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Community Pediatrics*

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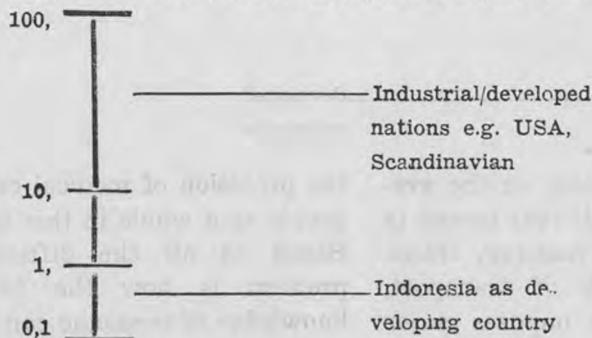
It is generally agreed upon that medical care in developing countries has quite different nature.
What really makes it so particular? It is the condition of developing countries that determines the kind medical care for the majority of people. The developing countries as poor nations just have no money and medical skills adequately. In term of money, which can be reflected by GNP (Gross National Product), the poor nations have only one twentieth to fortieth of that of rich nations. Gross National Product is the sum of all the goods and services produced. When this is divided by the number of people in the country, the result, the "GNP per head", gives the useful index of wealth, standard of living, or quality of life of the average citizen. On it depend the prospects he has for medical care as well as education, job and social services of all kinds.
The prospect for medical care is grim with low health expenditure any developing country can afford.
All that goes with extremely low health expenditure is lack of facilities

FIGURE 1. Logarithmic scale, of health expenditure per head.



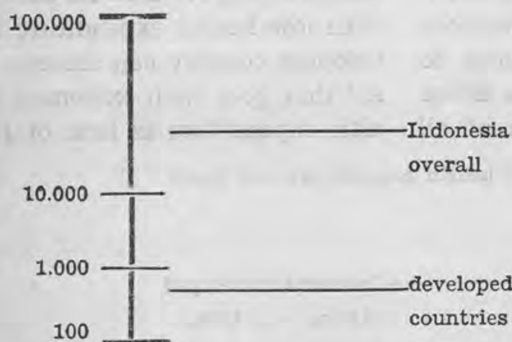
Received 8th Dec. 1973.
Presented on invitation at the Opening Ceremony of The New Campus of the Christian University of Indonesia, Medical School, Jakarta and 2nd Lustrum of the Medical School, December 5, 1973.

of every kind, e.g., buildings, drugs, equipments, etc.

Finland, as one of the prosperous Scandinavian countries, can be taken as an example. As a country that enjoys the high living standard, it can boost proper medical care, e.g., a fully staffed and well equiped health centre even for rural population with building, two operation theatres, just imagine two operation theatres for a health centre, dental health service, up to date laboratory service, and even facilities for physiotherapy and other rehabilitation service. At present, Indonesia will certainly be dreaming of providing medical care such as the Finns have.

The other important determinant of medical care is the number of doctors. This country is fortunate to have as few as more or less 15.000 patients for each of its doctors. Actually it is still difficult enough compared to when he is supposed to serve only 1.000 patients as in rich nations commonly are. Furthermore, this undesirable situation is made worse by the inequality with which doctors are distributed between urban and rural areas. Nowadays most doctors flock the cities - although 300 to 400 newly graduates in a year are willing to serve in rural areas-, while most people live in rural areas. Medical care for rural areas poses challenge with sound reasons.

FIGURE 2. Logarithmic scale of patients per doctor.



The patients themselves, on the average, are poor with all that means in terms of education, housing, transport, nutrition. Lack of transport, mainly in rural areas, imposes major difficulties in the provision of medical care.

The factors that have been described surely raise formidable challenge to the provision of medical care for the people as a whole in this country.

Based on all the difficulties, the problem is how the fundamental knowledge of medicine can be applied in the best way to the benefit of the community.

To develop medical care in this difficult condition four prerequisites sho-

uld be taken into consideration. Those are:

1. the medical care in developing countries differs sharply from that in industrial ones.
2. the main determinant is poverty.
3. the medical care provided for the majority of people is of the greatest importance.
4. certain patterns of medical care, the role of a doctor and those who help him, and the adaptation of medical care to local condition have their own particular basis.

Community pediatrics.

Medical care for child population does not differ so much from that for the community. It is regarded as the most important and deserves high priority.

The main goal of community pediatrics is the optimal growth and development can be achieved when the environment favours it. Similar factors affecting the community, which present the problems of the majority of children, such as low purchasing power of the family on which depends the prospect of medical care to the children, poor housing with bad ventilation, inadequate lighting, overcrowdedness, vectors infiltration, unprotected water supply, improper sewage disposal system, poor nutrition, high incidence of infective and parasitic diseases, incomplete specific protections, are plainly not favourable. All the unfavourable factors will hinder and have detrimental effects to the growth and development or in other words, the optimal development of the genetic potential can not be expected. Under these unsatisfactory condition all efforts must be attempted in term of finding out how the basic medical knowledge can best be applied to enhance and achieve the optimal development of children.

The growth and development last in a considerable length of time from conception through adolescence.

During intrauterine life the foetus should be supervised indirectly by regular antenatal care of pregnant mothers.

If this is done so, any complication of pregnancy which may have harmful effect to the foetus can be early detected and prevented. What follow are adequate assistance during delivery and giving advice to lactating mothers. In assisting of deliveries, we will not or even neglect what the abundant native midwives participate at home deliveries, but we must give them simple understanding of a- and antiseptic procedures and likely abnormal deliveries.

Breast feeding will always be encouraged. Artificial feeding should be taken with great caution, despite the highly expensive advertisement and practice of artificial feeding endorsement by some maternity homes.

In the first five years of life, the children should be supervised in under-five clinics of mother and child health centres. They are supposed to be brought to the clinics by their mo-

thers regularly, e.g., every month up to the age of eleven months, every three months from one year to 2, 9 years of age, six-month intervals for periodic examination is rarely met, because of ignorance, poverty and difficulty in transportation. And there is a disappointing phenomenon that the majority of the under-five clinics are underutilized.

Home visiting then is hopefully performed to those who do not make the benefit of the service yet. Lack of personnel, social workers and public health nurses, makes it impossible to have the unfortunate children to be left without any supervision upon their growth and development.

In under-five clinics and home visits, along with the evaluation of development, the necessary immunizations can be done and also treatment of some illnesses - mostly infectious and parasitic- and other pathological conditions such as the dreadful widespread undernutrition among the children, and health education.

The school years group will be taken care of by school health services. The continuation of evaluation of their development, early detection of hearing or sight impairment, booster immunizations, dental health service are some of the services' responsibility.

The adolescent period still calls for tight supervision, especially their psychosocial development. School health, behaviour, sex education and drug abuse are the main topics. During this critical period toward independancy they must be guided properly into sound maturity physically, mentally and socially.

Family planning measures are proved to be of great value. Spacing will slow down the speed of population increase, and combined with family size limiting eventually will improve the family and the community, and so is the prospect to medical care.

It is quite clear and "a must" for any medical school in this country to have the duty and responsibility to prepare and monivate its students for their future role in providing medical care to child population.

Assignment in MCH Centres and Family Planning Clinics in field practice areas, whether urban or rural, is considered necessary in the medical curicullum. This kind of assignment will enable the students to see the real problems of the majority of children, also to get the experience how to plan, implement and evaluate the best medical care applied.

Since community pediatrics is dealing with all efforts aimed to the optimal growth and development of the majority of children on which depends upon the next entire generation, nobody will deny the utmost importance of it.

REFERENCE

Maurice King : Introduction, Medical Care in Developing Countries, Oxford University Press, 1966.