

Child Friendly School Initiative Program

The five points outlined in the President's Action Plan-2011[1] to make our schools child friendly, are truly commendable. We however feel that equal emphasis should be laid on improving the mental health of our children. Towards this end, we would like to put forward five additional points for inclusion in the Child Friendly School Initiative (CFSI) under the IAP Action Plan 2011.

1. *Appointment of counselors in all schools to cater to the emotional/psychological needs of children:* The counselors should provide services for prevention, early identification and management of child abuse, support children with emotional and psychological problems, and children from broken families, and render bereavement counseling as well. In schools where a child counselor cannot be appointed, at least one teacher should be empowered to take on the role of a counselor after receiving adequate training in child and adolescent psychology. IAP could be the nodal agency to impart this training.
2. *Schools should be a zero discrimination zone:* No child should be discriminated against based on his/her gender, religion or caste, social class, by virtue of being differentially abled or suffering from chronic illnesses. This would include provision for wheel chair access to class rooms and play areas, reading aids for the visually challenged and listening aids for the hearing impaired. HIV positive children should be

treated with dignity and not discriminated against. A watchdog committee should oversee the implementation of this strategy, look into complaints and take redressal action.

3. *Child centered education facilities with provision for individualized education through resource room training for slow learners and poor achievers:* There should be at least one special teacher in every school to impart remedial training to children with learning disabilities. If services of special teachers cannot be made available, one teacher should be given training in remedial education.
4. *Child psychology training to all teachers:* This will help in prevention, early identification and referral of children in need of child psychiatry evaluation.
5. *Effective school health services for detection and referral of physical and mental health problems:*

We feel that the Indian Academy of Pediatrics with more than 17000 members and a committed leadership at the helm could take a proactive stand in order to make both the physical and psychological environment of our schools child friendly.

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Retracted Nipple- Innovative Solutions

A recent article in *Indian Pediatrics* was an interesting read [1]. The method suggested by the authors for treatment of retracted nipple, though not innovative, but is certainly worth noting. The age old techniques of using a syringe to protract the nipple may not work in all

circumstances. Another recent article suggests tying a latex rubber band around the base of the nipple during feeding, with the help of a syringe applicator, to make it prominent [2]. Mothers could achieve latching at the breast with good attachment within one month. The other bedside technique for helping mothers with retracted nipple is "Make" a nipple. By holding the breast well back on the areola using index finger on the lower side and thumb on the upper side, more breast tissue can be

put into baby's mouth. Mother needs to press in with thumb and fingers while at the same time pushing back towards her chest wall. This elongates and narrows the areola, which enables baby to latch on more easily. Whatever method a health worker suggests for the treatment of inverted nipple, the most important message which needs to be given to the lactating mother is correct latching technique. If a mother properly holds the baby to her breast, half the battle is won. At the same, time instructing the mother to start lactating soon after birth is of paramount importance. With flat or inverted nipples, it is particularly important to put baby to mother's breast as soon after the birth as possible.

Retracted Nipples – Innovative Solutions

The observation on a single case by the authors of the recent article, seems generally an unaccepted procedure though has been successful in the case [1]. The fundamentals of human research ethics are (a) respect for persons, (b) beneficence and (c) justice. Regardless of limitations, these principles must guide the behavior of all individuals in planning, conducting and sponsoring human research. Respect for persons recognizes the capacity and right of all individuals to make their own choice and decision. An important component of these principles is the need to provide special protection to vulnerable persons. Women might also be considered a vulnerable group. In some cultures, women must defer to men in the decision making process, making true voluntary consent difficult.

Retracted Nipples

We read with much interest the correspondence by Rathi and Mandliya on a novel approach to correct retracted nipples by using husband as a suction machine [1]. The method is not novel and has already been described in the Breast Feeding Promotion Network of India (BPNI) Manual on "Infant and Young Child Feeding Counseling: A Training Course" for treatment of retracted nipples [2]. We are also concerned with the social and cultural

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Although, in their communication, the authors have brought out a point stating "the natural relation between husband and wife should overcome any inhibitions for something which will go a long way for their baby", to practice this novel procedure for retracted nipple cure may not be possible for many situations and therefore cannot be fully adopted. It may be difficult for any clinician to describe and monitor the process in practice. Cultural inhibition could be another factor for the reproducibility of this procedure and may generate some wrong insistence and practices among men on women for the benefit of the baby for which some alternative, including existing proven practices should be tried.

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acceptability of this method in our set up. We feel that other methods for treatment of retracted nipples are more acceptable and should be preferred.

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