
Pediatrics

A Fair Chance For Every Child

By

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There are approximately 23,000 registered nurses working in India. Each has a contribution to make to the achievement of better health by the children of India. This is at once a challenge and a responsibility. Most nurses have been prepared to offer nursing care to ill people and have been slow to recognize opportunities for the prevention of disease and the promotion of positive health. Many will say: "But I work with adults; how can I contribute?" Ninety-nine per cent will say: "I work in a hospital trying to help ill people get well, what greater contribution than that can I make?" This paper is concerned not only with *the need*, but, for nurses, *the how*.

The morbidity and mortality rates in infancy and childhood in India are extremely high. Nearly fifty per cent of all deaths in India occur in children under 15 years of age. If we accept as our goal the prevention of disease and death alone, we have a heavy burden; but health is not only the absence of disease. The World Health Organization defines health as "*a state of physical, mental, and emotional well-being, not merely the absence of disease or infirmity.*" If we accept this broad definition, the challenge and the burden of responsibility are even greater, for this means that anything which affects the well-being of the child—be it safe water and food, adequate housing, social tension, emotional relationships in the family,

or economic stress, becomes our concern. Fortunately, as the definition of health broadens and the responsibilities increase, so do the possibilities for contribution to the achievement of the goal.

There are two ways, broadly speaking, in which nurses may work toward the attainment of optimum health by children. The first is by direct participation in organized community programmes designed to prevent illness, improve standards of living, and promote health. Such programmes in India are, as yet, in their infancy, and reach only a fraction of the population, though they are growing in number and effectiveness every day. These programmes ordinarily are developed by public health departments or are an integral part of the multi-purpose development schemes under the National Extension Service, or the Community Development Projects. To date, health workers other than nurses are providing the major part of the health services under these programmes. That nurses will be called upon in greater numbers in these fields of service in the future seems unquestionable.

The second, more indirect but exceedingly important way of participating, is open to all of us. It demands only acceptance of responsibility and a reorientation of attitude. It means that in the care of every patient, adult or child, we ask ourselves: what

are the health needs of this individual, his family, his community? How can I help in meeting these needs? Since this is the medium through which most of us will work, let us look at some practical examples of what can be done.

Perumal, age 1½, entered the hospital with a diagnosis of bacillary dysentery of two weeks duration. Two months earlier a neighbour's child had been ill with the same symptoms and Perumal's mother had a moderately severe diarrhoea about 3 months before. The nurse who cared for Perumal learned that there was no latrine in their village, that the source of drinking water was an open, unprotected well, and that the irrigating canals were used for bathing and for washing cooking utensils. As Perumal improved, her observations and conversation with the mother indicated other health needs. Perumal's diet consisted only of breast milk, and some rice daily; he did not feed himself and screamed if his mother left him for a moment. The nurse noted all of these needs and developed a plan of teaching.

She gave factual information about bacillary dysentery and related enteric infections as the mother seemed able to understand and accept, using the measures for isolation in the hospital to illustrate how these diseases are spread: the screens in the windows, and the menace of flies and exposed excreta, the handwashing, and the handling of soiled linen, feeding equipment, etc. She discussed with Perumal's father the values of a latrine and the dangers of an open well, and helped him to plan how he and his neighbours might solve this problem. She felt fairly certain that some change in living habits would follow because she had taken care to see that these parents had an opportunity to talk with her about the difficulties this would involve for them: how their neighbours would laugh at the idea of a latrine, how much work and expense it would mean to boil water and to protect food from contamination by

flies, and even to wash the hands well.

Remembering also the goal of complete well being, she stimulated Perumal's parents to express their ideals about the kind of adult they wanted their son to be. She tried to help them relate their present methods of handling the child to these ideals, and to understand the process of growth and development. The idea that children need help and practice throughout childhood to learn to be independent, self-reliant adults, was new to them but one they could understand. The relationship and values of different kinds of foods in promoting physical growth was also new to them and difficult to understand, but with the use of charts and examples, especially the one of Perumal himself, gaining rapidly in weight and strength on a hospital diet rich in protein and protective foods, they slowly came to accept the need for a diet adequate in quality for Perumal's growth.

Balakrishnan was an adult male, in hospital because of moderately advanced pulmonary tuberculosis. He was depressed about himself and worried about his family's welfare. His wife was working as a coolie and the older daughter, age 8, had been taken out of school to look after the younger children ages 2, 4, 5. The family members had been screened for tuberculosis and the findings were negative, but the nurse was not satisfied with this. She was instrumental in seeing that they received BCG vaccination. They were hesitant at first because they were afraid, but their trust in the nurse had been growing since Balakrishnan's admission because she was genuinely concerned about their problems, and so they were willing "to take a chance".

Each time Balakrishnan's wife visited him, the nurse took the opportunity to learn more about the family's needs and to help the parents solve the economic and social problems the illness had precipitated. With the nurse's help, the mother

found a suitable creche where the younger children could be cared for during the day, and the eight year old girl went back to school. The mother helped the children to feel Balakrishnan's interest and presence in the family during his prolonged absence from the home by talking about him to them, by encouraging them to send him messages and notes which the eight year old wrote. Balakrishnan, instead of spending his energy in unprofitable worry, began to take an active interest in his recovery. A family was strengthened and children helped toward more complete well-being because of this nurse's activity.

Many other examples of such opportunities might be used: in the Ante-partum Clinic, the expectant mother whose fears and misunderstanding promise to make her pregnancy and labour difficult and the chances slight for a warm, happy, relationship with her newborn infant; on the post-partum ward, the woman who has lost three children previously—children whose histories make one suspect hypoproteinaemia; on the pediatric ward, the child who is blind and whose parents cannot see a future for him; or the father who comes to the surgical ward for a minor procedure and who is eager to learn all he can about the growth and developmental needs of children.

It must be pointed out that there are some presumptions on which this paper is based. It is presumed that every nurse who accepts the challenge will attempt to find out the resources already available in the community for health care. She will know, for example, where children can be immunized against the common, but deadly, communicable diseases; whether child health conferences (well-baby clinics) which offer health appraisal of well children periodically, and provide for consultations with parents about the health needs of their children are available; where such precious gifts as dried milk powder

and ghee can be obtained by those in economic need; and where parents can go for advice and help in the construction of a latrine or a safe well.

It is also presumed that the nurse will recognize the need to understand the process of growth and development in order to appraise the health of an individual child, to make recommendations for medical care on the basis of deviations from expected patterns, and to guide parents. She will know, for example, that it is normal for an infant not to sit at 5 months; but it is distinctly abnormal for him not to sit at 10 months; that it is normal for a child of two to be somewhat fearful of strangers and to cling to his mother, but it is distinctly abnormal for a child of 5 years to be so dependent; that it is normal for an infant of 6 months to weigh 12-14 pounds, but that this weight is distinctly abnormal at 2 years.

Finally, it is assumed that nurses will accept that most parents want to be "good parents" and that they behave in accordance with this philosophy in so far as they can. She will use all her understanding of, and skill in, human relationship to help parents learn to be better citizens. She will recognize that not only are children the nation's most precious resource but that on their parents, in the last analysis, lies the heavy burden of the future.

Obviously, the two examples given in detail are ideal ones, and the telling does not reveal the ups and downs of progress. Not all families want or can accept such help. Many will be slow to learn because old patterns of thinking and living are hard to change. Some nurses may question the values of such relatively brief and isolated contacts in meeting the over-all health needs of India's children. It is true that gaps will remain and that the total problem will not be solved, but the efforts of 23,000 nurses working together toward a common goal will add up to a total which is greater than
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