

Going Beyond Clinician's Office – Call of the Time

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Children of today are citizens of tomorrow. The first six years of life constitute the most crucial span in life, when the foundations are laid for mental, physical and social development. Children are the assets for tomorrow's productivity. Hence it is extremely important to ensure that children have good health. We are well geared for immunization and management of infectious diseases such as diarrhea and respiratory tract infections, and picking up on neonatal care, but are still far from expected in many basic aspects. Many issues are overlooked, neglected and under-perceived, and many more challenges are emerging.

With 90% of the stunted children of developing world residing in Asia and Africa, India accounts for 3 out of 10 stunted children. Twenty percent of under-five Indian children have wasting, and more than one-third of the world's wasted children are in India [1]. With a population of about 1.35 billion and annual birth of about 27 million, India is world's second most populous country, which also bears the burden of highest population of preterm children [2] adding 3.5 million preterms every year [3]. Data from Office of the Registrar General of India indicate that although the infant and under-five mortality rates are declining over the years, there are some states where these rates are unacceptably high. Malnutrition still contributes directly or indirectly to 35-45% of under-five child deaths [4].

Despite multipronged measures and programs to control the malnutrition and mortality among children, it remains a cause of serious concern that need to be addressed urgently. Progress in the key strategy, the infant and young child nutrition, has come to an arrested development [5]. Children of malnourished, dependent, uneducated mothers with high fertility from rural and tribal areas need utmost care.

In a background of undernutrition, the epidemic of obesity in affluent and urban children challenges India with dual nutrition crisis, making it a capital of non-communicable diseases such as diabetes and cardiovascular diseases. With junk food industry,

marketing practices and media perching the rural and tribal areas well in advance of proper medical care, the scenario of nutrition and overall health, including mental health, is fast deteriorating. Obesity and overweight prevalence of about 19% is thus not confined to higher socioeconomic groups or urban children [6].

Yet one more stigma is India being labeled as 'Suicide Capital of South-East Asia' with adolescent and youth suicides on steep rise, suggesting underlying mental health turbulences and reduced resilience in children [7]. These all are stirring a cyclone of emotions in pediatricians. Increasing survival of preemies and sick neonates is resulting in rising rates of disabilities [8]. Increasing incidences of abuse and sexual violence bring a cyclone of painful emotions, and are big challenges to pediatricians and society.

The problems are multifactorial and complicated, and the solutions need comprehensive socio-medical engineering with medical fraternity being a major stakeholder along with nonmedical fraternity, society and politicians. Pediatricians are the first to face the music and are the whistle blowers as well. Still more than before, pediatricians need to go a step ahead and go beyond the office and hospitals if these menaces are to be addressed.

India is at dual fronts with reducing mortality and need for better quality life – focus should be on both the survival strategies and improving quality of life. Thus, apart from disease management, immunization, growth and development, pediatricians need to write prescription of physical activity, diet, parenting behavior, and screen time and content. Being custodians of child health, with increasing awareness and legal support, neglected and abused children are to be found, reported and treated. Conscientious pediatricians need to be in a pivotal role in Child Welfare Committee of each district.

The ratio of number of pediatricians and allied child health services to the population also demands smarter strategies keeping in mind meager workforce. In order to have a sizable impact on child health, we all need to tune up with government health machinery, including

education department, non-governmental organizations, and other professionals – most important being obstetric and community medicine colleagues. Being the basic unit of healthcare delivery, Aanganwadis should be adopted by pediatricians.

It is heartening to note that more and more pediatricians have started coming out to society in creating awareness at schools, social groups and social media. Being a respectable lot, parents, children and adolescents believe us. In the current scenario, we should provide guidance on personal and public levels related to issues such as prevention of sexual abuse, cyber safety, education preparedness, developmental tips and parenting tips. Pediatricians will have to be better preachers to preserve child health! Yes, we will make a change – is the academy's conviction!

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