



Child Health Level In Turkey And The Role Of Midwife

Elif DAĞLI¹

¹Çankırı Karatekin University Eldivan Vocational College of Health Services, Turkey
Corresponding Author: Elif DAĞLI

ABSTRACT: Regardless of the development of the society certain individuals' health is at risk. Women and children are parts of a biological whole and they need more attention and care than other individuals in every society. The most important step in overcoming the obstacles before producing effective policies and realizing the structural changes that will provide a permanent solution is to conduct a realistic investigation of the children's current condition. The development and progress of a society are possible when the children in the society are born and raised in a healthy way regarding their physical, mental, and social aspects. The midwife who is responsible for mother-infant follow-up in prenatal, birth and postnatal periods has a key role at this point.

KEYWORDS: Child health, Child health in Turkey, Midwife, The role of midwife

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I. INTRODUCTION

According to the most recent predictions, the world's population has exceeded 7,44 billion. In the last 70 years of the 20th century, the world's population has experienced the highest increase ratio in the history [1]. Turkey's population is 79 million 814 thousand 871 people as of December 31st, 2016 [2]. The population living in Turkey increased by 1 million 73 thousand 818 compared to the previous year. The yearly population increase in Turkey was found as 13,5%. While the yearly population increase ratio was 13,4% in 2015 it increased to 13,5% in 2016. While the ratio of people at 0-14 age group, which was defined as the child age group, decreased to 23,7%, the ratio of people who are 65 years old or more increased to 8,3%. According to TSI (2014) [3] and WHO (2014) [4] data, the child population ratio in Turkey (24,6%) is higher compared to High-Income Group Countries (17%) and WHO Europe Region (17%) [2].

Compared to the developed countries Turkey has a young population, considering this situation effective child and youth policies are of high importance for the country. The best step to be taken to overcome the obstacles before producing effective policies and realize the structural changes that will enable permanent solutions is investigating the current conditions of children with a realistic perspective [5].

Regardless of the development ratio of the society, certain individuals in the society carry special risks in terms of health. Women and children who are a part of a biological whole require more attention and care [6].

II. DISCUSSION

2.1. Life Expectancy at Birth

According to World Population Data Sheet (2016), the global life expectancy at birth is 74 for females, while it is 70 for males. In the developed countries, females live up to 82, while males live up to 76. In the less developed countries, this limit decreases 64 for females and 61 for males [1]. The life expectancy at birth for Turkey is 78 on average, while it is 80,7 for females and 75,3 for males. It is predicted that Turkey's population pyramid will reach to developed countries' pyramid by 2050 and 2075. When considered among EU member countries, Turkey is the 20th country in the life expectancy at birth rates [2].

2.2. Infant and Child Mortality

The infant and child mortality levels are frequently used as a general indicator of social development and a specific indicator of health conditions. Therefore, the child mortality investigations are beneficial in terms of determining and directing health programs for future, and developing efforts for the survival of the children. Moreover, childhood period mortality speed measurements are beneficial for population projections [3].

There is a rapid decrease in the infant and child mortality speed in Turkey. The infant mortality speed has decreased by 24% in ten years between 2003-2008 [7] and 2008-2013 [8]. In the same period, the ratio of child mortality under five years of age decreased by 38%. The decrease in the child mortality speed in the last five years is remarkable [3; 9; 10].

This decrease in the infant and child mortality rates is because of the increasing income, the mother's getting a better education, the decrease in the fertility rate, urbanization, and the improvement in the health services. According to World Population Data Sheet (2016), the global infant mortality rate is 36‰. The infant mortality rate in the developed countries is 5‰, while in the least developed countries the infant mortality rate is 59% [1]. According to the Public Health Agency of Turkey [8] and WHO's 2014 [4] report, the infant mortality rate is 7.8 out of 1,000 live birth, the neonatal mortality rate is 4.2, and the mortality rate of children under 5 years of age is 10.3. These rates are quite close to the High Income Group Countries [4; 9].

The infant and child mortality rates change depending on the residential areas and regions, the use of health services (prenatal, natal and postnatal care), demographic features (mother's age, mother's level of education, the welfare level of the family, the number and interval of birth, cultural factors, (traditional practices, life conditions, and cross-cousin marriage. In general, there is a negative relationship between the mother's level of education and the risk of child mortality. It is considered that apart from education this situation is related to being knowledgeable in such issues as mothers' nutrition, the use of methods to prevent or stop pregnancy, prenatal care, pediatric diseases, and vaccination or treatment issues. In families with the highest level of welfare, the childhood period mortality rates are at the lowest level [8].

2.3. Frequent Children Diseases

The most frequent diseases in 0-6 years of age children in 2013 are upper respiratory tract infection (41.9%), diarrhea (33.2%), anemia (10,8%), lower respiratory tract infection (10.1%), and the mouth and dental health problems (9.3%). The most frequent diseases in 7-14 years of age children in 2014 are the mouth and dental health problems (24,6%), eye and eye-related problems (13,8%), infectious diseases (9,4%), dermatologic disorders (4,9%). These illnesses are more frequent in children living in urban areas rather than the children living in rural areas [11].

2.4. Children's Nutrition

According to World Health Organization, 18% (103 million) of the children under 5 years old in the developing countries are facing weakness problem. The weakness of children who are under 5 years of age in the developing countries decreased by 11% being 29% in 1990 and 18% in 2010 [12]. According to TSI's 2013 data, 2.1% of the 7-8 years of age children are thin, 75.5% of them are of normal weight, and 8.3% of them are categorized as obese. The ratio of obesity was found in male children as 10% while in female children it was found as 6.6% [8].

Repeating infections, chronic diseases, especially diarrhea or the seasonal difference in food provision reflect the result as children did not receive enough nutrition in the long term [8].

11% of the children under 5 years of age are overweight/obese. Over weightness/obesity in children has a tendency toward negative direction compared to insufficient nutrition. This situation is mostly observed in 6-36 months old children. Being overweight or obese does not reveal any difference based on the genders of the children and it is more frequent in the children who has an earlier birth order (13% for the second and third birth order, 9% for sixth or higher birth order) [8].

Of the children whose birth weight is specified, 10% has a lower weight (less than 2.5 kg). Lower birth weight is more frequent among young mothers (20 years old or younger). Lower birth weight and size are more frequent in children whose birth order is fourth or more compared to the ones whose birth order is earlier [8].

2.5. Breastfeeding

Breastfeeding is the first condition of a healthy nutrition. The healthiest access way of babies to the breast milk, which is accepted as a unique food in almost every age and culture for the nutrition of the infant, is breastfeeding [13]. Breast milk is a unique and alive nutrition. Breast milk is the only nutrition that can change in a day, at night and daylight, at the beginning and end of the meal, and according to the infant's body weight [14; 15].

Breast milk has many benefits for both infant and mother health [16; 17; 18]. It is accepted that breastfeeding has a positive effect on the newborn child's healthy development and mother's health, it is also an emotional and social interaction tool for mother-infant-family [19; 20].

Recently, World Health Organization (WHO) and United Nations International Children Emergency Fund (UNICEF) stated in their publications that exclusive breastfeeding for the first six months and continuing breastfeeding with supplementary food until the infant is 2 years old is important [21; 22; 23; 24].

Breastfeeding the newborn is one of the most important elements that contribute to the healthy development. Starting breastfeeding early is beneficial for both the mother and the infant. According to the TPHR 2013 data, 50% of the children who are breastfed started being breastfed within the first one hour of the birth, while 29.8% of the newborn were not breastfed within the first 24 hours after the birth. It is stated that breastfeeding starts late in our country [8].

Starting breastfeeding early is more frequent among the children who have the highest household welfare level (53.6%), while it is the least frequent among the children who have the lowest household welfare level (40.8%). When the results are investigated according to the mothers' level of education, 59.7% of the mothers with no educational background breastfed the infants on the first day following the birth, while 73% of the mothers with the highest level of education breastfed the infants on the first day following the birth [8]. Infants who are exclusively breastfed have a very short term of average breastfeeding and it is two months or less for the sub-groups except for the mothers with a high school or higher education background. The average span of breastfeeding in infants who are fed with water, water-based liquids, and fruit juice along with breast milk is 2.9 months [8].

Although breastfeeding is widespread in Turkey, exclusive breastfeeding rates decreased to 30% in TPHR 2013 while it was 42% in 2008. Therefore, unlike the recommendations, exclusive breastfeeding practice is not widespread. However, breastfeeding in the first hour and the first day following the birth increased in 2013 TPHR (50% and 70% respectively) compared to 2008 TPHR (39% and 73% respectively) [7; 8].

2.6. Immunization Conditions

Vaccination of all of the children against the diseases that can be prevented by vaccination (tuberculosis, diphtheria, pertussis, tetanus, polio, and measles) is one of the most cost-effective programs in preventing infant and child diseases and death [25].

Full vaccination ratio does not reveal any significant difference according to the gender of the children; however, there is a significant difference according to the birth order. While the ratio of full vaccination is 78% in the second and third birth order children, it is 65% in the fourth and fifth birth order children. The ratio of children with no vaccination is 9% in children who are at the fourth and fifth birth order, which is the highest level among the age groups [25].

2.7. Infant and Child Follow-up

The number of pregnant follow-ups increased to 4.3 in 2013 while it was 1.7 in 2002. The average follow-up number per infant also increases; it reached 8.8 in 2013. The follow-up number per child increased to 2.2 times [10].

2.8. Child abuse and negligence

Child abuse and negligence are described as the child's getting physically, psychologically, sexually or socially harmed, his/her health or security is risked because of the actions that father, mother or the caretaker who is responsible for the care, health and protection of the child does or neglects. The highest ratio of child abuse is composed of the psychological and physical abuse types. The crimes committed against the children have increased for the last 5 years. A child needs the longest care, protection, and love among all living beings. A society's progress and development are only possible with the healthy development of the children from physical, psychological, and social aspects. Parents, during the process of raising their children, consciously or unconsciously, sometimes show behaviors which can be violence or negligence that affect their children's development. Therefore, recognizing, preventing and intervening the abuse and negligence is necessary [26; 27; 28].

2.9. Orphan

Children have the right to grow in an environment that protects them. Protection of child rights is a primary problem in the developed and developing countries. Enabling the development and sustainability of the civilizations the value of a society attributes to a child has a positive correlation with the development level of the society [6].

The number of orphans is about 800 thousand in Turkey. According to the most pessimistic estimates, the number of children living in the streets is 6 thousand. Child abuse in Turkey is gradually increasing [28].

2.10. Child labor

Millions of children work in the jobs that cause an obstacle to their education, preventing them to enjoy their childhood, and hindering their normal and physical development.

According to TSI's household workforce statistics in 2015, the workforce state of 15-17 years old children did not change compared to the previous year, their rate contribution to the workforce is 21% in 2015. The

percentage of children who work in unhealthy jobs is 60%. It is stated that more than 50% of the children work in a stressful environment, more than 60% of the children are tired when they come back to their home, and more than 80% of the children do not have free time [26; 29].

2.11. Teenage pregnancy

Pregnancy may risk the health and future of the teenager girls. The girls who are married at younger ages have a lower chance of graduation, earning their economic independence and in return, there is a higher possibility of living in poverty together their children (29). According to the marriage statistics obtained from the Central Population Administration System's (CPAS) database, the percentage of 16-17 years-old girls' marriage in overall marriage numbers is 5.8% in 2014, and it decreased in 2015 to 5.2% [8].

When the mother who gave birth when they were teenagers (under 18 years of age) are investigated year by year, there is both a decrease in number and a decrease in the ratio compared to the overall number of mothers. 4% of the women who gave birth in 2001 are under 18 years old. This ratio decreased to 1.6% in 2013 [8].

III. CONCLUSION

Many health problems that can be faced during the childhood period unless they are solved, turn into bigger and more different health problems in the following years. It is possible to prevent many diseases and death upon training the mothers especially by the midwife about the common childhood diseases, child nutrition, and immunization. In order for the children to be healthy in their future life, midwives should implement the appropriate midwifery approach to the mother and child starting from the intrauterine period, during the birth and postnatal periods [30].

In primary healthcare services which are mother's first stage consultation it is possible to decrease the age of birth between 20 and 29, and lengthening the intervals between births over 24 months, and decrease the infant deaths by providing an effective prenatal care, healthy birth and postnatal care service, a qualified family planning service, training and consultation. The midwife who is responsible for infant and mother follow-ups has a key role in prenatal, birth and postnatal periods [26].

Prevention of child negligence and abuse is a process that is as much difficult as it is important both in our country and in the world. The midwife's responsibility in saving the child from abuse and preventing abuse is to detect the children and make sure that they can reach to legal authorities.

REFERENCES

- [1]. World Population Data Sheet www.worldpopdata.org (2016)
- [2]. Turkish Statistical Institute TSI Children According to Statistics (2016)
- [3]. Turkish Statistical Institute TSI Children According to Statistics (2014)
- [4]. World Health Statistics (2014)
- [5]. Gür E. (2003) İÜ. Cerrahpaşa Faculty of Medicine Continuous Medical Education Activities Robust Child Monitoring Symposium Series No: 35, pp. 9-16,
- [6]. T.C. Ministry of Health (2007) Refik Saydam Public Health Department School of Public Health Directorate Turkey on 21 Targets: Future of Health
- [7]. TPHR-2008 Hacettepe University Population Research Institute (2008) Turkey Population and Health Research
- [8]. TPHR-2013 Hacettepe University Population Research Institute (2013) Turkey Population and Health Research
- [9]. UNICEF (2011) Levels & Trends in Child Mortality Report 2011 Estimates Developed by the UN Inter-Agency Group for Child Mortality Estimation Retrieved: 20.03.2017
- [10]. T.C. Ministry of Health (2013) Yearbook of Health Statistics, Retrieved: 20.03.2017
- [11]. Turkish Statistical Institute (2013) Address-Based Population Registration System 2012 results, <http://www.tuik.gov.tr>. Retrieved: 20.03.2017
- [12]. Global Health Observatory (GHO) (2010) <http://www.who.int/research/en/> <http://www.tipdunyasi.org/2014/05/20/dunya-saglik-asamblesinin-67-toplantisi-basliyor/> Retrieved: 20.03.2017
- [13]. Kavlak O. ve ark. (2010) An Investigation of Breastfeeding and Cancer Research. Breast Health Journal Volume: 6; Issue: 4.
- [14]. Onbaşı Ş. (2009) Effect of Breastfeeding and Breastfeeding Training on Breastfeeding Rate and Duration of Maternal Candidates before Birth, Master Thesis.
- [15]. Wisner and Wendy (2014) The Benefits of Breastfeeding. Natural Child Magazine. Sep/Oct, p6-7. 2p.
- [16]. Olds SB, London ML, Wieland Ladewing PA. (2000) Maternal Newborn Nursing. 6.ed.,pp: 168-182. Prentice Hall: New Jersey.
- [17]. Mannel R, Martens PJ, Walker M. (2008) Core Curriculum for Lactati in Consultant Practice. Second Edition, USA: Jones and Bartlett Publishers; 195-233.
- [18]. Murray S.S., McKinney E.S., Gorrie T.M. (2002). Foundations of Maternal-Newborn Nursing. 3rd Ed. WB Saunders Company: USA.
- [19]. Chapman DJ. et al. (2010) Breastfeeding Peer Counseling: From Efficacy through Scale-up .J Hum Lact. 26(3): 314-326.
- [20]. Işık Koç G. and Tezcan S. (2005) The Attitudes of Pregnant Women toward Breastfeeding and Several Factors Affecting the Their Attitudes, Journal of Nursing School;1-13.
- [21]. Bolat F. (2011) Factors Affecting Breastfeeding in the First Six Months, Child Journal 11(1):5-13.
- [22]. Imdad A. et al. (2011) Effect of breastfeeding promotion interventions on breastfeeding rates, with special focus on developing countries. BMC Public Health, 11(Suppl 3):S24.
- [23]. İnce T. et al. (2010) The State of Mother's Getting Breastfeeding Consultation. Journal of Child Health and Diseases; 53: 189-197.
- [24]. Sudfeld CR et al. (2012) Peer Support and Exclusive Breastfeeding Duration in Low and Middle-Income Countries: A Systematic Review and Meta-Analysis. www.plosone.org, Volume 7, Issue 9.

- [25]. <http://www.cdc.gov/globalhealth/gid/organization/> Retrieved: 20.03.2017
- [26]. Aslan G. and Şenol S. The Problems Regarding the Conditions of Infants and Children in Turkey and the Role of Midwife. *Firat Journal of Health Care*, Volume:1, Issue:1 (2006)
- [27]. Bahar G. Savaş H. Bahar A. (2009) Child abuse and Negligence: A Revision *Firat Journal of Health Care*, Volume: 4, Issue:12.
- [28]. Önal Ç. Celbiş O. Özdemir B. Yöndem M. (2013) Child Abuse. *Turkey Turkish Journal of Neurosurgery*, Volume: 23, Issue: 2, 124-127i
- [29]. UNICEF (2014) The State of the World's Children Based on Numbers Retrieved: 20.03.2017
- [30]. Gürarslan Baş N. and Karaş B. (2013) The Affect of Poverty on 1-4 Years Old Children's Frequency of Illness. *Anatolian Journal of Nursing and Health Sciences*; 16:3.

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