



Medical Assistance and Health Situations in a Third World Region of Sub-Saharan Tropic Africa

Sahra-Altı Tropik Afrika'daki Bir Üçüncü Dünya Bölgesinde Tıbbi Bakım ve Halk Sağlığı Gözlemleri

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Darfur is a region in the Western Sudan. It is an autonomic state in Sudan. In 2008, Darfur's population was 7.5 million with 52% aged 16 years or younger (1). There are many tribes living together in Darfur. There are small conflicts still going on in some regions of Darfur. However, the main war ended in 2010.

Most of the people have problems more important than health in Darfur. There is no healthcare system or health insurance system for the community except for a very small part of the society. The majority of the people do not have money to pay for their healthcare needs.

Although most of the population is below 16 year age, child patients in the hospitals are in less numbers. This may be because of the fact that children cannot tell about their complaints. The other reason may be the evolution: the stronger and healthier ones live. In developed countries, the society resist to this ancient theory of biological evolution. Doctors resist to evolution and try to make the weak and ill livings live longer. Nevertheless, here, in Sub-Saharan Tropic Africa, this evolutionary rule still goes on especially for children.

Malaria is a major health problem in this region. Malaria should be one of the first things that doctors keep in mind in the etiology of fever in Sub-Saharan Africa. In addition, doctors should not trust totally to the laboratory results here. Since *Plasmodium falciparum* is the most prevalent and most dangerous species in this region, and may cause cerebral malaria, antimalarial treatment should be initiated immediately where there is suspicion of malaria. Diabetes

mellitus is also common in the Sub-Saharan Africa. Due to unavailability of refrigerators in most houses, insulin usage is a big problem here. There are also no houses and no electricity for most of the population. Most diabetic patients who need to use insulin cannot afford to buy insulin. Even if they buy, most of them do not have place for long-term storage of insulin. It is hard to be a diabetic patient in this region.

Most of traumas in developed countries occur due to traffic accidents and work accidents. In this part of the world, there is no traffic problem like in the other developed parts of the world. Besides, there is not a big industry. Thus, doctors rarely see traumas in this region. Since most trauma patients live in villages or in far part of the cities, most of them can also not reach the hospitals.

Female genital mutilation that causes many health and sexual problems is very common here (Figure 1). It is illegal, but the tradition still goes on. Some non-official tribal nurses do genital mutilation to small girls at houses.

There are also some tribal, traditional, dangerous and harmful treatments for some diseases. Children who have convulsion or syncope are treated by putting a fire on the forehead and by burning the forehead (Figure 2). Besides, children with abdominal distention, diarrhea or gas are treated by cutting the abdominal skin. Children with persistent coughing are treated by cutting the uvula.

Many serious diseases, such as cancer, cirrhosis and end-stage renal failure are not treatable for the majority of the population because there are no best medical options



Figure 1. 39 year old woman with cheloid on the genital area. This woman had female genital mutilation in the childhood. And after that cheloid appeared in the area and grew progressively. The woman presented to the hospital with urination problem, sexual intercourse problem and infertility problem



Figure 2. 27 year old man with a scar on the forehead. This scar was made by the touching of a burning wood after a convulsion attack

for these diseases in this region. Transplantation or cardiovascular surgery is not performed as well. Patients with these diseases have to go to big cities. However, very few of them can afford the costs. Most of them wait to die.

Sickle cell anemia is very common here. People live healthy with the hemoglobin values lower than that of western values. We can even see people walking and living healthy with hemoglobin a level of 3 mg/dL. Therefore, doctors should not treat all anemic people here. In addition, there should be criteria for anemia specific for this region.

Lastly, most of people in this area do not have money even for food. Health is still a luxury for many people here. World Health Organisation (WHO) must try more to give social education to these regions' tribes, at least for not to harm themselves while they are treating themselves.

Key Words: Tropic Africa, Sub-Sahara, Darfur, medical assistance, tribal harmful treatment, female genital mutilation

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