Research Issues in Child Health and Child Care

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Abstract

This workshop brought together West African health scientists and social scientists to discuss methodological and conceptual issues in the study of infant and child health and mortality, and to identify new research needs. Health and social scientists from the Gambia, Ghana, Nigeria, and Sierra Leone attended the workshop. Emphasis was placed on evaluation of research design and procedures for analyzing the determinants of child health rather than on the presentation of findings. Discussions and papers focused on four central themes: conceptual frameworks more appropriate to local contexts, questions of scale and measurement, the search for indicators of child health, and directions for future interdisciplinary research. This publication is intended to serve as a record of the proceedings of the workshop and to promote further communication and interaction among researchers working in the area of infant and child mortality and health.

Résumé

Cet atelier réunissait des spécialistes de la santé et des sciences sociales de l'Afrique occidentale qui ont discuté de problèmes méthodologiques et conceptuels liés à l'étude de la santé et de la mortalité du nouveau-né et de l'enfant, et qui ont cerné de nouveaux besoins en matière de recherche. Des spécialistes des sciences de la santé et des sciences sociales de la Gambie, du Ghana, du Nigéria et de la Sierra Leona y participaient. On a mis l'accent sur l'évaluation de la conception de la recherche et sur les procédures d'analyse des déterminants de la santé des enfants, plutôt que sur la présentation des conclusions de travaux de recherche. Les discussions et les communications ont porté sur quatre grands thèmes : paramètres conceptuels mieux adaptés au contexte local, questions d'envergure, la recherche d'indicateurs de la santé des enfants et les orientations futures de la recherche interdisciplinaire. Cette publication a pour objet de faire le compte rendu des délibérations et en même temps de promouvoir la communication et les interactions entre les chercheurs dans le domaine de la mortalité et de la santé des nouveau-nés et des enfants.

Resumen

Este taller reunió a científicos del campo de la salud y las ciencias sociales para discutir cuestiones conceptuales y metodológicas en el estudio de la salud y mortalidad infantiles y para identificar nuevas necesidades investigativas. Asistieron al taller científicos de la salud y las ciencias sociales de Gambia, Ghana, Nigeria y Sierra Leona. Se hizo más énfasis en la evaluación del diseño y los procedimientos investigativos para analizar los determinantes de la salud infantil que en la presentación de los resultados. Las discusiones y documentos se centraron en cuatro temas: marcos de trabajo conceptuales más apropiados para los entornos locales, cuestiones de escala y medición, búsqueda de indicadores de salud infantil y pautas para la investigación interdisciplinaria futura. El propósito de esta publicación es el de registrar las sesiones del taller y promover una mayor comunicación e interacción entre los investigadores que trabajan en el campo de la salud y mortalidad infantiles.

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instruments for assessing performance; and methods of supportive supervision of field workers. Second, research is needed into health education, to find the most effective ways of educating the public about healthy life-styles; promoting public involvement in appropriate health action; and designing school curricula.

Constraints to operations research in MCH/FP include the lack of financial, material, and trained personnel resources and the lack of, and need for, community participation in problem identification and solution, a prerequisite of primary health care. This need for widespread involvement requires cultural reorientation away from nonquantitative attitudes toward critical, challenging inquiry and the scrutiny of evidence. Other constraints include the lack of involvement of intersectoral cooperation in defining problems and outlining solutions to health care problems; difficulties in transferring research findings into health service delivery; and the lack of a systematized health information network.

An Alternative Approach to Vital Events Registration in Ghana: the Suhum Experience

G.A. Ashitey and A.O.C. Nettey-Marbell

The present system of birth and death registration in Ghana is based on the compulsory but passive reporting of births and deaths by parents and relatives. For 1983, the estimated coverage of events for the country as a whole was 40% for births and 25% for deaths. But these figures hide gross disparities between south and north and between urban and rural areas with respect to completeness of registration. The lack of data makes it impossible to assess the impact of the recently introduced Primary Health Care (PHC) strategy. Although this problem is widely acknowledged and some attempts for improvement have been made in the past, none has had a far-reaching effect.

To test an alternative approach to vital events registration, a pilot study is being carried out in the Suhum Kraboa/Coaltar District, one of the initial 10 districts in Ghana selected to pioneer the implementation of PHC. This area, in 1985, had an estimated registration of births of 18%, and of deaths, 17%. Identified as a priority problem, the District Health Management Team set out to analyze the problem and search for a solution.

Shortcomings of the present Civil Registration System included a widespread lack of awareness of Act 301, the Registration of Births and Deaths Act; the inadequate provision of registration centres such that most of the population was not within easy reach of such facilities; bureaucratic "bottlenecks" in registration procedures that made registration inconvenient; a lack of commitment on the part of Assistant District Registrars; and the processing and analysis of data centrally at the Department of Births and Deaths (Ministry of Local Government), without feedback being sent to the district. As a result of this, those most in need of the data do not have access to it.

An alternative approach evolved as the PHC system became operative. The new system depends on three parties to obtain the data: the health team (HT), the Vital Events Recording Assistants (VERAs), and the general population. The health team in the pilot area was given the
task of compiling a Register of Births and Deaths in their area, and 10 key villages were chosen as an initial target. Volunteers (interested residents, farmers, school teachers, traditional birth attendants) were recruited and given special training to become VERAs. Their prime responsibility is to collect details of all births and deaths. They record information on a daily basis for the village in which they reside. This information is collected each month by a member of the health team who checks the work, then enters the details in the vital events register. Data are validated both internally by cross-checking with monthly returns from midwives and traditional birth attendants (TBAs), and externally, through a survey to be conducted semiannually in two randomly chosen enumeration areas. The health team is encouraged to use the information in planning its work.

To achieve greater success, a public education program was introduced in early 1986, and in recognition of the vital role of VERAs and to maintain morale, a method of compensation for their work was to be reviewed in late 1986. Estimated coverage of births and deaths in the pilot area during 1986 was 72 and 32%, respectively.

Survey of Correlates of Mortality in Sierra Leone

H.B.S. Kandeh

This survey was the third in a series of mortality studies that had been undertaken by the University of Sierra Leone since 1977. The general objective of the Correlates of Mortality Research Project was to examine in greater detail the factors responsible for the high levels of infant and child mortality that had been revealed by the 1974 national census.

The specific objectives included:

- estimating infant, child, and adult mortality levels in the study areas to determine whether there had been any significant changes in the levels since the 1974 census;
- identifying demographic, social, economic, and environmental factors responsible for the existing levels and patterns of mortality;
- evaluating availability, quality, and user-effectiveness of medical facilities within the selected areas and the effect on mortality levels; and
- examining perceptions of mortality by respondents in the study areas.

The following relationships were to be examined:

- between maternal age, birth order, length of birth interval, and survival chances of infants and children;
- between environmental factors (type of water supply, facilities for sewage disposal, household sanitation practices, endemic diseases) and level of infant, child, and adult mortality;
- between household income, type of economic activity, availability,