AIN SHAMS UNIVERSITY
INSTITUTE OF POSTGRADUATE
CHILDHOOD STUDIES
MEDICAL DEPARTMENT

THE STUDY OF BELIEFS AND PRACTICES RELATED TO CHILDHOOD HEALTH AMONG MOTHERS IN EGYPT AND SAUDI ARABIA

A THESIS
Submitted for partial Fulfilment of
MASTER DEGREE OF CHILDHOOD STUDIES
(Medical Department)

By

Laila Omar Zubeir

Supervised by

Professor Kadry M. Hefni
Dean and Prof. of Psychology,
Institute of Postgraduate Childhood
Studies, Ain Shams University

Professor Hamed M. Shatla
Prof. of Paediatrics and Director
Children's Hospital,
Ain Shams University

Professor Hassan I. Ghaznawy
Ass. Prof. of Community Medicine,
King Abdul-Aziz University, and
Director General of Health Affairs,
Jaddah, Saudi Arabia

1992

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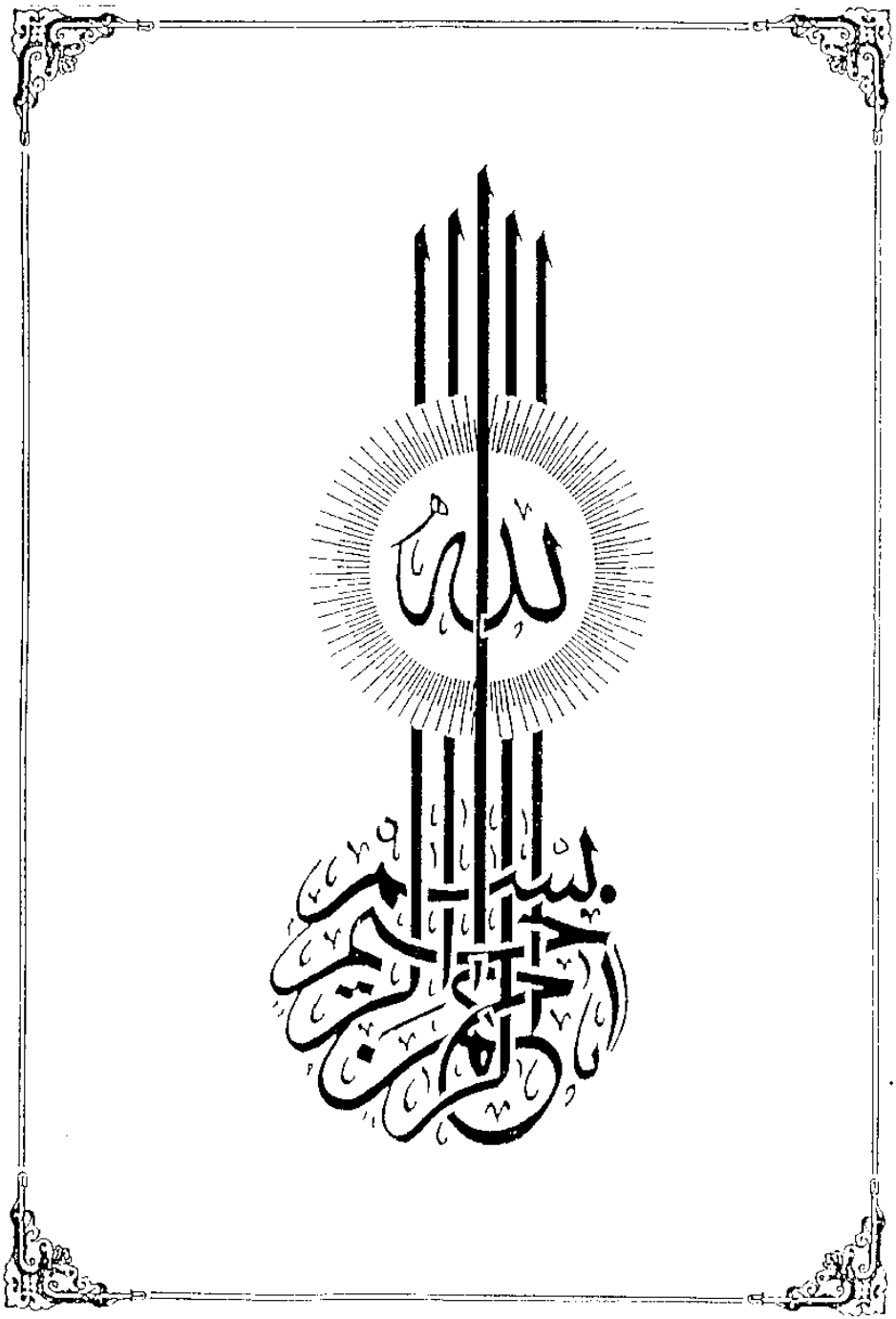

بسم الله الرحمن الرحيم

"علم الإنسان ما لم يعلم"

صدق الله العظيم

DEDICATION

To my mother, who prayed for me.....

To my husband and children, who

encouraged and stood by me.

ACKNOWLEDGMENT

I would like to express my sincere gratitude to Professor Kadry Hefni, Dean and Professor of Psychology, Institute of Postgraduate childhood Studies, Ain Shams University, for giving me the privilege of working under his supervision and for his valuable guidance and advices throughout this study.

To Professor Hamed Shatla, Professor of Paediatrics and Director, Children's Hospital, Ain Shams University, I am indebted for his thoughtful supervision and unlimited help.

Special thanks and appreciation is extended to professor Hassan Ghaznawi, Ass. Professor of Community Medicine, King Abdul Aziz University and Director General of Health Affairs, Jeddah, Saudi Arabia. His sincere support and help are cordially appreciated.

I wish also to convey my thanks and gratitude to my friends; Mrs Elham Fateem, Consultant, Family Health and Social Studies and Ms. Muneera Al-Osemi, Director of Female Health Education, Jeddah. Their expert and friendly advices and encouragement were of great value.

It goes without saying, and first of all, thank God.

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INTRODUCTION

Early childhood deaths in Egypt and Saudi Arabia are still high and constitute the main bulk of the crude death rates in both countries. It has been reported that infant mortality rate in Egypt is 93 per 1000 live births and in Saudi Arabia 85 per 1000 live births. These figures are higher than the world average figure of 77 per 1000 live births and much higher than deaths in developed countries which are only 15 for every 15 for every 1000 live births (Population Reference Bureau, 1988).

Most of those deaths are caused by preventable factors and can be avoided by upgrading preventive health measures which are more cost-effective than the increasingly expensive curative medicine.

Primary health care has emerged as the leading strategy for meeting preventive needs in developing countries. It offers the possibility of good access to the most cost-effective forms of intervention, even in the poorest countries.

Health education constitutes an essential element in primary health care programmes. Several health education projects is different communities have achieved evident impact on childhood morbidity, disability and mortality.

Each community has its own special traditional beliefs and concepts of disease. Such trends are always deep-rooted and have profound influence on child health.

The design and implementation of health education activities should be based upon the needs, beliefs and practices of the target community. A community diagnosis must be made first through the study of all inter-related aspects of its particular cultural pattern.

AIM OF THE WORK

The aim of this work is to study the beliefs and customs related to early childhood health among a sample of Egyptian and Saudi mothers. The results of the study would emphasize the need to examine the cultural patterns of the community and can determine the guidelines for the design and implementation of health education projects needed to be initiated in Egypt and Saudi Arabia for the sake of upgrading the childhood preventive health services.

REVIEW OF LITERATURE

THE PROBLEM

Throughout the world, children suffer illness, delays in physical and mental development and early death. Some 14 million children under five years of age die every year in developing countries where one out of every four newborns dies before reaching school age (United Nations Children's Fund, 1989).

The overwhelming majority of these deaths are preventable by health measures that are potentially within the reach of all communities.

Moreover, one-quarter of the children who survive suffer malnutrition, debilitation and sickness, each of which may result in long term reduction in their capacity to learn, to work and to function optimally. It is estimated that 3 million children become seriously disabled every year in the developing countries.

The rates for child deaths vary widely, both between and within countries, depending on the level of socioeconomic development, living conditions, access to health care, climate and many other factors (Rutsteine, 1983 and Vallin, 1976). However, environment makes more difference than climate. Variations within some countries is as substantial as the variation between countries. For example, in Malawi in 1977, the infant mortality rate in urban areas was reported to be 71 per 1000 live

births and in rural areas 135. In some other countries, infant mortality is greater in urban areas (United Nations, 1982).

A disproportionate number of deaths in developing countries occurs among young children. Children under age five make up 14 percent of the population in developing countries but account for up to 80 percent of all deaths each year. The situation is reversed in developed countries, where children under age five make up 8 percent of the population but account for less than 3 percent of all deaths each year (Population Information Program, 1984).

While perinatal mortality rates are important for identifying problems in obstetrical and early neonatal care, the infant mortality rate is a standard indicator of a population's health. Infants are most vulnerable to adverse health risks within the immediate family and community environment.

The average infant mortality rate (IMR) for the whole world has been reported to be 77 per 1000 live births in 1988. The figure varies widely between an average of 15 in the developed countries to 86 in the developing countries with the highest average rate of 110 per 1000 live births in Africa (Population Reference Bureau, 1988).

While infants born in Mali face the most gloomy mortality rate of 175 per 1000 live births, infants born in Quebec, Canada, have the best chance of survival in the world. The Quebec corporation of Professional Doctors has recently reported that IMR in the province in 1988-89 was only 5.2 per 1000. This new standing puts Quebec ahead of Finland and Japan (5.8 per 1000), Sweden (5.9 per 1000) and the Netherlands (7.7 per 1000) (Quebec Government House, 1991).