LOW ATTENDANCE OF PRESCHOOL CHILDREN IN GOVERNMENT CLINICS IN A RURAL COMMUNITY

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INTRODUCTION

IT is found that the attendance of preschool children aged one to six years is generally unsatisfactory in government clinics in Malaysia, compared to that of infants. Reports on Maternal and Child Health Services in various States of Malaysia (1979) showed that in 1978 the attendance of children aged one to four years ranged from 4.5% to 18% in all the States in Peninsular Malaysia except in Melaka and Perlis where it was 60% and 32% respectively. Whereas in the same year attendance of infants under the age of one year ranged from 75% to 100% in all the States. This study shows the reasons why attendance of preschool children aged one to six years from a rural community is low in government clinics.

METHODS & MATERIALS

The study was conducted in the Mukim of Johol, within the District of Kuala Pilah in the State of Negeri Sembilan. Four Kampongs and one rubber estate with a total population of 3,035 in the Mukim were selected which included the representative ratio of Malay, Indian and Chinese ethnic groups in the District of Kuala Pilah (60% Malays, 30% Chinese, 9.8% Indians). The Malay population is diffused throughout the kampongs while Chinese are concentrated in Dangi Town and the Indians live and work in Johol Estate. Kampongs selected are within a distance of six miles from Pekan Dangi and are accessible by either laterite road or jungle path. Public transport to the kampongs and estate are not available. Health facilities comprise of a Klinik Desa at Dangi Town and one Health Sub-Centre in Johol six miles from Klinik Desa. The nearest District Hospital is in Kuala Pilah, which is 12 miles away from Dangi Town. Staffing pattern at Johol Health Sub-Centre is complete according to the rural health service scheme. Klinik Desa in Dangi is staffed by a Jururawat Desa. A Maternal & Child Health team comprising of one Staff Nurse, one Assistant Nurse travels to Klinik Desa weekly to assist the Jururawat Desa in running child health clinic. The Medical Officer from Health Sub-Centre also travels to Klinik Desa weekly to provide medical care. Traditional birth attendants, bomoh, and Sinseh are in active practice in the Mukim as revealed in the study.

300 families were selected in the study area by stratified random sample to include 190 Malay, 80 Chinese and 30 Indian families. There were 139 families in the sample who had children between 1 to 6 years of age. Number of children in these families were 213 (Table I shows the frequency distribution of children by age and ethnic group). All the 139 families were contacted and the parents were interviewed by using a structured questionnaire. Interviews were also conducted with Maternal & Child Health Staff of Johol Health Sub Centre which included one Public Health Nurse, one Staff Nurse, two Assistant Nurses, One Midwife, and one Jururawat Desa from Dangi clinic using a structured questionnaire.

TABLE I

Frequency distribution of children by age & ethnic group

Age	Ethnic Group			
	Malay	Chinese	Indians	Total
1 — 2 years	24	16	6	46
3 — 4 years	20	45	14	79
5 — 6 years	58	15	15	88
Total	102	76	35	213

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RESULTS

1. Knowledge of services available at the health clinic for pre-school children.

All the parents knew that there were services available for preschool children at the health centres. But the knowledge on availability of the range of services was poor. Mothers knew of 1 or 2 services but could not give the whole range of services. Table II shows that 73% of the respondants knew of immunisation services, 65% knew that the drugs were available, 57% knew that the medical examination was available and 56% knew of weighing children. There was no significant difference in the knowledge among the three ethnic groups.

2 Number of times children were brought to clinic in a year

Parents were asked how often did they bring their children to clinic in that particular year i.e. 1977. Only 25% Malays, 16% Chinese and 17% Indians took their children to clinic according to the schedule suggested, (Ministry of Health,1974). 39% Malay, 19% Chinese and 43% Indian children were never taken to clinic in that year and the rest were taken to clinic not according to schedule or whenever they were sick.

3. Reasons for Clinic Attendance/Non Attendance

Table III shows that 63% of the respondents took their children to clinic because the children were sick, 47% for immunisation, 23% for health appraisal and 21% because they were advised by the clinic nurse or midwife to do so. Table IV shows the reasons why they did not bring their children to clinic. 37% said they did not have time, 40% said it was not necessary because the child was healthy or has completed immunisation.

TABLE II

Parents knowledge of services available for preschool children by ethnic group

Type of service	Ethnic group			
	Malay N=[71]	Chinese N=[48]	Indians N=[20]	Total N=[139]
Measuring height	4(6%)	1(2%)	2(10%)	7 (5%)
Weighing	31(44%)	16(33%)	9(45%)	56(40%)
Immunisation	35 (77%)	15 (75%)	32 (67%)	82 (73%)
Medication	49(69%)	29(60%)	13(65%)	91(65%)
Examination of children	32(45%)	15(31%)	10(50%)	5 (741%)
Advise	17 (24%)	4(8%)	5(25%)	26(19%)
Others	7 (10%)	4(8%)	2(10%)	13(9%)

4. Parents knowledge about clinic schedule, and immunisation

Parents were asked how often they should bring their children aged 1 to 2 years, 2 to 3 years and 3 to 6 years to clinic. Varied responses such as "don't know", "no need to bring", "to bring when sick", "once a month", "once a year", etc., were obtained from all the ethnic groups.

TABLE III

Reasons for Attendance of preschool children at clinic

Reason	Ethnic Group			
	Malay N=[71]	Chinese N=[48]	Indians N=[20]	Total N=[139]
At the request of nurse/midwife	15 (21%)	4 (8%)	2 (10%)	21 (15%)
Immunisation	30 (42%)	24 (50%)	12 (60%)	66 (47%)
Nutrition education	3 (4%)	1 (2%)	0 (	4 (3%)
General examination	22 (31%)	6 (12%)	4 (20%)	32 (23%)
Health appraisal	6 (8%)	2 (4%)	0	8 (6%)
Weighing	8 (11%)	5 (10%)	3 (15%)	16 (11%)
Sick	47 (66%)	26 (54%)	14 (70%)	87 (63%)
Others	4 (6%)	2 (4%)	1 (5%)	7 (5%)

TABLE IV

Reasons for Absentism of Preschool Children from Clinic

Reason	Ethnic Group			
	Malay N=[71]	Chinese N=[48]	Indians N=[20]	Total N=[139]
No time	24 (34%)	7 (15%)	6 (30%)	37 (27%)
Clinic time not suitable	3 (4%)	1 (2%)	1 (5%)	5 (4%)
Parents not well	3 (4%)	4 (8%)	1 (5%)	8 (6%)
Not necessary	4 (6%)	3 (6%)	1 (5%)	8 (6%)
Child healthy	13 (18%)	11 (23%)	6 (30%)	30 (22%)
Immunisation completed	4 (6%)	4 (8%)	1 (5%)	9 (6%)
Family member does not approve	1 (1%)	0 (0)	0 (0)	1 (1%)
Others	5 (7%)	4 (8%)	0 (0)	9 (6%)

TABLE V

Modern and Traditional Treatment sought for various illnesses according to ethnic group

Type of Ailment	Modern Treatment						Traditional Treatment					
	Malays		Chinese		Indians		Malay		Chinese		Indians	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Fever with fits	13	(29)	18	(78)	9	(100)	32	(71)	5	(22)	0	(0)
High fever	46	(78)	40	(98)	14	(100)	13	(22)	1	(2)	0	(0)
Low grade fever	38	(70)	27	(60)	20	(91)	26	(30)	18	(40)	2	(9)
Cough & cold	50	(82)	36	(90)	13	(93)	11	(18)	4	(10)	1	(7)
Cough with expectoration	49	(83)	40	(91)	18	(100)	10	(17)	4	(9)	0	(0)
Stomachache	33	(62)	18	(50)	10	(77)	20	(38)	18	(50)	3	(23)
Diarrhea	47	(85)	32	(84)	15	(94)	8	(15)	6	(16)	1	(6)
Vomiting	40	(80)	33	(80)	18	(100)	10	(20)	8	(20)	0	(0)
Worms	26	(63)	27	(77)	8	(89)	15	(37)	8	(23)	1	(11)
Headache	24	(52)	16	(73)	9	(75)	22	(48)	6	(27)	3	(25)
Rash	36	(68)	23	(82)	5	(63)	17	(32)	5	(18)	3	(37)
Sores	53	(87)	29	(88)	9	(82)	8	(13)	4	(12)	2	(18)
Anemia	44	(94)	30	(88)	7	(78)	3	(6)	4	(12)	2	(22)

71% said that it was necessary to give immunization to preschool children, however most of them did not know that type of immunization was given.

90% of the respondents learnt about the child health services from government bidan or clinic nurse.

5. **Illness Behavior**

Parents were asked what they usually did if their pre-school children fell ill. The majority of each of the three ethnic groups seek modern treatment that is treatment by general practitioner, health centre, hospital and estate Hospital Assistants, for most of the ailments. However, there were parents who gave self treatment or sought traditional treatment that is treatment by Bomoh and Sinseh for the condition *'sawan'* the term used by Malays for fever with fits. Only 22% Chinese and none of the Indians sought traditional treatment for fever with fits. Generally Malays consulted the Bomoh for a lot of the minor ailments. They went to him for both high and low fevers, rashes, vomiting, diarrhoea and occasionally for other conditions as shown in Table V. A small number of the Chinese sought help of the Bomoh only for cases of loss of appetite and general weakness. More Chinese than Malays and Indians gave home remedies. Most commonly given home remedies were for abdominal pain and low grade fever. One significant finding was that all three ethnic groups went to Sinseh's shop for worm treatment and also to purchase medicines for headaches and giddiness. Most commonly purchased medicine was 'Cortal' for headaches and giddiness.

6. **Decision makers for health care of preschool children**

In all cases, either the respondants, 90% of whom were mothers or their spouses, made decisions for both preventive and curative care of the preschool children.

7. **Services Required by the community**

Parents were requested to indicate the services needed for preschool children at government clinics. Many of them had no idea what to ask for. However, a majority of them in all the ethnic groups said they were satisfied with the services available at the centres. Some of them indicated that a larger range of drugs be made available at the centres.

8. **Staff behaviour with regards to health appraisal of preschool children**

Different responses were elicited from the staff responsible for providing health care, when they were asked about the schedule of clinic attendance for the preschool children. Staff also expressed their lack of skills in health appraisal of children aged 2 to 6 years. Other comment made by the staff was that health appraisal of the pre-school children is not done routinely in the clinics.

DISCUSSION

Parents are not aware of the range of services available for preschool children. Once immunisation schedule is over they feel that it is not necessary to bring preschool children to clinics unless they are ill. There is a need to publicise the schedule and range of services for preschool children to the public. However, it appears that high attendance of the infants could be due to the immunisation schedule which prompts the parents to bring their children to receive immunisation. Perhaps if the services to pre-school children too are made more tangible such as allowing parents to plot weight of their children on growth charts and they are made to appreciate the progress in growth, in addition to the other screening procedures which may not appear to be important to them, they may be more likely to keep appointments.

Government health staff appear to be the main source of information regarding health matters to the community. Therefore they can play a key role in encouraging the public to utilise the services for preschool children. However regular screening of preschool children needs to be stressed to the staff and they need to be trained in health care of preschool children.

Community utilises both modern and traditional treatment for their preschool children. For certain conditions they choose traditional treatment and for others they select modern treatment. This choice depends on their belief in causation and management of the conditions. Perhaps parents could be helped by health

personnel in the choice of treatment. Efforts are already made by the health staff to co-ordinate and co-operate with the traditional midwives in relation to maternal health. Likewise ways of working in co-ordination with other traditional healers like Bomohs and Sinsehs particularly in making referrals need to be explored.

In this study it was noted that all the three ethnic groups utilise Sinseh's shop where both the traditional and modern drugs are sold. Perhaps such facilities could be made use of on an organised basis for distribution of certain medicines to the community.

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