



HEALTH IN THE THIRD WORLD

SLIDEFOLIO
S 1211

Most people in the countries of the Third World have shorter lives and suffer more from sickness than do most people in the more developed countries of the world. Diseases, such as cholera, malaria and yellow fever, which are often fatal, still claim many victims though not as many as they once did. Hundreds of millions of people are crippled, suffering from diseases such as elephantiasis, which deforms limbs; trachoma, which causes blindness, and bilharzia, which saps strength. The greatest hazard to health is poverty.

1. The discovery of vaccines has helped to contain many diseases and almost to wipe out some of them, such as smallpox. Many of the diseases common in the Third World were once common in the now developed countries when they had living conditions which were similar to those in the Third World today. For example, this poster of 1920 urges people in the Soviet Union to be vaccinated against cholera. Unfortunately, cholera vaccination gives protection for only 3 months and the best prevention is a proper sewerage system. Cholera has killed at least 15 million people this century. It is an endemic (permanent) disease in the Ganges delta and in Indonesia. Epidemics sometimes sweep out from these centres to other parts of the world.
2. Poor living conditions, such as these, are the cause of much of the sickness in the Third World. Food and water can be easily contaminated and trachoma, cholera, typhoid and malaria, for example, spread.
3. Most people in the Third World are underfed. Serious malnutrition affects about 460 million people. Young children, like this boy in Iran, are especially affected. Marasmus causes the body to waste away to skin and bones. Kwashiorkor causes a pot belly and is often found where children are not breast fed for long enough and powdered milk has been used instead. The circle of poverty shows that sickness, inability to work and malnutrition are linked in a vicious circle that can only be broken from outside.
4. Leprosy affects about 20 million people, mainly in Asia and Africa. This leper is in Madras, India. Overcrowding causes the disease to spread but ignorance about how serious it is has made lepers into social outcasts. It can be cured easily by drugs such as dapsone but unfortunately too many people are not treated before they are deformed.
5. Most Third World countries must rely on the developed countries to train their doctors and nurses but many of them, once trained, prefer to stay abroad or to become specialists rather than practice in the poor communities of their own countries.
6. Third World countries need equipment and services to back up their health programmes. Expensive and specialised equipment may need to be bought from other countries but simple aids, such as these in a workshop for the disabled, can be made at home.
7. Most hospitals can provide little except basic medical care. At this hospital in Zambia the patients' meals are cooked outside by their relatives.
8. Some medical care in Third World countries is provided by volunteers from the developed countries. This volunteer is working in Petra, Jordan. Much other aid is provided by experts working for the World Health Organisation (WHO) of the United Nations. The combined efforts of the United Nations have helped to almost wipe out smallpox, to contain diseases such as malaria and to educate people in hygiene.
9. Most people in the Third World live and die without ever seeing a doctor. Many see only witch doctors and receive "native" cures. Although these may seem unusual to people in the developed countries they may be more effective than they realise. Other ways of receiving medical aid, such as this tooth shop in Thailand, may also seem unusual.

10. The rapidly increasing population of the Third World makes it seem impossible to solve the problems of malnutrition and poverty. Improved living conditions and education in family planning are needed to reduce the size of families. Many children die at birth and, on average, 40 per cent die before they reach 15 years. These nurses in East Africa are showing parents how they should look after their babies so that they have fewer, but healthy, children.

11. Medical treatment and health education may not be possible in isolated communities. This

mobile clinic can reach remote parts of the East African bush by Land Rover and people walk to it from a long way around.

12. Careful studies need to be made of people and their ways of living in different parts of the world to find the underlying causes of sickness and to decide the best kinds of diet and treatment appropriate to their communities. Here, people of the New Hebrides, in the Pacific, are being examined to see how their nutrition can be improved.

The pictures and notes in this set are not intended as a complete treatment of the subject. They provide a core of material to which the teacher can add further materials and questions. Additional sets in the series will provide a useful library of pictures to illustrate the general themes of development studies in the Third World. There is a large amount of case study material available, such as that published by Oxfam and the Centre for World Development and Education. Well illustrated studies of these general themes may be found in "The Third World" by R.Clare (Macdonald Educational : World Topics. Colour Units) and other books in the same series.

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(Numbered to correspond with the related slides)

1.
 - a. What does the poster show?
 - b. Find out which diseases, now only common in the Third World, were once common in other parts of the world.
 - c. How can vaccination help prevent epidemics?

2.
 - a. What can cause the spread of disease in this African village?
 - b. What could be done to improve conditions?

3.
 - a. What are the results of malnutrition?
 - b. Find out how overeating can cause illness.
 - c. How can improved health help to break the circle of poverty found in many parts of the Third World?

4.
 - a. What is leprosy?
 - b. How can it be cured?

5.
 - a. Why are most Third World doctors trained by people from other parts of the world?
 - b. Why do many of those who are trained in other countries not return home after their training?

6.
 - a. Simple equipment can be made at home. What are the disadvantages of importing the complicated, modern aids of medical science?

7.
 - a. What does this picture tell you of medical care in many parts of the Third World?
 - b. What might be the effects of relatives preparing food in this way?

8. a. Why are volunteers needed in many Third World countries?
b. Find out about the work done by the World Health Organisation.
9. a. Compare this dentist's window with the premises of 1. your own dentist 2. your optician.
b. Find out if the traditional ways of treating sickness in Third World countries are necessarily better than those used in other countries.
10. a. What is being shown to the parents of these children?
b. Why is it important that many countries have both fewer and more healthy children?
11. a. Why are mobile clinics vital in many parts of the Third World?
12. a. What are the advantages of making careful studies of people and their living conditions in the Third World?

CIRCLE OF POVERTY

