University Report

BBC AFRICAN SERVICE, LONDON

UNIVERSITY REPORT No. 196

Broadcast 16th, 18th, 19th and 20th April, 1972

GWYNETH HENDERSON: In this week's 'University Report' child care, child health, child nutrition and disease in urban areas - and how they are affected by the family problems that rapid urbanisation brings with it. The specific report comes from Zambia - the research in Lusaka - but much of what Dr. Felicity Savage, a member of staff in the Department of Social Medicine at Zambia University, has discovered is, of course, most likely to be generally true. Particularly since Dr. Savage worked with such a large sample, a thousand children in two areas of Lusaka, a fairly settled district of Matero and a shanty district. In her visits to homes Dr. Savage was not only measuring and examining her sample children regularly but also by interview collecting data on the family structure, family economics, what work the parents do, and what other children they have had who died. Graham Myton talked to Dr. Savage for us and first he asked her what her research has shown about child health in Lusaka.

DR. F. SAVAGE: Well I think that perhaps it is important to say the children are fairly healthy in particular in Matero they are really quite a healthy lot of children. In the shanty town they are not quite so healthy and they don't weigh so much, more of the children are under weight than in the better off area of Matero.

GRAHAM MYYTON: What is the reason for this do you think?

D.F.F. SAVAGE: I think that the people in Matero have lived in the town longer, they are more used to getting the facilities the health facilities and the different kinds of goods available in the town. Whereas the people living in the shanty town, they are, on the whole, poorer, and on the whole they have only come to town more recently and they haven't perhaps managed to find so many of the things that are available and they can't afford them even when they know about them.

GRAHAM MYTTON: One reads a lot in the newspapers here about husbands drinking a lot at the end of the month and housewifes complaining that they don't get enough to buy food for the family. Is this exaggerated? Is it a problem? If so how much of a problem do you think it is?

DR. F. SAVAGE: We reckon that about seventy per cent of the fathers of our children drink, drink regularly, probably every night, and of course this does cut into the family budget considerably, and it does tend to leave the wifes rather short of money than they perhaps need be. Even so it is quite surprising how well people manage. In fact one of the more serious problems is when the wife drinks, and in the families where the wife herself drinks there is much more child sickness.

GWYNETH HENDERSON: Sickness of course of every description, but the most common killer either directly or indirectly it seems is measles. Which won't, I think, come as a surprise to many doctors working elsewhere. Another problem of course - malnutrition, and Dr. Savage found that in the shanty area between twenty and twenty-five per cent of the children are quite severely undernourished. Infant mortality, either at delivery, or within the first two weeks, is again not surprisingly perhaps high. Zambia, in common with many countries is making increasing provision for maternity/child care services but in a major city urbanization is taking place so rapidly they can't keep pace. How bad then, Graham asked Dr. Savage, is infact mortality compared to say child death later.

DR. F. SAVAGE: It isn't possible to calculate exact figures from the data I've got at the moment. This sounds extraordinary for people who aren't familiar with the technicalities, but when you are dealing with a population of children who are of all different ages it is quite a complicated mathamatical problem to calculate the exact mortality. But what we know for Zambia in general is that there are these two serious times, one is shortly after delivery, and then the other dangerous time is between the first birthday and the second birthday or the first and the third birthday, and it is probable that about ten or fifteen per cent of babies will die during each of these danger periods. I hope I will be able to get far more exact figures for my areas of Lusaka but at the moment all I can do is confirm what has been suspected. In fact in a country where the infant mortality is high there is always a very high birth rate and these two things tend to go together. We don't again have very accurate data for the birth rate in Zambia, but some work which was done here previously by Dr. Leeson, also in Matero, has shown that there does seem to be a very very high birth rate in Lusaka, particularly in Matero which is where she [illegible]

measured it, and whether this is increasing or not we don't know. Certainly the rate at which the population is growing does seem to be increasing, but to what extent this is an increase in the birth rate, to what extent it is a fall in the death rate, we don't, as yet, really know.

GWYNETH HENDERSON: It's not as yet then possible to see how effective improved medical services are. Zambia is at the present time putting quite a lot of emphasis on new clinics for the under fives. Dr. Savage thinks this is right but she'd like them to be more comprehensive in their services.

DR. F. SAVAGE: What we very much want to see, and from my research is what I can see the need for even more, is for these under five clinics where the mothers come along, they bring their children, whether they think they are sick or well, so that the children can be weighed and if they are under weight, or showing signs of not doing very well then even if the mother doesn't recognise it she can be told about it and advised. Also the child can be given immunisations against diseases, in particular polio and measles, as these are two very serious ones still here, and also when the children are sick they can be treated and they can hopefully be treated before the illness gets too serious.

GWYNETH HENDERSON: Immunisation - prevention of course is the ideal. But even supposing you have enough money for enough clinics the vaccines themselves are still expensive. The vaccine for measles is a particularly pricey one - one shot varies from 40-70 ngwee or between four shillings to seven shillings. And that's not the only problem with the measles vaccine - even when as Zambia is doing, the money is made available for an extensive programme.

DR. F. SAVAGE: It's impossible to say as yet how much of an effect it is having. One of the problems is deciding exactly when to give it. Children do become susceptible to measles because of the decline in the anti-body that they get from their mother, they become susceptible from about 6 months of age and from that age there are a considerable number of children who actually die from it. But they may not become receptive to the vaccine until they are about nine months of age and you can't tell which children are going to be which, so there is a problem about the age at which it should be given in order to most effective.

GWYNETH HENDERSON: Well in any project as large as Dr. Savage's no one 'University Report' is long enough to talk about all her findings and observations. But one fundamental group of observations she made concerns a very little studied aspect of family life which, it seems, affects child care and health far more than one would suppose - and that is the spacing of children - the length of time between the birth of the children.

DR. F. SAVAGE: When people move into the towns it becomes much more difficult to maintain the spacing of children. When one talks to the older women they will say how their husbands refrain from having intercourse with them and they were prepared to do so, this was part of the correct social behaviour, and this helped to space out the children so that they didn't come too often. In the old days, if we can use that rather vague phrase, probably a child wouldn't be conceived until well after not only had the other child been weaned and stopped breast feeding but until the milk had dried up and the child was really well on the road to health and growing quite well. When people move into towns this becomes much more difficult, and I've heard a number of women express that they were a little apprehensive about being so restrained with their husbands for a long time because they feared that their husbands would run around with other women and on the other hand, although I know mainly of the women's point of view, perhaps the men would be a little bit apprehensive about leaving their women alone. And so people tend to have intercourse at a rather earlier stage. Now in fact a very effective method of birth control, a fairly well known one, and one which is universally applied is called Coiteus Interruptus, where the man in fact withdraws from the women and he spills the sperm outside so that the risk of conception is very much less. This tends to be practiced in the same way in the old days they used to refrain altogether, this is practiced for about a year or a little bit more than a year after the other child is born. But of course this isn't an entirely reliable method and many children do get conceived a little bit early and women get very worried about this, and families do get quite concerned and they are frightened about the effects on the health of the older child of conceiving another child too early. I find this very interesting because I do so very often notice that children do get sick when their mothers become pregnant again, Partly this is a coincidence of the time in a childs life when he is particularly liable to get certain diseases, but also for some identifiable reason I think children do tend to have diarrhoea and get rather thin at this time. So I see from this that there does seem to be quite a real need for more modern scientific methods of birth control and perhaps people will be wondering why other methods like The Sheath or The Pill of The Loop I haven't mentioned. Well these are not very widely known about at the moment and at the moment they are not very widely available, and there is quite a lot of prejudice against them because people are very fearful, they think that these sort of methods will limit their fertility for life, that they may actually cause them

to become sterile. Well of course this is not so and we hope that in the course of time such things will become available to people when they can understand that they can completely control how they use them and as soon as they feel that the time has come to conceive another child they can stop using their particular method immediately and they can become pregnant again as soon as they want to.

GWYNETH HENDERSON: So once again the great need for family planning is emphasised - this time for health as well as for population control! And on the health of infants one way in which it's often been said you give them a better chance is for mothers to breast feed for as long as possible. Graham Mytton asked Dr. Savage if she advocates this.

DR. F. SAVAGE: Yes, I certainly would encourage it and interestingly enough most people in the town still continue this practice although I imagine some people would think it is a rural practice. But in fact in the towns people do go on breast feeding for about a year or fifteen months. Often they decide when a child is walking or sometimes a decision is just made at a arbitary time. I think this is a good thing from the point of view of of the nutrition of the child and it may also have some effect in reducing the mother's fertility. If she is is breast feeding then she is a little bit less likely to conceive than she otherwise would be. Many people of course believe that the breast milk of the mother when she is pregnant is going to poison the older child and they attribute the diarrhoea and sometimes the thinness in the older child to the effect of the breast milk. I don't think that there is any scientific reason to believe that the breast milk does become harmful to the child and I would reccomend that she does go on even when she is pregnant provided she can be eating enough herself to supply both children.

GWYNETH HENDERSON: Well Dr. Savage still has a lot of analysis of her findings to do - and she intends to publish several papers and eventually a book of general interest as well - but from her work to date though what does she think research priorities should be now.

DR. F. SAVAGE: I think that the problem of urbanisation as a whole is is a very important one and is one which hasn't been very much studied as yet. There are a whole wide range of things which I think need to be investigated ranging from purely socialogical to purely medical ones. For instance I would like to see some work done on what actually happens to breast milk and whether breast milk when women move into town become less abundant than it is said to be in the rural areas. I think that some

work needs to be done on this both in the rural areas and in the towns to see to what extent women really do need to use such momentary feeds to give their children. I think that there is also quite a lot more that needs to be done on people's ideas on family size and family spacing because this again is a very difficult field in which to do research and it's very difficult to discuss with people these sort of matters that we do need to know an awful lot more about them in order to be able to further any kind of Family Planning programmes.

GWYNETH HENDERSON: Dr. Felecity Savage of the Department of Social Medicine University of Zambia, talking to Graham Mytton in Lusaka. Next week another advocate of Family Planning from Ife University, Nigeria talks about it from his point of view as a demographer - and he makes a pretty striking case so don't forget to join us then.