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NEW PATTERNS OF MORBIDITY - RANGE AND TRENDS

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General

Maternal and child health (MCH) care has a long tradition in Europe. It was recognized at an early stage that women of child-bearing age, pregnant women, infants and children are especially vulnerable and require special types of health care that are not necessarily needed by other family members.

In the WHO European Region, which includes both highly industrialized and less industrialized countries, MCH services have developed different priorities and profiles based on health-related problems and mortality and morbidity figures.

By and large, children and youngsters in the European Region have probably never been healthier than they are today, due to the general economic development resulting in improved social conditions, health and medical care. The progress that has been made, giving the European Region a leading position in child health from the global point of view, had its beginning early in the twentieth century. A number of broad socioeconomic factors have contributed to this development; purely medical factors have probably been of limited significance.

Mortality

The picture of childhood deaths and disease has also changed dramatically. Mortality figures are going down in all age-groups, the change being more pronounced in the perinatal and infant mortality rate compared with the rate in the age-group 1-4 years and especially in the age-group now under discussion (5-14 years).

Analyses of mortality figures give no impression of a "new morbidity". The causes of death are generally the same, but the proportions vary: changes in the relative importance of leading causes of death in various age-groups over the last 40 years indicate that infections, for obvious reasons, play a less important role, while mortality resulting from accidents has increased. In Sweden today accidents are responsible for about 50% of all deaths in boys aged 10-14 years compared with some 15% 60 years ago. Deaths from various malignant diseases show no major change.

The difference between more developed and less developed countries in the Region with regard to the mortality rate is greater for infants and children aged 1-4 years than in the 5-14 years age-group. This may indicate that general social conditions have a greater impact on mortality in younger than in older age-groups. On the other hand, data from certain highly industrialized countries show a slight increase in death rates in the 10-14 years age-group mainly due to an increase in accidental death. This indicates that "over-development" is accompanied by increasing death rates, even among children!

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Morbidity

Mortality figures are, as we know, still incomplete for many countries, but they are more reliable than morbidity figures, which are almost non-existent, especially for children of preschool and school ages. In general terms there is, no doubt, a shift of morbidity in time from the old, more traditional child morbidity pattern, with perinatal hazards, infections and malnutrition, to the new pattern of morbidity, characterized by accidents, chronic diseases, handicapping conditions and psychosocial adaptation problems. We still know very little in quantitative terms about this new morbidity. Most child health services are based on the morbidity patterns that prevailed in the nineteen-forties when many of these services were planned and organized. To a certain extent, MCH services have, however, remained unchanged. It is obvious that life in a modern society requires new supporting services. Changing morbidity patterns should form the basis for new health inputs.