

Comprehensive Child Care

The UN Convention on the rights of the child for which India is a signatory makes it mandatory for us, child specialists to provide comprehensive care to all children below 18 years. In practical terms this would mean that when ever we say or write the word "child" we need to add "below 18".

What do we understand by the term comprehensive care?

- Is it covering all children below 18 years?
- Is it the life cycle approach?
- Is it caring for normal as well as the sick child?
- Is it monitoring growth and development?
- Is it different dimensions - physical, mental, psychological and social?
- Is it coverage-rural, coastal, urban slum and tribal?

The UN child rights perspective emphasize on four basic rights; (1) The right to survival: right to life, health, nutrition, adequate standards of living; (2) The right to protection: freedom from exploitation, abuse, neglect, armed conflicts; (3) The right to development: right to education, leisure and recreation, early child care and development (ECCD), social security and (4) The right to participation: freedom of expression, thought, conscience and religion.

Parenting Skills

Parenting is not only the responsibility of parents, grandparents and close relatives but also responsibility of the community at large

with a huge focus on the teachers. The role of the pediatrician is to equip the parents to be prepared for the challenges of parenting. We need to impress upon them that "The parents need to be firm, absolutely, but if that's not done in the context of a warm, caring environment, it's going to worsen the situation". The optimal utilization of the media is vital. The parenting practices study in Kerala revealed that the media was the major source of health messages with 64.7% of mothers listening to radio, 56.3% exposed to print media and 58.4% obtaining useful information regarding ECCD through reading newspapers and magazines. Every state has to design its own locally appropriate parental education strategy.

Essential Newborn Care

Neonatal Intensive Care Units (NICUs) across the country have definitely improved the survival chance of many pre-term / IUGR babies, yet reduction in the unacceptably high neonatal mortality can only be achieved by a comprehensive community program like Integrated Management of Neonatal Childhood Illness (IMNCI). The focus would be on reducing the problems of:

1. Asphyxia/Hypoxia by promoting neonatal advanced life support (NALS) and establishing "resuscitation corners" in all labour rooms.
2. Hypothermia by teaching the mother to use two shirts, one opening to the front and the other to the back and also by promoting "Kangaroo method" of baby care for low birth weight babies.
3. Hypoglycemia by promoting "exclusive breastfeeding" focusing on practical supervision and timely helps.

4. Infection by promoting hand washing before and after touching the baby and focusing on the "five cleans".
5. Pneumonia by early detection using "respiratory rate count" and timely antibiotics use - injection gentamycin or oral amoxycillin, as appropriate to the situation.
6. Growth failure by exclusive breastfeeding till six months and "timely weaning" using readily available, low cost community food mixtures.
7. Developmental Delay by promoting "developmental friendly well baby clinic" and mother oriented early stimulation at home for all babies especially for pre term/ IUGR babies.

The natural question would be "Is Early Stimulation Effective for LBW Babies?" It has been observed that CDC-model (Child Development Center) early stimulation program is effective in reducing poor performance (below 25th percentile performance on Bayley scales) at one year of age by 40%. Poverty has also been found to be a critical factor as shown by 1.84% difference in community prevalence of developmental delay below 2 years between low income and high-income ICDS block areas. Isn't it the right time for us to think beyond malnutrition and growth failure to new realms of child development, identifying the subtle indicators for future developmental and communication problems?

Communication delay - our next priority

A child's level of communication development may be the best indicator of a developmental delay. A language delay may be the primary problem or reflect delays in other domains (*i.e.*, social, emotional, cognitive, motor or sensory). Most children develop their first words between 12 and 15

months, and it is common practice to wait until a child is 18 to 24 months and still does not talk, before referring the child for an evaluation.

Using "Communication And Symbolic Behavior Scales Developmental Profile (CSBS DP) Infant / Toddler Check-List" a 48% prevalence of communication delay (concern) was observed among children attending the Developmental Evaluation Clinic of Child Development Center. Similarly, the 14% prevalence observed in the well-baby clinic attending group clearly calls for serious attention of parents and pediatricians towards the problem of communication delay. With more and more mothers seeking employment outside home, the care of the toddler is often left to the crèche workers. But do they have the right kind of training, skill and perception on healthy early child development. The findings of a statewide study on crèches conducted in Kerala have not been encouraging;

- 95% - Not registered creches.
- 75% - Private creches, teachers not received in-service training.
- 60% - No health check-up, growth monitoring and parental education.
- 34% - Outdoor play space not available.
- 31% - No learning aids and toys.

The recent thrust for centpercent ICDS coverage in India is a rich tribute to the success of ICDS - the largest comprehensive child and adolescent care program anywhere in the world. The pediatricians can naturally be proud about this as we have been volunteering support service for the program for more than 25 years. Now the time has come for us to look beyond ICDS. The Sarva Shikha Abhiyan (SSA), a Government of India program for universal elementary

education offers the best opportunity to give our inputs for the welfare of 6 to 14 year age group. Similarly Reproductive and Child Health (RCH)-II to be launched by the Government of India in 2005 is the opportunity that we have been waiting for, to launch "Adolescent Friendly Health Services (AFHS)" with provision for state specific innovations. But before initiating AFHS, it may be worthwhile to try to understand the needs of the adolescents from their own perspective. The adolescents in Kerala have expressed the need for awareness programs on body changes, genital hygiene, RTIs/STIs, sexual abuse, sexual practices and have demanded regular reliable confidential quality services.

Comprehensive childcare has been the dream of many visionaries. It is in this

context that, for the first time, the Academy is celebrating child health week around November 14, as "Child & Adolescent Health Week". May I request each one of you, esteemed member of the Academy of Pediatrics to select one school in your locality for the children's day program. You may request permission of the Headmaster/Principal to invite you for a brief talk in the regular school assembly during this week. You may also arrange to distribute a simple badge for all the students and lead them to take a pledge "I will not hurt some one if possible and I will not hurt myself ever".

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