

## Child Health Nursing: CHALLENGES AND PROSPECTS

The scientific and technological advances recorded in the second half of the twentieth century associated with the definition of public health policies for children's health contributed decisively to the fall in mortality registered in Brazil, 85.6 per 1,000 live births (LB) in 1980 to 22.4 NV per 1,000 in 2004 (Department of Health Surveillance, 2004).

The last Population Census (IBGE, 2000) reported little progress in improving infrastructure for sanitation, housing, access to health services, provision of employment etc. However, these social inequalities are added to the set of challenges, which require political will to overcome. The distribution of infant mortality rates in the country, between 2000 and 2004, show that less industrialized and poorer regions still register the highest rates (Northeast, 33.9; North, 25.6, Central West, 18.7) when compared with the more industrialized

(Southeast, 14.9; South, 15.0).

Brazil is the country with the third highest rate of infant mortality in South America. According to the State World Population Report, 2007, released by the United Nations Population Fund (UNFPA), it is estimated that in each group of one thousand live births in the country, 23 die before reaching one year of age. The Brazilian index is below the ones of Bolivia, with 45 deaths, and Paraguay, with 32 per each 1000 live births. In South America, the lowest rate is recorded in Chile, with an average of seven deaths per 1000 live births, followed by Argentina and Uruguay, both with 13 deaths, and Venezuela, with 17.

The main causes of illness and death in childhood in the 1980's changed from diarrhea related diseases to perinatal conditions. Currently, the child mortality rate in the country is associated to congenital anomalies and septicemia, besides the common childhood diseases, such as pneumonia and diarrhea.

In consequence, the nursing unit that works in the area of child and adolescent health care needs to continue developing technologies that can deal with the challenges imposed by the rates of morbidity and mortality provoked by avoidable causes, in addition to the new demands that have surfaced in the health care field. The increase in intensive care therapies, the cure of many childhood types of cancer, laparoscopic surgeries, the transplant of organs, the advance in the diagnosis of diseases using radiological imagery, the home-hospitalization, among other, confronts nursing with new perspectives and new fields. The acquisition of knowledge guided by these multiple tools of diagnosis and treatment is needed in order to support a scientifically structured professional practice for the benefit of society.

We must face these updates in the health field, without forgetting that the center of care must be the CHILD and his/her FAMILY including all their vulnerable conditions. When we analyze this inseparable dichotomy, an ethic attitude towards the human condition must be taken into consideration in relation to the formulation, organization, implementation and evaluation of the processes of care and assistance for health.

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