44 - DIAGNOSIS OF CHILDREN HEALTH CONDITIONS IN BRAZIL

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1.INTRODUCTION

In present day, throughout the process of demographic transition and health, the focus of public policies, the performance of health teams and regardless of the economic direction of public funds, no longer directed at combating an infectious or contagious framework for the treatment and prevention of various morbidities and mortality affecting the Brazilian population (Barreto et al., 2000).

It is precisely through this transition process, present in increased life expectancy, in decreasing mortality and of better diagnostic and health, it is possible to verify the improvement of population health and the effectiveness of actions already taken (MINISTRY OF HEALTH, 2006a). However, although the Brazilian health in a better level than in previous decades, this does not mean there is no need for evolution and globalization of these conditions.

In this context, there is an important aspect of public health: one directed to the human being under development, child, newborn, and going beyond, the health of their mothers' as well as all maternal relations Children's inherent health.

One of the major steps to improve children's health has been a concern for reducing child mortality, which has been expanded in order to provide to be developing a better quality of life. However this is a complex issue, which involves the articulation of different areas related to the individual, family, society and the government, which we can highlight the public health policies and the actions of greatest impact to change this picture.

The reduction in mortality rates, in turn, can help reduce birth rates, reinforcing the influence of basic education (especially the literacy and education of women) on the behavior of fertility rates (Sen, 2000).

2.OBJECTIVES

This research aimed to carry out the data collection, systematic and subsequent analysis of the health conditions of children in Brazil, through its socioeconomic, physiologic and policy characteristics as well as their limiting aspects.

3.METHODS

Literature review about child health conditions in Brazil, aimed to cover all the inherent health aspects, whether in primary care, public policy and actions, from the advance of the birth to their child development, and the conditions maternal health and health equity in this specific population.

It was conducted literature of Brazilian publications regarding child health in Brazil, both in primary care as throughout their stages of development in scientific papers, literary works, legislation and government programs in effect to this day.

A search of the literature was given by electronic means, in databases, using inherent to the subject descriptors, as well as through the exploitation of the bibliographic reference of these publications in order to identify other considered studies and other publications relevant to this research.

The selection of publications was given initially for the exploitation of titles and abstracts in order to select publications that met the objective of this research. In cases where the inclusion or exclusion was not clearly determined by title and abstract, it was carried out the exploration of the full text to elect or not the study.

The studies were systematically arranged to suit to the theme of each search in order to draw a linear and structured thinking about the different approaches to child health in Brazil.

4. HOW TO MEET PUBLIC POLICY BE GROWTH AND HUMAN DEVELOPMENT?

Public policies related to children's health are those that put in the foreground its improvement of life and are essential to structure social change through individuals still in training stage as being and as a citizen.

Equal treatment is needed for better health care to all who seek it. In recent decades it has been seen an important advance in the treatment of people as citizens and considered their ability to exercise their rights and duties, including with respect to children. Thus there was a greater understanding of childhood as a single period and particularly important for the formation of the adult individual, where that period - childhood - the environmental and social influences contribute both to the formation of his personality, as their health conditions.

For this totality of actions and treatments, public incentives are needed to globalization calls and opportunities. In addition to these factors, developments in mortality information systems (SIM) and the Information System on live births (SINASC), significantly increased the coverage of information and the identification of mortality causes and diseases among newborns .

Another important factor was the increased access to health services by pregnant women, especially the Family Health program, promoting the expansion of prenatal examinations and completeness of the vaccine network. However, there is still much discrepancy between the regions of the country (MINISTRY OF HEALTH, 2006b).

5. WHICH ARE THESE PUBLIC POLICIES?

In Brazil there are certain public policies related to children's health, such as the Child and Adolescent (ECA), the Agenda of Commitments for Integral Child Health and Reduction of Infant Mortality, the National Plan for Early Childhood (PNPI) and Mental Health Policy Children.

These laws underpin mainly in the words of the Constitution, which "is the duty of the family, society and the State to ensure children and adolescents, with absolute priority, the right to life, health, food, education, leisure, professional training, culture, dignity, respect, freedom and family and community life, and put them safe from all forms of negligence, discrimination, exploitation, violence, cruelty and oppression. "

PNPI sets forth guidelines and goals to be taken by the State to enforce the rights of children in the age group up to 6 years old, as well as the National Program for Maternal and Child Health and Prevention Program for High Risk Pregnancy, that direct actions and programs to future mothers and, consequently, to their children.

Faced with these policies and actions, it was verified the continued decline in the mortality rate among children under 1 year in recent decades, a result of increased vaccination coverage, the expansion of health services such as prenatal care,

reduced fertility, improved conditions environmental and even with regard to increasing the educational level of mothers and breastfeeding rates. Similarly, there was a decrease of postnatal mortality related to gastric complications, respiratory and malnutrition (MINISTRY OF HEALTH, 2009; DUARTE, 2007).

Generally speaking, we observed a change in the characterization of infant mortality in Brazil in recent decades, composed by the decrease in neonatal mortality by 36%, as well as the overall infant mortality children aged 0 to 12 months in 54% (Fleet et al. , 2010).

6.WHAT COULD BE BETTER?

Specific actions or focused on certain aspects of child development helped to improve the child's health. However, this is not enough for the complete solution of health problems in the country.

The data herein indicate the impact of health promotion activities aimed at mother-child and also its effectiveness, however, the child population still enjoys the full rights to the improvement of child health.

Scientific studies on the health of children show that the quality of life and scope of health require changes in interventions and evaluations centered care model in health for the individual approach with respect to the child's uniqueness and greatly centered on the family where the social and economic aspect directly affects their environmental conditions in which they live and their access to health services.

The low economic power it powers a vicious cycle every generation, linking low educational level, unemployment, crime, teenage pregnancy, malnutrition and high infant mortality rates. The MDG Monitoring National Report highlights teenage pregnancy as a major challenge for makers and policymakers in Brazil (IPEA, 2010).

This picture is ratified when mothers of malnourished report using milk received at the health center as a bargaining chip to obtain money or property, as a result of unemployment. They have even factors like not having to leave her children or being pregnant again, not as a barrier to work outside the home and so remain dependent on economic aid (FLEET & BARROSO, 2005).

Brazil has 31.2% of families with children under 6 years old who live with a per capita income of up to half the minimum wage. Beyond what has been observed in the country, precocity of fertility, with more and more young mothers and consequently less structured for pregnancy (BARBOSA, 2008).

7. CONCLUSIONS

Given the above, the interdisciplinary actions are essential to ensure health care for the full and effective way child as well as consider the child holistically, however all these intra and inter-sectoral actions not yet affected the overall health of the child as its complexity requires coordination of different areas and decisions to consider the health of the child as an immediate and fundamental policy.

According to doctors have referred the Family Health program, the main measures would know the child population of the area; ensure the implementation of follow-up schedule growth / development; continuously maintain the practice of reception and listening to the child who seeks the service; detect signs of disease risk in children who arrive at the unit, at home or in child institution; fully assess the child; check and update the child's card at every opportunity in order to ensure immunization and nutritional surveillance (Silva et al., 2009).

Finally, according Giovanella et al (2002), the overall safety and security to children's health will be achieved mainly through social practice, along with the participation of those involved in its development: the family, the environment and the institution / State expanding the dimensions and care concepts, so that the child is perceived as having rights and benefit from a comprehensive care that meets your needs completely.

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DIAGNOSIS OF CHILDREN HEALTH CONDITIONS IN BRAZIL

ABSTRACT

Introduction: The demographic transition changed the framework for the control of infectious diseases for the

treatment and prevention of morbidity and mortality triggered by chronic diseases. Although this is due to the increase in life expectancy, the current situation of health of the population is far from understanding the full needs of the population, especially those with pediatric, which depend on someone else for their use. Objectives: Conduct literature, systematization and subsequent analysis of the health conditions of children in Brazil. Methods: Literature review aimed to cover socioeconomic, physiologic characteristics, public policy and limiting aspects about the health of the child, in the pre and post natal, as well as throughout their stages of development. The search for publications was conducted electronically, in databases, using descriptors related to the theme, besides the exploitation of bibliographic references of eligible publications to complete reading. The information was arranged systematically, in order to adjust the content to each predetermined theme. Conclusions: Childhood represents a unique and crucial period for shaping the individual, through environmental and social influences that contribute so much to his personality as for your health. The evolution of information systems promoted greater diagnostic and health problems of notifications as well as possible identification and distribution services to the population, such as vaccination. Although public policies providing for the child's right to access to adequate health and living conditions, the child's picture in Brazil still requires actions focused on their real needs, made through social practice consists of family, environment and state.

KEYWORDS: Public health, children, diagnosis.

DIAGNOSTIC DES CONDITIONS DE SANTÉ DES ENFANTS AU BRÉSIL

RÉSUMÉ

Introduction: La transition démographique a changé le cadre pour le contrôle des maladies infectieuses pour le traitement et la prévention de la morbidité et la mortalité provoquée par les maladies chroniques. Bien que cela est dû à l'augmentation de l'espérance de vie, la situation actuelle de la santé de la population est loin de comprendre tous les besoins de la population, en particulier ceux avec pédiatrique, qui dépendent de quelqu'un d'autre pour leur utilisation. Objectifs: conduite littérature, systématisation et d'analyse ultérieure des conditions de santé des enfants au Brésil. Méthodes: Revue de la littérature visant à couvrir les caractéristiques socio-économiques, physiologiques, les politiques publiques et en limitant les aspects concernant la santé de l'enfant, dans le pré et post-natale, ainsi que tout au long de leurs stades de développement. La recherche pour les publications a été réalisée par voie électronique, les bases de données, à l'aide des descripteurs liés au thème, outre l'exploitation de références bibliographiques de publications admissibles pour terminer la lecture. L'information a été disposés de manière systématique, afin d'ajuster le contenu de chaque thème prédéterminé. Conclusions: Enfance représente une période unique et crucial pour façonner l'individu, par des influences environnementales et sociales qui contribuent tellement à sa personnalité que pour votre santé. L'évolution des systèmes d'information promu davantage de problèmes de diagnostic et de santé des notifications ainsi que des services d'identification et de distribution possibles à la population, comme la vaccination. Bien que les politiques publiques prévoyant le droit de l'enfant d'avoir accès à des conditions sanitaires et de vie adéquates, la photo de l'enfant au Brésil nécessite encore des actions axées sur leurs besoins réels, effectués par la pratique sociale se compose de la famille, de l'environnement et de l'Etat.

MOTS-CLÉS: Santé publique, les enfants, le diagnostic.

DIAGNÓSTICO DE CONDICIONES DE SALUD INFANTIL EN BRASIL

RESUMEN

Introducción: La transición demográfica ha cambiado el marco para el control de enfermedades infecciosas para el tratamiento y prevención de la morbilidad y la mortalidad provocada por enfermedades crónicas. Aunque esto se debe al aumento de la esperanza de vida, la situación actual de la salud de la población está muy lejos de la comprensión de las necesidades totales de la población, especialmente aquellos con pediátrica, que dependen de otra persona para su uso. Objetivos: Literatura conducta, sistematización y posterior análisis de las condiciones de salud de los niños en Brasil. Métodos: Revisión de la literatura destinada a cubrir, las características socioeconómicas fisiológicos, políticas públicas y que limitan los aspectos acerca de la salud del niño, en el pre y post natal, así como a través de sus etapas de desarrollo. La búsqueda de publicaciones se llevó a cabo por vía electrónica, en bases de datos, utilizando los descriptores relacionados con el tema, además de la explotación de las referencias bibliográficas de las publicaciones elegibles para completar la lectura. La información se organizó sistemáticamente, con el fin de ajustar el contenido para cada tema predeterminado. Conclusiones: La infancia representa un período único y crucial para la formación de la persona, a través de las influencias ambientales y sociales que contribuyen tanto a su personalidad como para su salud. La evolución de los sistemas de información promovió mayores problemas de diagnóstico y de salud de las notificaciones, así como posibles servicios de identificación y distribución a la población, como la vacunación. Aunque las políticas públicas que establecen el derecho del niño al acceso a la salud y las condiciones de vida adecuadas, imagen del niño en Brasil aún requiere acciones centrados en sus necesidades reales, realizadas a través de la práctica social se compone de la familia, el medio ambiente y el estado.

PALABRAS CLAVE: salud pública, diagnóstico infantil.

DIAGNÓSTICO DAS CONDIÇÕES DE SAÚDE DA CRIANÇA NO BRASIL

RESUMO

Introdução: O processo de transição demográfica alterou o quadro de combate a doenças infecto-contagiosas para o tratamento e prevenção de morbi-mortalidades desencadeadas por doenças crônicas. Embora isso seja reflexo do aumento da expectativa de vida, o quadro atual de saúde da população brasileira está distante de compreender a total necessidade da população, principalmente de pessoas com idade pediátrica, que dependem de outrem para sua utilização. Objetivos: Realizar levantamento bibliográfico, sistematização e posterior análise das condições de saúde da criança no Brasil. Métodos: Revisão de literatura voltada a abranger características socioeconômicas, fisiológicas, políticas públicas e aspectos limitantes acerca das condições de saúde da criança, no período pré e pós natal, bem como ao longo de suas fases de desenvolvimento. A busca por publicações foi realizada por meio eletrônico, em base de dados, com utilização de descritores inerentes à temática, além da exploração do referencial bibliográfico das publicações elegíveis para leitura completa. As informações foram dispostas sistematicamente, de forma a adequar o conteúdo a cada tema previamente estabelecido. Conclusões: A infância corresponde a um período único e fundamental para formação do indivíduo, mediante influências ambientais e sociais, que contribuem tanto para sua personalidade como para sua saúde. A evolução dos sistemas de informação promoveram maior diagnóstico e notificações de agravos à saúde, bem como possibilitou identificação e distribuição de serviços à população, como a vacinação. Embora políticas públicas prevejam o direito da criança ao acesso à saúde e condições de vida adequadas, o quadro da criança no Brasil ainda necessita de ações centradas em suas reais necessidades, realizadas por meio da prática social composta por família, ambiente e Estado.

PALAVRAS-CHAVE: Saúde pública, criança, diagnóstico.