The Intensive Care Hospital for Children in North Baghdad is a place where patients go to die rather than recover. In February a 27-day-old baby was dying of hypothermia in the same incubator in which his brother had expired five days before. The baby was half his

The Health Minister, Dr Umaid Midhat Mubarak, says that the United States-inspired economic blockade has resulted in a fourfold increase in child mortality.

Statistics prepared by the Health Ministry and the UN Children's Fund (UNICEF) recorded 92 deaths per 1,000 live births in 1992 compared with 25 per 1,000 in 1990.

The post-war period has shown a sharp increase in typhoid, viral hepatitis and respiratory diseases. The economic blockade and the severe malnutrition caused by the ensuing food shortages have led to a sharp increase in measles, marasmus and kwashiorkor.

General Hospital doctors have first-hand experience of these conditions. "First the immune system breaks down as there is a lack of natural immunity which normally comes from mother's milk. The mother's diet is low in

nutrients and essential elements are no longer passed on to the baby, who gets kwashiorkor, while the mothers suffer from malnutrition. Mother and child then suffer from recurrent diseases, which may finally prove fatal."

The list of horror stories is endless: limbs are amputated and compound fractures set without anaesthetics, mothers are left unconscious during Caesarean operations, there are no drugs for the treatment of chest infections or heart disease, incubators work at only 25 per cent capacity as they lack the proper lamps.

The psychological scars of the war may be more even more devastating. Many children have lost hope. A British psychiatrist who was invited to Iraq by the Red Cross, said that the findings of an international research team showed that more than 66 per cent of youngsters do not believe they will survive to adulthood. Their sleep is disordered, their concentration poor and 80 per cent are afraid they will lose their families.

There is a haunting apathy in the faces of the children which is mirrored in their mothers' eyes. A new form of depression has set in and is manifesting itself in women and children suffering from recurrent illnesses.

For the children, the effects of the embargo are more destructive than the war itself. Education has been badly disrupted by lack of books and stationery. There are 24 orphanages in Baghdad alone for those aged between five and 24, who are taught a trade and guaranteed a job in local government at the end of their training. The girls are given ID20,000 and a house if they get married.

Like all Iraqi children they are suffering from the poor quality of food and are prone to malnutrition. There are no vaccines so childhood illnesses such as measles and whooping cough have to run their normal course.

In the past, relatives would have adopted the children; now they are too poor. There is a fund for trips to the cinema, museums and art galleries but the transport is off the road due to a lack of spare parts and most of the cinemas and museums are closed.

Lack of spares has also created a problem for street cleaners, who have returned to the use of the horse and cart. In a city of four million they are just a small drop in an ocean of filth and garbage.

Hotter summer weather is expected to bring water-borne diseases such as typhoid, cholera and dysentery. With no vaccines or drugs, epidemics are predicted.

The war has stopped, but the dying has not.

— Gemini News

Shamans Revive Mayan Medicine

GUATEMALAN Indians living in the country's northwest are using ancient healing methods once practiced by their Mayan ancestors to fight back modern plagues decimating their numbers.

But the return to traditional medicine has not been easy after almost half a century of living under foreign influences that discriminated against such practices and even dismissed them as witchcraft.

Most of those who possessed knowledge of the ancient cures and rituals, which used to be handed down orally from one generation to the next, have also died.

With the limited health services accorded to them by the government, however, today's Indians have no choice but to try reviving the cures formulated by their forefathers.

Poverty and 30 years of armed conflict drive Guatemalan Indians to rediscover the virtues of ancient Mayan medicine. Fabiana Frayssine of Inter Press reports.

Indeed, the Guatemalan government can offer only six doctors and three health centres for every 80,000 inhabitants.

Poor roads, extreme poverty and 30-year armed conflict between rebels and government troops, have also put modern medicine beyond the reach of many Indians in this central American country.

"The people who come to me are those who cannot afford to buy Western medicines or go to a hospital," says Felix Matia, a shaman of Nebaj, one of the three municipalities in Ixil.

Like most of the healers in the region, Matias uses herbal treatment on his patients.

In my dreams, a man in a white robe appears to me and tells me where to find the herbs," he says. "With my herbs, I cure cataracts, sinusitis, tooth aches, rheumatism and many others."

The Ixil zone has the highest mortality rate in Guatemala due to malnutrition and otherwise curable ailments like measles, parasites diseases and respiratory infections. These sicknesses and be cured if treated early and properly, say the shamans, who themselves are divided into different categories such as midwifery, burn specialists and animal bites experts.

Before, people lived longer," says Jacinto Diaz,

president of the Ixil de Nebaj House of Culture. "All medicines taken were purely natural. Now, of course, all medicines originate from plants, but they undergo chemical processing."

In the pre-Columbian Maya civilization, a sacred place was given by the Mayan religion to medicine, and hundreds of therapeutic cures were developed from the abundant flora and fauna in the region.

The variety of herbs used by the Mayas outnumber those now known to industrialised countries, says the Nebaj House of Culture in a study sponsored by the Development Programme for the Displaced, Repatriates and Refugees (PRODERE).

To encourage the return to traditional medicine that use the region's natural resources, PRODERE, which is financed by the Italian government, has sponsored a study on the harvest, production and commercialisation of medicinal plants.

Church and non-governmental groups and cooperatives are also training people in the practice of Maya medicine.

"World policies are favouring the rescue of the indigenous peoples' cultural identity," says PRODERE. "Together with current economic crises, they bring attention back to ancient medical knowledge and resources that were held in contempt by the Spanish conquerors for hundreds of years."

At present, traditional medicine is on the rebound. According to the Nebaj House of Culture, only 10 per cent of the rural population now use academic medicine, while 90 per cent resort to ancestral cures.

In the Ixil municipality of Chajul, for instance, a local pharmacy has been set up to sell herbal medicines for stomach pain and parasites, burns and even falling hair.

"Plants are better because they can do what chemical products can't and they do not affect the stomach," the pharmacist says. "And they're also cheaper — cough medicine with eucalyptus and oxtone pine leaves costs US\$1.50 while processed cough syrup costs US\$8."

"We cannot totally replace chemical medicine with traditional cures, but we want people to learn about them and see which is more convenient," he adds. "But the process is slow because our culture has been invaded by foreign influences."

In Ixil, a person is considered healthy if his gaze is sharp, his face looks happy, body movements are not slow, and speech is clear.

Illnesses like spirit possession and nervous breakdown are referred to Mayan priests who act on them with herbs, prayers and rituals.

Life After Leprosy

by Aloysius Milon Khan

LEPROSY is a corrosive disease. Leprosy victims find not only their formerly healthy bodies gradually corrupted but their normal lives undermined by the social stigma still attached to the disease. In the English language, the term 'leper' has come to mean a social outcast.

Nowadays, neither the physical nor social alienation need be permanent. Through the 37

leprosy clinics which RDRS operates in northern Bangladesh, leprosy sufferers can receive the multi-drug therapy which can cure within a few years. Throughout its working area, trained leprosy workers in conjunction with group organisers help educate rural people, seek to remove fear and superstition and assist cured former sufferers to reintegrate back into their communities.

Forty-six year old Annada Mohan is one of hundreds each year who offer living proof that there can be life after leprosy. Annada now works as a security guard with RDRS in Tetulia, the northernmost thana bordering India. As he cycles to and from work, he still finds it hard to believe he has regained a normal life he thought he had lost forever.

In his younger days, Annada recalls an active and happy life — his marriage at the tender age of 22, the birth of his first daughter even the dark days of Bangladesh's liberation war which forced him and his family into exile. During the long days spent in a refugee camp, his only son was born shortly before Annada contracted a skin disease which later developed into leprosy.

Although Annada soon returned to independent Bangladesh, the disease cast an increasingly long and dark shadow over his life. Kept totally isolated from the world in a gloomy and lonely hut, within a few months his son had died and his wife had abandoned him. Crushed and desolate, Annada somehow survived and the suggestion by a neighbour to seek treatment at the Danish — Bangladesh Leprosy Mission hospital was the beginning of his own revival.

After two years of intensive treatment, he was referred for further treatment to the new RDRS leprosy centre which had recently opened in his neighbourhood. His treatment continued for a further two years until he was declared cured. His rehabilitation was complete when he applied for and was appointed to a job as security guard in Tetulia.

RDRS cannot find jobs for all former leprosy sufferers who complete their treatment. Around 400 new patients are registered every year. What it can do is educate their families and their communities to identify leprosy at an early state to understand and accept the disease. It can also assist former leprosy sufferers to regain their place and their pride, like Annada Mohan, as full members of their community.



When Special Care is Needed

by Ellen B. Rudy and Barbara J. Daly

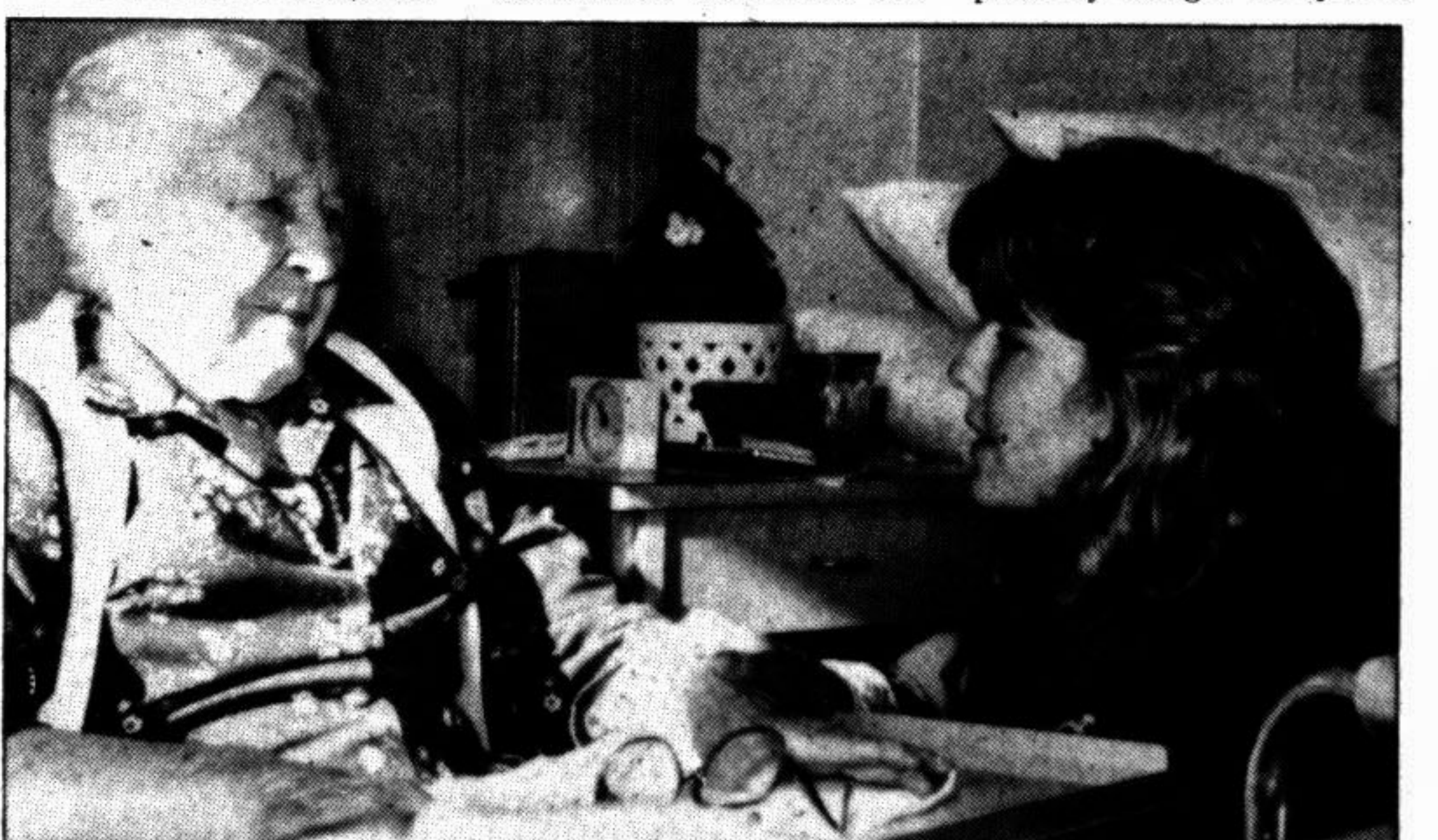
A Special Care Unit for chronically critically ill patients in Cleveland, USA, is proving its worth in terms of both the outcome for patients and the cost savings.

Our SCU is a seven-bed unit which opened in 1989. We are at present randomly allocating patients who are considered "long-term" to either the SCU or the traditional ICU. We are comparing the patients on length of stay, mortality, complications, readmission rate, patient and family satisfaction, and cost of care. And we are also comparing the impact on

level of illness, age and medical diagnosis. However, only one-third of the SCU patients died before discharge from the hospital, while one-half of the long-term ICU patients died. While certainly encouraging, we believe this difference must be interpreted with caution in view of the small number in the ICU (control) group. Nonetheless, we believe this

Comparison between the two groups on financial data revealed several significant differences. When we measured the actual costs to the hospital, the patient's hospital bill, and the reimbursement or payment received for services, the results can best be summarized by saying that the average SCU patient had a positive cash flow for the hospital of US\$1313 (difference between cost and payment) and the average ICU patient had a negative cash flow of US\$11066.

When the groups were compared by charges for specific



A nurse, who is at the same time a 'case manager' can bring much relief to a person who is chronically ill.

the nurses concerned, in terms of satisfaction, turnover and absenteeism.

To date, we have data on 144 patients (96 in the SCU and 48 in the traditional ICU). So far in 3 years of operation, we have identified striking differences between the two units in terms of mortality and cost of care.

The patients in the SCU were similar to the long-term ICU patients with respect to

finding demonstrates clearly that these chronically and critically ill patients can be effectively managed outside of a high-tech environment by nurse case managers who allow the active involvement and participation of family members. In other words, the initial fear that these patients would die without immediate access to ICU technology and outside the watchful eye of the medical resident is unfounded.

services, the SCU patients had lower charges for X-ray, laboratory and respiratory therapy services than the ICU patients.

The nurses in the SCU do not allow "routine" X-rays or blood tests unless they feel there is clinical evidence of their usefulness, this too results in lower laboratory charges.

— WHO