

The Malady of Parenting

The birth of a baby is a joyful experience. This bundle of joy with its tiny feet makes the biggest imprint on the parent's heart, for soon they realize that their hearts beat outside their body. It marks a transition of a woman into a mother, and that of a man into a father. It is the beginning of a new dream, hope and the adventurous experience of parenting. Many begin this journey without any prior knowledge but are eager to learn. I would like to share some of the observations that I have made over the years, related to few aspects of parenting.

Indian parents have variable parenting styles, a little different from that described by the venerable Baumrind. You can recognize the conservative ones by the fact that the father does all the talking, while the mother keeps demurely quiet. However, she plays her role by prompting the father in between, and filling in the blanks when the father stops and asks her if there is anything else. At times the parents and the child are accompanied by grandparents who cannot be separated from the apple of their eyes. The parents hardly speak, for the entire conversation is led by the grandparents and it makes you realize who is in charge at home. At times the mother does all the talking and the father sits without saying a word. He does not seem to have any opinion of his own and bows to the superior knowledge of his better half. The 'new generation' parents march in together, the father dutifully carrying all the baby paraphernalia, with the mother confidently leading from the front. They have already consulted 'Dr. Google' before coming to you. They bring the child within hours of the onset of symptom and have lots of questions. They keep on referring to their smartphone in between, which can sorely test your patience. The 'new parents' are anxious and carry their precious one with utmost care like fragile glassware. They insist that you use a hand sanitizer before you examine the baby and bring their own sterilized baby cloth for the infant to lie upon. The 'experienced parents' appear relaxed and laugh at their own misery as they take each episode of colic or tantrum with ease and show a high threshold of tolerance.

Many parents claim that their child insists on being seen by you and no one else. They believe that the mere sight of you and the touch of your hand, coupled with the first dose of whatever medicine you prescribe will

miraculously cure the child. Some parents are apprehensive and insist on an antibiotic for quick relief. Others question your diagnosis, insist on tests and seek details of the drugs prescribed. They usually get alarmed if you prescribe an antibiotic. They are the ones most likely to discontinue the prescribed treatment or continue to consult and heed 'Dr. Google'. Another group of parents repeatedly ask "Is it serious?" and "Is there anything to worry about?"

Vaccination triggers a range of reactions from parents. Many parents insist that you vaccinate the child personally as they feel you have a 'soft' and 'gentle' hand, as the child never feels any pain and hardly troubles them later on, *vis-a-vis* when the child is vaccinated by another staff member. Some parents remain expressionless and stare blindly into the distance as you proceed to vaccinate. A few grandparents eagerly come forward and engage the child by talking or singing a lullaby, while holding the child gently, but firmly still. The sensitive parents insist that you vaccinate only after they leave the room, while the extra sensitive ones start crying even before the baby does and continue to do so even when the baby has settled down. The 'new parents' take the name of God or chant a mantra, the 'new generation' parents try to keep the baby busy with a video or a game on their smart phones, and the experienced parents know just how to talk with their child soothingly to calm him/her down.

When it comes to symptoms, fever is the biggest enemy and source of fear and parental anxiety. Many parents describe fever in ways that defy traditional textbook description; serious, low, instantly appearing and disappearing, heavy or normal. They put you in a quandary as they want you to prescribe medicines separately for each of these. Once a mother was on the verge of tears for her child with high grade fever. She proclaimed that it was a case of poisoning and the child had suffered from a similar problem in early infancy. When I asked her what the child had consumed before, she replied that she had been told that the fever had been due to an infection leading to the spread of poison into the bloodstream. What she actually meant was septicemia!

Once a set of extremely scared parents broke the queue, crying that their child had consumed 250 tablets. I became alarmed and started searching for signs of any life threatening event, only to find the child sitting comfortably with a smile on his face. On elicitation of a more in-depth history, I discovered that the child had consumed a 250 mg

tablet and not 250 tablets. I recall another incident when a child was brought with loose stools. When I told the parents that he was suffering from ‘acute gastroenteritis with some dehydration’, they were very impressed saying that the young pediatrician whom they had consulted earlier had misdiagnosed it as acute diarrhea. I remember being shocked to hear another set of parents giving ‘electrical’ therapy to their child with loose motions. Thankfully, on further enquiry, I realized they were referring to the trademark ‘Electral’ of an oral rehydration product.

Once a mother confided that her son adored me and wished to be just like me. I felt like patting my back and thought it was my personality that had impressed him. My bubble burst when she said that he loved my shirts and liked to dress similarly. When you undress a child in order to examine him, you may often find coins or currency notes in their pockets or hands. The child becomes very possessive about them when you try to remove them, and a tantrum erupts. You learn that this is for their daily ration of savories and biscuits. One parent said it was a strategy to bring him to the hospital, otherwise the child would never leave home. I was aware of the government incentive for hospital-based delivery for mothers, but this was indeed news to me.

After the evaluation is over, many parents insist on a demonstration of their child’s abilities to show body parts, sing a rhyme or tell a story. This usually is a little time-

consuming – for the child when asked to show the nose may point to his eyes and *vice versa* and this prompts a corrective action by the parents, and so on and so forth. It is indeed very entertaining as the young ones try to show off their new skills, but this may cause your schedule to go haywire if you do not interrupt their act firmly and politely. Many parents ask the child to say and wave bye-bye as they leave the consulting room. The shy kid looks lost and the parents prompt him loudly as they start waving wildly instead, but the child still refuses to comply. Smart kids wave with a smile and the extra smart ones give you a flying kiss and continue to wave to everyone in the clinic as they depart.

Caring for children and their parents is a demanding part of pediatric practice. However, such interactions make me realize that finding humor in every situation is mankind’s greatest blessing and medicine for the soul. Dr Seuss rightly said “From there to here, and here to there, funny things are everywhere. It is the sweet, simple things of life which are the real ones after all.”

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