

# **PAPOEA-DORPSVERZORGSTERS**

Een sociaal-hygiënisch experiment in Nederlands Zuid Nieuw-Guinea

**ACADEMISCH PROEFSCHRIFT**

**TER VERKRIJGING VAN DE GRAAD  
VAN DOCTOR IN DE GENEESKUNDE  
AAN DE UNIVERSITEIT VAN AMSTERDAM  
OP GEZAG VAN DE RECTOR MAGNIFICUS**

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**HOOGLERAAR IN DE FACULTEIT DER GENEESKUNDE  
IN HET OPENBAAR TE VERDEDIGEN**

**IN DE AULA DER UNIVERSITEIT**

**OP DONDERDAG 9 JULI 1959**

**DES NAMIDDAGS TE 5 UUR**

**DOOR**

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**GEBOREN TE NIJMEGEN**

1959

Rototype/Broos - Amsterdam - Tel. 55823

## SUMMARY AND CONCLUSIONS

*Introduction*

In the underdeveloped countries more and more attention is being paid to health conditions among the village population. In various ways efforts are being made to improve social-hygienic conditions for this group. In Dutch New-Guinea, where difficulties of a very special kind prevent aid programs from being realised, a new method has, since 1954, been applied by the public health service, viz. the system of village welfare workers. The experimental stage of this system, which was carried through in the sub district of Merauke among the Marind and Jeei tribes, is described in this study and made the object of a critical analysis.

*Part I*

The setting up of a system of village welfare work was preceded by an extensive study of and a close investigation into the health conditions, social circumstances and the customs of the inhabitants. It appeared that acculturation was making very slow progress, partly due to the tenacity the elder generation showed in sticking to their own tribal habits and a very minute interest to increase their own prosperity, and partly to difficult local conditions offering but little opportunity to reach and influence the population sufficiently. Only the younger generation that has attended village schools appears, to some extent, to be accessible to new cultural influences. However, these youths walk about without any control, not knowing how to put their newly acquired knowledge into practice, the less so because they are hampered by the still rather strong influence of the elder generation.

Health conditions are closely connected with, and are unfavourably influenced by the continued presence of many ancient ideas and customs. Just as in many other less developed countries, the health condition of mothers and children, which constitute the most vulnerable groups of the population, is at a low level. The death rate among babies is high, in spite of the fact that, generally speaking, the pattern of diseases is not an unfavourable one; many serious diseases which are widely common in other tropical countries have so far not yet been recorded in Southern New-Guinea.

*Part II*

On account of the results obtained from the preceding investigations, a special form of aid has been set up by means of s.-c. "village welfare workers", Papua girls who have been trained during the following years. In this part the motives are being discussed why we have decided to choose this very form of assistance. These "village welfare workers" have been given both a curative and a preventive task of which the care for mothers and children forms the more important part.

In 1953 this project began to be carried out. Four girls were trained to be village workers and received an appointment. Also in this part the program of this course is discussed and the measures which were taken to enable these village welfare workers to perform their duties.

*Part III*

A summary is given of the different methods that have been adopted in other countries to try and improve health conditions among the village population.

*Part IV*

Part four is devoted to an assessment of the village welfare workers' activities during the first four years. It appears that generally these workers have performed their duties very satisfactorily, although once or twice rather serious difficulties occurred. Experience has taught us that these difficulties, which are liable to thwart the activities of the village welfare workers, can in future be avoided to a great extent by a very careful selection of new candidates before and also in the course of their training.

In order to stimulate these activities a regular inspection of the work by district nurses is of extreme importance. At the same time it is necessary to give the village welfare workers an opportunity to attend a refresher course.

Through the efforts of the village welfare workers health conditions among the population in the above mentioned districts have improved considerably. The lowering of the death rate among babies is undoubtedly the most striking result. These improvements are not only due to the dispensing of curative help, but to a great extent also to the social progress brought about by the village welfare workers' activities.

We make take it that an economical revival, such as can be observed in several villages, is also partly due to the influence of the village welfare workers.

In a concluding chapter a survey is given of the costs of village welfare work. It appears that expenses are not high, relatively speaking. For large groups of the population, who in former times were only occasionally visited by a doctor or a male nurse, are now, by the village welfare worker, given permanent, simple, medically justified aid which the population cannot possibly be denied, if a serious effort is to be made to make their development continue.

This consideration, the favourable financial side and the results of this work, such as have been described in this study, may be a stimulus to carry on and extend this form of social-hygienic care of the village population.