

Working with children: child- centered practice

[Family](#), [Children](#)



The family institution is an important entity in the society that has implication on the future of children and the nation at large. In order to realize the importance of family institution, the parents and their parenting role should be placed at the centre of success strategy. This realization explains why there is an intense national interest in parenting and the associated societal forces influencing parenting such as child care support organizations and inter-professional bodies that enhances an enabling environment to foster children development.

Essential bodies that frequently interact with the parents and their children in their upbringing are: the family, friends and neighbours, professionals, voluntary workers or self-help groups such as Playgroups, and formal organisations for children such as Nurseries, Schools, After-School Clubs, children's homes, hospitals. Developmental Scholars have established that child's growth and development is shaped by the environment in terms of total interaction between parenting process and societal forces.

The critical role played by societal complex forces and institutions that influences parents and early child rearing practices can not be underestimated but can be evaluated to enhance its effectiveness in developing a healthy and all round future generation. Having a child centered practice means providing care for the children from preconception, prenatal and breastfeeding. Therefore, improving a child care network system invokes addressing issues such as breastfeeding, parent's time with their children, social and economic challenges of parenting and support services for parents in early child rearing process.

In this regard, this paper shall analyse and discuss how to improve children's lives and provide a plan that reflects inter-professional, collaborative approaches to meeting their needs. In order to achieve paper's objective, an overview of prenatal and preconception, and breastfeeding child care current practices and their necessary remedies shall be suggested. Introduction Parenting is a challenging topic to scholars and as a result it has received much attention in the recent past owing top its importance to the society's sustainability.

This much received attention received is due to knowledge expansion in fields of behavioral, developmentalpsychologyand neurosciences which have emphasised the importance of child's early years in children's long term growth and development in areas of behavior, healthand long term learning. In this regard, various scholars and institutions have looked at the issue in detail from various perspectives that are determined by factors that influence process of bring up of children by parent-substitutes or parents .

Attkisson (1992) report that the nation realizes many benefits by investing in the children's early intervention programs welfare. However, the issue of children welfare in relation to their development ought to be understood on a wider concept in terms of societal expression of the families and children. Unfortunately, the public polls clearly indicate that 82% of the adults believe that it is difficult to undergochildhoodphase than it used to be in the past decades .

While on the parental roles and responsibilities borne by parents, statistics show that most parents face hard times that they need help to successfully

raise their children. It is evident that both the family and public sectors have heavily invested in the development of children. An estimated \$16, 030 is allocated to a child annually that translates to about 14. 47 percent of the GDP . This is just a tip of ice burg in resources allocation because it does not include indirect cost such valuation of the time parents spend caring for their children together with the direct out-of-pocket costs like housing, health care and food.

On average, the expenditure ration allocation of child care varies greatly between the private and the public sector with respect to earnings distribution . The major section being supported by the government is that of child education and health care . However, before the children enroll in the elementary schools the responsibility of child care and development is carried by the parents. In the past decades, the child development documentation highlights that the early years of a child have an important bearing on the entire human life.

Therefore, to improve child care systems requires a clear understanding of the parental behaviours and the contextual factors that affects the parenting at these early years. In this line of thought, this paper shall look at preconception and prenatal care, and breastfeeding as part of having a healthy children parenting. Preconception and Prenatal Care Most early childhood interventions usually target the children from birth up to five years. In contrary, the child's bright future should start before birth. It states that prenatal and preconception child care are critical as they play key role in preventing: the risk of low birth weight, birth defects and prematurity

problems which in normal circumstances are major attributes that lead to high cases of childhood disabilities and infant mortality . For instance, developmental psychologists report that pregnant women who access adequate prenatal care are likely to give birth to right weight infants as opposed to their counterparts that received inadequate prenatal care who report infants with less weight of about 5. 5 pounds .

In addition to that, prenatal and preconception care prop up reduction in risk taking behaviours, provide for parental support and education and healthy behaviours. Moreover, Halfon N et al. (2002) reports that effective and adequate preconception and prenatal child care have a positive impact that extends up to adulthood. Therefore, it is important to be included in the preconception and prenatal child care in construction of the childhood care services. The national child care guideline highlight and emphasizes that the preconception and prenatal practices should be considered as integral part of the parenting and parent care incentives.

This because the prenatal care involves a process that identify conditions that can hamper successful child bearing or pregnancy like birth defects but there is an intervention that can ameliorated them before a routine preconception care . Prenatal care can be relied on as a good strategy to prevent most recorded birth defects because most pregnant mothers usually start prenatal care before day seventeen and 56 days after their pregnancy, when the foetus is vulnerable to external effects that can result to birth defects .

However, the extent of utilization of the preconception and prenatal care by pregnant mothers has been put to question as many pregnant women exposes foetus to risk during and after pregnancy. Evidently, the study of pregnant women between the age of 18 to 45 by (Gilian 1997) showed that 1 in 7 women was underweight, 1 in 4 was an overweight, 1 in 5 was a smoker, 1 in 8 engaged in risky sexual behaviours that lead to contaminating STIs or HIV/AIDS infections, 1 in 15 was alcoholic, and 2 in 5 breastfed their infants after being discharged from hospital.

Extend of exposure risk among pregnant women exhibits disparities across the population's social, class and race. The age group disparities in birth rates show that the teenage birth rate is high in Hipic with 64 births for 1, 000, Africans had 48, and white ladies had 14. On the other hand the rate of infant mortality has relatively declined from 7. 9 per 1, 000 from 1997 to 5. 9 in 2004 with most cases reported from low income and middle income families. Additionally, low weight births increased significantly by 6 percent with record of very low birth weight infants at 11percent of an equivalent of less than 3. pounds . However, the African born infants in all circumstances were likely to be twice as heavy as white infants. Available Interventions

There are a number of programs that pregnant woman can access in order to actualize prenatal and preconception care for the children. These services include: private insurance for reproductive age women, Medicaid and the Comprehensive Prenatal Services Program (CPSP) that provides for low income women, Access to Infants and Mothers (AIM) provide low cost insurance cover to middle income women and their infants.

Additionally, Maternal and Child Health (MCH) Block Grants that funds maternity and prenatal care, Adolescent Family Life Program (AFLP) aims at educating teenage parents to minimize their chances of conception while increasing their chances of graduation, Migrant and Community Health centers serves and supplements food for low income mothers and their infants reducing infants deaths by 40 percent . Gaps The research reveals that there are still many gaps alongside barriers within the child care networking system.

However, understanding the gaps and barriers is necessary to fill these gaps and lower the barriers in order to foster and promote quality early childhood development. Some of the fundamental gaps in child care are: First, lack of the defined framework for administration, funding and service delivery of prenatal and preconception child care for low income pregnant mothers. Second, the insufficient instructional design for parental education that lacks home and car safety, cognitive development in children, new born immunization needs, infant-parent bonding techniques and normal infant behaviours and needs.

Third, there is insufficient or costly smoking cessation education which is unaffordable to low income parents that does not meet their needs . And lastly, there is no sufficient efforts geared towards taming domestic violence against pregnant women as statistics reveal that 4 to 8 percent of pregnant parents are physically abused annually causing deformity, diseases and damage to the foetus . Barriers The barriers that are evident to the

prenatal and preconception hinders service utilization and as a result the target populations can not benefit it fully .

Some of the barriers includes: low valuation of the prenatal and preconception intervention programs by the service providers and expectant mothers. This attitude is believed to be caused by lack of knowledge for expectant mothers and unaware of program benefits by the services providers. The diversity nature of the population need cultural and linguistic competency to dispense child care services of which the nation lacks. Lastly, there is a barrier in terms of service coordination for prenatal care providers and the closely associated programs.

Improving prenatal and preconception care. Based on the gaps and barriers, it gives an opportunity to search for possible measures to improve prenatal and preconception child care. It is appoint of worth to note that, it is difficult to do everything for everyone; but if a few priority areas are identified and addressed, then a small input can yield a tangible returns in early child growth and development. The priority areas which need to be improved on include: promotion of outreach incentives in order to encourage pregnant women which have shown positive impact in the past in terms improved access to child care and birth outcomes.

Enhancement of service capacity is requiring so that it can serve any increasing number of pregnant women when they show up after outreach campaigns, promotions and awareness. There is need to invest heavily in parenting education by designing and sustaining parenting classes for parents expecting or those with infants with partnership with local agencies

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and professional bodies. Smoking and alcohol abuse cessation efforts especially to Africans and teens to minimize that risk of exposing foetus to this external hazard .

The government and other stake holders should work hard to design policies that aim at arresting domestic violence against pregnant women by use of group counseling, abused women care and prosecution of criminals.

Psychological support is needed at each level through development of the family resource centre to provide the population with psychological support and skills for parents in regard to flexible work schedules against responsibilities, child care and paternity leaves for male spouses to support infant growth and development .

Enhancement of the services coordination and integration of the system between the early childhood health systems and the reproductive health by: supporting the local effort to enhance capacity, facilitate service coordination and experiment more on prenatal and preconception care to gain better insight . Moreover, there should be adequate funds allocation for research and evaluation of the program in order to feedback to further improve the services. There is need however, to promote cultural competency in services delivery.

Lastly, the programs for prenatal and preconception intervention shall be helpful to the pregnant women if there is an additional investment to the program . However, to reframe the prenatal and preconception phases of child care special attention should be given to aspects such prenatal services as being point of entry for other services, service platform such as

administrative platform, partnership between obstetrician and pediatrician and the service providers training and sustainability is key.

Breastfeeding After prenatal and preconception care as the child is born, the immediate step is the breastfeeding. Gilian, (1997) notes that breastfeeding is not only an important aspect in the sense that it denotes how organized the family is, but also determines the infants initial nutrition and the feeding . Breastfeeding is perceived today as an old age essential behavior for survival purposes of species, its utilization has declined sharply in present century due to cow's milk formula availability.

As a consequence, breastfeeding have not remain to be an automatic behaviour to be exhibited by lactating mother for the child's survival, but a choice that depends on the family, health system factor and social factors. It should be noted that many families today are reaching a decision to breastfeed the infant though not easy to arrive at as it involves a complex adaptations and decision. Despite the ups and down of arriving at the decision to breastfeed, there are many long term benefits accrued to breast feeding.

In fact, the infants that are breastfed usually experiences less chronic and infectious illnesses and shape optimal child growth and development. Therefore, as medical and social practitioners this is an opportunity to adopt, support and sustain this vital health promoting behavior by addressing barriers such as workplace, social and economic factors that hamper breastfeeding . The challenge that is evident as far as breastfeeding is concerned is the sustainability of breastfeeding after the period of six months

after discharge from the hospital; thus many infants fail to get full benefits resulting from breastfeeding.

The challenge of breastfeeding has emerged in early 1940s due to introduction of “ formula” or artificial baby milk replacing mother’s milk. As a result, breastfeeding is no longer valued as universal health source for infant’s nutrition. As a consequence of declined breastfeeding culture, three barriers emerge. These barriers are: Lactation management is no longer a serious priority, few nurses and physicians were trained for care and support of breastfeeding and breastfeeding was not recognized as primary choice for infants feeding.

Therefore, the decline resulted to elimination of knowledge base and model for pregnant women to use in supporting or teaching breastfeeding.

Evidently, these barriers have to be handled at any cost due to the tangible benefits of breastfeeding. Some of the Developmental and Health benefits of breastfeeding are: mother’s milk is a source of complete nutrition for infant’s hydration and optimal growth during the first six months of life.

Breastfeeding reduces infectious illnesses such as botulism, meningitis, otitis media and bacteremia . Additionally, there are reduced chances of chronic illnesses that can affect the infant Crohn’s infection, food allergies, SIDS and bottle tooth decay. Provides the needed 30 percent of calories between 1 and 2 years of growth and development ; Infant improves his or her Intelligent Quotient and performance of the developmental assessments and lastly breast milk reduces infant risk of retinopathy of prematurity.

The mother through breastfeeding her infant benefits by keeping off chronic diseases such as ovarian cancer, hip fractures and premenopausal breast cancer. Secondly, the lactating mother can quickly recover from childbirth, high self esteem, minimal risk for parental depression, can rapidly return to pregnancy weight and reduces her risks for hemorrhage. Economically, breastfeeding proves to be less expensive and reduces health care expenses because there are healthy children's. Improving breastfeeding Breastfeeding is an important undertaking vital for human race survival.

However, communication issues emerge to be one of the most urgently needed to be addressed as breastfeeding is no longer seen on our local or international media such as radio, internet, TVs, magazines, news papers, journals and posters. The media shall play a key role in changing the public attitude towards this important health support activity for infants. Secondly, there is need to invest in lactation management support and services in child care centers and educate parents sufficiently. And thirdly there is need to Integrate and Coordinate Services, Programs, and Funding in breastfeeding to realize a positive impact.

This will help to build and develop a strong child-community centered, comprehensive and integrated child care breastfeeding system that can support almost all families. Conclusion In conclusion, the paper has discussed elaborately how to improve child care by looking at the preconception and prenatal. Thereafter, the paper has looked at the immediate phase of breastfeeding which need to be addressed if the nation

has to keep the infants healthy and fit as future generation. However, the parenting part remains of impact in terms parent-infant interaction.

The research shows that the relationship or interaction between the parents and the infant has positive cognitive, social and emotional development effects. In fostering this, the parents should be guided and counseled in relation to making of conscious choice geared towards caring for children over that for job, mothers to have husband support and that of other family allies, work organization, connecting to other social or agencies providers and need for balancing family obligations with that of job are essentials that facilitate successful parenting at advanced infant years of the child.