

Third World Issues

The baby show

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Lima, like many Latin American cities, is afflicted with an overwhelming influx of immigrants from all over the country. The rate of growth is hard to measure but the figure of 400 a day which is sometimes quoted is probably not far wrong. New arrivals from the country and emigrants from other urban slum areas invade unoccupied ground and set up homes in straw shacks in areas without any basic services. That means no water, no drains, no electricity, no roads. Lima being what it is it also means not a blade of grass. In these shanty towns, or pueblos jovenes (young towns), CARE, in cooperation with the Ministry of Health, has started a project of community health, principally concerned with teaching mothers of families how to look after their young children.

The programme of education, health visiting, and promotion of health related activities is based on the principles of child survival outlined by James Grant of the United Nations Children's Fund (Unicef) and known world wide as GOBI.* Our experience, no doubt duplicated by many, is that it is one thing to teach and preach but quite another to get people really to change their habits. In order to do that they must see some tangible and preferably immediate benefit. Vague threats of some distant disaster are not sufficient motives.

As mother's day approached in 1985 we had the idea of promoting a baby show as part of our educational programme. The object of such a show is not, of course, to choose the prettiest baby but to ensure that all the contestants are healthy and well cared for. The show takes advantage of the natural pride that every mother has in her offspring to promote good child care practices. We decided to hold one in each of the health centres with which we were connected.

Simple prizes and invited dignitaries

A set of conditions were drawn up for mothers wishing to take part. All were directly connected with the content of the education they had received. Some simple prizes were offered and mothers were invited to present their babies for judging by a panel of clinic staff and invited dignitaries. The idea had occurred to us a bit late and there was little time for preparation. The result was that, although the contests proved to be enormous successes from the social point of view, they were of limited educational value. Babies came from far and wide; clean, healthy, and dressed to kill. The personnel of the health centres, caught up in the excitement of the moment, collaborated in manipulating the basic requirements to ensure that all applicants were eligible. There was a surprising uniformity of maximum scores for all entrants. At the end of the day everyone had had a great time, some lucky mothers found themselves with plastic baby baths and brightly coloured towels,

and everyone wanted another contest next week. It was clear that the show had not really furthered our educational aims, but it was also clear that we had discovered a powerful motivating force. We had merely failed to use it properly.

Mother's day baby show

In honour of mother's day the health centre of . . . will hold a baby show on . . . (date) . . . at . . . (time) . . . Mothers are invited to bring their babies to compete for prizes provided by CARE.

Name . . . Address . . . Age . . . (Must be born between 1 February 1985 and 31 January 1986.)

Breast feeding

- (1) Any baby under 4 months of age must be 100% breast fed, receiving no other food or liquid.
- (2) Any child over 4 months of age, even though receiving supplementary foods, must continue to be breast fed.
- (3) Any child with a feeding bottle will be automatically disqualified.

Nutrition

- (1) The mother must present the growth chart of the baby with the birth weight and at least two subsequent weighings.
- (2) The child will be weighed during the judging. Its weight must lie in "The road to health."

Immunisation

The child must be up to date with its vaccination programme.

General health and hygiene

- (1) The child must be free of respiratory infections and skin lesions.
- (2) The child must be clean and dressed in clean clothes.

Diarrhoea

- (1) The child must be free of diarrhoea.
- (2) To be eligible to receive one of the three prizes the mother must demonstrate her ability to prepare rehydrating fluid with a packet of salts.

Details of the test for preparation of rehydrating fluid

All the following are important and must be observed during the test:

- (1) Preliminary hand washing.
- (2) Boiling the water.
- (3) Choosing a one litre measure.
- (4) Washing the measure and rinsing with boiled water.
- (5) Measuring one litre of boiled water.
- (6) Emptying the entire contents of the packet into the water.
- (7) Stirring the solution until all the salts have dissolved.

*Growth, oral rehydration, breast feeding, and immunisation.

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So in 1986 we started earlier, giving ourselves a good two months to get ready. The preliminary notices were received with enthusiasm by those who remembered the event from last year. At the same time we advertised the basic requirements for taking part (see box).

The age requirement allows the baby to reach an age of 3 months before entering so that his mother has time to show that she is caring for him well. The upper limit ensures that a baby can be entered in only one mother's day baby show. One who qualifies this year will be too old to enter next year.

The breast feeding requirements are in accordance with our recommendations. At the judging mothers are required to give evidence of their performance.

The weighing requirement is covered by the activities of the health programme. "The road to health" is the phrase used by the ministry to refer to the path of normal development from any given birth weight.

The vaccination programme referred to is the schedule recommended by the Ministry of Health.

The cleanliness and general health are indicators of the overall care and hygiene existing in the family. It is true that an upper respiratory tract infection can, from time to time, afflict even the most well cared for baby, and it is unfortunate that such a chance occurrence might disqualify a well cared for baby from winning a prize, but the race is not always to the swift. Diarrhoea can also put a baby out of the competition but in this case the mother has more control over protecting her child from disqualification. While we may award points for cleanliness of the clothing we must take care not to be influenced by its quality. None the less, the little darlings arrive dressed up like film stars.

Finally, for their big test the mothers have to learn how to make up rehydrating salt solutions for when their children get diarrhoea. They are taught this in their health education meetings and the test they may have to undergo is detailed on the entry form. The three potential winners have to pass this test at the time of the contest, as the final stage of the judging. If one should fail there are a dozen anxious aspirants right behind to take her place.

For the test the mothers are presented at a table with all the material and equipment necessary for the preparation of the solution and a good deal more. They have to choose the right items and use them correctly. For the purposes of the test we do not wait for the water to boil. Once they have put the pot on the stove they are told that the water has now boiled so that they can get on with the test.

During the weeks before the show the entry form is used as an educational guide by the auxiliaries who help to prepare the mothers

for the contest. Each factor, growth, oral rehydration, breast feeding, and immunisation will be discussed, explained, and its importance emphasised. Of course, this importance is always emphasised but when compliance is the key to entry to the baby show there is an immediate and practical motivation.

The period of notice not only allows the mothers to prepare themselves adequately but also gets the auxiliaries and other health workers infected with their enthusiasm. In trying to help the mothers they are not collaborating to cheat the rules but helping them to fulfil the requirements.

Our prizes were related to personal cleanliness: a plastic bath for the winner, a bucket for the runner up, and a towel for the third. In addition, every participant who fulfilled the basic requirements received a bar of soap in a plastic soap dish and a comb. Unfortunately, our estimate of the number of likely qualifiers at some clinics was grossly inadequate and the prizes had to be distributed by lottery among the eligible mothers.

More a social than educational success

In short it was another great success, but still more a social one than educational. Nevertheless, we are learning. We have learnt that two months' preparation is not enough. The mother's day baby show must be a constant stimulus to be used in the educational programme throughout the year. The mothers who took part last year must be used to stimulate the interest of those who will take part next time. With a definite goal to work for, rather than the vague one of avoiding sickness, malnutrition, or premature death, we can motivate mothers to take positive steps in caring for their babies.

We have awoken an interest in baby shows that I hope will not overwork a good idea. Everyone wants more, and they cannot wait for the next mother's day. Mothers' clubs are organising their own shows with different age groups of eligibility. I got caught for being judge at one recently where the three winners from each of 30 different mothers' clubs were competing for the federation championship. Thank goodness only 70 of them turned up. The nurse and I who had been voted on to the judging panel had our work cut out to make a show of examining all the babies. It brought home to me the fact that there is a big organisational problem just in the judging. Organisers be warned: you could be eaten by your own monster.

I hope that we have not stimulated another baby boom.

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A 60 year old woman has complained of continuous palpitations for three years, more noticeable in the epigastrium and on lying down. She was recently told to take a calcium antagonist for mild hypertension. Results of her pulse, electrocardiography, and thyroid function tests are normal. How should she be managed?

No firm guidance can be given without more knowledge of the symptom described here as palpitation; this may be defined best as an abnormal awareness of the heart beat and may occur with or without significant arrhythmias. Palpitation that has been continuous for three years—with a normal pulse at the time of examination—must represent a heightened awareness of a normal heart beat, a pulsation arising elsewhere than in the heart—for example, in a dilated abdominal aorta—or perhaps frequent extrasystoles that were not apparent clinically or electrocardiographically. When aortic dilatation has been excluded as a cause the heart rhythm should be monitored over several hours to exclude any significant arrhythmias. In the absence of contraindications a β blocking agent may then be used both as antihypertensive treatment and to reduce the frequency of extrasystoles or to diminish awareness of the heart beat. Some calcium channel blockers—for example, nifedipine—may induce sinus tachycardia and exacerbate the subjective complaint of palpitation, but they may not be the most suitable treatment in the case that has been described.—D CHAMBERLAIN, consultant cardiologist, Brighton.

Which is the ideal weight assessment—Broca's index or Quetelet's index? Do these indices apply equally to men and women?

Broca's index is weight (kg)/[height (cm)-100]. Often it is easy to calculate by mental arithmetic—for example, individuals with weight 50 kg and height 1.5 m, and with weight 80 kg and height 1.8 m, would both have a Broca's index of 1.0, which is normal. Broca's index, however, overestimates the fatness of short people and (except for some Eastern European countries) has been abandoned in favour of Quetelet's index, weight (kg)/height²(m²), which is also known as the body mass index.¹ The two individuals in the example above would have Quetelet's indices of 22.2 and 24.7 respectively. The desirable range for adult men and women is 20-25. Neither index is a perfect measure of fatness because differences in weight for height may to some small extent reflect differences in fat free mass. Nevertheless, the range of Quetelet's index 20-25 corresponds well with the new life insurance desirable range of weight for height,² and differences in W/H² between individuals are highly correlated with differences in fatness ($r=0.955$; $p<0.0001$).³—J S GARROW, consultant physician, London.

1 Keys A, Fidanza F, Karvonen MJ, Kimura N, Taylor HL. Indices of relative weight and obesity. *J Chronic Dis* 1972;25:329-43.

2 Garrow JS. Indices of adiposity. *Nutrition Abstracts and Reviews* 1983;53:697-708.

3 Garrow HS, Webster J. Quetelet's index (W/H²) as a measure of fatness. *Int J Obes* 1985;9:147-53.