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ASPECTS OF CHILD CARE IN SOUTH AFRICA*

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I think it may be claimed that advance in child care amongst the European population in South Africa, although perhaps somewhat less spectacular, has occurred on similar lines to the advances evident in Britain during the past decade. As a subject in the medical curriculum Child Health is beginning to assume its rightful place in our medical schools as is manifest by the fact that full-time chairs in the subject have been created at two of our universities, Cape Town and Pretoria. Further, the pattern of establishing close liaison between obstetrics and paediatrics has been followed in this country with, I feel sure, benefit to both specialties and to the newborn infant. One interesting outcome of this association here in Durban is the special Rhesus Unit centred at Addington Hospital, to which Rh-immunized women from any part of the Province of Natal may be referred for their confinements. In this unit the obstetrical staff deliver the baby which is immediately handed over to the paediatric staff who carry out the necessary treatment. There is also, throughout the Union, the usual quota of special clinics for infants and children, as befits this clinic-conscious age.

It is unfortunate, but perhaps inevitable, that when any attempt is made to assess progress in child care in this multi-racial country, a wide gulf is encountered between the relatively small European community, which enjoys a high standard of living, and the much larger non-European groups of people. In the former we may claim that the standard of child health is high and that the European infant mortality rate will bear comparison with that in any part of the world. So far as the African child is concerned, the situation is disturbing and reference will be made to this problem later.

It would be tedious to continue to enumerate advances in child care which undoubtedly have occurred in South Africa since, as already mentioned, these are modelled to a large extent on the advances which have been made elsewhere, particularly in Britain and America. I would like, therefore, to refer to certain aspects of the subject which should perhaps give rise to some concern and which, I suggest, are not always receiving the attention which they merit from our profession.

THE PARENT AND THE HOME

Both Professor Moncrieff* and Dr. Gairdner† have stressed the important role which parents should play in speeding the recovery of their sick child, either at home or in hospital, and inevitably this must focus our thoughts on the vital problem as to whether modern parents are making their rightful contribution to child care. Despite the invaluable work of institutes or departments of child health, children's hospitals, research units etc., the citadel of child care must still be the home, and all the ancillary services so ably described by Professor Moncrieff are directed towards strengthening that citadel. Without the sincere co-operation of parents, progress in child care will inevitably be limited and may sometimes perhaps be more apparent than real.

So far as modern parents are concerned, it is obvious that all is not well with home life today. One disturbing indication of this is the alarming increase in divorce, a most disquieting factor which must strike at the very roots of child care. In fact, in this day and age of marriage in the Hollywood tradition, it is difficult to talk with conviction about true progress in the welfare of children. Fortunately, however, our society is still blessed with many happy homes where children are nurtured in an atmosphere of affection, understanding and wise discipline. Such children are indeed fortunate and we can safely leave them to thrive on the

* A paper presented at the South African Medical Congress, Durban, September 1957.

* Moncrieff, A. (1957): S. Afr. Med. J., **31**, 978 (28 September).
† Gairdner, D. (1957): *Ibid.*, **31**, 981 (28 September).

wisdom of their parents. But there are other homes; let us briefly consider a few examples.

First of all there is the home which is so blatantly bad and so familiar to our overwrought social workers that any detailed description is unnecessary. Here we find the extreme examples of parental infamy, where unwanted children are conceived in drink and are resented, neglected and often maltreated from the time they are born. There are many such homes, and surely a strong case could be made for amendment of the Children's Act of 1937 to enable some of these unhappy children to be removed from their squalid homes and even more squalid parents and to be legally adopted. In Durban today a married couple, eager to adopt a child, must be prepared to wait for a period of from two to four years, so great is the demand, and yet the various child welfare homes and places of safety are filled to capacity with children whose parents make no pretence of wanting them or caring for them whilst refusing to allow them to be legally adopted. This iniquitous paradox should not be allowed to continue.

Another type of home too frequently seen today is the selfish home. Here the parents are not prepared to make sacrifices or to deny themselves for the sake of their children. They are determined to have their parental cake and at the same time to eat it, often with serious consequences. They crave distraction and resent having to forego any freedom which they enjoyed before marriage. This is the mother who will often rationalize about resuming her job by trying to convince herself and her friends that only by so doing will she be able to give her children all those little extras which are so important. What she really means, of course, is that household duties bore her and she overlooks the fact that by denying her children the privilege of a mother's presence in the home to guide them during their early formative years, she is denying them their birthright. The children from such homes may be seen any day in our public parks, busily dirt eating, whilst nannies gossip and mothers glean the latest scandal at the bridge tables or pound the typewriter back at the office with the girls. Such parents may, however, have qualms of conscience which they try to salve by over-indulging and spoiling their children on the relatively rare occasions when they meet them. Surely a strange travesty of child care! This type of home must not, of course, be confused with those genuine cases where economic stringency compels both parents to be wage-earners, but I am convinced that such cases are far less numerous than we are led to believe.

Then there is the home which reflects this age of stress. In this household the mother is apt to suffer from what I call the 'Martha complex'. She is careful and troubled about many things, particularly her children. She devotes most of her time to them and is in a constant state of anxiety about their well-being. She worries about their clothing, their food, their bowels and their runny noses, until such matters become an obsession. What she does not realize is that her state of nervous tension and anxiety is highly infectious and, sooner or later, this state is reflected in one or more of the children, who are then taken to the doctor with strange symptoms which are quite unrelated to somatic disease. But these mothers are, at heart, good, unselfish people deserving of all the help and guidance we can give them. If we can persuade Martha to become just a little more like Mary, she may prove a staunch ally in the cause of child care.

Frequently encountered today is the cat-and-dog variety of home where the parents, with no attempt at self-control, indulge in frequent noisy squabbles in the presence or within earshot of their children. There is a curious belief that such squabbles denote a successful marriage, that they constitute a safety valve for bottled-up resentments and irritations. If this be true, unfortunately the children are unaware of it, and the impact of frequent 'scenes' upon a sensitive child may seriously undermine his sense of security. Fortunately, however, such parents are sometimes merely thoughtless and ignorant and if their sins are pointed out to them, they may endeavour to mend their ways and exercise more self-control.

There are many other varieties of home which may have a stifling effect on a growing child. The divided or broken home where the parents are separated and where each demands a share of their offspring and compete as to which can offer the highest bid for a child's favours; the pagan home in which the parents believe in nothing more enduring than the Stock Exchange and whose children are denied the stabilising influence of a belief in other than material things. And there are numerous others.

Now it may be asked, what has all this to do with advance in child care? I believe it has everything to do with it. All our highly organized institutes, departments and special clinics, whilst making a notable contribution to child care, can never, *per se*, bestow upon a child the priceless gift of complete or total health, a gift which cannot be measured in kilos or pounds. In the end the success of their efforts must depend to a great extent on the background of the home. I am deeply disturbed by the increasing number of children one sees today who are suffering from a variety of symptoms—lassitude, temperamental changes, vague abdominal pain, disturbed sleep, indifferent appetite, loss of weight, etc.—which have no detectable physical origin but which can be directly attributed to disharmony at home.

I suggest, therefore, that we should ask ourselves whether recent advances in child care are altogether in the right direction. Judged on a purely physical basis, progress has been impressive. Infant mortality has fallen to a remarkable degree. Many childhood diseases of the past have virtually been eliminated and others which used to carry a high mortality or morbidity are now amenable to rapid and successful treatment. Preventive medicine applied to children is making great strides. But is there not perhaps rather too much emphasis today on physical standards of health and too little on the '*mens sana*' part of the Latin tag? I believe there are many children adrift in a smog of frustration, insecurity or unhappiness without realizing it or without knowing why, and who are the potential social misfits of the future, and I suggest that the most potent cause of this is the unstable home.

THE GENERAL PRACTITIONER AND FAMILY WELFARE

Can we do anything constructive to advance this most fundamental aspect of child care? The answer to this must pose another question. Is the prime objective at our medical schools the training of undergraduates to become family doctors in the full meaning of the term? I doubt it. And yet surely it is the family doctor with access to the home

who has a unique opportunity and responsibility to guide parents in the care and upbringing of their children, who should fearlessly explain the serious effects of selfishness, over-anxiety or domestic strife on the health of a child. Marriage-guidance organizations and child-guidance clinics certainly have their uses, but they are merely substitutes for wise counsel in the intimacy of the home; in fact they may well owe their existence to a decline of interest in the problems of human relationships by many who engage in family practice. If the family doctor wishes to hand over this rewarding work to others and engage only in curative medicine, then he should say so, but this would strike a serious blow at one of the great traditions of medicine. If he possesses the quality of discernment and has been taught the difficult art of history-taking, the family doctor has a most vital contribution to make to child care. A great deal of nonsense is talked about the day of the general practitioner being on the wane. I believe that the wise general practitioner is more needed today than he ever was, provided he is not merely a peddler of antibiotics.

THE AFRICAN CHILD

And what of the African child in our midst? If this vast problem be examined superficially, it might be thought that little or nothing is being done to further the cause of child care. Such a conclusion would be both unfair and untrue. One significant step forward has been the establishment of the department of Social, Preventive and Family Medicine in the Univeristy of Natal under the directorship of Professor Sidney Kark. The important research carried out by this department is well known. But of equal importance is the valuable training in family practice which it provides for non-European medical students throughout their three years of clinical study. Amongst other things, every student is afforded the opportunity of observing children in relation to their home environment and is taught to assess the influence of this environment on a child's health and development. This thorough grounding in the field of social and family medicine must bear fruit in the days to come.

Further, at all the large centres in the Union and at others beyond our borders, intensive research has been and is being carried out into diseases which afflict the African, and particularly into the dreadful scourge of malnutrition which is so prevalent amongst the children. Faced, however, with the barriers of poverty, ignorance, superstition and great numbers, the task of putting into practice the results of this research is an immense one and efforts so far have produced little more than a ripple on the surface.

To take one example, the situation regarding kwashiorkor in the Durban area is not encouraging. In the Paediatric Unit of King Edward VIII Hospital, comprising 160 beds, no less than 731 African children suffering from kwashiorkor were admitted during 1955 and, of these, 395 died from the disease and its complications—a mortality rate of 54%. In 1956, the number of cases admitted rose to 834, with 432 deaths. And yet these figures must represent only a fraction of the total cases in the area, since there are many which never reach the wards of a hospital. To me, the tragedy of this picture is not the high mortality which is due mainly to the fact that so many cases are admitted *in extremis*; rather is it the persistently high incidence of a disease, the cause of which is known and the prevention of which depends on a plentiful commodity. It is surely a bizarre world in which the genius of man has split the atom but has failed to devise some means of supplying the underprivileged children on his doorstep with a sufficiency of milk.

Aldous Huxley once wrote; 'The only true progress in this world is progress in charity', and perhaps here lies the clue to our dilemma. For there would appear to be little hope of any significant advance in child care amongst our African neighbours until responsible European citizens manage to extract their kindly but muddled heads from the sand and give conscience air to breathe. This process might be stimulated and hastened if medical practitioners acquainted with the sordid facts would endeavour, without sentimentality, to create a more acute awareness amongst the European public of the tragic and dangerous situation which exists. It is merely begging the question to keep reiterating that the welfare of the African child is the prerogative of the Government, the Province or the Municipality. All these bodies have their fields of responsibility, but they can only interpret the wishes of the public which elects them.

It is surely a salutary experience to observe the self-sacrificing yet practical efforts made by small groups of enlightened people to improve the lot of our African children, and the results which they achieve. But too much is being attempted by too few. If this truly Christian work were to be multiplied a hundred-fold, which it well could be, then the sponsors of Western civilization in this country could indeed hold their heads high.

In conclusion, I quote from the Report of the Scottish Youth Advisory Committee of 1945:

'. . . if a community were determined to make itself fit for children and young people to live in, much else that is good and necessary in all aspects of life, spiritual and material, political and economic, might readily follow'.

When planning future advance in child care we would do well to ponder these words.

I wish to record my thanks to Dr. Joan Scragg of the Paediatric Unit of King Edward VIII Hospital for preparing the figures relating to kwashiorkor, a task which involved much sacrifice of her spare time.