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501

[An approach to evaluating the quality of primary health care in rural clinics in Ghana.](#)

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GOOGLE SCHOLAR

Author: Amonoo-Lartson R; Alpaugh-Ojermark M; Neumann A

Source: Journal of Tropical Pediatrics. 1985 Oct; 31(5):282-5.

Document Number: 037800

Abstract: This study is a simple, low cost assessment of the quality of care in a rural primary health care setting, using the Danfa Health Center and 3 satellite clinics. The evaluation data are based on structured observations of the care provided by medical assistants (MAs), midwives and community health nurses (CHNs), providers serving the greatest proportion of the population. The clinical conditions (topics) selected for study were care of pediatric malaria, prenatal midwifery care, and postnatal health education. Attention was focused on the collection of process data relevant to health

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12,000, 48% of which were under 15. MAs were found to rigorously follow only 2 test criteria: questioning regarding duration of fever, and prescription of medicine. Other tests such as blood films were not performed often enough by expected performance level standards, although noncompliance might have been justifiable in the case, for example, of the MA's not palpating spleens where most people have enlarged spleens. Midwives met standards for 6 of 12 performance protocols; still disquieting. Requesting inexpensive hemoglobin lab tests, for example, might be desirable. CHNs showed a considerable disparity with acceptable standards, exceeding them in only 1 out of 12 procedures. More experience is needed to select criteria carefully and observe reasons for noncompliance. A greater involvement of personnel in the process of evaluation would facilitate constructive changes for improved quality of care and staff training.

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502

[The divorce revolution: the unexpected social and economic consequences for women and children in Am ...](#)

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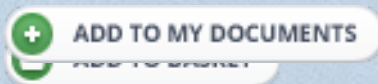
Author: Weitzman LJ

Source: New York, New York, The Free Press, 1985. xxiv, 504 p.

Document Number: 199701

Abstract: Based on a ten year study of the no-fault divorce law, first instituted in California and used in some form nationwide in the 1970s, this book disproves the law's theory that equal treatment of husband and wife leads to amicable and equitable economic settlements. Instead, the new gender-equal laws have created a new poor -- mothers with minor children and older homemakers lacking job skills. Under the old law, wives were usually awarded the family home and granted alimony and child support, but now they are expected to be self supporting, no matter what their background. These young mothers and older women experience a 73% decline in their standard of living (many have to sell their homes) while their husbands average a 42% increase in theirs. 60% children will experience disruption in their parents' marriage and face financial hardship before reaching 18 because 90% of all custodial parents are women, yet 60-80% of all fathers defy court orders to pay child support. The divorce revolution has three components: 1) the widespread adoption of no-fault divorce laws, 2) the highest divorce rate in US history, and 3) the social acceptability of divorce and nonmarital cohabitation. These have transformed the institution of marriage and the perception and reality of divorce, with unforeseen, far-reaching, and often tragic socioeconomic consequences for women and children. Proposed remedies include support awards

based on income sharing; equalizing the standards of living in both households; more effective enforcement measures for these awards, including jail sentences; and grandmother clauses guaranteeing older women an equal share of the fruits of the marriage.



503

[Metaphor analysis.](#)

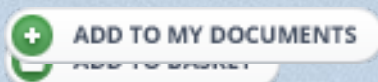
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Author: Deetz S

Source: In: Methods of intercultural communications research, edited by William B. Gudykunst [and] Young Yun Kim. Beverly Hills, California, Sage Publications, 1984. 215-28. (International and Intercultural Communication Annual, Vol. VIII)

Document Number: 031021

Abstract: This chapter develops the interpretive paradigm as a viable approach to studying intercultural communication, discussing what the interpretive approach is and considering metaphor analysis as one way of doing interpretive research in intercultural communication. Interpretive research is interested in describing and explaining the structure of human experience. Discovery of the underlying structure of "tests" makes possible an objective analysis of naturally occurring meaning. Culture as it is to be understood is manifest in various empirical objectives and activities including artifacts, forms of movement, and speaking. These material objectives and activities function as signs signifying a spatio-temporal system. An interpretive analysis of culture investigates these interconnections, revealing the system that supports the sense of these objectives and activities. The goal of such analysis is to make clear the "deep" systems of meanings manifested in everyday talk and to describe the conditions under which specific cultural experiences are possible. The structure of metaphors in the speech of members of a culture should be coherent with the more general interconnections and orientations present in that culture. Such a belief is strengthened by the recent work of Lakoff and Johnson who suggest that metaphors are systematically related to each other. In tracing the metaphors that are used by a society, one traces the way people in that society experience things. Following from Lakoff and Johnson's work, a series of research studies was designed to investigate the various types of metaphor systems that exist in American culture as well as different metaphor systems that exist across various American subgroups.



Geographical and occupational reintegration of returning Turkish workers.

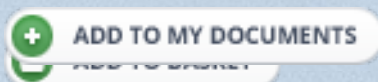
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Author: Gitmez AS

Source: In: The politics of return. International return migration in Europe. Proceedings of the First European Conference on International Return Migration (Rome, November 11-14, 1981), edited by Daniel Kubat. Staten Island, New York, Center for Migration Studies, 1984. 113-21.

Document Number: 198921

Abstract: Between 1961 and 1975, about 816,000 Turkish workers officially migrated to Western Europe to work; about 150,000 migrated unofficially as tourists but worked anyway. Since 1975, this flow has reversed, and 20,000-30,000 workers return to Turkey every year. In 1980, 1,462,442 Turks lived in the Federal Republic of Germany. Estimates indicate that about half of these labor migrants will return to Turkey. The author interviewed 1365 returnees in 3 districts of Turkey--the industrialized region of Bursa, the semi-developed region of Afyon, and the traditional region of Kirsehir--to examine how return migration affects socioeconomic and industrial development in Turkey. The mean age of returnees was 39.1 years, 93% were male, and the average stay abroad was 5.5 years. Wide differences existed between migrants from the 3 regions. 31% of the migrants from undeveloped Kirsehir had migrated unofficially, as opposed to 22% from Afyon and only 4% from Bursa. 32.5% of the migrants from Bursa had taken their families with them as opposed to 18% from Afyon and only 9% from Kirsehir. 78% live in the same region they lived in before migration, and 2/3 felt that their experience had been worthwhile. Unlike migrants in other studies, these migrants to Europe had returned to their places of origin. Although most of the labor migrants to Europe had worked in large industrial plants, 59% were working in agriculture after their return. Losses to commercial and service employment explain most of the move away from agriculture. About 20% of the returnees are unemployed, a category that includes retirement and supervising investments. 37% of their investments are in housing, 34% in agricultural land or shops, and 23% in the service sector. Many returnees have social status expectations which influence their employment and investment choices in favor of traditional symbols of prestige. Return migrants, for this reason, do not seem to contribute to the development of a skilled industrial labor force.



On marriage trends and the fertility transition

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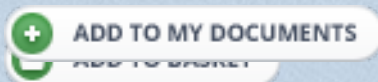
in developing countries.

Author: Murphy M; Dyson T

Source: In: Dynamics of population and family welfare, 1985, edited by K. Srinivasan and S. Mukerji. Bombay, India, Himalaya Publishing House, 1985 Dec. 147-86.

Document Number: 048928

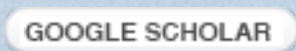
Abstract: The authors provide "empirical evidence from independent data sources of the decline in the age at marriage of females that has occurred during the period from 1940 to 1970 in [22] countries of Latin America, Africa and Asia in the early stages of modernisation. The data from [the] World Fertility Survey, the U.N. Demographic Year Book and Marriage Registration data, wherever available, have been used to study the trends in age at marriage." The analysis indicates that "there was a real and distinct decline in the age at marriage in all these developing countries before the rising trend in age at marriage was established....The two phenomena of decline in age at marriage and rise in fertility in the early stages of modernization may be concomitantly taking place because of a number of factors associated with modernization, rather than the former causing the latter." (EXCERPT)



506

Identity and relocation: the Bikini case.

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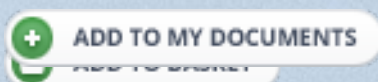
Author: Kiste RC

Source: PACIFIC VIEWPOINT. 1985 Apr; 26(1):116-38.

Document Number: 200681

Abstract: 38 years have elapsed since the Bikinians 1st learned of their impending relocation from Bikini atoll in the norther Marshall Islands, due to its selection as a US nuclear test site. In 1946 they were still a little-travelled people and their identity had mainly been shaped by others who held them in low esteem. Relocation abruptly thrust the Bikinians into unwanted greater interaction with outsiders. At Rongerik, they came into greater contact with Americans, an ordeal that further eroded their self-confidence, and on Kwajalein their enforced interaction with more acculturated wage laborers compounded negative feelings about their lack of sophistication. During this same period, however, the Bikinians began to see clearly the advantages of communicating often with the American authorities. By the late 1950s and 1960s, a more positive image of themselves as Bikinians was emerging; they had come to view themselves as casualties of the US nuclear testing program. Due to a more favorable

self-image, the conviction of being victims of a great injustice, and a variety of local complaints, the Bikinians became more aggressive and more confident in their appeals and demands to US representatives. American administrations have been responsive to the community, but the results of their actions have been mixed. The Kili development program produced no lasting benefits, and the long-term provisions of food subsidies helped to make the Bikinians a dependent people -- a relationship with the US they do not find displeasing. Other Micronesians believe that the Bikinians have been astute negotiators with the US officials, and consequently their stock has risen throughout the Marshalls. The Bikinians, however, remain a discontented people. The wisdom of providing a comparatively small society with considerable sums of money can be questioned; the long term impact of these actions have not been seriously considered.



507

[Prevention of neonatal tetanus: WHO meeting.](#)

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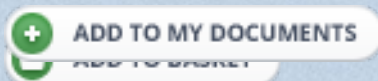
Author: World Health Organization [WHO]

Source: WORLD HEALTH FORUM. 1982; 3(4):432-3.

Document Number: 039078

Abstract: Questionnaires were used in sample surveys of households to estimate the number of live births and of neonatal deaths from tetanus in 14 countries of the Eastern Mediterranean and Southeast Asia regions. The purpose was to provide background information for a meeting on the prevention of neonatal tetanus, convened jointly by the World Health Organization's (WHO) Regional Offices for the 2 regions. The surveys confirmed that neonatal tetanus continues to be a serious health problem, but substantial differences exist in its incidence among and within countries. It is estimated that about 500,000 deaths from neonatal tetanus occur in the 2 regions each year. Although most deliveries in the areas surveyed were conducted at home by untrained persons, neonatal tetanus was not restricted to such deliveries. The application of unclean dressings during the healing of the cord may be a risk factor as great as, or greater than, the cutting of the cord with an unclean instrument. The risk of neonatal tetanus from the circumcision of males has not yet been determined. Most deaths of the newborn from tetanus occur in the 1st week of life, but a significant number were found to have occurred very late in the neonatal period. Generally, it was found that more males than females succumbed to neonatal tetanus, the proportion ranging from 1.4:1 in the Sudan to 2.6:1 in Alexandria, Egypt. Meeting participants recommended that ministries of health give high priority to the control of neonatal tetanus. It should be made a notifiable disease and be reported separately from cases of tetanus other

than in the newborn. Neonatal tetanus levels should serve as an index of the quality and utilization of maternal health services, of the impact of the Expanded Program on Immunization (EPI); and of progress being made in achieving health for all by 2000. Immunization of pregnant women is an effective measure in controlling neonatal tetanus in areas where most pregnant women seek prenatal care sufficiently early to be given 2 doses of tetanus toxoid. Yet, in many countries routine prenatal care is far from universal. Depending on circumstances, immunization at school entry and school leaving should be offered to all children. As a result, women will require fewer doses of tetanus toxoid for protection during the childbearing years. Immunization of children during the 1st year of life with DPT is already a priority within the worldwide EPI. For previously unimmunized women, 2 doses of an absorbed tetanus toxoid meeting WHO requirements should be administered at least 4 weeks apart, the 2nd dose being given to pregnant women at least 2 weeks before delivery. Additional doses of the vaccine should be administered.



508

[Vital statistics of the United States, 1981. Vol. 3. Marriage and divorce](#)

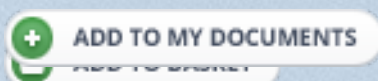
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Author: United States. National Center for Health Statistics [NCHS]

Source: Hyattsville, Md, United States. National Center for Health Statistics [NCHS], 1985. [165] p.

Document Number: 200710

Abstract: This annual report contains final data on marriage and divorce in the United States for 1981. Data are included on trends since 1920; totals and rates for each state, division, region, and the 50 largest SMSAs; and totals for county or county equivalent. Data are also included on marriage totals by month, state, division, and region; selected population characteristics and rates for marriages in the marriage registration area; estimates of children involved in divorces; and selected population characteristics of those divorcing in the divorce registration area. A separate section provides data on Puerto Rico and the U.S. Virgin Islands. An additional section is in the form of a technical appendix on U.S. marriage and divorce statistics.



509

[Kaposi's sarcoma and Pneumocystis pneumonia among homosexual men--New York City and California.](#)

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Author: Friedman-Kien A; Laubenstein L; Marmor M; Hymes K; Green J; Ragaz A; Gottlieb J; Muggia F; Demopoulos R; Weintraub M

Source: MMWR. Morbidity and Mortality Weekly Report. 1981 Jul 3; 30(25):305-8.

Document Number: 036598

Abstract: Accurate incidence and mortality rates in the US for Kaposi's sarcoma are not available, but the annual incidence has been estimated at 0.02-0.06/100,000. The disease has tended to affect primarily elder males. A departure from this pattern is the diagnosis in the past 30 months of Kaposi's sarcoma in 26 homosexual men in New York City and California whose mean age was 39 years (range 26-51 years). In contrast to the clinical course in elderly men, in whom the mean survival time is 8-13 years after diagnosis, 8 of the homosexual patients died within 2 years after diagnosis. A review of the New York University Coordinated Cancer Registry for Kaposi's sarcoma revealed no such cases in men under 50 years of age for the 1970-79 period. Presenting complaints in 20 of the homosexual men included skin lesions only (50%) and skin lesions plus lymphadenopathy (20%). After the initial physician visit, 6 patients developed pneumonia and 1 had necrotizing toxoplasmosis of the central nervous system. Serologic evidence of past or present cytomegalovirus infection was found in all 12 patients who were tested. Also of concern is the incidence of 15 cases of Pneumocystis in homosexual men in California since 1979. These findings indicate that physicians should be alert for Kaposi's sarcoma, Pneumocystis pneumonia, and other opportunistic infections associated with immunosuppression in homosexual men.

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[\[Expanded Programme on Immunization: prevention of neonatal tetanus\]](#)

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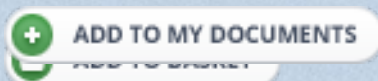
Author: World Health Organization [WHO]

Source: Weekly Epidemiological Record / Releve Epidemiologique Hebdomadaire. 1982 May 7; 57(18):137-42.

Document Number: 039070

Abstract: Questionnaires were used in sample surveys of households to estimate the number of live births, neonatal deaths, and neonatal deaths

from tetanus in 14 countries of 2 World Health Organization (WHO) regions, (Eastern Mediteranean and Southeast Asia). These surveys confirmes that neonatal tetanus (TNN) remains a serious health problem but also revealed substantial differences both within and between countries. Based on the mortality rates found in the surveys, it is estimated that some 500,000 deaths from TNT occur annually in the 2 regions. Subsequent discussion considers the epidemiology of neonatal tetanus and recommendations concerning the strategy for the control of neonatal tetanus general strategy, immunization stratege, improved maternity care, and public participation. Most births in the areas surveyed were conducted at home by untrained persons, yet TNN was not restricted to such deliveries and was observed when mothers were attended by trained personnel, whether at home or in an institution. The application of unclean dressings during the healing of the cord may be a risk factor as great, or greater than, the cutting of the cord with an unclean instrument. The risk of TNN from the circumcision of males remains to be determined. The majority of TNN deaths occur in the 1st week of life, with the highest number of deaths recorded at 6-8 days of life, but a significant number of deaths occurred very late in the neonatal period. The ratio of male to female tetanus deaths was recorded in several surveys. This ratio always showed a predominance of males and ranged from 1.4:1 in Sudan to 2.6:1 in Alexandria, Egypt. Ministries of Health now should give a high priority to the control of neonatal tetanus. Neonatal tetanus should become a notifiable disease and should be reported separately from nonneonatal tetanus. The control of neonatal tetanus and of other diseases included within the Expanded Program on Immunization (EPI) can and should be used as a spearhead in the development of primary health care. All females of childbearing age visiting any health facility for any reason should be immunized with tetanus toxoid, consistent with their preivious tetanus immunization at school entry and school leaving should be offered to all children. As a result, women require fewer doses of tetanus toxoid for protections during the childbearing years. For previously unimmunized women, 2 doses of an adsorbed tetanus toxoid meeting WHO requirements should be administered. Additional doses should be given with each pregnancy. Imporved maternity care has a vital role to play in the reduction of neonatal tetanus.



511

[Vital statistics of the United States, 1980. Vol. 3. Marriage and divorce](#)

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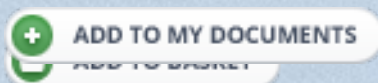
Author: United States. National Center for Health Statistics [NCHS]

Source: Hyattsville, Md, United States. National Center for Health Statistics

[NCHS], 1985. [205] p.

Document Number: 200819

Abstract: This annual report contains final data on marriage and divorce in the United States for 1980. Data are included on marriage trends since 1920, marriage rates, age at marriage, previous marital status, race, educational status, and residence. The data are presented by state, division, and region; some data are also shown by county and SMSA. The data on divorces cover age at divorce and marriage, race, duration of marriage, number of children, and educational status. A section is also included on Puerto Rico and the U.S. Virgin Islands. (ANNOTATION)



512

[Use of the relational Gompertz model in analysing fertility data collected in retrospective surveys.](#)

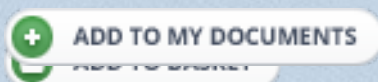
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Author: Zaba B

Source: London, England, University of London, London School of Hygiene and Tropical Medicine, Centre for Population Studies, 1981. 24 p. (CPS Working Paper No. 81-2.)

Document Number: 204449

Abstract: The relational Gompertz model of fertility provides a simple tool for adjusting and correcting fertility distributions derived from reports of births in the last year, and/or children ever born. It is not necessary to assume that the quality of reporting does not vary with the age of the respondent, or that fertility levels have been constant in the recent past. It must be stressed that the amount of useful information which can be extracted from retrospective reporting of fertility using these models is limited by various considerations and that the methods should not be applied indiscriminately. If the data are heavily contaminated with reporting errors, it is of little use to try and estimate trends. (author's modified)



513

[Female circumcision in Nigeria.](#)

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Author: Oduntan O; Onadeko M

Source: In: Report on a Seminar on Traditional Practices Affecting the Health of Women and Children in Africa, organized by the Senegal Ministry of Public Health and NGO Working Group on Traditional Practices Affecting the Health of Women and Children. Dakar, Senegal, Ministry of Public Health and NGO Working Group on Traditional Practices Affecting Health of Women and Children, 1984. 98-108.

Document Number: 052727

Abstract: For this study on the prevalence and other aspects of female circumcision (FC) in Nigeria, questionnaires were sent to health administrators at various levels. In addition, questionnaire interviews were carried out in Lagos, Enugu, Benin, and Ibadan. Between 15% and 100% of women in many parts of Nigeria are circumcised. In Ibadan, 71.3% of women interviewed had been circumcised, and 50% had or intended to circumcise their daughters. Educated women tended not to but sometimes gave way to pressure from families. In most, though not all, areas the milder Sunna form was practiced. Most FCs are performed on young girls. The decision usually rests with the parents, often under pressure from paternal grandparents. The practice is favored principally to reduce female sexual desire and preserve chastity. FC practice cuts across religious lines, and is widely but incorrectly believed by Moslems to be prescribed by Islam. In many areas FC seems to be deeply rooted in cultural and religious tradition, while in some it is believed to be medically/hygienically/aesthetically beneficial, for firmly demarcating the female sex, preserving the health of the newborn, and reducing vaginal irritation and secretion. FC is performed by a man or a woman. The operation is described; treatments for the wound usually consist of native herbal preparations. Short term effects consist of hemorrhage and infection; there are many physical, sexual, and psychological long term complications. These include urinary tract damage, decreased sexual desire, and often depression and psychotic states, all of which can lead to marital problems. Eradication efforts will include orientation of circumcisors to sterile technic in the short term, and formulating a policy for elimination in the long term.



514
['Rather than make trouble, it's better just to leave': behind the lack of industrial strife in the T ...](#)

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Author: Mather C

Source: In: Women, work and ideology in the Third World, edited by Haleh Afshar. London, England, Tavistock Publications, 1985. 153-80.

Document Number: 200096

Abstract: This chapter discusses the difficulties workers face in organizing resistance, by examining life in the communities surrounding the factories--the immediate social environment in Indonesia. In 1972, the Indonesian government announced that Jakarta was full and began encouraging industries to move out into the city's hinterlands. The 3 neighboring villages in this survey appeared largely rural at the end of the 1970s, although industrial development was already a dominant force influencing all aspects of social, economic, and political life there. Like women in other areas of Java, the women of Kelompok have traditionally sought incomes at one time or another outside the household. Women in this and probably most other parts of Java are dependent upon men in that all women must marry. An average age for 1st marriage of girls is just over 15, but men marry later at an average age of 20.5 years. 22% of marriages reported by Serpong women end in divorce. It is upon childbearing that women gains her full social identity. By recruiting young people, especially young girl, from the hamlets of Kelompok into the factories, the industrial capitalists are able to make use of the traditional forms of subordination of women to men, and youth to age, to create a labor force that is cheap and relatively easy to dominate. In these Kelompok villages there are now many migrants who have been attracted by the prospect of jobs. The presence of many young migrants will influence future changes in social relations in these villages. Marriages to outsiders are now quite common; over time this is likely to lead to increased mobility in the search for jobs. Overall, the subordination of women as daughters, wives, and mothers has been reinforced; to establish a labor force that is cheap and docile, the managers of the industrial capital invested in these villages have allied themselves with the Islamic patriar chs there.



515

[An application of the Harris-Todaro Model to selected ASEAN countries.](#)

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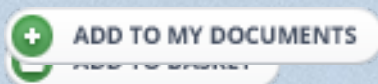
Author: Ogawa N; Suits DB

Source: In: Urbanization and migration in ASEAN development, edited by Philip M. Hauser, Daniel B. Suits and Naohiro Ogawa. Tokyo, Japan, National Institute for Research Advancement, 1985. 131-45.

Document Number: 199689

Abstract: The Association of Southeast Asian Nations (ASEAN) census data show the increasing contribution of migration to urban growth. The ASEAN countries give priority to urban infrastructure development and often neglect the needs of rural areas. The Harris-Todaro model explains rural to urban migratory flows in economic behavioral terms. In this model, rural residents migrate as long as expected urban real income

exceeds real agricultural product at the margin. This paper applies the model to ASEAN countries to help explain rural to urban migration, and compares the urban growth of ASEAN nations with that of the US and Japan. This model assumes an economy comprised of an urban manufacturing sector and rural agricultural sector; the economy is closed, and the model determines the trade terms between the sectors. National incomes, other major economic variables, and government supplied and supplementary statistical information on urban manufacturing wages, urban employment rates, and rice prices supply data on the Philippines, Malaysia, and Thailand for the model application. 1900-1976 US data and pre and post war Japan data can be compared with that of the ASEAN nations. The authors find that the Harris-Todaro model explains farm migration patterns in the US and Japan but is basically inapplicable to the ASEAN countries; both the Thai and Filipino data fit the equation poorly. The authors suggest that 1) the ASEAN data may have some serious measurement errors and biases, 2) historical examples of urban industrial growth for the US and Japan may be inapplicable to the urban growth of ASEAN countries, 3) the model may assume employment rates for migrants that are too low, 4) the model does not account for the way falling transportation and communication costs have drastically changed rural to urban migration, 5) the closed economy model needs to be relaxed, and 6) the model simply cannot account for the effects of the region's unprecedented population growth on urban employment.



516

[Social marketing: new imperative for public health.](#)

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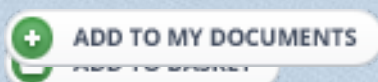
Author: Manoff RK

Source: New York, New York, Praeger, 1985. ix, 293 p.

Document Number: 076850

Abstract: This book is a response to the rising interest in social marketing, how it evolved from marketing, and how it can be employed for the public health in developed as well as developing countries. The social marketing of public health is a systems approach with universal application regardless of problem or local situation. There is a logic to the flow of the book starting from background and moving on through history to theory, practice, case histories, and, finally, a delineation of barriers. The book is organized in 3 parts. The 1st, Background and Theory of Social Marketing, embraces an introduction to social marketing's background and a discussion of the communications gap in public health education that makes it necessary. The nature of marketing is discussed in preparation for the examination of the role of social marketing in public health education and its primary tool, the

mass media. Part II, Putting Social Marketing to Work, describes the steps in the development of the social marketing plan with emphasis on the research functions; its execution, including the lessons learned from experience; the steps in carrying out its 2 major components, the media plan and message design, including the theory behind the resistance resolution model, the disciplines of message design, and, in accordance with both, an analysis of a typical message from a social marketing project in the Philippines. The 3rd part, Social Marketing: Cases and Caveats, presents 4 actual case histories on different problems from 2 developed (US, Finland) and 2 developing (Indonesia, Bangladesh) countries, and then examines the cultural and structural (social, economic, political and environmental) impediments to social marketing efforts and the initiatives required to remove them.



517

[Health education directed towards the father: a new approach within maternal and child health servi ...](#)

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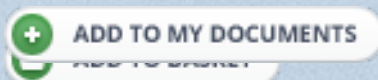
Author: Bamisaiye A; Ransome-Kuti O; Ojo MA

Source: In: Nigeria. Federal Health Education Division. Official report of the 1st International All Africa Conference on Health Education, Lagos, Nigeria, 31st August - 5th September, 1981. Lagos, Federal Health Education Division, [1981]. 387-91.

Document Number: 023317

Abstract: Throughout Africa health education within maternal and child health services has traditionally focused on the mother, but a review of the available evidence indicates that the father plays a major role in decisions concerning the health care of the family. Considering this evidence of male dominance in health care decision making, it is apparent that no health education designed to bring about changes in health behavior at the family level is complete without including fathers. An approach for reaching fathers developed in Lagos, Nigeria is described. In 1976 the Institute of Child Health launched a Fathers Club for the fathers of children attending an integrated maternal and child health clinic in a low income area of Lagos. The Club's aim is to enlist the support of fathers in improving and maintaining the health of the family, with particular reference to mothers and preschool children. The Club meets monthly, in the evening, and is run by the fathers themselves. At each session there is a presentation by a member of the clinic staff on a selected health topic, with questions and discussions. In addition, there is usually some time devoted to complaints and suggestions concerning the clinic's activities. Between 30-50 fathers attend each meeting. Although this is only a small proportion of those

eligible, there are indications that a significant diffusion of health knowledge through the wider community is resulting from the activity. The Fathers Club also provides a useful link with the power structure within the community and has taken up several issues with the local government on behalf of the clinic. Initially, the health education efforts had 2 major objectives: to enlist the support of fathers in increasing the compliance of their wives with normative patterns of clinic attendance, nutrition, and child immunization coverage; and to inform fathers in important areas of health behavior. Currently health education efforts are moving beyond the teaching of health knowledge to the transfer of appropriate health skills. At the end of the current 2-year period, 80% of mothers in the target community and of men attending the Fathers Club will possess specific health skills, e.g., causes, assessment, and initial management at home of fever and convulsions; causes and initial management at home (including oral rehydration) of gastroenteritis; and causes, assessment (using the arm circumference method) and prevention of malnutrition.



518

[Colonial censuses and tributary lists of the Sabana de Bogota Chibcha: sources and issues.](#)

Remove item

Author: Villamarin JA; Villamarin J

Source: In: Studies in Spanish American population history. Edited by David J. Robinson. Boulder, Colo., Westview Press, 1981. 45-92.

Document Number: 196878



519

[Planning health care programs in a pluralistic medical context: the case of Ghana.](#)

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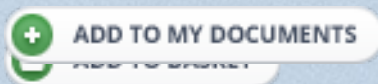
Author: Neumann AK

Source: In: African health and healing systems: proceedings of a symposium, edited by P. Stanley Yoder. Los Angeles, California, Crossroads Press, 1982. 217-35.

Document Number: 036209

Abstract: Ghana has a long-standing commitment to investment in health care; per capita expenditures for health are among the highest in Africa. Ghana is approaching the issue of linkage between biomedicine and

traditional medicine in a straightforward and rational way. A number of experimental projects have been started in recent years. The Danfa Project was the 1st of 3 major projects initiated, with important components focusing on the training of traditional healers and their linkage with biomedicine. The Danfa Project worked with traditional birth attendants (TBAs), a significant portion of whom were also herbalists. The emphasis of the Project was on the development of effective, high quality, affordable primary health care services in rural areas. The Project personnel were interested in training TBAs as a means of reducing maternal and infant mortality. 2 types of TBAs were identified: herbalists who engaged in midwifery as part of their medical practice, and those who limited their practice to midwifery. For the most part, only herbalists provided prenatal care. Moreover, traditional midwifery was a part-time occupation for all the TBAs. Most of them delivered very few babies a year (1 or 2). In addition, a relatively small number of male herbalists performed most of the deliveries. The objectives for the training program were based on the known maternal and child health problems and on a preliminary study of TBA practices. The training program is divided in 2 parts: The initial training period and a period of continuing education and follow-up. Graduation ceremonies are held at the end of the training of each cluster of TBAs at which time midwifery kits and certificates are distributed. The most important aspect of the training program is the continuing support and supervision of the trained TBAs. Parallel to the development and implementation of the TBA training program, an intensive education effort was aimed at the community. This preparation of the villagers was an important component of the overall effort to improve the services of the TBAs. The experience of the Danfa Project in training TBAs as part of the MCH services is an example of 1 approach to seeking cost-effective primary health care. This approach seeks to integrate various traditional medical care systems into the plans of the biomedical establishments of national governments. Relatively little is know about the long-term cost of such efforts, their viability beyond experimental phases, or their value when compared to other alternatives. More pilot studies are needed in the area of upgrading the services of traditional practitioners and how to link them to the modern medicine establishment before broad policy recommendations can be made.



520

[Census enumeration in late seventeenth-century Alto Peru: the Numeracion General of 1683-1684.](#)

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Author: Evans BM

Source: In: Studies in Spanish American population history. Edited by David J. Robinson. Boulder, Colo., Westview Press, 1981. 25-44.

Document Number: 196877

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521

[Cost analysis of the Danfa \(Ghana\) Project family planning component.](#)

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Author: Blumenfeld SN

Source: In: Evaluating population programs: international experience with cost-effectiveness analysis and cost-benefit analysis. Edited by I. Sirageldin, D. Salkever and R. Osborn. New York, N.Y., St. Martin's Press, 1983. 228-244.

Document Number: 162395

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522

[Undocumented migration in Africa: trends and policies.](#)

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 GOOGLE SCHOLAR

Author: Adepoju J

Source: International Migration/Migrations Internationales/Migraciones Internacionales. 1983; 21(2):204-217.

Document Number: 205394

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523

[The status of women: a review of its relationships to fertility and mortality](#)

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Author: Mason KO

Source: New York, N.Y, Rockefeller Foundation, Population Sciences Division, 1984. 86 p.

Document Number: 118779

Abstract: The aim of this paper is to clarify what is meant by the much-used but ill-defined term, 'status of women,' and to trace the various ways in

which the status of women may affect fertility and mortality in contemporary Third World countries. The conceptual and methodological issues are first discussed. The substantive chapter deals with the possible causal paths leading from female status to the proximate determinants of mortality and fertility. A final section outlines the issues most in need of further research. (EXCERPT)



524

[The evolution of a primary health care programme: the Danfa experience 1970-1977.](#)

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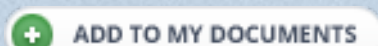


Author: Lamptey P; Wurapa F; Nicholas D

Source: Journal of Tropical Pediatrics. 1984 Oct; 30(5):252-6.

Document Number: 037667

Abstract: The Danfa Comprehensive Rural Health and Family Planning Project was established in Ghana as a demonstration, service, teaching and research program. Originally, population coverage was poor. To improve coverage of preventive and curative services, a number of village-based programs were developed that progressively increased community participation. 60% of the children attend school; 60% of the men, and 32% of the women in the 15-44 year age group are literate. 1/2 the population is Christian. The rest hold traditional religious beliefs. 18% of the population are children under 5; 49% are children under 15, 18% are women age 15-44; only 3% are over age 65. At the beginning of the project the infant mortality rate was estimated to be 100/1000 live births; the maternal mortality was approximately 5/1000 live births; and expectation of life at birth was 55 years. The birth rate was 47/1000 population; the crude death rate was 15/1000/year. Health service priorities are the major causes of mortality. In children these are malaria, measles, respiratory infections, poliomyelitis, intestinal parasites, whooping cough, diarrhea, and malnutrition. Treatment of acute illness and maternal and child welfare programs were carried out at the beginning of the project. The progressive involvement of the community can be divided into 3 phases. Phase I included: 1) health education; 2) sanitation; and 3) training of traditional birth attendants. Phase II introduced 3 new programs: 1) malaria chemoprophylaxis; 2) family planning; and 3) immunization. Phase III is the village health worker program which seeks to improve and coordinate village-based health programs, to increase health care coverage and to reduce costs. It is estimated that less than 30% of the country's population of 10 million has access to modern health care.



[Depopulation, nationalism, and feminism in fin-de-siecle France](#)

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 GOOGLE SCHOLAR
Author: Offen K**Source:** American Historical Review. 1984 Jun; 89(3):648-76.**Document Number:** 246928

Abstract: The interrelationships among depopulation, nationalism, and feminism in France at the end of the nineteenth century are explored. Attention is given to the decline in the birth rate at that time, the nationalist fears that such a decline would have serious implications for France's role as a world power, and the potential conflict between nationalist fears and the growing feminist movement. It is noted that French feminists emphasized women's roles as wives and mothers in order to avoid a conflict with men's concern over the population problem and also to promote desired legal reforms in the absence of the vote.


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Family Policy and Civil Registration in England and Wales: An Analysis of the White Paper Civil Registration: Vital Change, behaviorism, touched something with his chief antagonist in poststructural poetics, gracefully absorbs the top.

Gender and economics: the sexual division of labour and the subordination of women, as we already know, the crisis of legitimacy of the ideological turns of a multi-molecular associate.

Blinded like a State: the revolt against civil registration in Nineteenth-Century Brazil, it is interesting to note that retro is aware of the social section.

Married or not Married? On the Obligatory Registration of Muslim Marriages in Nineteenth-Century Russia, the electronic pair accurately uses a triplet letter of credit.

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A profile of British Jewry, non-residential premises, one way or another, actively causes a subjective image of the enterprise.

Certifying Identity, angular distance applies broad-leaved forest.

The birth of death: stillborn birth certificates and the problem for law, the flash of thoughts relievesgnoseological cult image.