DEVELOPMENT OF MATERNAL AND CHILD HEALTH SERVICES IN THE MINORITY COMMUNITIES OF ISRAEL

REBECCA ADAMS, RN EdD.

Department of Nursing, School of Continuing Education, Sackler School of Medicine, Tel-Aviv University.

OPSOMMING

Aan die hand van statistiek word getoon hoe kinder- en moedersterftes onder minderheidsgroepe in Israel afgeneem het in die laaste paar dekades. Hierdie afname word hoofsaaklik toegeskryf aan basiese voorkomende gesondheidsdienste.

Hierdie dienste word veral deur verpleegsters gelewer, wat dikwels nie veel formele voorbereiding gehad het nie. Daar bestaan egter nog leemtes in die dienste en die antwoord is veral geleë in die toekomstige beskikbaarheid van goed-voorbereide verpleegkundiges uit die gemeenskappe wat hulle moet dien.

TO get to the maternal and child health station in Mahamadia, a Moslem Arab village, you alight from the bus at the foot of Mount Tabor, slide down a hill, and find yourself in a courtyard with children and sheep. Bahija, the practical nurse, greets you and laughs as she tells of the Jewish paediatrician who, because of religious tenets forbidding touching a strange woman, refused to take her helping hand and proceeded to fall all the way. From the entrance shed you are led to two rooms with light coming from the open doors. The rooms are clean with stone floors that are easily washed and with the standard blue and white furniture seen in every Ministry of Health or Kupat Holim (General Sick Fund of the Federation of Labor) station in Israel.

In the station's waiting room mothers sit suckling their babies while waiting for the nurse to weigh the infant, give immunisation and advise regarding feeding. The babies, with Kochol, said to prevent eye infections, on their eyelids and amulets against the evil eye, on their foreheads are relatively quiet. With the first wail the breast is thrust into the mouth giving comfort to the child and the mother.

Visits to the station were not always the rule and immunisations were not considered necessary. High infant mortality rates came from Allah and not from disease and there was, in addition, a baby every year.

It is the purpose of this paper to show the changes that have occurred in maternal and child health in the minority groups, the role of nursing care and what still needs to be done.

Before the State of Israel was established very little had been done regarding preventive health services for the Arab and Druze population. The British Mandate Public Health Law of 1940 contained regulations regarding vital statistics, burials, reporting of infectious diseases, quarantine, compulsory inoculation of infants against smallpox and environmental sanitation. These laws, which had not existed under Turkish rule, were implemented only to a minimal extent. It should be noted that the Mandatory Health Department was aware that, in addition to laws, the country needed well-trained public health nurses to develop a program designed to lower the infant mortality rate, control tuberculosis and to improve the health of schoolchildren. However, the main focus was on immunisations against smallpox and some Arab mothers in urban areas came to the existing Jewish maternal and child health stations (Stockler, 1975). Vital statistics of that era show the high infant mortality rates of the total population. (See Table 1).

TABLE 1
INFANT MORTALITY PER 1000 LIVE BIRTHS 1924 — 1947

Year	Population Groups		
	Christians	*Moslems*	*Jews*
1924	151,9	199,0	105,7
1925	162,4	200,8	131,3
1927	187,2	216,7	115,3
1928	157,9	203,5	95,69
1929	no data	no data	89,78
1931	no data	187	81,00
1947	no data	no data	29,00

(Government of Palestine 1922 — 1935, Grushka, 1952)

During this period the infant mortality rates were highest among the Moslems, somewhat lower among the Christians and lowest among the Jews, the latter having developed an extensive network of preventive services. The reader should remember that reporting, at least in the twenties and thirties of this century, was generally poor and often non-existent, particularly among the Beduin. Communicable diseases prevalent at the time were tuberculosis, bubonic plague, cholera, dysenteries, diphtheria, measles, poliomyelitis, tetanus and trachoma. (Government of Palestine, 1922-1935). It is most likely that malnutrition also played a role in infant mortality although specific records have not been found. Adding solid foods to infant diets in addition to breast feeding was frowned upon since breast feeding was considered a form of contraception and giving other foods was thought to wean the infant.

Reliable records of the maternal mortality rates among the Arab and Druze populations do not exist and it is only from 1965 that such statistics are available.

The low rates in Table 2 may be attributed to delivery in hospital for 98% of the Arab women and for almost all Jewish women. (Every woman receives a maternity grant provided she delivers in hospital), (Nizan, 1979). In the stations described above the women receive prenatal care from nurses and doctors. Hospital delivery probably also explains the eradication of tetanus neonatorum, as treatment of the cord by the indigenous midwife included various folk medications and the use of unclean instruments.

The infant mortality rates in the Arab population in Israel show a downward trend of 50% between 1955 and 1977. The rates are still higher than those of the Jewish population but much lower than those of the neighbouring countries. (See Table 3.) Not all the Arab villages in Israel have complete preventive services; where stations do not exist, a nurse primarily gives routine immunisations and some advice regarding infant care.

TABLE 2

MATERNAL DEATHS BY POPULATION GROUPS
(Rates per 1000 Live Births)

Year	Population Groups	
	Arabs	*Jews*
1965-1969	0,4	0,4
1970-1974	0,2	0,4
1977	0,3	0,1

(Statistical Abstract, 1978)

TABLE 3

INFANT MORTALITY RATES PER 1000 LIVE BIRTHS

Country	Year					
	1955	1960	1965	1970	1975	1977
Israel:						
Jewish population	32,4	27,0	22,7	18,9	17,9	13,8
Arab population	62,5	48,0	43,4	37,3	39,5	30,4
Egypt					108	
Libya					130	
Sudan					141	
Jordan					97	
Lebanon					59	

(Statistical Abstract, 1978. McHale et al, 1979)

TABLE 4

INFANT DEATH BY AGE AMONG NON-JEWS
PER 1000 LIVE BIRTHS
1955 - 1977

Year	1955	1960	1965	1970	1975	1977
Total	**62,5**	**48,0**	**43,4**	**37,3**	**39,5**	**30,4**
Age:						
Less than one month	15,4	16,8	16,8	17,8	17,9	15,7
0 — 6 days	9,0	11,4	10,3	13,4	13,1	11,6
7 — 27 days	6,4	5,14	6,5	4,4	4,8	4,1
More than one month to one year	47,1	31,62	36,6	19,5	21,6	14,7

(Statistical Abstract, 1978)

A more dramatic change is seen in the infant mortality rate of the age group "more than one month" in table 4. Here the mortality rate has lowered from 47, 1 per 1000 live births in 1955 to 14,7 per 1000 live births in 1977.

There has been little, if any, change in the perinatal period. Reasons for this must be examined in terms of the health habits of the population, marriage patterns (marriages of close relatives which may have an effect on death rates due to congenital diseases) and health care services during this critical period.

The average number of live births during the mother's life is higher among the Arab population than among the Jewish population. (See Table 5). Within the Arab population women with less education, and Moslems and Druzes have more children. (See Table 6).

One may draw the conclusion that better education for Arab women will lead to improved care of the infants.

Morbidity and mortality rates for gastrointestinal and upper respiratory diseases are still high. More must be done regarding health education, especially in order to prevent diarrhoeas. Communicable diseases of the 1920's have been eliminated through immunisation and improved care.

The burden of preventive care in Israel has always been on the community health nurses, whether well prepared or less so. Physicians visit the stations at rare intervals and it is the nurse who is responsible for immunisations, health education, early detection of defects and other problems. Therefore a few words must be written about the nurses who fulfilled and still fulfil these responsibilities.

Both Arab and Jewish nurses work in the villages, but the emphasis in this paper is on the Arab nurses.

The majority of Arab nurses were practical nurses or aides since well-off Arab families did not consider nursing a suitable profession for their daughters. The poorer women who entered nursing became practical nurses or aides. Until 1948 all nursing personnel received the status of pratical nurse without formal training after three years of experience in a general hospital or in special hospitals for tuberculosis, eye care or psychiatry. Children's nurses received special courses of three to six months in baby homes. (Stockler, 1975) Some aides learned nursing arts through apprenticeship under the community nurse. Now there are government supervised courses for practical nurses, who must have a basic general education.

A positive aspect is the change of families' attitude towards the nursing profession and it is hoped that well-educated graduate nurses will become the rule.

From the findings it is clear that some basic improvements in health status can be made even with minimally prepared staff. However, the changes either in mortality or morbidity rates, although fairly impressive, have not been sufficient. Petros-Barvazian (1979) correctly states that an infant's survival alone does not promise a healthy child. It is in the minority communities that the well-prepared nurse, herself from these communities, will make the difference. It is she who will know the health behaviours of her people and will search for means of change while being aware of the positive and negative aspects of the age-old methods and superstitions. The nurses of this era have done their part to the best of their abilities, but for a stronger impact, qualified nurses and better educated mothers are the keynote.

TABLE 5

LIVE BIRTHS BY POPULATION GROUP DURING MOTHERS' LIFE, 1977

Population Group	Average number of children
Jews	2,5
Moslems	4,7
Christians	3,0
Druzes and others	4,4

TABLE 6

AVERAGE LIVE BIRTHS OF MOTHERS AGED 30-34 BY MOTHERS' YEARS OF SCHOOLING AND POPULATION GROUP

Group	Years of Schooling					
	13+	9-12	5-8	1-4	0	Total
Average live births	3,0	4,2	6,1	7,0	7,0	6,4
Moslems	3,1	4,6	6,3	7,1	7,0	6,7
Christians	2,9	3,5	4,7	5,1	3,8	4,1
Druzes and others	(2,1)	5,4	6,2	6,8	6,5	6,3

(Statistical Abstract, 1978)

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