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The Importance of Paediatrics in Developing Countries*

by

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Mr. Tirmarjono, Ladies and Gentlemen, Professor Kwari,
Dr. Siwabessy, Professor Sutedjo, and representatives of
General Sjarif Thajeb and Governor Mohamad Noer.*

I am especially sorry that my friend Sjarif Thajeb could not come, but he has had to take over some additional responsibilities for a few days.

It is for the IPA and for me an exceptional honour to be invited to speak at the opening of your Third National Paediatric Congress. It is all the more surprising, because you also paid me the honour of inviting me to speak at the Afro-Asian Congress of Paediatrics in Jakarta in 1964, at the First National Indonesian Paediatric Congress in Semarang and at the Second National Indonesian Paediatric Congress in Bandung.

There was a certain similarity in what I said on each of those occa-

sions. When travelling, I have always gone out of my way to emphasize that no transient visitor to a country is in a position to tell that country what it should do to improve the health of its children, nor should he do so. The most he can do is to comment on changes which have occurred, and innovations which have been successful, in other parts of the world.

Why it is particularly surprising that you have asked me to come yet a fourth time to speak on such an important occasion is that, from all I have learnt over the recent years about the problems of child health in your country, ways of overcoming the obstacles to improvement have not yet been found.

* Presented at the Opening Ceremony of the Third National Indonesian Paediatric Congress, Surabaya, Juli 1-6, 1974.

Nevertheless, I must begin by mentioning two points about paediatrics in Indonesia which, in my view, are wholly admirable and are undoubtedly pointing in the right direction.

One is the continued success and high quality of the Indonesian Paediatric Journal. This was started with great enthusiasm. That enthusiasm has been maintained.

The second was the brave statement and the assertion that overseas postgraduate qualifications are not what are required by Indonesian doctors. This has been one of the factors which has protected you from the drain of medical graduates which has occurred in a number of other countries, some of them in Asia, which also are developing their technology. So many graduates have gone away to become permanent residents of other countries; others have felt it essential to acquire overseas postgraduate qualifications which so often orient their recipients towards quite different situations to those which are required in their own country. Too often fellowships are taken for long periods of time leading to much unhappiness of the person involved and his family while he is away. It is sometimes forgotten that Colombo Plan Fellowships are just as readily available for those who wish to go for an intensive three months study as for those who wish to go for a longer period.

Whether we look at the health situation of children throughout your many islands, or whether we look at the children admitted to the hospitals in your big towns, you and I know very well that you are faced with a situation that can only give concern.

To cite some examples: protein-calorie deficiency is common in the early childhood age group. Tetanus is not infrequent.

The rate of tuberculous infection is high. In many areas by the age of ten to fourteen years almost half the population have become tuberculin positive, not as a result of BCG vaccination, but as a result of infection acquired from someone in their environment.

The fact that you have selected paediatric emergencies as one of the themes of this congress is merely a reflection that the overall mortality of children admitted to the children's wards in a great teaching hospital such as you have here in Surabaya is of the order of fifteen to twenty per cent.

Among these deaths, a very significant proportion is caused or precipitated by gastroenteritis. This almost certainly is a reflection of the poor nutritional state of the children before admission and the unsatisfactory environmental conditions in which they have been living.

Deaths from acute respiratory infections perhaps account for ten or

twelve per cent of the deaths of those admitted to your hospital, with some seventy per cent of the deaths occurring within the first twenty-four hours. This almost certainly is again a reflection of the weakened body resistance as a result of inadequate nutrition.

I have come here straight from a meeting of the Protein-Calorie Advisory Group of the United Nations System held at the FAO headquarters in Rome. We spent much time discussing to what extent aid from the so-called developed countries is really helping the people most in need in countries which are developing their technology.

There is a tendency for initiators of foreign sponsored projects to suggest that their own research teams be invited to Indonesia.

This suggestion should not ordinarily be acceded to. As with your own domestically financed projects, in my humble view, you as a great nation should use your own research scholars, who are perfectly adequately qualified. You know your own nutritional problems, you are fully competent to carry out your own trials and to make your own evaluation. Unless you do these things yourselves, you may find your own workers spending hours recording meticulous, but maybe irrelevant data, at the request of an outside team. The outsider makes observations without a full appreciation of your cultural pat-

terns. When such a team makes recommendations, they are often merely appropriate to the social and political organization of the country from which the team members originate.

Thus, you can always, and rightly, disregard the recommendations, not implement them, on the basis that they have not arisen from yourselves and are culturally or politically inappropriate.

Do you invite these teams because you hope that the flattery of their being invited will make them persuade their governments to give you aid on more favourable terms and in larger amounts? I suspect that this is sometimes the case. You would be better without such teams.

Sure, invite an individual expert in some precise field — whether it be on a disease of fish, for a chemical fertilizer plant, for the extraction process of vegetable oil; but not a team to assess malnutrition or a team beholden to spread and foster the political and social philosophy of its own government.

You must be your own organizational, social, administrative and political masters. You have the nutritional and medical expertise amongst your own people — use them, listen to them, discuss with them, *do not let them feel fearful of expressing their views* and giving of their knowledge, albeit of necessity sometimes *in camera*.

Have you enough food?

I suspect you lose about as much of your home-produced food by spoilage during storage and transport as you import.

Surely the status of the local agricultural expert must be raised! Some years ago, I remember meeting a dedicated and competent agricultural graduate from one of your universities. He had been a junior university teacher for six months and then had gone into some import-export business, whereas his medical graduate friends had been able to stay on as teachers. Why? Because the cows would not come to pay for private obstetric care.

From 1953 — 1971 your average annual rate of growth of food production was 2.1 per cent, of population 2.4 per cent, and of per caput income 0.1 per cent, whereas your estimated domestic demand for food rose by 2.5 per cent i.e. as in 24/71 other developing countries your production failed to equal your population growth.

Some of you indicate to me that I might make some suggestions about how your paediatric problems can be met. Some have suggested that I might emphasize how important paediatrics is to the people of your country and that I might say what could be done to ensure that the children of the next generation do not suffer from the challenges and disabilities of the children today. How can I do

this without departing from that firm maxim which I hold, namely that it is not my job nor the job of anybody to tell someone else how to order his life? I can only perhaps make a contribution by giving you some examples from other countries. In some instances you will find yourselves in agreement with their philosophy, in others in almost total disagreement.

To relate these matters, it is essential that I depart from what will be found in a conventional textbook or handbook of paediatrics. The state of children in any country is more a reflection of the social situation than of the number of, or knowledge of, paediatricians.

Asked for one word to describe what I believe to be the biggest problem in so many developing countries, my choice would, I am sure be one that will surprise many of you. It is the word "unemployment" with which I shall couple the word "underemployment". It is my belief that no country can afford to have a significant proportion of its adult male population unemployed or underemployed. In order to ensure that all are employed in productive labour, one may have to adjust the social and economic structure. In most parts of the world this has been done by a mixture of the carrot and the stick.

The Preparatory Committee of the World Food Conference of the United Nations in its assessment of the

world food situation — present and future — states:

- "Progressive eradication of poverty together with an improvement in the physical and cultural environment, with special efforts in education on child feeding and care, would constitute the major step toward the elimination of protein - energy malnutrition and other nutritional deficiencies. To this end it would be necessary to break the vicious circle of unemployment.
- low food production — low productivity — low income, which strangles such a large of mankind. This, in turn, might entail very deep transformations in present socio-economic structures."

There is no time to give in detail the systems which have been involved in each of them, but I would like to highlight certain points.

In Iran, the Shah has demonstrated, through the various arms of the White Revolutionary Corps, how conscript soldiers can play an immense part not only in education and agriculture, but in the area of health, by providing education and service to even the smallest and least developed villages.

In Tanzania, President Julius Nyerere's civilian national service has brought together those with primary school education on the one hand and those with high school and univer-

sity education on the other. It is serving as a means to unify people of great diversity as well as playing a big role in the advancement of the whole country.

In Cuba, the way in which education was brought through television to all class rooms in even the most remote areas, was indeed a wise application of modern technology in the particular situation in which the country found itself.

My interest in other systems is far from being a political one. They are examples of using common sense within the context of the social structure of a particular country.

We must be very careful not to make anyone fearful of expressing common sense and valid ideas just because they may be the same as those incorporated in a total philosophy which is unacceptable. If we are to suppress such ideas, we can deny ourselves much of real practical value.

One particular little hobby horse, of mine, which perhaps should not be called a "little" hobby horse, but a "big" one, is the use of those whom I like to call the new elite in the provision of nutrition education by example. I am not referring to those who have been to universities or medical colleges, but to those who have become police constables, motor mechanics or army corporals. Surely, they who are still so close to the life

of the villager should, in their basic training, receive primary education in nutrition!

They then will have these ideas and concepts to give to the people of their own village. Knowledge will be accepted from them by the villagers because it is coming from individuals who still speak the language of the village and whom the villagers admire when they come home on leave and on holidays.

Nutrition education must, however, be realistic. Is it of value, other than as a fomenter of discontent, to teach "empat sehat, lima sempurna" (4 healthy, 5 even better), if the meat and milk are not available in the market, even if the people were miraculously to have the money to buy them?

The education must be such that it can be used in a practical way. I am not competent to coin the new slogans — they might be "have you a fish pond?" or "do you have a chicken" or "do you grow any beans?" or "do you do some useful labor every day?" — perhaps some "bercocok tanam dan berkebun" or even "buruh kasar".

What are we to say about foreign aid? This is a matter that is constantly discussed throughout the world in both the so-called donor countries and the so-called recipient countries. I am afraid I am something of a cynic. I do not believe that any country

gives anything to another country unless it believes that in the long run, if not in the short run, it is to its own advantage. The governments of recipient countries must be very firm and only accept foreign aid that they require. They must then ensure that it reaches the places and the people who need it. A distinguished friend of mine whom I asked for advice about this talk wrote to me as follows: "You could discuss the increasingly controversial nature of foreign aid, both in terms of its effect on the recipient (i.e. does it go where it is intended and does it achieve more than tying the economy of the recipient to that of the donor), and its effect on the donor in terms of raising increased cynicism as to whether the expenditure is worthwhile. This feeling is being reinforced in developed societies by a growing introversion and concern with their own social, ethnic and educational problems." Yet we must remember that even Australia-sometimes called "The Lucky Country" — must trade & use others' expertise and give of its own; no man, no country, can be an isolate.

You all know that your problems are growing faster than your success in solving them, but not, I hasten to add, in your ability to solve them. In my view, no country will solve such problems unless there is full use of its own thinkers and particularly of those youths who have aspirations.

Often young people with their pristine brains and their clear minds will say what really needs to be done, even if they sometimes get biffed on the head for doing so.

The interpretation of all I have said must lie with you yourselves.

On behalf of the Executive Committee of the International Paediatric Association, as well as on my own behalf, I wish your Congress all success in its deliberations.

I thank you for having me here.

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