

NURSE PARTICIPATION IN CHILD CARE



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Introduction:

Globally over 200 million children below five years of age are chronically malnourished causing persistent problem in middle- and low-income countries. The Food and Agriculture Organization (FAO) estimates that 194.4 million people in India (about 14.5% of the total population) are undernourished. India ranks 102 out of 117 countries in the Global Hunger Index 2019. Comprehensive national nutrition survey released by the ministry of health and family welfare in October 2019 shows that 35 % of children under the age of 5 are stunted and 17% are muscle wasted (low weight for height), 33% of underweight (low weight for age).

Malnutrition:

Malnutrition refers to the lack of proper nutrition which could be either caused by not consuming the right food with the right nutrients or not consuming adequate amount of food with the adequate nutrients. This leads to lack of essential nutrients in the body.

Reasons for prevalent malnutrition in India

Monoculture agricultural practices:

While foodgrain production has increased over five times since Independence, it has not sufficiently addressed the issue of malnutrition. This is because, for long the agriculture sector in India focused on increasing food production, particularly staples (wheat and rice). This led to lower production and consumption of indigenous traditional crops/grains, fruits and other vegetables, impacting food and nutrition security in the process. This intensive monoculture agricultural practices can perpetuate the food and nutrition security problem by degrading the quality of land, water and the food derived through them.

Changing food patterns:

Food consumption patterns have changed substantially in India over the past few decades, which has resulted in the disappearance of many nutritious local foods, for example, millets.

Poverty:

Though poverty alone does not lead to malnutrition, it affects the availability of adequate amounts of nutritious food for the most vulnerable populations.

Lack of sanitation and clean drinking water:

Lack of potable water, poor sanitation, and dangerous hygiene practices increase vulnerability to infectious and water-borne diseases, which are direct causes of acute malnutrition.

Migration:

Seasonal migrations have long been a livelihood strategy for the poorest households in India, as a means to access food and money through casual labour.

Government Schemes to Tackle Malnutrition:

Integrated Child Development Services (ICDS) Scheme:

The scheme provides specific interventions targeted towards the vulnerable groups include children below 6 years and women. It is being implemented by the Ministry of Women and Child Development. It provides a package of six services namely supplementary nutrition, pre-school non-formal education, nutrition & health education, immunization, health check-up and referral services.

National Health Mission (NHM):

National Health Mission (NHM) was launched by the government of India in 2013. It subsumed the National Rural Health Mission and the National Urban Health Mission. It is being implemented by the Ministry of Health & Family Welfare. It was further extended in March 2018, to continue till March 2020. The main programmatic components include health system strengthening in rural and urban areas for - Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases.

Mid Day Meal Scheme:

It was launched in 1995 as a centrally sponsored scheme. It provides that every child within the age group of six to fourteen years studying in classes I to VIII who enrolls and attends the school shall be provided with a hot cooked meal, free of charge every day except on school holidays. The Mid Day Meal Scheme comes under the HRD Ministry's Department of School Education and Literacy.

Indira Gandhi Matritva Sahyog Yojna (IGMSY):

The scheme aims to contribute to a better enabling environment by providing cash incentives for improved health and nutrition to pregnant and lactating mothers. It is being implemented by the Ministry of Women and Child Development

National Nutritional policy 1993:

The National Nutrition Policy (NNP) was adopted under the aegis of the Ministry of Women and Child Development. The strategy of NNP was a multi-sectoral strategy for eradicating malnutrition and achieving optimum nutrition for all.

POSHAN Abhiyaan:

POSHAN abbreviated as “Prime Minister’s Overreaching Scheme for Holistic Nourishment” is a multi- ministerial convergence mission with vision to address malnutrition with a targeted approach by 2022. POSHAN Abhiyaan or National Nutrition Mission was launched by the government on March 8, 2018 with a target to reduce stunting, undernutrition, anemia (among young children, women and adolescent girls) and reduce low birth weight by 2%, 2%, 3% and 2% per annum respectively. The target of the mission is to bring down stunting among children in the age group 0-6 years from 38.4% to 25% by 2022. POSHAN Abhiyaan aims to ensure service delivery and interventions by use of technology, behavioural change through convergence and lays-down specific targets to be achieved across different monitoring parameters.

Core:

Nurse plays an important role in identifying, monitoring and managing both pregnant women, lactating mothers and children who are at the risk of malnutrition.

Role of nurse:

- Assessment of child growth and development (monitoring – growth chart [height and weight]).
- Obtaining accurate anthropometric measurement which includes height and weight, head circumference for those children who are less than 2 years.
- Obtaining eating patterns
- Providing individual health education to improve mother’s feeding pattern and Observing the feeding pattern.
- Health education regarding child dietary need and specific type of diet, essential nutrients, serving size and method of preparation.
- Advising mother to provide quiet and non stimulating environment to eat (while feeding the child).
- Demonstrates proper feeding techniques including details on how to feed, how to hold and how long to feed for child less than one year.
- Administer multivitamin supplementary incase if physician prescribes.
- Encourages mother to feed nutritious and fortified food and fluids to their children.
- Advises the family that some nutritional intervention will be continued until appropriate height and weight for age is achieved.
- Advises mother to encourage period of scheduled rest and sleep for children.
- Educates mother to recognize and respond to the hunger calls of the child.
- Nurses will provide the above said functions if mother doesn’t respond, nurses will refer those mothers for counseling for further education.
- Incase of social and financial difficulties, nurses refers the mothers to various NGOs and social service organization.
- Monitors parents progress and provides positive reinforcement.

Community nurse role:

- Regular home visits.
- Informs parents about the available community resources.
- Makes sure that daycare providers meets the child's special needs in terms of diet and development and appropriate play.
- Encourages to come for follow up care and well child visit and immunization program.

Conclusion:

A multi-sectoral approach is required to mitigate the child malnutrition in India. There were 1.79 million registered nurses/midwives and 786,796 auxiliary nurse midwives in India, according to INC data. This manpower must be efficiently utilized to mitigate this grave situation in our country.