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MODULE 4

MASTER OF SCIENCE DEGREE IN CHILD HEALTH NURSING
THE CONTEXTUAL CHILD HEALTH ISSUES IN MALAWI

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MODULE 4

Program: Master of Science Degree in Child Health Nursing
Module Title: The Contextual Child Health Issues in Malawi
Module Code: NSC 714 CH
Academic level: 7
Credit hours: 20
Number of hours: 200 hours

Module content	Seminars	Paediatric meetings	Notional hrs	
Measuring Child health	10	10	30	
Family and community	10	10	30	
Determinants of Child Health	10	10	50	
Psycho-Social issues	5	5	20	
TOTAL	35	35	130	200

Method of Assessment:

Classroom presentation on child health issues: 10%
Clinical case management review: 25%
Child health care: self learning programme: 25%
Project on Child Health Care: 40%

Learning Resources

- Internet,
- multimedia presentations
- Communication with children and families
- Library books
- Nursing journals
- Open education resource
- Faculty members
- Presentations from child health experts and organizations
- Student led seminars on specific topics.
- Clinical reflections following weekly paediatric ward meetings

OVERVIEW OF MODULE

The module focuses on child survival, morbidity and mortality and issues affecting the well and sick child in Malawi. It is designed to enable students to explore and analyse the contextual issues that affect the growth and development of the child and its survival. Age description of a child for this module is from zero to eighteen years.

The preparation of the advanced child health practitioner is dependent on effective nurse education. Therefore, the module provides the opportunity for the learner to gain advanced knowledge, skills and appropriate attitudes in child health nursing.

HOW TO USE THE MODULE

The module has **3 units**. As you are using this module, you are expected to do the following:

- i) Read widely the content area under each unit utilizing books, journals, and internet.
- ii) Consult widely on each topic including collaboration with colleagues.
- iii) Do all activities for each unit in the order in which they are presented.
- iv) Keep notes from readings, presentation, or activity work in a file as these can come in handy for revision for examination.

MODULE LEARNING OUTCOMES

Upon completion of this module learners shall be able to:

- i) Analyse the population, disease burden and issues relating to child morbidity and mortality for your country and the African region.

- ii) Discuss how communication, gender and culture in family and community settings affect child health in relation to your country.
- iii) Describe the structure of the health care and supportive care services and how they are integrated in child health in your country.
- iv) Analyse current legislation and social issues that influence child health and development in your country.

ASSESSMENT CRITERIA

To demonstrate that you have achieved the learning outcomes you should be able to:

- i. Discuss the impact of disease burden on child health. in your country
- ii. Analyze major and critical child hood diseases and their surveillance in your country.
- iii. Analyze interventions of Child Health programs in your country.
- iv. Analyze traditional and cultural practices of Child care in coping with child illnesses in your country
- v. Discuss the current child health services and various roles played by all care providers in your country.
- vi. Interpret major psycho-social issues and legislation affecting child health in your country

LEARNING CONTRACT

Students' Role

- i) Be responsible for your own learning.
- ii) Continuously monitor your progress and reflect on achievement of your learning outcomes.
- iii) Carry out all activities as stipulated in the module.
- iv) Submit all assignments on time.
- v) Attend all classes and actively participate in class seminars/discussions.
- vi) Actively participate in group assignments.

Lecturer's Role

- i) Provide students with modules containing expected learning outcomes, content areas, students' activities, assessment criteria and methods.
- ii) Provide guidance and support students to achieve learning outcomes.
- iii) Monitor and evaluate performance of students' learning activities.
- iv) Facilitate students' discussion and seminars.

Unit 1: Measuring Child Health

Introduction

This unit provides an overview of the major issues focusing on measuring child health as a way of identifying factors that affect children in order to address Millennium Development Goals relevant to child health.

Learning Outcomes:

On completion of this unit, you should be able to:

- a) Discuss factors that influence child morbidity and mortality in your country in order to provide comprehensive child health care.
- b) Evaluate the population, the disease burden and issues relating to child morbidity and mortality in your country.
- c) Discuss progress of country child health indicators.
- d) Evaluate implementation and effectiveness of Child Health related programs in your country.

Assessment criteria

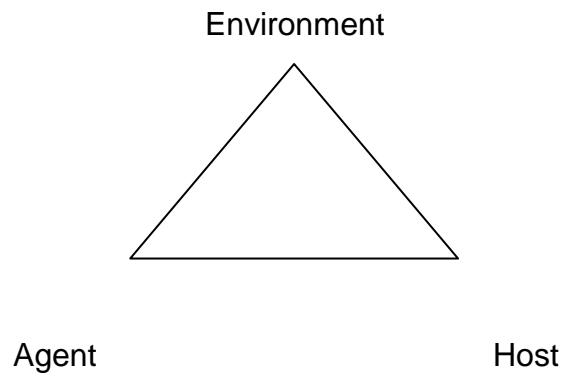
- i. Discuss the impact of disease burden on child health in your country.
- ii. Analyze major and critical child hood diseases and their surveillance.
- iii. Critique interventions of Child Health programs in your country

Unit Content

a. Epidemiology of child health

Epidemiology focuses on the distribution and causes of disease in human populations and on developing and testing ways to prevent and control diseases. Epidemiology looks at the risk of acquiring disease or its characteristics (incidences). It also identifies disease at any given point or within a given time

period (prevalence). Epidemiology provides basic data needed for decision making in child health nursing. The discipline is critical to disease prevention because it sheds light on why a particular disease originates, how it spreads, and its effective control. Early detection of childhood diseases may contribute to improved prognosis. Identifying risk factors for childhood diseases permits identification of high risk children for screening. Epidemiological triad explains interrelationship between agent, host and environment in order to demonstrate factors in that influence children's susceptibility to communicable diseases.



b. Morbidity and mortality

Morbidity provides measures of disease frequency that are useful in assessing the need for specific child health services. Child mortality provides a measure for the following:

- How well a nation is caring for its children?
- Which districts have the greatest need for better child care?
- Identify areas or age groups where the causes of childhood death need urgent investigation.

Infant mortality rate (IMR) is the probability of dying before the first birthday. The under five mortality rate (U5MR) is the probability of dying before the 5th birthday. Child mortality is the probability of death between first and fifth birthday. The goal of MDG 4 and the World Fit for Children is to reduce childhood mortality. Malawi has made tremendous advances in child health, having achieved extraordinary

reductions in child and infant mortality, and being one of the few African nations to be on track to meet the MDG for child mortality. MDHS 2010 reports that an examination of mortality levels across the three successive five-year periods shows that under five mortality rates have declined from 180 deaths per 1, 000 live births to 112 deaths per 1,000 live births. However, there has not been an impressive improvement in neonatal mortality rates (NMR) for the same period (in 1992 NMR was 41 while in 2010 was 31). The Ministry of Health (MOH) has provided significant and progressive leadership to build on these achievements, as evidenced by initiatives like the new Essential Health Package and the National Strategic Plan for Child Survival and Development.

c. Childhood disease burden

Children are a precious human resource any country can have. It is in children that a country has a future therefore children born today must survive.

Disease burden measurement is an integral component in making evidence informed decision and can be made through a number of methods including population based surveillance and sentinel site surveillance. The WHO estimates that 24% of global diseases and more than 33% of disease in children under the age of five is caused by environmental exposures that can be averted. Africa's high burden of disease has slowed its demographic transition as a result of poverty.

Achievement of the millennium development goal of reducing child mortality by two thirds from 1990 rate will depend on renewal efforts to prevent and control pneumonia, diarrhea and malnutrition in all WHO regions; and malaria in the African regions (WHO – Child Health Epidemiology group,2001).

d. Child Health Surveillance

Child Health surveillance may be defined as a periodic assessment of physical, social and emotional health and development of all children. It is also referred to as 'watchful observations'. The task consists of measuring and recording of physical growth, monitoring developmental progress, intervening when necessary, preventing disease by immunization and necessary health education. Health surveillance forms an important tool in child health. Through active and routine checking of children for risk or presence of disease and defect, one is able to prevent ill health or limit it by early intervention. Health surveillance can be programmatic or opportunistic.

Child health surveillance programs aim to:

- Promote optimal growth and development
- Prevent ill health
- Allow early detection of disease deviation by screening and referral for further assessment

Activities

- i. Determine the population and distribution of your country and children in various age ranges
- ii. Delineate why Africa including your country has a high disease burden compared to other regions of the world with reference to literature used in your research.
- iii. Identify a surveillance child health program and analyze its impact on child health outcome in your country.

References

Kibel, Maurice., Salloojee, H., and Westwood, T (2007). Child Health for All (4th edition) Southern Africa: Oxford University Press. Oxford

Jekel, James, F., Katz, David, L., Elmore, Joann, G and Wild, Dorothea, M.G.(2007) Epidemiology, Biostatistics, and Preventive Medicine (3rd Edition)Saunders and Elsevier. Philadelphia

MOH 2005, Technical guidelines for integrated disease surveillance and response in Malawi.

Stanhope, Marcia and Lancaster, Jeanette (2006) Public Health Nursing- Population Centered health Care in the Community, (7th Edition) Mosby Elsevier. Philadelphia.

Unicef (2006) Malawi Multiple indicator Cluster Survey (MICS)

Unit 2. Family and Community Care

Introduction

This unit provides knowledge on issues pertaining to cultural practices, emerging roles of parents, guardians and the community in child health care to enable the advanced nurse practitioner to provide holistic care.

Learning outcome:

Upon completion of this unit, learners should be to

- a) Discuss issues relating to child care practice in the context of your country society considering culture, parenting and the relevant support system.
- b) Discuss issues of communication, gender and culture in local family and community settings in a comprehensive manner

Assessment Criteria:

- i. Analyze traditional and cultural practices of Child care in coping with child illnesses

Unit Content

- a. Cultural practices in child care

The future of any society depends on its children and culture plays a critical role in the parenting of behaviors that facilitates children development. The customs and values of culture help to organize a society's child rearing system. A holistic view of any child requires that nurses develop some understanding of the ways culture contributes to the development of social and emotional relationships and influences childrearing practices and attitudes towards health. Like any other society in the world, Malawi is governed by a culture whose beliefs, customs and values and social

practices have a powerful influence on community life. Various cultural practices impact differently on child health. Knowledge on cultural practice will focus on the following areas:

- Ethnic group affiliations
- Major values and beliefs
- Health beliefs and practice
- Religious influences and special rituals
- Dietary practices

Cross-cultural issues in child health affect communication, expectations, and health explanations. Cultural beliefs, values, myths, norms are important concepts for a nurse to understand when communicating with children and their families. Therefore knowledge on language barriers and communication styles is critical for the nurse to understand

b. Traditional and emerging roles of parents/guardians and community in child health.

Parenting is a comprehensive and objective concept where involvement of both parents is essential for successful child rearing. One of the major responsibilities of parents/guardians is to provide good health care for their children. The goals of parenting are to promote the physical, survival and health of children to foster skills and abilities necessary to a self sustaining adult and to foster behavioral capabilities for optimizing cultural values and beliefs. Therefore to achieve provision of quality care the nurse must understand parenting styles and the role of families in relation to child health.

The child's community is made up of the family, school, neighborhood and traditional systems. All these contribute to the experience the child undergoes within any culture to contribute to the child's growth and development. The significance of the roles played by parents/guardians and communities will influence child health outcomes.

c. Coping with sick children in an African family

Coping refers to a person's patterns of response to stress. Nurses can help families cope with stress by providing the following:

- Anticipatory guidance
- Emotional support
- Assisting the family in assessing and identifying specific stressors
- Helping the family in developing coping mechanisms and problem solving strategies
- Working collaboratively with parents to empower them

It is essential that the nurse establishes an effective working relationship with parents as soon as possible because parents are the most significant individuals to a child and may play an important role in the management of the child. Therefore, it is critical that the nurse should project a positive attitude towards parents by using family centered care approach.

Family- centered care is an approach to children's health care that respects the central role of the family in a child's life. It upholds the importance of the family as a partner on the health care team.

(<http://www.bcchildrens.ca/YourVisit/Family-centredcare/default.htm>)

d. Supportive care and services for children and families

The nurse can assist the family in increasing involvement in community social networks through referral to community support group to meet the individual family needs. The nurse should consider various support systems available in family's respective communities' e.g. traditional systems, schools, religious groups, civil society, etc.

Activities

- i. *Identify cultural practices that impact positively and negatively on child health*
- ii. *Identify existing support systems in the community and their terms of reference*
- iii. *Identify a child with a chronic condition and identify relevant local support system that the child and family can be referred to.*

Written report and presentation on module activities

References

Kibel, Maurice., Salloojee, H., and Westwood, T (2007). Child Health for All (4th edition)
Southern Africa: Oxford University Press

Malawi Human Rights Commission (2004) Cultural Practices and their Impact
on the Enjoyment of Human Rights, Particularly the Rights of Women and Children in
Malawi. Lilongwe

Unit 3. Determinants of child health

Introduction

This unit provides knowledge on factors that determine child health which include health services for children, legislation affecting children, environmental influences on child health and psycho-social factors in child health. This information will enable learners to provide both comprehensive and holistic care. There are various factors to be considered that determine health outcomes for children e.g. global forces, national government forces, health service systems (Kibel 4th edition)

Learning outcome:

Upon completion of this unit, learners should be able to:

- Describe the structure of the child health care services
- Analyze the supportive care systems in Malawi and how they affect child health
- Analyze current country legislation and social issues that influence child health and development

Assessment Criteria

- i. Discuss the current child health services and various roles played by all care providers.
- ii. Discuss child health support services at community and institutional level in your country.
- iii. Interpret major psycho-social issues and legislation affecting child health

Unit Content

a. Health services for children

Every child needs access to adequate health services at primary, secondary, and tertiary levels of health care. The constitution of Malawi emphasis is on basic health care as one of the human rights for every Malawian child. The Malawi health Care system at all the levels recognizes the importance of both facility and community approach.

The expanded and independent role of the advanced nurse practitioner in child health at each level of health care is significant to ensure effective comprehensive care is given to children.

b. Primary Health Care (PHC) strategies for Children

The Alma Ata Conference (1978) defines **Primary Health Care** as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally, accessible to individuals and families in the community by means of acceptable to them, through their full participation and at a cost that community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part of both the country's health system, of which it is the central function and the main focus and of the overall social and economic development of the community. The global goal as stated in the Alma Ata Declaration is **Health for all by the year 2000** through self-reliance.

Health begins at home, in schools and in the workplace because it is there where people live and work that health is made or broken. Health also means that people will use better approaches than they do now for preventing diseases and alleviating unavoidable disease and disability and have better ways of growing up, growing old and dying gracefully. It also means that there will be even distribution among the population

of whatever resources for health care available. It means that essential health services will be accessible to all individuals and families in an acceptable and affordable way.

c. Child Health related programmes

To strengthen child health services and reduce child mortality and morbidity rate, the government of Malawi introduced various child health programmes. Some of the major child health related programmes include:

- Saving New Born Lives
- Helping Babies Breath (HBB)
- Kangaroo Mother Care (KMC)
- Emergency Triage, Accident and Treatment (ETAT)
- Expanded Programme of Immunisation (EPI)
- Management of Acute respiratory infections
- Integrated Management of Childhood Illnesses (IMCI)
- Community Case Management
- Prevention of Mother to Child Transmission of HIV (PMTCT)
- Child ART programme
- New Integrated HIV management
- National Malaria Programme
- National Nutrition programme
- Etc

d. Legislation affecting children

The constitution of Malawi recognizes that a child is any person under the age of 18years. Children are human beings who are entitled to certain rights just as others: the right for health, education cared for and protection from harm.

Existing laws in Malawi address certain aspects of child abuse such as child trafficking, kidnapping and sexual exploitation. When children are abused they are denied their human rights.

e. Environmental influences on child health

The environment affects children in that their bodies respond to environmental changes as their bodies develop. Some of the major environmental factors affecting children in Malawi include:

- Poverty
- Urbanization
- Housing
- Water and sanitation
- Climate change
- Drugs and alcohol
- Etc

f. Psychosocial factors on child health

Children without the guidance and protection of their primary care givers are often more vulnerable and at risk of becoming victims of violence, exploitation, trafficking, discrimination and other abuses (UNICEF article)

Some of the major psychosocial issues affecting child health in Malawi include:

- Child trafficking
- Child abuse and violence
- Child and witchcraft
- Child labour and economic effects
- Orphans and other vulnerable children
- Education and literacy
- Child recreation
- Children in the rural and urban settings
- Etc

Activities

- i. Attend weekly pediatric meetings in the ward and make a summary of the critical issues for class discussions.
- ii. Compile a paper on a current critical issue affecting the wellbeing of the child (contextual issues in your country) with relevant references.
- iii. In groups:
 - a. Identify parents or guardians from a rural community and discuss the challenges that they face in caring for their hospitalized child.
 - b. Identify and analyze child health related policies and programmes in Malawi and critique their implementation.
 - c. Analyse primary health care in your country and its effectiveness on child health care using PHC Principles, Strategies and elements

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<http://www.bcchildrens.ca/YourVisit/Family-centredcare/default.htm>

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Office of the President and Cabinet; Department of Nutrition and HIV & AIDS. National Nutrition Policy and Strategic Plan (2009). Lilongwe, Malawi.

Phillips, J. et al. (2008) Commonest diseases in Malawi (3rd edition) Malawi, Montfort Press

The Children's Act of Parliament in Malawi

UNICEF (2006) MICS report