

directing council

regional committee



PAN AMERICAN
HEALTH
ORGANIZATION

XXVI Meeting



WORLD
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"INTERNATIONAL YEAR OF THE CHILD, 1979"

On 21 December 1976, the United Nations General Assembly adopted Resolution A/RES/35/769 which proclaimed 1979 to be the International Year of the Child. It emphasized that this event should prompt the countries to strengthen their child welfare programs and that, for that purpose, it was necessary to take into account national conditions, needs and priorities and to bear in mind that the operation of basic services for children is a vital component of the economic and social development.

At its 78th meeting, the Executive Committee of the Pan American Health Organization adopted Resolution XV, requesting the Director to submit the matter to the XXV Meeting of the Directing Council for consideration.

On this basis, the XXV Meeting of the Directing Council adopted Resolution XXVI, the operative part of which requests the Director to ensure that the Organization will participate in the preparation and implementation of plans for the International Year of the Child, subject to the availability of budgetary funds, and in coordination with other international agencies, in particular the United Nations Children's Fund.

Child Health in 1979

Despite the substantial progress made in the countries of the Region of the Americas in the past decade, there are still wide differences in the risk of dying among children in the "rich" and the "poor" regions. The highest child mortality rate is 10 times higher than the lowest and the highest mortality rate in the age group 1-4 years is more than 30 times higher than the lowest. This means that of the 12 million children that will be born in Latin America in this International Year of the Child, approximately 1.3 million will not celebrate their second birthday.

If the risk of dying among children in Latin America was the same as that among children in the United States of America, there would be only 220,000 deaths of children under 2 years of age. These estimates highlight the dramatic fact that, in Latin America, in each annual generation of live births about 1 million deaths occur in the first two years of life that could be prevented by the use of effective and relatively simple technologies.

The great differences in the mortality rates in childhood reflect the unfavorable conditions in which the first years of life of large segments of population are lived. As a matter of fact, of the almost 130 million persons in the Region that do not enjoy even minimum living conditions, almost half are children under 15 years; most of them live in rural areas and urban areas bypassed by development; they are born and grow up underprivileged because their families do not have the wherewithal for their growth. In those that suffer from severe malnutrition, their brains do not develop normally and their potential for life is limited. Without adequate diet and living in overcrowded conditions without safe water or sufficient sanitary services, they are exposed to a variety of acute and serious diseases. Many die, and among the survivors many suffer the sequelae of the diseases that have disabling effects still insufficiently understood. Obviously, it cannot be accepted that a life of hope and achievement can take place under these conditions; on the contrary, it is these conditions that lead to attitudes of apathy and desperation, which, in turn, from an early age, condition persons to accept their fate instead of to seek to change it.

The knowledge gained in those decades has shown us that the family is a bio-psycho-social unit that shapes and conditions the child. It is through it that the child is incorporated into the community and enters into relations with the sociocultural environment.

Consequently, the care of the health for the family unit, considered in the context of its interrelations with the environment and society, has become the basic strategy for child care.

The health of each child is determined by its genetic inheritance, maternal conditions during intra-uterine life, the characteristics of its food and nutrition, the degree of exposure to infectious diseases, infestations and trauma, and whether, if it is subject to them, it receives adequate and timely treatment.

The well-being of children depends on emotional conditioning and the development of attitudes that take place within the family as and when psycho-emotional relations develop and a behavioral pattern is learned. Children learn by looking, observing and then copying an

acquired behavior and will probably behave afterwards in society in a way that reflects their home experience. Consequently, the behavior and attitudes of parents are of vital importance to the psycho-social development of the child in its early years and, in large measure, will determine the kind of responses of the child in its progressive socialization. Through health education parents may be helped to understand their psychological influence on their children as well as the nature of the needs of children at different stages of their development.

To this complex of intra-family variables must be added the importance of the social function of the family, especially its role in collective well-being through capacitating participation in activities for its own health and for the health of the community to which it belongs.

A characteristic that defines childhood is the process of growth and development, which at certain times is particularly intense. This special feature of children, understood as persons that grow, explains their special vulnerability to the various pathogenic agents of the environment. It also justifies the priority assigned to promotion and protection activities, since the diseases and deficiencies that affect them today can leave indelible marks on their physical and psychic capacity that have a high human and social cost. Accordingly, sometimes statistics, in particular mortality rates, make it difficult to appreciate how much preventable pain and suffering is present behind those mathematical ratios.

The purpose of protecting the processes of reproduction, growth and development is not only to reduce infant mortality, but also to control the perinatal and environmental circumstances that determine the final result in terms of the ability of new human beings with full potential to contribute to their own development as individuals and as members of society.

Among the major objectives of international cooperation in the world today are, in our opinion, what has come to be called the struggle against poverty. It is a very legitimate objective since the great differences in the level of progress of the various population groups are the cause of many of the evils that affect society. Unfortunately, such differences appear to be increasing; despite the gigantic technological and scientific advances made by humanity in this century, they are still not sufficient to satisfy the hunger, disease, lack of opportunities and frustrated desires of large segments of the population.

Much has been done to develop numerical indicators of development; the general rates of economic growth do not satisfy the planner because they do not take into account differences in its distribution among the population; the so-called indicators of the level of living give an approximate idea of the use of goods and services, but they are still unable to define in satisfactory terms the true characteristics of the quality of life. However, despite the inadequacy of these indicators, the different levels of economic and social development, regardless of the type of measurement used to quantify them, clearly express the living conditions of children.

From a purely demographic point of view, it has been estimated that up to a couple of centuries ago, most of the population of the world had a very similar age structure, not very different from that observable in today's underdeveloped countries. Since then, and especially in the last 50 to 100 years, substantial changes have occurred in the age structure in that the proportion of children in the developed countries has declined sharply while the intermediate and advanced age groups have increased.

The statistics available for most of the underdeveloped countries show very small intercensal changes in the age structure. The pattern of high percentages of children and a low proportion of adults of working age and older dependent persons appears to persist and even to become more accentuated as the result of the rejuvenation of the population.

In view of the diversity of current roles and needs in each society, variations in the age composition of the population can have major economic, social and political effects.

In any event, the needs of this growing group of children in the developing countries call for special attention. The problem becomes more difficult when the burden of the dependent population on the productive population is still heavier because of the relative inadequacy of employment opportunities for the population of working age.

Future Projections

The extremely important Declaration of Alma Ata, adopted in September 1978 by the International Conference on Primary Health Care, clearly stated that primary health care is the key to achieving the goal of health for all by the year 2000, as part of comprehensive development and in accordance with the spirit of social justice. The Declaration requests all the governments to formulate policies, strategies and national action plans to initiate and maintain primary health care as

part of the national health system and in coordination with other development sectors. The Declaration also requests urgent and effective international action in developing and implementing primary health care throughout the world and in particular in the developing countries.

The Declaration of Alma Ata implies that it is necessary to consider the family as a basic program unit in carrying out a variety of activities that have a direct impact on the improvement of the health of each family member and in particular of mothers and children that are the most vulnerable groups. Indeed, activities for the integrated sanitation of housing, improvement of food habits, specific protection against diseases preventable by vaccination, care of the mother and child during pregnancy, postpartum and the nursing period, and supervision of the process of growth and development call for a process of participating capacitation that converts the members of the family, and especially the parents, into primary agents for the extension of health service coverage. In this regard, the strategies of primary care should be considered support for community participation and not only direct activities of programs providing services to individuals.

It is quite obvious that in performing its biological, psychological, sociocultural, economic and educational functions, the family needs the assistance of State institutions in order to reduce deterioration reflected in the high rates of mortality and morbidity that affect children in particular. However, if this assistance is to achieve its maximum efficiency and effectiveness, it must be part of a coordinated intersectoral effort that also integrates the use of the resources of the family itself and of the beneficiary communities.

Despite the difficulties in the program orientation of the services, great changes may be seen in the way in which health policies are today conceptualized. Indeed, health has ceased to be considered a variable dependent solely on the activities of the health services; today it is acknowledged that health is one of the critical results of the appropriate national, social and economic systems. Accordingly, and insofar as the objective of development is to promote progress and well-being and not only economic development, the implications of the process also need to be interpreted in terms of their contribution to health.

Planning is clearly one of the basic tools for development not only as a method but also as a continuing policy in which the technical, methodological and administrative contents are only justified insofar as they permit or ensure that this process effectively helps to achieve the corresponding social objectives. Consequently, the planning process has ceased to be one-dimensional and has become a multisectoral and multidisciplinary process in which national, economic and social policies are the most important factors for guaranteeing the basic conditions of well-being inherent in the concept of health.

The implementation of these conceptual changes concerning the determinants of the health level is a formidable challenge to governments and to international cooperation agencies.

It is recognized that the pressing health and welfare needs of children today represent a true acute emergency that frequently calls for immediate action similar to that taken to deal with major disasters. However, it is also necessary to continue to strengthen the systems that help solve medium- and long-term problems. Otherwise, the underdeveloped world could be faced with a chronic emergency situation whose persistence is determined by the accumulated deterioration in living conditions over generations. For the Region of the Americas, the measure of this emergency is represented by the 250 million additional citizens the Region will have by the year 2000, still to be born.

Especially important in improving the health and welfare conditions of the child population at present and in the near future are national policies for housing, rural and urban development, population, education, food and nutrition, employment and social security. Among the many specific aspects that need to be improved, the following may be mentioned:

Some of the components of integrated housing, such as access roads, public services and, to some extent, transportation, could be designed in the light of the special needs of children, including their vulnerability to accidents.

Programs of rural development could more actively involve young persons and adolescents, not only as objects of development but as the main agents of that development.

The influence on the family and the community of the activities of school health programs could more effectively promote individual and collective self-reliance in the preservation and improvement of the health of the child and his family.

With respect to population policies, much still remains to be done in implementing the recommendations of the Bucharest Conference, especially a reduction in the large mortality differentials, the orientation of migratory processes, the integration of women into development, and the strengthening of attitudes towards responsible parenthood and family planning.

In the field of nutrition, emphasis must continue to be given to the encouragement of breast feeding, the development of appropriate technologies for feeding small children, and, in a broader sense, the capacitation of the family and of the community to promote the early and comprehensive development of the physical and psycho-emotional aspects of children.

In the area of social security, it is of crucial importance to extend the benefits to the uninsured population and to expand this field of action to cover substantive aspects of welfare other than allowances in money and sickness insurance.

With respect to the priority areas determined by the Member Governments of WHO for channeling technical cooperation activities for the benefit of the health of children, special mention may be made of the following:

1. Reduction of the prevalence of low birth weight, bearing in mind the high percentage of infant deaths associated with immaturity and malnutrition of the fetus in utero. The corresponding activities are education and nutrition of mothers and use of appropriate technologies for comprehensive perinatal care.
2. Control of diarrheal diseases through combined efforts in the field of basic sanitation, education of the family and the community, and use of methods for the control and early treatment of gastro-intestinal diseases.
3. Prevention of grade II and grade III malnutrition through periodical supervision of the health of children, control of diseases, and development of adequate methods for food complementation and supplementation at the family level. However, it is recognized that nutritional problems cannot be solved by the activities of health services alone, since medical care is not an answer to poverty.
4. Encouragement of the comprehensive development of the physical, psycho-motor, and affective functions of children through a broad program of training aimed at the family, the community, and health workers.
5. Control of diseases preventable by vaccination through the execution of programs that will guarantee effective vaccination coverages and their maintenance.

Specific Activities

In the foregoing context, the participation of the Organization in the International Year of the Child includes two principal groups of activities:

- The continuation and strengthening of cooperation for improving maternal and child health
- Activities directly related to the promotion of the International Year of the Child.

a) Improvement of Maternal and Child Health

With respect to the strengthening of maternal and child health programs, it should be emphasized that the Organization acts as a cooperation agency in 19 national programs that are receiving financial assistance from the United Nations Fund for Population Activities and are being executed in the following countries: St. Kitts/Nevis, St. Vincent, Dominica, Cayman Islands, Cuba, Mexico, Haiti, Honduras, Colombia, Ecuador, Peru, Chile and Panama. In addition, similar programs are at present being prepared in Paraguay, Bolivia, Guatemala and Nicaragua.

The fundamental feature of these projects is their contribution to the extension of the coverage of maternal and child care services in a context of health services. The different components of care for mothers, the new-born and children under five years of age have been progressively developed through the training of personnel at all levels, the strengthening of the infrastructure of the services, and the execution of educational activities aimed at promoting hygienic habits and teaching the beneficiary population to care for their own health.

Activities for the control and encouragement of the growth and development of children are considered fundamental elements of child health control in these projects. At present, efforts are being made to ensure greater coordination of the programs of maternal and child health and of public health nutritional status of mothers and children and the promotion of breast-feeding.

Of particular importance is the coordination of these projects and the activities envisaged in the Expanded Program on Immunization. Indeed, in a number of countries, seminars are being held for the officials responsible for immunization and maternal and child health programs so that they can formulate common goals, standardize care standards, align administrative procedures, and make better use of the resources available at the national level.

Special attention is being given to the development of appropriate technologies for perinatal care at the primary level. In October 1978, a seminar on this subject identified the most pressing needs, including methods of detecting risk factors during pregnancy that can be used to ensure appropriate levels of care during pregnancy and delivery, methods

for inhibiting premature delivery, methods for the resuscitation of depressed new-born children, simplified methods for the diagnosis of gestation age in neonates, simple methods for estimating jaundice in the new-born, control of diarrheal diseases (oral rehydration) and control of common childhood diseases. These and other subjects are being investigated with a view to developing technologies that will ensure a better quality of care at the primary level.

The development of comprehensive care services for young persons and adolescents continues to be promoted. Among the activities undertaken, mention may be made of the organization of national seminars on the subject in 15 countries, the incorporation of promotional activities in four national maternal and child health programs, and the promotion of exchange of information through visits of qualified personnel to the best developed services in the Region in accordance with the concept of technical cooperation among developing countries. In cooperation with the International Children's Center, a training course, at the professional level, on the health of young persons and adolescents will be held in November in Caracas, Venezuela.

Within the general framework of cooperation between the Organization and the Member Governments, mental health activities, in particular those relating to the comprehensive development of the psycho-social and emotional aspects of children, continue to be promoted, special emphasis being given to the informed participation of mothers and families.

b) Specific Activities during the International Year of the Child

With respect to the cooperation activities for promoting the International Year of the Child in which the Organization is participating, the following deserve special mention:

- The Organization, represented by its Director, Dr. Héctor R. Acuña, participated in the Special Meeting of the Executive Board of the United Nations Children's Fund held in Mexico City in May of this year. The Director delivered to the meeting, on behalf of the Director General of WHO and on his own behalf, a message in which he emphasized the cooperation priorities in the field of child health defined by the Governing Bodies of the Organization.

- A document entitled "Child Health Conditions in the Americas" is being prepared and is expected to be published in the last quarter of this year. Chapters in it deal with the characteristics of mortality and morbidity of children under 10 years of age, morbidity and mortality of

young persons and adolescents, factors affecting child health, accessibility and coverage of maternal and child health services, health policies and their relation to child health, the development of human resources for maternal and child care, perinatal health care, mental health and psycho-social development of children, and an appraisal of the prospects for child health in the 1980's.

- In order to promote the development and use of methods for obtaining more reliable data on child mortality rates, it is planned to hold a seminar on studies on infant mortality in September. It is hoped to obtain guidelines for possible cooperation activities with a number of countries that have expressed interest and envisage the possibility of preparing specific projects on the subject.

- Special attention has been given during the year to cooperation with various national and regional activitoes aimed at promoting the development of human resources for maternal and child health care. They include the following:

Course on educational technologies applied to the health of youth, Panama, March, 1979

Latin American course on maternal and child health administration, Medellín, Colombia, 16 April-1 June 1979

Course on appropriate technologies for perinatal care, Montevideo, Uruguay, 28 May-2 June 1979

Course on perinatal public health, Montevideo, Uruguay, 5-14 June 1979

Seminar on administration of maternal and child health programs and family planning, Mexico, November 1979

Latin American seminar on maternal and child health, Santiago, Chile, 24 September-2 November 1979

Latin American course on primary care of child health, Santiago, Chile, 1 October-15 November 1979

South American course on pediatrics, Brasilia, Brazil, 6-12 October 1979

Seminar on human growth and development, November 1979

World Congress on Auxanology, Havana, Cuba, December 1979.

- To enable officials at the decision-making level, the teams responsible for health, and the public at large to better understand the needs of children, the Program for the Selective Dissemination of Scientific Information was inaugurated in 1979 with the bibliographical series "Child Health." The first fascicule on growth and development, which includes abstracts of articles that have appeared in the computer print-out of scientific information systems in the past three years, is being distributed. It is hoped to publish five additional fascicules in the remaining part of the year on perinatal health, adolescence and youth, immunizations, primary care of maternal and infant health and the health of the school-age child.

- Finally, a lengthy document has been prepared, which includes updated information on various aspects of child health, as a contribution of the Pan American Health Organization to a publication entitled "Status of Children in Latin America and the Caribbean," which is being prepared by UNICEF.

Annex



Año Internacional del Niño 1979

Programa de Divulgación Selectiva de Información Científica

Serie bibliografica:
"SALUD DEL NIÑO"
No. 1

ORGANIZACION PANAMERICANA DE LA SALUD
Oficina Sanitaria Panamericana Oficina Regional de la
ORGANIZACION MUNDIAL DE LA SALUD



SERIE BIBLIOGRAFICA No. 1

CRECIMIENTO Y DESARROLLO

PROLOGO


El Consejo Directivo de la Organización Panamericana de la Salud, en su XXV Reunión, encomendó a la Dirección su participación en la preparación y ejecución de las actividades que con motivo del Año Internacional del Niño se llevan a cabo durante el año 1979 en la Región de las Américas.

La Organización considera que esta celebración debe servir como estímulo para que los países puedan fortalecer y expandir los programas que tiendan al bienestar integral del niño.

Al recordar que es objetivo global la "Salud para todos en el año 2000" es necesario señalar que para dicha fecha, más de la tercera parte de la población de este continente estará constituida por niños y adolescentes, es decir, por seres humanos en pleno proceso de crecimiento y desarrollo.

Nuestra preocupación y capacidad está orientada a favorecer el óptimo nivel de vida de este inmenso potencial humano, ya que de ello dependerá en gran medida la posibilidad de crear una sociedad mejor en la próxima centuria.

Como una contribución de la Organización Panamericana de la Salud al Año Internacional del Niño, y a fin de que los funcionarios que adoptan decisiones, los equipos responsables de salud y la opinión pública conozcan con mayor amplitud las necesidades de la infancia, se inicia en esta oportunidad el Programa de Divulgación de Información Científica sobre problemas fundamentales de la salud del niño en las Américas.


Héctor R. Acuña
Director

PRESENTACION

Con esta publicación, OPS inicia una serie de listas bibliográficas sobre salud infantil, como parte de su cooperación en el Año Internacional del Niño.

Creemos, de esta manera, contribuir positivamente al conocimiento y difusión de las necesidades de los niños de las Américas.

Estas series bibliográficas incluirán artículos aparecidos en las publicaciones que se han registrado en los sistemas automatizados de información científica (Excerpta Médica, Index Medicus, Exceptional Child, Psychological Abstracts and Sociological Abstracts) en los últimos tres años.

Periodicamente se irán elaborando y difundiendo listas sobre temas fundamentales de la salud infantil, de acuerdo a las principales causas de morbimortalidad del niño en la Región de las Américas.

Obviamente, la determinante fundamental de la niñez, es el proceso de crecimiento físico y desarrollo psicosocial que hace a este grupo etario particularmente vulnerable a las agresiones internas y externas. Asimismo, esa condición dinámica hace que la enfermedad presente en el niño, pueda tener severas consecuencias para el futuro adulto, comprometiendo su capacidad de contribuir al bien común.

De allí que el bienestar del niño y la promoción de su óptimo crecimiento y desarrollo, adquiera en la sociedad contemporánea, una connotación pragmática además de su permanente sentido ético.

Por estos motivos, brevemente resumidos, hemos escogido el tema "Crecimiento y Desarrollo" para la primera de estas publicaciones.

OBTENCION DE LOS ARTICULOS

Las personas interesadas en obtener un duplicado de los artículos de la presente bibliografía, deberán hacerlo a través del "Servicio de Préstamos entre Bibliotecas" que ofrecen las diferentes bibliotecas de las escuelas o facultades de Medicina, Salud Pública, Odontología, Enfermería, las cuales forman parte de la Red Latino Americana de Información Científica en Ciencias de la Salud, coordinada desde Sao Paulo, Brazil por la Biblioteca Regional de Medicina (BIREME), de la OPS/OMS.

I N D I C E

TEMA: CRECIMIENTO Y DESARROLLO

SUBTEMAS:

- 1. Crecimiento y Desarrollo Físico**
- 2. Crecimiento Intrauterino**
- 3. Desarrollo Psicológico y Social**
- 4. Educación sobre Crecimiento y Desarrollo**

Resolución XV de la 78a Reunión del Comité Ejecutivo de la OPS.

Próximos temas.

CRECIMIENTO Y DESARROLLO FISICO

CRECIMIENTO Y DESARROLLO FISICO

- AU - EK J ; Magnus EM
TI - Plasma and red blood cell folate in breastfed infants.
AB - We have studied growth, red blood cell status and folate concentrations in plasma and red cells in a group of 35 breastfed infants during the first year of life. Folic acid supplementation was not given to the mothers during pregnancy or lactation, and none of them developed megaloblastic anaemia. The growth and red blood cell status of the infants were both normal. At birth, and throughout the period of observation, the folate concentrations in plasma and red cells were significantly higher than in the adult reference material. A positive correlation between plasma and red cell folate was demonstrated. During the latter part of pregnancy and lactation the foetuses and infants seem to be protected against folate deficiency. We regard the folate status of normal breastfed infants as optimal. The optimal supply of the vitamin in artificial nutrition should be the amount of folate necessary to maintain plasma and red cell folate concentrations similar to those found in breastfed infants.
- SO - Acta Paediatr Scand 68(2):239-43, Mar 79
- 2 AU - Essen J ; Fogelman K ; Head J
TI - Children's housing and their health and physical development.
AB - The housing conditions of children in the National Child Development Study were related to their health and their height at the age of 16. Although children in crowded homes missed more school for medical reasons, the only illness they reported more often than children in better conditions was bronchitis. Those with inadequate amenities did not miss more school, although they also reported more bronchitis, as well as bilious attacks. Children in council houses were shorter than those in owner-occupied homes, but the only difference in height related to the conditions of the home was that crowded boys were slightly shorter than those who were not crowded. There was therefore little evidence of an association between poor housing and either ill-health or retarded growth among Britain's 16-year-olds in the 1970s, and this was still the case for children who had spent longer periods of their childhood in unsatisfactory housing.
- SO - Child Care Health Dev 4(6):357-69, Nov-Dec 78
- 3 AU - Jordan J ; Ruben M ; Hernandez J ; Bebelagua A ; Tanner JM
AU - Goldstein H
TI - The 1972 Cuban national child growth study as an example of population health monitoring: design and methods.
AB - A stratified 3-stage random sample of 50 360 children ages 0-19 drawn from the whole population of Cuba was measured in a large-scale growth study during 1972-73. Fifteen anthropometric measurements were taken and puberty stages and menarche status were assessed. Hand-wrist radiographs were done on 10% of the sample. Information regarding the social and education status of the parents was obtained and parental heights were measured. One year later, 30% of the sample were re-measured and 10% re-X-rayed. The overall response rate was 96% at pre-school and

CRECIMIENTO Y DESARROLLO FISICO

primary school age, and a little less later. Quality control sessions were held at which the nine measuring teams compared results. No significant differences were found between teams working different parts of the island. Differences between duplicate measurements of stature by individual measurers had standard deviations approximating 0.20 cm. Individual measurers' means differed from the grand means of all measurers by up to +/- 0.2 cm for stature, +/- 0.4 cm for sitting height and +/- 0.5 mm (7% of mean) for triceps skinfold. One or more measurements lay outside the 3rd-97th centile limits in 21% of individuals. Scrutiny of these individuals' records resulted in elimination of measurements in amounts ranging from 0.1% (triceps skinfold) to 1.1% (crown-rump length). Problems of planning and execution of growth surveys designed to set national standards are described, and solutions given or suggested.

SO - Ann Hum Biol 2(2):153-71, Apr 75

- 4 AU - Field T ; Hallock N ; Ting G ; Dempsey J ; Dabiri C ; Shuman HH
 TI - A first-year follow-up of high-risk infants: formulating a cumulative risk index.
 AB - Multiple developmental assessments were made at 4-month intervals over the first year of life for 2 groups of infants born at risk and 1 normal group. The groups included 46 preterm respiratory distress syndrome infants, 46 postterm postmaturity syndrome, and 59 term normal infants. The mothers were white, multiparous, middle-class, high school graduates averaging 25 years of age. Analyses of group differences revealed that the preterm respiratory distress syndrome (RDS) infants continued to exhibit delays in motor and mental development and the postmature infants in mental development. Discriminant function analyses suggesting that the most efficient predictors and accurate discriminators of continuing risk were as follows: the Parmelee obstetric and postnatal complications scores and the Brazelton interactive and motoric process scores at birth; the Denver rating, mother-infant interaction and Carey temperament ratings at 4 months; and the Bayley mental and motor scores at 8 months. On the basis of their weighted assessment scores, infants were assigned a cumulative risk index at each assessment period.
- SO - Child Dev 49(1):119-31, Mar 78

- 5 AU - Sugar M
 TI - Some milestones in premature infants at 6 to 24 months.
 AB - The onset of 12 milestones that occur from 6 to 24 months of age was studied in premature and full-term infants. The milestones are: sitting, crawling, teething, walking, pursuit of a hidden sound-making object, stranger anxiety, separation anxiety, "no" gesture, words, phrases, speech "no," and speech "yes." It was hypothesized that premature infants would show delay in acquiring milestones related to time separated from mother. Compared to full-terms, the prematures had no significant difference in the means for the onset of the milestones except for: sitting, crawling and walking related to maternal separation; and crawling and teething, related to birth weight.

CRECIMIENTO Y DESARROLLO FISICO

- SO - Child Psychiatry Hum Dev 8(2):67-80, Winter 77
- 6 AU - Ferreira Levy MS
TI - [Relation between social conditions and physical growth in the child population of Santo Andre, SP, Brazil]
SO - Rev Saude Publica 11(3):297-321, Sep 77
- 7 AU - Lejarraga H ; Sola HA
TI - [Compensatory growth in children with intrauterine growth retardation of different etiologies]
AB - Postnatal growth of infants born with low birth-weight for gestational age was studied by measuring monthly weight, supine length, head circumference and triceps skinfold from birth to seven months. Three groups were studied: twins (group A, N 15), babies with no apparent cause of their IGR; group B, N 20) and babies born from mothers with moderate to severe toxemia during pregnancy (group C, N 9). The three groups had a similar degree of birth-weight deficit, but birth-length was significantly more reduced in group C. The three groups presented some degree of catch-up-growth, reflected by a higher-than-average growth velocity, present during the first 3-4 months only; after this age, growth rates were not different from normal average. Groups A and B had a greater catch-up-growth than group C in weight and triceps skinfold, reaching 50th percentile in three months. Incomplete catch-up of group C may be due to interference of toxic injury on critical period of fat cell replication. The prognosis of postnatal growth of babies with IGR is strongly dependent on the degree of catch-up-growth during the first months of extrauterine life; this is, in turn, related to the etiology responsible for IGR.
SO - Bol Med Hosp Infant Mex 34(6):1155-69, Nov-Dec 77
- 8 AU - Scheidt PC ; Mellits ED ; Hardy JB ; Drage JS ; Boggs TR
TI - Toxicity to bilirubin in neonates: infant development during first year in relation to maximum neonatal serum bilirubin concentration.
AB - Neurologic and developmental performance during the first year of life was correlated with maximum neonatal serum bilirubin levels for 27,000 infants in the Collaborative Perinatal Project. The infants were grouped by race and by five birth weight/gestational age categories to control for the effect of these factors on hyperbilirubinemia and developmental outcome. Low mean eight-month motor scores and delayed one-year motor development were associated with serum bilirubin levels in the range of 10 to 14 mg/dl and above. This relationship was strongest for low-birth-weight/short-gestational-period infants. A persistent association of developmental outcome with hyperbilirubinemia was found over and above the variation of maturity within the birth weight/gestational age categories.
SO - J Pediatr 91(2):292-7, Aug 77

CRECIMIENTO INTRAUTERINO

CRECIMIENTO INTRAUTERINO

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- 1 AU - Pedersen JF ; Mølsted-Pedersen L
TI - Early growth retardation in diabetic pregnancy.
AB - Thirty-five insulin-dependent diabetic women with reliable menstrual histories were examined by ultrasonic scanning in the 7th-14th weeks of pregnancy. Judged from crown-to-rump length the fetuses were on average 5.4 days smaller than those in a local normal series. Ten of the fetuses were nine days or more smaller than normal and had a lower mean birth weight than the others, though the mean gestational age was similar. Maternal diabetes was not more severe in this group, but only two of the mothers had attended a special hospital for control of their disease as compared with 19 of the remainder. Although babies of diabetic mothers are often overweight, there appears to be a subgroup of cases in which fetal growth is retarded early in pregnancy, leading to low birth weight and possibly a higher incidence of congenital malformations.
SO - Br Med J 1(6155):18-9, 6 Jan 79
- 2 AU - Brown JD ; Vannucci RC
TI - Cerebral oxidative metabolism during intrauterine growth retardation.
AB - Cerebral oxidative metabolism during intrauterine growth retardation was investigated utilizing a pregnant-rat model. Dams were subjected to unilateral uterine artery ligation on the 17th day of gestation. At term, they were sacrificed by decapitation and the fetuses delivered by cesarean section. Body and brain weights of fetuses from ligated uterine segments were smaller than those of offspring from nonligated horns of the experimental rats or those from sham-operated dams. Blood glucose at birth was reduced by 25% in growth-retarded fetuses. Cerebral oxidative metabolites, including glycogen, glucose, lactate, ATP, and phosphocreatine, were not different from control levels. These findings suggest that neither tissue hypoxia nor deficient glucose delivery to brain can account for the stunted cerebral growth observed in fetuses following uterine artery ligation.
SO - Biol Neonate 34(3-4):170-3, 1978
- 3 AU - Oats JJ ; Beischer NA
TI - The recurrence rate and significance of low oestriol excretion in successive pregnancies.
AB - A total of 440 women who had low oestriol excretion in a previous pregnancy was investigated by urinary oestriol assays in one or more subsequent pregnancies. The incidence of low oestriol excretion in the subsequent pregnancy was 29.1 per cent, or more than double that in the total obstetric population (13.4 per cent; p less than 0.001). Patients with persistently low oestriol excretion had a 40.8 per cent recurrence rate in subsequent pregnancies. When oestriol excretion was low in successive pregnancies it retained a significant association with increased incidences of stillbirths, neonatal deaths and fetal growth retardation. It was concluded that low oestriol excretion in a previous pregnancy is a definite indication to test fetoplacental

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function in subsequent pregnancies even when the clinical findings are normal.

SO - Br J Obstet Gynaecol 86(1):15-8, Jan 79

4 AU - Mear VA ; Jefferies MA ; Mutch LM ; Ounsted MK ; Redman CW

TI - Neonatal head circumference and the treatment of maternal hypertension.

AB - In a random controlled trial of methyldopa for the treatment of hypertension in pregnancy presenting before 28 weeks gestation, the newborn in the treated group had relatively smaller head circumferences. This difference persisted at two months of age when correction had been made for birth weight, gestation and sex, but was no longer detectable at six or twelve months. Within the treated group no relationship was found between neonatal head circumference and the total amount or duration of methyldopa received during pregnancy. Comparison of treated and untreated groups according to the time of entry to the study showed that significant differences in neonatal head circumference were only present in patients who entered between 16 and 20 weeks gestation. It is possible that this could be a sensitive period for the interaction of fetal head growth and the onset of specific treatment in hypertensive pregnancy.

SO - Br J Obstet Gynaecol 85(12):933-7, Dec 78

5 AU - Hill DF

TI - Physical growth and development after intrauterine growth retardation.

SO - J Reprod Med 21(5):335-42, Nov 78

6 AU - Hobbins JC ; Berkowitz RL ; Grannum PA

TI - Diagnosis and antepartum management of intrauterine growth retardation.

SO - J Reprod Med 21(5):319-5, Nov 78

7 AU - Resnik R

TI - Maternal diseases associated with abnormal fetal growth.

SO - J Reprod Med 21(5):315-8, Nov 78

8 AU - Jones OW

TI - Genetic factors in the determination of fetal size.

SO - J Reprod Med 21(5):305-13, Nov 78

9 AU - Battaglia FC

TI - Intrauterine growth retardation: an invitational symposium.

SO - J Reprod Med 21(5):283-6, Nov 78

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- AU - McKillop CA ; Howie PW ; Forbes CD ; Prentice CR
- TI - Soluble fibrinogen--fibrin complexes in intrauterine growth retardation.
- AB - Soluble fibrinogen--fibrin complex levels were found to be significantly higher in plasma samples from pregnant women with babies suffering from intrauterine growth retardation, when compared with levels found in normal pregnancy. As soluble fibrinogen--fibrin complexes are formed following activation of the coagulation pathway in vitro and in vivo these findings may reflect the increased local intravascular coagulation within the placenta demonstrated histologically in pregnancies complicated by growth retardation. The use of more sensitive methods for detecting alterations in coagulation, fibrinolysis and platelet function may prove useful in the diagnosis of intrauterine growth retardation antenatally.
- SO - Early Hum Dev 2(2):139-45, Jul 78
- 11 AU - Philip AG
- TI - Fetal growth retardation: femurs, fontanels, and follow-up.
- AB - Sixty-three term newborn infants with fetal growth retardation were evaluated within three days of birth. They were classified by length and head circumference. In group 1, both length and head circumference were less than the tenth percentile; in group 2, either length or head circumference was less than the tenth percentile; and in group 3, both length and head circumference were greater than the tenth percentile. Ponderal index (weight/length ratio), anterior fontanel size, and amount of epiphyseal ossification were also determined. Significantly lower birth weights and decreased ossification were found when groups 1 or 2 were compared separately with group 3. These differences were most marked when the weight/length ratio was less than 2.25. When the ponderal index was less than 2.0, epiphyseal ossification was usually absent (suggesting a chronic process). Epiphyseal ossification was positively correlated with birth weight and length but was unrelated to anterior fontanel size. Ossification was more often absent in males than females. There was a negative (inverse) correlation between birth weight and anterior fontanel size. Follow-up of 32 of these infants at age 1 year showed marked individual variations, but there were significant differences in incremental linear growth between groups 1 and 3, a finding which supports results of animal studies showing that catch-up growth may be related to skeletal immaturity. Physical measurements at birth in the individual baby with fetal growth retardation do not reliably predict subsequent growth.
- SO - Pediatrics 62(4):446-53, Oct 78

* * * * * E N D O F O F F L I N E P R I N T * * * * *

DESARROLLO PSICOLOGICO Y SOCIAL

DESARROLLO PSICOLOGICO Y SOCIAL

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- 1 AU - Essen J ; Fogelman K ; Head J
TI - Children's housing and their health and physical development.
AB - The housing conditions of children in the National Child Development Study were related to their health and their height at the age of 16. Although children in crowded homes missed more school for medical reasons, the only illness they reported more often than children in better conditions was bronchitis. Those with inadequate amenities did not miss more school, although they also reported more bronchitis, as well as bilious attacks. Children in council houses were shorter than those in owner-occupied homes, but the only difference in height related to the conditions of the home was that crowded boys were slightly shorter than those who were not crowded. There was therefore little evidence of an association between poor housing and either ill-health or retarded growth among Britain's 16-year-olds in the 1970s, and this was still the case for children who had spent longer periods of their childhood in unsatisfactory housing.
SO - Child Care Health Dev 4(6):357-69, Nov-Dec 78
- 2 AU - Stillman PL ; Ruggill JS ; Sabers D
TI - Improved student learning of infant growth and development.
AB - All physicians who care for children require a knowledge of normal growth and development in order to detect and interpret abnormalities. Yet traditional instruction tends to focus on the ill child and rarely provides students the opportunity to follow up the cases of healthy children over a prolonged period of time. A new course was developed that enabled students to observe the longitudinal development of a normal infant from birth to age 16 months. At the completion of the course, a multiple-choice examination covering developmental concepts from birth to age 6 years was administered to the students who participated in this course (experimental group) and to two comparison groups. The experimental group scored substantially higher than both comparison groups on items covering birth to age 18 months. The program offers an opportunity for medical students to observe the longitudinal development of a normal infant and appears complementary to other instructional methods.
SO - Pediatrics 62(5):775-7, Nov 78
- 3 AU - Miss PG
TI - Interaction and interdependence of somatic organism and psyche in childhood.
AB - In order to clarify the interconnection and interdependence of the human somatic organism and psyche, their nature is discussed. The somatic organism is a specific morphological functional system, developing in every being. The psyche is a functional structure developing individually in the course of ontogeny, under the effect of internal processing influenced by the environment. The function of conditioned and unconditioned reflexes is discussed including the way in which the conditioned reflexes are built up on unconditioned ones. The mechanism is described, by which the psyche develops in the individual and how

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its functions manifest themselves. A concept is discussed concerning the structure of the human psyche, the system and nature of the conscious and unconscious functions. The personality is the manifestation of the interconnections and the formation into a system of the somatic organism and the psyche. This interconnection brings about the socialized humanization of the vital processes in man living in society. A concept concerning the essence of personality is discussed, emphasizing the "actual personality" and describing its structure. Clinical examples are given concerning the interconnection of somatic organism and psyche and the somatopsychic and psycho-somatic processes, and conclusions are drawn for the purposes of education.

- SO - Acta Paediatr Acad Sci Hung 19(2):71-91, 1978
- 4 AU - Kemper HC ; van 't Hof MA
TI - Design of a multiple longitudinal study of growth and health in teenagers.
AB - This paper describes the design of a study to follow the development of boys and girls in secondary schools from the age of 12 through 17 on an annual basis, in order to acquire more information concerning the growth and development of teenagers. In this study, both physical and psychological characteristics are measured. Normal daily diets, usual physical activity, and attitudes towards physical education are measured to assess their influence on physical and psychological characteristics. In view of the inadequacies of pure-longitudinal and of cross-sectional designs, a multiple longitudinal design has been chosen in which four repeated measurements are made in two overlapping cohorts by which age-, time of measurement-, and cohort-effects can be distinguished. Test effects are isolated by comparing the data from the test cohorts with data from an independent sample of identical cohorts from a second "control" school.
SO - Eur J Pediatr 129(3):147-55, 12 Oct 78
- 5 AU - Schmidt R ; Schreier K
TI - [The influence of moderate intrauterine nutrition on later physical and mental development in twins (author's transl)]
AB - Follow-up examinations on 45 dizygotic and monozygotic twins were performed in order to establish differences in physical and mental development with regard to differences in birth-weight. The "critical" weight difference of at least 650 g could be established where mental abilities, height and head circumference scored lower in the lower birth weight group. Our findings stress the positive home environment as being responsible for the lack of differences between the two groups in the development during early childhood, of psychosocial behaviour and school performance.
SO - Monatsschr Kinderheilkd 126(2):81-6, Feb 78

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- 6 AU - Hutt C
TI - Biological bases of psychological sex differences.
AB - The mammalian process of sexual differentiation is briefly outlined. It is argued that in becoming girl or boy there are certain constraints and biases placed on the developing individual, some of these stemming from physiological bases, others from sensory-perceptual ones. These bases in turn affect the salience environmental factors for the two sexes. The different "behavioral styles" of boys and girls are thus a consequence of the transaction between the environment and these predispositions. The psychosexual anomalies are reviewed as instructive cases. Differences in neural organization and cerebral asymmetry are considered as further evidence of sexual dimorphism in humans.
SO - Am J Dis Child 132(2):170-7, Feb 78
- 7 AU - Ferreira Levy MS
TI - [Relation between social conditions and physical growth in the child population of Santo Andr'e, SP, Brazil]
SO - Rev Saude Publica 11(3):297-321, Sep 77
- 8 AU - Cremer HD ; Fl'orez A ; de Navarro L ; Vuori L ; Wagner M
TI - The influence of food supplementation and/or psychological stimulation on mental development.
SO - Nutr Metab 21(6):358-71, 1977
- 9 AU - Herbert GW ; Wilson H
TI - Socially handicapped children.
AB - There is general agreement that adverse environmental circumstances have a stunting effect on child development, even if account is taken of a possible genetic component in the variation of intelligence. A short account of relevant investigations is followed by a summary of some aspects of an interdisciplinary study recently completed by the authors which included interviews with parents as well as psychological tests and ratings on their children in school.
SO - Child Care Health Dev 3(1):13-21, Jan-Feb 77

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EDUCACION SOBRE CRECIMIENTO Y DESARROLLO

EDUCACION SOBRE CRECIMIENTO Y DESARROLLO

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- 1 AU - Spalding, Norma V ; Geiser, Marilyn C
TI - Teacher testing with the QNST.
AB - Attempted to determine whether classroom teachers could use the Quick Neurological Screening Test (QNST) reliably. 24 5-12 year old children, 14 of whom were high achievers and 11 were educationally handicapped, were administered the QNST by 4 teachers minimally trained in using the test and by 4 experts who had used it extensively. The correlation between the findings of the teachers and the experts was 0.69. A Chi-Square test determined that 94% of the teachers and experts agreed with the clinically predetermined status of the neurologically normal and neurologically impaired SS. Findings indicate that classroom teachers who have been minimally trained in the use of the QNST can give this brief test effectively and that its use will enable the teacher to refer the child for in-depth psychological screening early in his or her school career.
SO - Academic Therapy 1978 Jan vol 13(3) 313-321
- 2 AU - Camaioni, Luigia
TI - How the child assumes the world through language.
AB - Conducted research on the development of the child's capacity to exchange information with others; i.e., to "assume" the world through language. The speech records of a girl during the period between 1 yr, 4 mo and 1 year, 9 mo of age were analyzed. Four stages were identified, from the preverbal protodeclarative through the onset of true questions. Attention was given to the interaction between child and adult, to the exchange process, and to the interpretative role of the adult. (Italian summary)
SO - Giornale Italiano di Psicologia 1977 Apr vol 4(1) 77-99
- 3 AU - Kegan, Robert
TI - Child development and health education.
AB - Teachers must be apprised of the child's developmental stages in order to respond appropriately to their students. They must learn to place themselves in the world of the child and to value children's questions. (Author)
SO - National Elementary Principal, 57, 3, 91-5 Mar 78
- 4 AU - McCormick, Paula
TI - Health education for preschoolers.
AB - Many of the habits a child develops are already formed by the time he or she enters first grade. In order to best insure the creation of "healthful habits", health education during the preschool years is essential. (Author)
SO - Educational Horizons, 55, 1, 28-30 F 76

EDUCACION SOBRE CRECIMIENTO Y DESARROLO

- 5 AU - Stengel, Arthur H ; Noite, Jane
 TI - Parents are a child's first and best teachers.
 AB - Project HAPPE (Home Aide for Parents in Preschool Education) focuses on prevention as it relates to early childhood health and development and directs project efforts toward the development of materials on parenting skills. (SB)
 SO - Bureau Memorandum, 17, 2, 12-3 76
- 6 AU - Koshy, T A
 TI - Non-formal education for rural women: an experimental project for the development of the young child.
 AB - The project is planned for pregnant women, nursing mothers, and mothers of young children using supplementary health programs. Functional literacy education is related to health and nutrition education and efficient delivery of medical services for women. The research design (using a control group), time schedule, and expected results are described. (JB)
 SO - Indian Journal of Adult Education, 36, 1-2, 17-9 Jan/Feb 75
- 7 AU - Prescott, Elizabeth ; David, Thomas G
 TI - Concept paper on the effects of the physical environment on day care.
 AB - This paper presents a discussion of the effect of the physical environment on children receiving day care services. Various dimensions of the physical environment which may affect the well-being of infants, preschool and school age children in group or family day care settings are examined. The focus is on the overall well-being and development of children rather than on questions of health and safety. Included in the review are current practices in designing and licensing day care settings, recommendations intended to improve the quality of the day care environment, and current research evidence which suggests ways in which the physical environment affects the behavior and development of children as well as the behavior of the adults involved in their care. Also included is a discussion of the usefulness of the Federal Interagency Day Care Requirements (FIDCR) as a means to control the quality of the physical environment in day care programs. These issues are examined under six major headings: indoor space, outdoor areas, play equipment, questions of organization and program, contextual constraints, and recommendation for changes in the FIDCR as they relate to the physical environment. (BD)
 SO - Sponsoring Agency: Department of Health, Education, and Welfare, Washington, D.C. Office of the Assistant Secretary for Planning and Evaluation; Department of Health, Education, and Welfare, Washington, D.C. Office of the Secretary.
- 8 AU - Fein, Greta G
 TI - Infant day care and the family: Regulatory strategies to ensure parent participation.

EDUCACION SOBRE CRECIMIENTO Y DESARROLLO

- AB - This paper examines federal requirements which promote parent involvement in day care, particularly in services for children under 3 years of age. The rationale for parent participation in poverty programs for children is discussed from three perspectives--political, economic, and socio-psychological--and project head start's application of this rationale to poverty program guidelines is described. The basis for parent participation in day care for children of all socioeconomic backgrounds is delineated in terms of the role of the parent as guardian, as consumer, and as citizen. Also discussed are the physical vulnerability of the infant, the development of social attachments, and the influence of early experiences on the child's subsequent development as they affect parent participation in infant day care. The 1968 Federal Interagency Day Care Requirements (FIDCR) Statement on Parent Participation is examined and two alternatives to the 1968 Statement, based on a 1972 proposed revision of the FIDCR, are suggested. One alternative deals with regulations at a national level regarding collaboration between parent and institution, and parent participation at a city level. Recommendations for new federal requirements are presented. (CM)
- SO - Sponsoring Agency: Department of Health, Education, and Welfare, Washington, D.C. Office of the Assistant Secretary for Planning and Evaluation; Department of Health, Education, and Welfare, Washington, D.C. Office of the Secretary.
Contract No.: SA-7354-76
- 9 AU - Price, James H
 TI - Television--Health education or mental pollution?
 AB - Suggestions are offered to reduce the level of cerebral pollution emitted by the television (MJB)
 SO - Health Education, 9, 2, 24-6 Mar-Apr 78
- 10 AU - Heinicke, Christoph M ; Strassmann, Larry M
 TI - The effects of day care on preschoolers and the provision of support services for day care families.
 AB - This paper focuses on aspects of the day care experience of the preschooler which might be changed through licensing revisions in an attempt to improve the developmental potential of the child and his or her family. Section I reviews research examining the effects of the typical day care experience on the immediate and long-term development of the preschool child and family. While long-term effects cannot be reliably determined due to a lack of evidence, studies of short-term effects do not exhibit either a positive or negative effect. Short terms are documented through an analysis of developmental variables such as intellectual development, relationship to peers, task orientation, modulation of aggression, and the ability to make the transition from the primary caretaker to new relationships. Section II reviews research pertaining to the influence of parent-child interaction on the child's day care experience, and emphasizes steps which can be taken to promote the

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quality of that parent-child interaction. Three forms of family intervention are discussed: (a) training to promote mother-child verbal interaction around a cognitively stimulating task, (b) a social work approach to promote the competence of the parent as a parent and as a person, and (c) various parent education efforts. The social work approach is further examined in the context of day care, and licensing revisions which facilitate the availability of such family services are suggested. Finally, four functions of social workers involved in day care services are outlined (Author/CM)

- SO - Sponsoring Agency: Department of Health, Education, and Welfare, Washington, D.C. Office of the Assistant Secretary for Planning and Evaluation; Department of Health, Education, and Welfare, Washington, D.C. Office of the Secretary.

RESOLUCION XV

AÑO INTERNACIONAL DEL NIÑO, 1979

EL COMITE EJECUTIVO,

Teniendo presentes las resoluciones del Consejo Económico y Social y de la Asamblea General de las Naciones Unidas sobre la celebración en 1979 de un Año Internacional del Niño que tenga por objetivo básico destacar en los niveles de decisión gubernamental de los países la urgente atención que se ha de prestar a las actividades de protección integral de la infancia dentro de los planes nacionales de desarrollo económicosocial; y

Habiendo analizado la información correspondiente facilitada por el Director, en particular en lo que respecta a la cooperación específica de los organismos internacionales apropiadas que solicita la Asamblea General de las Naciones Unidas,

RESUELVE:

1. Agradecer al Director la información proporcionada sobre el Año Internacional del Niño, 1979, y encomendarle que promueva la participación de la Organización Panamericana de la Salud en la preparación e implementación de los planes que con este motivo se lleven a cabo en la Región, en coordinación con otros organismos internacionales y en particular con el Fondo de las Naciones Unidas para la Infancia.
2. Asignar especial prioridad a las actividades que se desarrollen en los países mismos, en relación con la educación sanitaria, la nutrición, las inmunizaciones y el control de las enfermedades entéricas, enfatizando asimismo el desarrollo de la infraestructura y el adiestramiento del personal necesario, con especial énfasis en lograr para todos los niños un estado de bienestar global, habida cuenta de sus implicaciones en el desarrollo de los países.
3. Pedir al Director que, de acuerdo con las decisiones de las Naciones Unidas y, en particular, del Comité Organizador del Año Internacional del Niño, someta este asunto a la consideración del Consejo Directivo en su XXV Reunión.

(Aprobada en la decimosegunda sesión plenaria,
celebrada el 20 de junio de 1977)

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