

CHILD WELFARE IN FIJI.

By E. M. FRY.

To-day, active interest in Child Welfare work in Fiji, has rapidly extended from the small white population to the large and scattered native race and the Indian and Chinese communities resident on the many islands in the Fiji Group.

A programme for the conduct of Child Welfare was drawn up by a Central Executive Council, as far back as 1927, and it covers a wide field of activities concerning the protection of women and children.

One of the first objects of this Council was to work in connection with the Native Medical School which has its headquarters at the War Memorial Hospital in Suva.

Here it is that native Medical Practitioners and native nurses receive special training in Child Welfare work before being sent out under the supervision of District Commissioners and District Medical Officers to the six Provinces into which the populated islands of Fiji are divided. Reports are forwarded quarterly from each Province, and all questions of policy are sent for the decision of the Council.

At first, six specially trained European nurses were installed at the different centres, and in spite of the language difficulty, the stubborn adherence of the natives to uncleanly and superstitious habits, and many hardships due to weather conditions and transport from one island to another, they did splendid pioneering work.

Now however, recent vacancies in this respect have not been refilled. The money thus saved is being utilized in equipping Fijian women's committees and supplying the necessary drugs. These committees are comprised of four chief women of each village.

The duties of these women, chosen from the wives of head men, or native government officials, are to inspect the children daily, especially for cleanliness, and to treat minor ailments, if necessary. Regular visits are made to the dwelling houses and kitchens, with the object of improving sanitary conditions generally. A very useful work is being done in this way, making it possible to extend the campaign to every part of Fiji.

Previous distribution of tinned milk and patent foods failed in their purpose as special and additional nourishment for weak and ailing children. From the irresponsible Fijian's point of view, these comforting beverages, so easy of access, provided a popular sweetening fillip to the morning cup of tea, being considered entirely wasted on their helpless and apparently unappreciative offspring. Consequently, these expensive commodities have been withdrawn from the list of essentials that were at first considered indispensable to the work in connection with this movement. Instead, babies deprived of their mothers by death, or children suffering from malnutrition, are conveyed to the district hospitals and there cared for until well enough to return to their villages.

Undoubtedly the lack of proper infant foods must be chiefly responsible for the large proportion of infant mortality of which rather startling figures are given, for according to recent statistics, over 10,000 deaths of Fijians under five years of age occurred in the last sixteen years.

Previously, when a child was born, it was the custom of the father to retire to the bure-ni sara, and to remain in these bachelor quarters until the child was weaned, a period of about three years. To-day, the inclination must often be to wean the child to make way for another, whilst the weaned child literally takes pot luck with the older children.

So, it will be readily recognised, that the old customs and mode of living, with their logical safeguards, have, to a great extent, been taken away from them, whilst other customs are being forced on them without their complete civilization, or the safeguards that civilized life must have.

As the children are of paramount importance to a native race if it is to increase and prosper, it is the keen desire of the administration concerned to give advice and the service that is essential to that purpose. It is almost certain that the whole root of the trouble in regard to excessive infant mortality, is the lack of suitable food, or wrong feeding in the first few years of life.

A most instructive article on how to utilize native foods to the best advantage when a child has to be weaned, has been most ably written by one of the Native Medical Practitioners. Some of the foods he mentions as suitable for infants are: paw paw soup, ripe banana soup, boiled taro, and orange juice. Other dishes commended have arrowroot, coconut cream, or grated yam, as the principal ingredients. All locally grown, as well as the usual variety of native fruits.

Yet, if many of these preparations were mentioned to the average bush mother, she would still resort to the age-old method of chewing yam or taro and placing the semi-masticated food into the child's mouth, regardless of the dire consequences that assuredly follows such practices.

In relation to the older children, the marked success of a general distribution of prophylactic serum injections, conducted by highly qualified representatives of the Rockefeller Institute has been noticeably gratifying in the laying of a splendid foundation for the successful continuation of Child Welfare work in Fiji. Where, less than a decade ago, native children often presented a most unwholesome sight, to-day we see clear bright eyes in clean healthy bodies. A wonderful tribute to a wonderful work.

In addition to post-natal work, anti-natal clinics are now being given to the native medical students and nurses for the purpose of instructing expectant mothers. The Council also hopes to establish a home especially for the treatment of ailing and ill-nourished children.

It is hoped, that with increased financial aid, Child Welfare work will be the medium by which this virile race



A CHILD WELFARE NURSE.

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