

Role of Family and Social Networks in Pediatric Care for Children Suffering from Sickle Cell Disease

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Introduction

Part of the method proposed to reduce shame and worry among mothers of children with Sickle Cell Disease (SCD) in Africa is to devise systems that ensure that men are kept under close scrutiny of these children. While this proposal plays a central role as a step towards reducing gender bias in caregiving, examining occupations and duties of socially relevant orientation in the setting is also a socially adequately outlined generalization. The various social order orientation professions are remarkably educated through accepted practices and values in relation to the general public itself. The meaning of "family" in Western settings usually includes mother, father, and children (that is, the family unit). In African settings, family members regularly include distant family members, and commonly the local area as well. The care of wiped out young people in African settings is seen as a responsibility not only of mothers and fathers, but of distant families and entire communities. was key to underpinning the weight of maternal care of children with SCD. Finally, the evidence for the effects of social capital in promoting well-being is very strongly perceived [1].

Description

This may not come as a shock as it is now known that families are widespread in these environments in nature, often according to an indigenous African researcher called Ubuntu. This real-life connection between speculation and practice demonstrates the ability to incorporate locally relevant hypotheses and practices to try to solve contextual problems in African clinical practice [2]. As SCD is the most prevalent genetic disease in Africa, mediation of care will lead to a focus on what is happening at the local level and who is involved in and out of copyright protection. It is a representative disease that brings great benefits. We seek to use contextual analysis from the SCD Companion's early childhood assessments to show how current gender care organizations within the network can be further developed and adapted to create community-appropriate heritage mediation programs. The study used mixed strategies to show how care for children with SCD shifts from maternal and possibly paternal commitment to shared commitment within networks [3]. Various studies have shown what attention weight means for families, especially mothers, and how it affects child care. As shown in this report, the support received from various parts of the care organization results in a great commitment in supporting the care of young people inside and outside the center. If so well thought and coordinated within the medical framework, there is an opportunity to create a foundation for SCD care around copyright law [4].

Conclusion

This foundation of care manages existing socio-cultural structures and does not combat gender norms or neighbourhood values within the family. Recognize this is essential to ensure that

the caregiver has the critical information and skills to monitor her SCD at various levels. One approach to ensuring that your loved one with SCD receives an education is to hold regular health training sessions at your SCD center. An overview produced in this study showed that 12% of her young people were brought into the institution by distant family members. A survey conducted in a similar setting among pregnant women attending a maternity hospital showed that only 14.7% of her 600 women who attended had adequate information about her SCD.

Acknowledgement

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Conflict of interest

None

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