

Child India

July
2022



Monthly e-Newsletter of Indian Academy of Pediatrics



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Editor's Note

Dear friends,

July 1st was celebrated as Doctor's Day and our beneficiaries, the children we care for and their families who understand the true worth and value of the profession, were effusive in their appreciation and thankfulness for our services. Elders of the medical fraternity were honoured on the day.



"ORS DAY & ORS WEEK" is being celebrated during the last week of July (any 1 week which should include July 29th) and ORS day is on July 29th every year. The theme for this year is "Jodi No.1-ORS and Zinc". Numerous programs will be conducted by the IAP members all over India to reinforce the importance of ORS in the management of acute gastroenteritis in children. Please send in your ORS Week/Day celebration reports to IAP CO.

World Hepatitis Day is commemorated each year on 28 July to enhance awareness of viral hepatitis, an inflammation of the liver that causes a range of health problems, including liver cancer. This year's theme is "I Can't Wait" urges all to take action and raise awareness of hepatitis because Hepatitis Can't Wait.

The World Breastfeeding Week is celebrated every year from 1 to 7 August to encourage breastfeeding and improve the health of babies around the world. The theme 2022 – Step Up For Breastfeeding | Educate and Support. The reports of activities to promote breastfeeding during the week need to be sent to IAP CO.

This month's issue focuses on Child Rights which includes the right to health, education, family life, play and recreation. Every child has the right to an adequate standard of living and to be protected from abuse and harm. We are thankful to Dr Rajeev Seth and the team of experts for their contributions.

Wishing you all the very best,

Regards,

Dr Jeelson C Unni

Editor-in-Chief

President's Address

Dear friends,

Greetings to all IAP members.

The International Day for Protection of Children, established in 1954, is observed on June 1 and has helped elevate June 1 as the internationally recognized day to celebrate children. A movement was created to protect children's rights, end child labour and guarantee access to education. It is a day to advocate for and champion the rights of children.



Children's rights are fundamental human rights – and should not be something that one needs to fight for. They are not different or special rights. Children are to be provided a safe and secure environment.

A world where rights of the future citizens of the universe are ensured creates a humanity that cares for its children.

India is one of the 193 countries that are signatories to the United Nations Convention on the Rights of the Child (UNCRC).

We pediatricians, the custodians of child health, should be aware of the contents of UNCRC and participate in advocacy for child rights. The Indian Academy of Pediatrics, its sub chapter, The Indian CANCL Group of IAP, along with several agencies and NGOs (India Alliance for Child Rights and World vision India) have initiated a process to work for the rights of our country's little ones.

I am extremely happy that the June issue of Child India is focussing on Child Rights and I hereby request all IAP members to actively participate, in this movement.

Jai IAP,

Dr Remesh Kumar

National President, IAP 2022

Secretary's Message

Dear Friends,

"The compassionate actions of the members most accurately measure the greatness of the community."

This July issue of Child India is dedicated to IAP CPR Day and IAP ORS Day. Indian Academy of Pediatrics (IAP) observed National CPR Day and week on 21 July 2022. (17th to 25th July) Also, ORS Day was celebrated in the last week of July (25th to 31st July) across the country.



Diarrhoea is India's third leading cause of childhood mortality and is responsible for 13% of all deaths /year in children under 5 years of age. Oral rehydration therapy (ORT) with ORS remains the cornerstone of appropriate case management of diarrheal dehydration and is considered the single most effective strategy to prevent diarrheal deaths in children.

In its endeavour to reduce Under 5 Mortality and Preventable Diarrhoeal Deaths, IAP marked the last week of July every year as ORS Awareness Week.

Along with this, Indian Academy of Paediatrics organised workshops on various modules under the Presidential Action Plan 2022. A total of 167 workshops of NTEP, the most prestigious and of great importance and with MOHFW, Govt of India, have been done till now. In July alone, we did 17 workshops. 61 workshops of ECD, 6 Workshops of Pediatric Emergency Care & Resuscitation Training Module (PECART), 2 of Demystifying Allergic Disorders (DAD), 6 of Pyrexia of Infection & Non-Infection (POINT), 1 of Ped Gastro, 3 of Pulmostar, 4 of use of Medications in Pediatrics (UMP) & 3 of Growth & Puberty- A Challenging Journey-Pediatric Endocrinology Module have taken place in this month.

I appreciate National President IAP Dr Remesh Kumar R and all our office bearers, Coordinators and Convenors of the Module for their efforts to make it successful.

About IAP NRP FGM, one of the flagship programs of IAP, this month total of 60 Basic NRP workshops have been successfully conducted, and about 1833 participants have been trained from it. 5 of the Advanced IAP NRP FGM workshops were organised, and a total of 181 participants have been trained. They will, in turn, train every Intern in their college. This will contribute to bringing down the Under Five mortality in India.

So, on behalf of IAP, I urge you to organize various activities in the best interest of the health and welfare of the country's children.

Long Live IAP, Jai IAP

In service of the Academy,

Dr Vineet Saxena

Hon. Secretary General 2022 & 23

President's Engagements



കൂട്ടിക്കളിയിലെ പോഷകാഹാരാരോഗിസംരംഭിച്ച് ഇന്ത്യൻ അക്കാദമി ഓഫ് പീഡിയാട്രിക്സ് ക്കുള്ള ന്യൂട്ട്രിഷൻ ചാർട്ടർ ക്കേഴ്ചയ്ക്ക് സഹകരിച്ചു ന്യൂട്ട്രിക്കോൺ വാർഷിക സമ്മേളനം കലാകർ ണ്ടായ പി.കെ.ജയചന്ദ്രൻ ഉദ്ഘാടനം ചെയ്യുന്നു. ഐ.എ.പി. ജില്ലാ പ്രസിഡന്റ് ഡോ. ജോസഫ് പാറ്റാണി, യൂണിസെഫ് കൺസൾട്ടന്റ് ഡോ. കെ.ഇ.എലിസബത്ത്, ഐ.എ.പി. ക്കുള്ള ന്യൂട്ട്രിഷൻ ചാർട്ടർ പ്രസിഡന്റ് ഡോ. ടി.ജി.ശ്രീ പ്രസാദ്, ദേശീയ പ്രസിഡന്റ് ഡോ. ആർ.കമലകുമാർ, ഡോ. ടി.യു.സുകുമാരൻ, സംസ്ഥാന പ്രസിഡന്റ് ഡോ. എ.വിജയകുമാർ എന്നിവർ സന്നിഹിതരായിരുന്നു.

‘ന്യൂട്ട്രിക്കോൺ’ വാർഷിക സമ്മേളനം നടത്തി

കേഴ്ചയ്ക്ക് ● കൂട്ടിക്കളിയിലെ പോഷകാഹാരാരോഗിസംരംഭിച്ച് ഇന്ത്യൻ അക്കാദമി ഓഫ് പീഡിയാട്രിക്സ് (ഐ.എ.പി.) ക്കുള്ള ന്യൂട്ട്രിഷൻ ചാർട്ടർ സഹകരിച്ചു ന്യൂട്ട്രിക്കോൺ വാർഷിക സമ്മേളനം കലാകർട്ടായ പി.കെ.ജയചന്ദ്രൻ ഉദ്ഘാടനം ചെയ്തു. ഐ.എ.പി. ക്കുള്ള ന്യൂട്ട്രിഷൻ ചാർട്ടർ പ്രസിഡന്റ് ഡോ. ടി.ജി.ശ്രീപ്രസാദ് അദ്ധ്യക്ഷത വഹിച്ചു. ഐ.എ.പി. ദേശീയ പ്രസിഡന്റ് ഡോ. ആർ.കമലകുമാർ, സംസ്ഥാന പ്രസിഡന്റ് ഡോ. എ.വിജയകുമാർ, ജില്ലാ പ്രസിഡന്റ് ഡോ. ജോസഫ് പാറ്റാണി, ഡോ. കെ.ഇ.എലിസബത്ത്, ഡോ. ടി.യു.സുകുമാരൻ, ഡോ. നിഷ് വീ.കൃഷ്ണൻ, ഡോ. ഡാർലി എസ്.മാമ്മൻ, ജോണി സെബാസ്റ്റ്യൻ എന്നിവർ പ്രസംഗിച്ചു.

Pednutricon at Kottayam July 10th 2022

President's Engagements



Ped Allercon 2022 at Nagpur

President's Engagements



Indian Academy Of Pediatrics Ors Week Celebration (25-31 July)

Jodi Number One, Ors & Zn

जोड़ी नम्बर वन, ओ,आर,एस और Zn

How do you know a child has Diarrhoea?

More watery than normal stool or completely watery stool indicates that the child has Diarrhoea

Symptoms of dehydration (Consult doctor if you see 2 or more symptoms)



If a child has restlessness, irritated, dizzy or unconscious



Eyes appear sunken



If the child is extremely thirsty or is unable to drink water (not applicable for children less than 2 months)



On gentle pinching the skin gets to normal position very slowly (Lack of elasticity in the skin)

Benefits of O.R.S.

Fulfills the deficiency of salt and vital nutrients in the body

Helps reduce vomiting and Diarrhoea

Hydrates the body and initiates faster recovery from Diarrhoea

Process of making O.R.S. solution



Pour 1 litre drinking water in a clean utensil



Pour 1 big packet of O.R.S in it



Stir the O.R.S. powder well with a clean spoon

Use O.R.S. solution within 24 hours of preparation, discard the leftover solution

O.R.S. dosage for different age



Less than 2 months old child

5 spoons of solution after every motion



2 months to 2 years child

1/2 cup - 1 cup after every motion



2 years to 5 years old child

1/2 cup - 1 cup after every motion



Parental Guideline

Give O.R.S. to the child from the onset of Diarrhoea and after every motion, till Diarrhoea subsides

Benefits of Zinc

Reduces duration and intensity of Diarrhoea

Protection from Diarrhoea for 3 months

Increases immunity for longer period



Dosage of Zinc tablets for different age groups

2 months - 6 months old child

1/2 tablet (10 mg) in clean water or mother's milk
10 mg



6 months - 5 years old child

1 tablet (20 mg) in clean water or mother's milk
20 mg

Zinc for 14 days, once daily

President's Engagements



**Dr. Remesh
Kumar R**

*President
IAP 2022*



**Dr Upendra
Kinjawadekar**

*President
IAP 2023*



**Dr Vineet
Saxena**

*Hon Secretary
General IAP, 2022-23*



**Dr Piyush
Gupta**

*President
IAP 2021*

Join us for a timely and enriching discussion



IAP CPR Day



DR ANAND
SHANDILYA

IN MEMORIAM

July 21, 1962 - January 1, 2019



**Dr Narendra
Nanivadekar**

Speaker



**Dr Purna
Kurkure**

Speaker



**Dr Santanu
Deb**

Speaker

President's Engagements



Infectious Disease Chapter Conference - Madhya Pradesh

Child Rights and Protection

DR RAJEEV SETH MD, FIAP, FAAP(USA),
Chair of the Board, International Society for the Prevention of
Child Abuse & Neglect(ISPCAN)
Past Chair ICANCL Group, IAP



Introduction

The Constitution of India guarantees equality before the law to all citizens, and pledged special protections for children. In 1992, India accepted the obligations of the UN Convention on the Rights of the Child (CRC). When countries ratify the CRC, its articles are integrated into national constitutions and legislation. As pediatricians, we must be aware all steps our Government has taken to protect children's rights.

Children's Rights (CR) are fundamental to our pediatric practice. Whether we work in the area of clinical, research, public health or policy, we encounter issues of Children's rights (CR) on a daily basis. As pediatricians, we must always acknowledge, respect and protect CR. The purpose of the present chapter is to make pediatricians familiar with the language of child rights; to support CR in the clinical settings and become effective advocates for children and their families.

UN Convention of Child Rights (UN CRC) and Child Health Care

The UN CRC has implications both at policy or decision-making level and at practice or health care provision level. There is sufficient evidence globally to acknowledge that the UN CRC has influenced child rights to health and well being. Every pediatrician can and should have adequate knowledge of rights of every child in the area of child survival, identity, development, protection

and participation. They should understand the broader social determinants of child health, become trained in the use of UN CRC, align themselves with CR organization in advocacy efforts and lobby their local, state and national elected representatives to advance child rights (Table 1).

The 2030 Agenda for Sustainable Development Goals (SDG)

The United Nations General Assembly formally adopted the 2030 Agenda for

Sustainable Development Goals (SDG) in September 2015. The SDG's are for universal, integrated and transformative vision for a better world. SDG are composed of 17 goals and 169 targets to wipe out poverty, fight inequality and tackle climate change over the next 15 years. The SDG aim to build on the work of the historic Millennium Development Goals (MDGs), which in September 2000, rallied the world around a common 15-year agenda to tackle the indignity of poverty.

India's Approach to Promotion & Protection of Child Rights

The National Commission for Protection of Child Rights (NCPCR) provides for setting up State level commissions, meant for protection and promotion of child rights. Several policies, laws and programs have been introduced:

National Policy for Children (2013). The Government adopted this policy to reiterate

Table 1 : Articles of the UN CRC that apply to child health

Article	Purpose
Article 2	Protection from Discrimination
Article 3	Best interests of the child a primary consideration: the institutions, services and facilities responsible for the care or protection of children shall conform to the standards established by competent authorities
Article 5	Parents responsible for ensuring that child rights are protected
Article 6	Right to survival and development
Article 9	Right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis
Article 12	Right of a child to express their views, considering the maturity of the child
Article 14	Freedom of expression including seeking, receiving and imparting information
Article 16	Protection of privacy
Article 17	Access to information from mass media, with protection material injurious to child well being
Article 18	Assistance to parents with child rearing responsibilities
Article 19	Protection from physical and mental violence, abuse or neglect
Article 20	Special protection to children deprived of their families
Article 22	Protection of children seeking refugee status
Article 23	Rights of disabled children to special care
Article 24	Right to health and access to health care
Article 27	Right to an adequate standard of living
Article 28	Right to education
Article 30	Right to own culture and religion
Article 31	Participation in leisure and play
Article 34	Protection from sexual exploitation

its commitment to rights based approach to children.

National Plan of Action for Children (NPAC) (2016). Based on the National Policy for Children, NPAC provides a road map that links the policy objectives to actionable programs.

Integrated Child Protection Scheme (ICPS) (2009) recognize that child protection is a primary responsibility of the family, supported by community, government and civil society.

Laws to Protect Rights of Children in India

- Juvenile Justice (Care & Protection) Act 2015
- The Protection of Children from Sexual Offences (POCSO) Act, 2012
- The Right to Education Act (RTE) (2009)
- The Child Labour (Prohibition & Regulation) Act (CLPR Act) 1986
- The Prohibition of Child Marriage Act, 2006
- Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.

CHILDLINE 1098: This is an emergency telephonic help line, which helps link children in situations of abuse/neglect with rehabilitation services.

Child Protection

Child Protection is the safeguarding of children from abuse, neglect, violence and exploitation. The Article 19 of UNCRC declares, “States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child”

Child Abuse and Neglect

The WHO defines “child abuse” as forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power”.

Major types of child abuse by caregiver or other adults include (a) Physical abuse - acts of commission by a caregiver that cause actual physical harm or have the potential for harm;(b) Sexual abuse is defined as those acts where a caregiver uses a child for sexual gratification;(c) Emotional abuse- the failure of a caregiver to provide an appropriate and supportive environment, and includes acts that have an adverse effect on the emotional health and development, (d) Neglect refers to the failure of a parent/ guardian to provide for the development of the child – where the parent is in a position to do so – in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions. Neglect is thus distinguished from circumstances of poverty in that neglect can occur only in cases

where reasonable resources are available to the family or caregiver. The Government of India (2007) study on child abuse clearly highlights the high prevalence of all forms of child abuse in our country. The major finding of this study revealed two thirds of children are physically abused; half are sexually and emotionally abused.

Short- and Long-term consequences of Child Abuse

Child abuse can lead to development of both short term and long-term adverse health consequences for the victim (WHO, 2019). The short and long-term effects on children may include regressive behaviors that interfere with developmental milestones (such as a return to thumb-sucking or bed-wetting), sleep disturbances, eating problems, performance problems at school, sexualized behavior. There exist lifelong consequences of child abuse including mental and physical health, reproductive health, academic performance, and social functioning. A well designed epidemiologic, Adverse Childhood Experiences (ACEs) Study (Felitti et al), revealed a high risk of heart disease in adult survivors of abused children. The adverse health effects in adult life, including development of adulthood high-risk health behaviors include smoking, alcohol and drug abuse, promiscuity, and severe obesity, and also correlate with ill-health including depression, heart disease, cancer, chronic lung disease and shortened lifespan.

Role of Pediatricians in Realizing Child Rights

The status and condition of children is the clearest indicator of whether nations and societies understand and respect human rights. Survival, early childhood care including health care, nutrition, education, growth and development are most crucial child rights and must be prioritized. Prevention and response to child abuse, neglect, protection and exploitation

(street children, child labour, trafficking, child marriage) must be integrated in the training of medical students and residents. Pediatricians need to be familiar with relevant laws and the basic legal procedures to ensure good health and protection of all children. When parents are illiterate or ignorant, they must be made aware of child rights; must demand and fight to obtain them.

Right to Education (RTE) Act is now the law of the land. All educated people need to insure that all are educated. The Government must provide the necessary infrastructure, but the community needs to oversee that the schools function, the teachers teach and the learners learn. A rights-based rather than a welfare approach is needed to realize child rights, of which education and health are crucial. As pediatricians, we must advocate for a law to provide for Right to Health. Pediatricians should join hands with committed groups of multidisciplinary professionals, NGOs, media and allied partners in order to work together and monitor the government efforts in promotion and protection of various aspects of child rights.

Recommended Readings

Convention on the Rights of the Child (with optional protocols), available from www.unicef.org/crc, accessed June 2022.

Srivastava RN. Right to health for children. *Indian Pediatr* 2015 Jan;52(1):15-8

Seth R. Child Abuse and Neglect in India. *Indian J Pediatr*. 2015;82:707-14 inable Developmental Goals (SDG), available www.un.org/sustainabledevelopment/sustainable-development-goals, accessed June 2022.

Felitti VJ . The Relation Between Adverse Childhood Experiences and Adult Health: Turning Gold into Lead. *Perm J*. 2002 Winter; 6(1): 44–47.

Children's Rights for Optimal Early Childhood Development



DR. SHANTI RAMAN¹

DR. RAJEEV SETH²



This is an updated version of the position statement "The Rights of Children for Optimal Development and Nurturing Care"

Introduction

The future of the world will be in the hands of today's children. It is imperative therefore that all children receive the necessary care and support to allow them to reach their full potential; nowhere is this more important than in India. An estimated 250 million children under 5 years of age, in low, middle, as well as high income countries, are at risk of not achieving their potential due to risk factors of extreme poverty and stunting.² While there have been significant global gains in the survival of infants and young children, during the past 25 years, many children who live in poverty in unhealthy, unsupportive environments, will not meet their developmental potential: they will survive, but not thrive.³

There is a global movement to change this. The Convention on the Rights of the Child (CRC) was adopted in 1989 by the United Nations General Assembly, and entered into force in 1990.⁴ Subsequently, the Millennium Development Goals, adopted by world leaders in 2000 (to be reached by 2015) concentrated on child survival.⁵ These goals have now been replaced by the Sustainable Development Goals (SDGs), which are a collection of 17 global goals related

to global poverty, inequality, peace, justice, as well as human and child rights standards.⁶ Services and interventions to support early childhood development are essential to realising the vision of the Sustainable Development Goals.⁷ More recently, the World Health Organization (WHO) and UNICEF have launched the Nurturing Care Framework (NCF) in an effort to support early childhood development (ECD) and transform child rights principles into practice.⁸

This article outlines children's rights under international law, the underlying scientific evidence supporting attention to ECD, and the philosophy of nurturing care which ensures that children's rights are respected, protected and fulfilled. Paediatricians are the key to ensuring children achieve their rights and are provided with a nurturing care environment in which they can flourish.

Children's Rights and the Convention on the Rights of the Child

In response to increasing calls for a legally binding children's rights treaty, in 1989, the UN General Assembly adopted the Convention on the Rights of the Child (Table 1).⁹ The CRC enshrines protection, promotion and participation rights; affirms children's right to health, to be protected from abuse, and to freedom of expression, among other rights.⁹ India, home to 20% of the

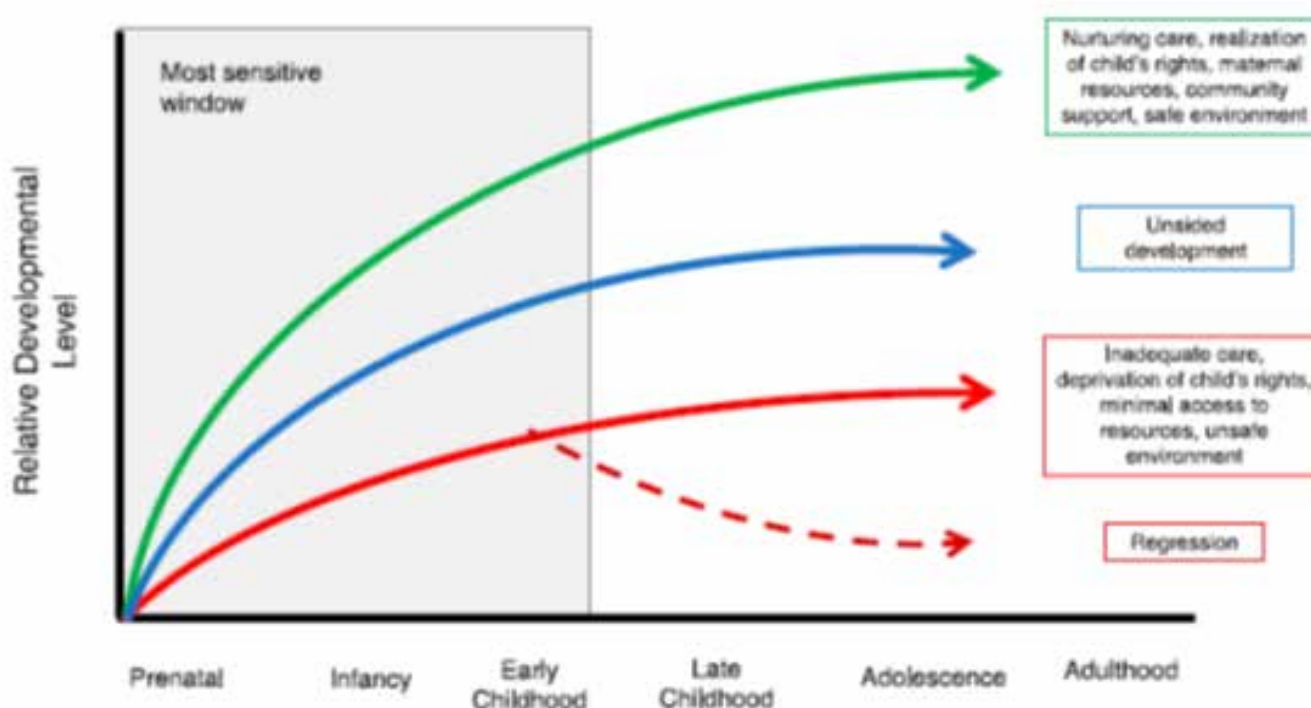
1. Director - Community Paediatrics, South Western Sydney Local Health District, Australia
2. Chair of the Board - International Society for Prevention of Child Abuse & Neglect

global child population, established the National Commission for the Protection of Child Rights in 2007 as a response to the CRC, and followed with a National Policy for Children in 2013.¹⁰ After recognizing the critical role that early childhood plays in the human life course, the Committee on the Rights of the Child prepared an authoritative interpretation of the CRC's articles and their relevance to early childhood: General Comment No. 7 (GC 7): "Implementing Child Rights in Early Childhood".¹¹ GC 7 stresses that young children have rights from the beginning of their lives and acknowledges the special vulnerability of the very young to poverty, discrimination and other adversities that can compromise their rights and undermine their capacities and well-being. GC 7 defines early childhood as the period below the age of eight years to include all children from birth through the preschool years to transition to school. The CRC has been ratified by 196 countries making it the most widely ratified UN human rights treaty to date—the only country that has not ratified the treaty is the United States.¹²

Why the focus on Early Childhood Development

While there have been dramatic advances in neuroscience, molecular biology, genomics, and behavioural and social sciences over the past two decades that have deepened our understanding of the importance of the early years, the full extent of early developmental plasticity has only become evident recently.^{13,14} The recent interest in the early years has also been prompted by growing awareness that what happens during this period of development especially the disruptive impacts of early adversity and toxic stress, has lifelong consequences for children's health and wellbeing.¹⁵ However, while negative experiences, such as environmental insult and abuse, can cause maladaptive structural changes that persist into adulthood,^{14,16} positive experiences, such as responsive caregiving, stimulation and enrichment, promote learning and growth of the brain. The roles of the mother and other caregivers are extremely important

Figure 1 : Risk and protective factors for healthy developmental trajectory



role with positive early contact with a primary caregiver being essential for synaptic pruning and altering telomere length.¹⁷ Altogether, these findings support that the effects of early childhood experiences, are multiple across the life course and indicate that supporting ECD is crucial to overall development (Figure 1).

The Nurturing Care Framework for ECD

The Early Childhood Development Series Steering Committee, a multi-disciplinary group that advocated for the importance of ECD, introduced the concept of 'nurturing care' for children under three years of age and espoused multi-sectorial and integrated health and nutrition interventions for children. This concept set the stage for the subsequent creation of The Nurturing Care Framework (NCF) for Early Childhood Development, which was jointly launched in 2018, by the WHO, UNICEF, the World Bank Group, the Partnership for Maternal,

Newborn, and Child Health and the ECD Action Network. The NCF recognizes that pregnancy to age three is when children are most susceptible to environmental influences, and thus, this is the best time for multifaceted child support. This enriched approach, known as nurturing care, supports conditions that promote health, nutrition, security, safety, responsive caregiving, and opportunities for early learning for a child to achieve their full developmental potential. The NCF framework provides a roadmap for public policies, medical providers and caretakers to promote nurturing care interventions and addresses five interrelated components that are necessary for optimal ECD. Specifically: 1) the necessity of improving health and wellbeing in the earliest years; 2) major threats to ECD; 3) how nurturing care can protect young children from adversity and promote physical, emotional and cognitive development; and 4) what caregivers need to do to provide nurturing care for young children (Figure 2).

Figure 2 : Child's rights as a foundation for the Nurturing Care Framework



Challenges to Providing Nurturing Care and Ensuring Child Rights

It is critically important that a rights-based approach be used to address the challenges children face with respect to achieving optimal health and well-being. These issues demand the attention of paediatricians and child health professionals, as they can make a contribution to mitigating risks and promoting optimal development via a Child's Rights Based Approach.¹⁸⁻²⁰ The biggest threats to children's rights globally and especially in India are poverty, inequity, and social adversities. We know that there is a long way to go in tackling inequity in India, where despite improvements in its economy, there is high child mortality and morbidity, with significant differences in child health indices both between and within different states.²¹ Child health inequities are differential outcomes in children's health, development and well-being that are unjust, unnecessary, systematic and preventable.²² By definition, inequities represent violations of child rights and assaults on social justice. Children suffering from inequities suffer the situational disadvantage of not being able to access high quality health, welfare and early childhood services according to their needs.^{23,24} As a direct result of rights violations, children in the poorest households are twice as likely as those in the richest households to die before the age of 5 years, twice as likely to be stunted due to chronic malnutrition, less likely to receive vaccines and have access to safe drinking water and sanitation.²⁵ The effects of poverty on child development are also significant, with longer exposure to poverty associated with worse outcomes.^{26,27}

Another significant challenge to realizing child rights in early childhood is violence against children, including child maltreatment.^{28,29} Rights enshrined in CRC articles 11, 19, and 39 emphasize the right to be free from abuse, "the rights to be protected from kidnapping, to be protected from being hurt in body and mind, to help in the case of injury, maltreatment or neglect". Unfortunately,

rates of child maltreatment remain high throughout the world and are particularly so in low resource settings.³⁰ We know that there are worse outcomes for children experiencing maltreatment during early childhood, from the Adverse Childhood Experiences (ACEs) study.¹⁶ Cultural practices that harm young children such as son preference and child marriage that are a major problem in India, are also associated with adverse health outcomes.²⁸

A final challenge to highlight is that faced by children with disabilities. The UN's Convention on the Rights of Persons with Disabilities (CRPD), offers standards of protection for civil, cultural, economic, political and social rights of persons with disabilities on the basis of inclusion, equality and non-discrimination.³¹ Of note, Article 7 calls for state protection of the rights of children with disabilities, for actions to be taken only in the best interest of a child, and for states to ensure that children with disabilities have the right to express their views on an equal basis with other children. We know that an estimated 53 million children globally younger than five years of age are living with developmental disabilities.² Children with disabilities are at greater risk of victimization, violence, poverty, and exclusion from schools; these conditions are in direct violation of both the CRC and the CRPD.^{32,33}

What can Paediatricians and Paediatric Societies do to Improve ECD and Child Rights?

1. Training on Child Rights and Nurturing Care

All national and regional pediatric societies need to provide training modules on child rights, child development, and violence against children, as well as ensure that paediatricians in training and those who work in child health care settings undergo such training and comply with it.^{28,34}

2. Action on Poverty, Inequity, and the Social Determinants of Health.

The SDGs and the CRC provide a global foundation for the reduction of children's exposure to the above adverse social circumstances and for the promotion of equity in ECD and later childhood.²⁰ Paediatricians and paediatric societies should do everything in their power to advocate to promote adequate maternal and child nutrition (SDG target 2.2), universal health coverage including antenatal and child birth care (SDG target 3.8), parental leave, affordable child care, good quality inclusive daycare and pre-primary education (SDG target 4.2).⁶

3. Addressing violence against children

A vital step in ensuring children's rights to safety includes recognition and intervention by paediatricians and child health workers. Addressing violence against children requires multiple approaches.²⁹ Child health care workers must receive and have access to high quality training to improve their ability to detect abuse and intervene on behalf of children. A key priority of our collaboration to end violence against children was working on armed conflict and children on the move.

4. Inclusion for Children with Disabilities.

Initiatives for early child development must be disability inclusive. Olusanya et al. call for intervention at 3 levels: 1) primary prevention

targeting biological and environmental risk factors to reduce the incidence of developmental disabilities; 2) secondary prevention through early detection of disabilities during early periods of developmental plasticity; and 3) tertiary prevention through community based programs.³⁵

Conclusions and the Way Forward

For children to reach their maximum developmental potential, ECD must be supported by nurturing care and the principles of children's rights. Nurturing care interventions must begin before birth during the prenatal stage (as per the NCF) and must continue throughout childhood to ensure health and wellbeing throughout the life course. These benefits are not only individual, they are societal: improving child health outcomes will increase global productivity and sustainability and is cost effective. A child rights approach responds to the vulnerability of children in society, commits to the protection of their health and wellbeing, and to the establishment of a solid foundation that serves them for the rest of their lives. Now more than ever is the time to integrate nurturing care and child's rights to support ECD; now is the time for policymakers and paediatricians alike to ensure children's achievement of their human potential.

**Table 1:
Summary of the Articles of the
Convention of the Rights of the Child**

CRC Article	Purpose
1-2	All children under 18 have these rights
3-5	All adults should do what is best for children. The government has a responsibility to ensure that these rights are protected and a child's family has the responsibility to help a child exercise these rights
6-8	The right to life, a name, and an identity
9-10,18	The right to live with their parents, and to be raised by their parents
11,19,39	The rights to be protected from kidnapping, to be protected from being hurt in body or mind, to help if in case of injury, maltreatment, or neglect
12-15, 30	The rights to give their opinion, to choose their own religion and beliefs, to choose their own peers, and to practice their own culture, language, and religion
16-17	The rights to privacy and to obtain information in any sources so long as this information is not harmful
20-22	The rights to special care if a child cannot live with their parents, to protection in adoption or foster care, to special protection if a child is a refugee
23	The right to special education if a child has a disability
24-25	The rights to the best health care and nutrition possible, to safe living conditions
26-27	The rights to help from the government if a child is in need financially and to have their basic needs met through food, clothing, and a place to live
28-29	The right to a quality education
31-32	The rights to play, rest, protection from harmful work, and fair pay for work
33-38	The rights to protection from harmful drugs, the drug trade, sexual abuse, cruel punishment, and war
40,42	The rights to legal help, fair treatment in the justice system, to know one's own rights
41	If the laws of a country protect a child better than the above articles, those laws should apply
43-54	Explanation of how governments and international organizations will work to ensure that children are protected with their rights

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Child Neglect & Child Maltreatment



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Introduction

World Health Organization (WHO) defines child maltreatment as all forms of physical & emotional ill treatment, sexual abuse, neglect, & exploitation, that results in actual or potential harm to the child's health, development or dignity. Child neglect is one of the four main types of abuse in children.

Abuse is defined as an act of commission and child neglect is an act of omission in the care leading to potential or actual harm (1). Neglect includes inadequate health care, education, supervision and protection, from hazards in the environment and unmet needs such as clothing, and food. Neglect is the most common form of child abuse.

Risk factors

There are various risk factors which may be at individual level, familial level and social level.

Risk factors at individual level:

Child's disability, Unmarried mother, Divorced, Single parent, maternal addiction, parent's depression, chronic illness in family,

Risk factor at familial level:

Domestic violence, many unsupervised siblings in family, Child born of extramarital relationship

Risk factors due to Socio-economic conditions

Poverty, Unemployment, Migratory population, Loss of home due to floods, disasters like earthquake, Children living in orphanage, Child protection homes,

Long working hours of both parents, and child is not properly supervised under a care giver.

Protective factors: There are also certain protective factors, which can decrease the risk of neglect, like strong family bonding and support, parental concern and resilience. (2)

Incidence & Prevalence

Worldwide more than 3.2 million children are subject to neglect out of these more than 20 % having positive evidence of abuse. In India, two out of every three children are physically abused. A highly patriarchal culture in n which, reprimanding, punishing, or spanking a child is a cultural norm. 53% of children report abuse, by a parent,, relative or school teacher. According to the children's bureau of the US department of health and human services in 2018, approximately 678,000 children were deemed victims of abuse or neglect, with 60.8% of those suffering from neglect. Moreover, the bureau estimated that 1,770 children dead in 2018 from abuse or neglect. (3)

TYPES OF CHILD NEGLECT

According to the Children's Bureau of the U.S. Department of Health and Human Services, there are several basic categories of neglect, including:

Educational neglect: Failing to enroll a child in school, allowing a child to repeatedly skip school, or ignoring a child's special education needs

Physical neglect: Failing to care for a child's basic needs like hygiene, clothing, nutrition, or shelter, or abandoning a child

Emotional neglect: Exposing a child to domestic violence or substance use, or not providing affection or emotional support

Inadequate supervision: Leaving a child who can't care for themselves home alone, not protecting a child from safety hazards, or leaving the child with inadequate

Caregivers

Medical neglect: Denying or delaying necessary or recommended medical treatment

Warning signs of Child Neglect.

Often, it's a teacher or a concerned neighbor or relative who may recognize warning signs of neglect. An underweight child who only rarely attends school or a young child who plays outside at all hours of the day without an adult in sight may raise red flags. Outward signs may include frequent absences from school, poor hygiene such as being consistently dirty or having severe body odor, lack of sufficient clothing, and being inappropriately dressed for the weather. Signs that the child is not receiving needed medical, dental, or vision care are also warning signs. Additionally, the child's behavior may raise flags. Children who steal or beg for food or money, use alcohol and drugs, or simply state that they are regularly home alone without supervision. Signs

that a parent or caregiver may not be caring for a child adequately typically center around their behaviors, such as an appearance of indifference or apathy toward their child, misuse of drugs or alcohol, or irrational or bizarre behavior. (4-5)

Diagnosis : Children of child neglect and maltreatment is always a challenge. The child may present in various ways. The victim most of the time is nonverbal, or too much frightened or seriously injured and unable to narrate, and witnesses are uncommon. It is only few concerned people like staff of child help line, NGO, or social workers who may bring suspected cases. The perpetrators bring the child for treatment, with inconsistent histories

Sometimes the abuse is detected incidentally, on interrogation and detailed history. Poor oral hygiene, extensive dental caries, malnutrition with significant growth failure, untreated diaper dermatitis, untreated wounds may raise reasonable suspicion of child neglect. It is the responsibility of all health care providers to make a report to child welfare committee (CWC).

Medical evaluation could include skeletal survey, and laboratory evaluation of various bone and metabolic parameters, enzymes, platelet function assays will be needed depending upon the clinician's assessment. Most common differential diagnosis of any non-accidental injury is an accidental injury (4)(5)

Initial management is always stabilization first, followed by detail history and clinical examination the help of multidisciplinary professionals: clinical psychologist, orthopaedician, surgeon may be needed. The attending physician has to be a mandatory reporter of child neglect. It is not all the responsibility of physician to identify perpetrator, but it is to recognize the potential abuse and neglect and provide the overall physical and psychosocial support to the victim. Complications can be fractures, burns, disfigurement, emotional trauma, seizures.

A report to child welfare committee is never a punitive action but an act to ensure the health and safety of the child. (6)

The long term effects of abuse and neglect on a child include:

All types of abuse and neglect leave lasting scars. Some of these scars might be physical, but emotional scarring has long lasting effects throughout life, damaging a child's sense of self, their future relationships, and ability to function at home, work and school.

1) Lack of trust and relationship difficulties. If you can't trust your parents, who can you trust others. Without this base, it is very difficult to learn to trust people or know who is trust worthy? This can lead to difficulty maintaining relationships in adulthood. It can also lead to unhealthy relationships.

2) Core feelings of being "worthless." If you've been told over and over again as a child that you are stupid or no good, it is very difficult to overcome these core feelings. As they grow up, abused kids may neglect their education or settle for low-paying jobs because they don't believe they are worth more. Sexual abuse survivors, with the stigma and shame surrounding the abuse, often struggle with a feeling of being damaged.

3) Trouble regulating emotions. Abused children cannot express emotions safely. As a result, the emotions get stuffed down, coming out in unexpected ways. Adult survivors of child abuse can struggle with unexplained anxiety, depression, or anger. They may turn to alcohol or drugs to numb out the painful feelings

4) Neglect impacts a child's overall development and health and has physical, psychological, and behavioral consequences, including high-risk behaviors like substance use.

5) Health and Development Problems: Malnourishment may impair brain development. A lack of adequate immunizations and medical

problems could lead to a variety of health conditions. The National Survey of Child and Adolescent Well-Being discovered that 50.3% of children suffered from special health care needs three years after being removed from a neglectful situation.

6) Cognitive Impairments A lack of appropriate stimulation could lead to ongoing intellectual problems. Children with a history of neglect may have academic problems or delayed or impaired language development.

7) Emotional Problems: Neglect can lead to attachment issues, self-esteem problems, and difficulty trusting others.

8) Social and Behavioral Problems: Children who are neglected may struggle to develop healthy relationships, and they may experience behavior disorders or social engagement disorder. More than half of those who were mistreated in youth were at risk of substance use, delinquency, truancy, or unplanned pregnancy.

9) Child Death: According to the U.S. Department of Health and Human Services, nearly 75% of all child maltreatment-related deaths include neglect. Fatal incidents of neglect are most likely to occur with children under the age of 7 years. (7)

It is important to create awareness and sensitization of all health care providers about this vital issue of child neglect.

The discharge of child Neglect patient is also a much planned procedure. To send back the child again in the same atmosphere is risky and hence the help of child welfare committee (CWC) has to be taken. In India we do not have proper shelter homes in adequate numbers for this purpose. The stake holders of children need to take a serious note of this and bring out some standard operating protocols(SOP) for the treated victims of child neglect. A long term follow-up of these cases is needed. The child may

face with lack of trust and difficult relationship. The child can have core feeling of being worthless, it can have trouble relating emotions, and usually as they grow they turn out to have unexplained anxiety, depression, anger, antisocial behavior, they may turn out to alcohol or drugs to get rid of painful feelings. (8)

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Need for Child Protection Systems

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Introduction

As Children are vulnerable across the globe there is a need for establishing the Child protection systems¹. With the robust systems established we can guarantee Child rights. Best interests of children are guaranteed through adoption and implementation of International conventions like the United Nations Convention of rights of children and through the national instruments like Constitution of India, Juvenile Justice Act 2015, POCSO Act 2012, Right of children to free and compulsory education Act 2009, Child and Adolescent labour (Prohibition and Regulation) Act 1986, Prohibition of Child Marriage Act 2006, Laws to prevent Child trafficking, Laws to govern Adoption of Children and Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994. To oversee the successful implementation and adjudication of violations of child rights there are Childrens Court, POCSO Courts, Juvenile Justice boards, Child Welfare Committees, Children homes, Special homes, Observational homes, Central Adoption Resource Authority, State Adoption Resource Agency and CARINGS – Child Adoption Resource Information & Guidance System. To peruse them let's look at these case scenarios.

Case Scenarios

Case – Seventeen-year-old girl seeks STI care and age certificate as adult from a doctor. On probing the doctor finds she is trafficked from neighbouring state and currently she resides in a brothel. She is not provided with proper food and

also tortured every day by the brothel owner to force her into prostitution. How do you approach this case?

Answer – There is mandatory reporting² to be done for two offences, one a POCSO Act Offence of penetrative sex and another of Child trafficking under section 16 POCSO Act and also offence under section 370 IPC and section 370A IPC. Therapeutic care to be given to address the sexually transmitted infection. Age certificate certifying the correct medical age can be given but no false proof of age as adult is to be given. The dilemma is whether to consider this seventeen-year-old girl as a child in need of care and protection for an offence under POCSO Act and IPC and place her before Child Welfare Committee for care and protection; or to consider as an accused for involving in prostitution³ for an offence under Immoral Traffic Prevention Act, 1956 and consider her as a child in conflict with law so that she should be placed before Juvenile Justice Board for further decisions.

Case – Teenage pregnant girl is attending an antenatal clinic along with her husband for anaemia related complications requiring immediate blood transfusion. How do you approach this case?

Answer – There are three issues here – one is mandatory reporting² under POCSO Act if the pregnant girl is less than 18 years and another to handle the medical emergency of immediate blood transfusion in an anaemia related complication in a teenage pregnant girl

and another is to report the child marriage⁴ to the child marriage protection officer under the Prohibition of Child Marriage Act, 2006. The mandatory reporting is warranted as POCSO Act does not differentiate between married and unmarried situations. Again, the Supreme Court⁵ in the case of Independent thought V Union of India in November 2017 struck down the exception clause in section 375 IPC which excluded from the offence of Rape, if the wife happened to be above 15 years. After this Supreme Court judgement all sexual activity less than 18 years whether consensual or not; whether in married relation or not would all be considered as an offence. But the doctor faces a dilemma of treating the high-risk pregnancy at one end and the mandatory reporting at the other end. But POCSO Act having an overriding effect on all laws prevalent - overrules all other laws if there is a contradiction.

Case – Police raid a hotel premises and find certain under aged individuals working. Hotel owner produces age certificates and fitness certificates issued by a private doctor. But Police challenge these certificates and those individuals are produced before a government doctor for medical examination, age estimation and fitness to work. How do you approach this case?

Answer – Yes as per Child and Adolescent Labour (Prohibition and Regulation) Act, 1986, no child less than 14 years can be employed⁶ in any factory / employment. Beyond 14 years again based on medical fitness can be employed in a non-hazardous factory / employment. Only after 18 years can a person be employed in a hazardous factory / employment. People employing children above 14 years in a non-hazardous factory / employment need an age proof from any medical practitioner. But if the age proof certificate issued by the medical practitioners being challenged on its genuineness than the labour inspector / officer can ask for a medical board opinion preferably only of government medical practitioners. Again, note that even

the labour inspector / officer will only ask for medical proof of age only if documentary proof of age is not available or is being questioned / suspected for its genuineness.

Case - A school dropout child was found being molested by Village headman. Police booked a case under POCSO Act and have forwarded the child for age estimation to book it as an aggravated offence. When / How / Who will conduct age estimation?

Answer – According to section 94 of the JJ Act 2015, whenever there is a question of age determination, it is the opinion of Juvenile Justice Board and Child Welfare Committee that will be final⁷ on deciding whether the person in question is a child or not. They can rely on documents at school authorities, and if not available then the revenue records maintained at municipality / panchayats, and only if none are available ask for medical age estimation that too by adopting ossification tests and also by modern methods. Model Rules under the JJ Act ask for panel of doctors to opine on age determination instead of a single doctor opinion. Model rules also point out that JJ board and CWC to always consider age estimated in the benefit of the child in the border line situations.

Case – A male nurse who conducted the delivery of an unwed mother expresses interest to adopt that girl child delivered which was a HIV positive. Unwed mother agrees to handover the child to the male nurse in exchange of money. How do you approach this case?

Answer – Today there cannot be any legal adoption unless it is under the Juvenile Justice Act 2015 or under Hindu Adoption and Maintenance Act (HAMA)1956). Adoption is only through the CARA (Central Adoption Resource Authority) or SARA (State Adoption Resource Agency) and that too strictly by CARA guidelines of 2017. All parents seeking adoption^{7,8,9} should compulsorily register under an online system of CARINGS –Child Adoption Resource

Information & Guidance System. There cannot be any commercial dealings or exchange of money for adoption. Single Male person cannot adopt a girl child under JJ Act and under HAMA Act also the age difference should be of 21 years between male person and girl child to be adopted. Whenever a sick child is sought for adoption, the existing rules put such child on priority for adoption and prospective adoptive parents are given preference over others in adoption.

Legal Provisions

United Nations Convention of Rights of Children¹⁰ – Article 3 guarantees that best interests of children shall be the primary consideration in all actions concerning children. State to protect the identity of Child (article 8); State shall ensure Child protection mechanisms (Article 20).

Constitution of India 11 - Right to free and compulsory elementary education for all children in the 6-14 year age group (Article 21 A); Right to be protected from any hazardous employment till the age of 14 years (Article 24); State can make special provisions for Women and Children (Article 15(3)); Prohibition of traffic in Human beings and forced labour (Article 23); Right to be protected from being abused and forced by economic necessity to enter occupations unsuited to their age or strength (Article 39(e)); Right to equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and guaranteed protection of childhood and youth against exploitation and against moral and material abandonment (Article 39 (f)); Right to early childhood care and education to all children until they complete the age of six years (Article 45); Whoever is a parent or guardian has to provide opportunities for education to child / ward between the age of six and fourteen years (Article 51A(k)).

Protection of Children from Sexual Offences Act² - POCSO Act, 2012 is a special law

to provide for the protection of children from the offences of sexual assault, sexual harassment and pornography, while safeguarding the interests of the child at every stage of the judicial process by incorporating child-friendly mechanisms for reporting, recording of evidence, investigation and speedy trial of offences through designated Special Courts. Child protection policies are specified in police investigation (woman police officer, officer in plain clothes, investigation at home of the child), in medical examination (woman doctor, presence of parents / trusted person during examination), in Court trials (woman magistrate, frequent breaks, single visibility mirrors to protect from accused, provision of Court Commission) and opportunity to use of Interpreters, Support persons, Child development experts, etc

Juvenile Justice (Care and Protection of Children Act), 2015 – deals with both children in conflict with law and children in need of care and protection and ensures proper care, protection, development, treatment, social integration by child friendly procedures in adjudication and adopting procedures in best interest of children, rehabilitation of children through processes and institutions established⁷. Juvenile Justice Board and Child Welfare Committee ensures the implementation of all the child protection policies under the Act.

The Right of Children to free and compulsory Education Act, 2009 – provides mechanisms and monitoring the process to ensure free and compulsory education to all children aged between six years and fourteen years¹². Right to Education is a fundamental right.

Child and Adolescent Labour (Prohibition and Regulation) Act, 1986 - to prohibit the engagement of children in all occupations and to prohibit the engagement of adolescents in hazardous occupations and processes. Rules of 2017 insist on authorities to create public awareness through media about

the child protection provisions under this law 6

Prohibition of Child Marriage Act, 2006 – prohibits solemnisation of child marriages of a male less than 21 years and a female of less than 18 years. Child marriage prohibition officers have the duty to prevent child marriages by sensitizing and creating awareness as well as to prosecute the offenders under the Act⁴

Child Trafficking Sec 16 POCSO & Sec 370/370A IPC – Now post 2012 (POCSO Act) and post 2013 (IPC amendments) we have severe punishment for trafficking of minors and also to people who abet the crime. Section 370A IPC deals as a separate offence if trafficking is for sexual exploitation^{2,13}.

CARA guidelines 2017 – Central Adoption & Regulatory authority 8 – Today there cannot be any legal adoption unless it is under the Juvenile Justice Act 2015 for any religion family⁷ adopting any child (up to age 18 years) belonging to any religion in India; or under Hindu Adoption and Maintenance Act (HAMA)¹⁹⁵⁶ for Hindu families⁹ adopting Hindu child (up to age 15 years). Adoption is only through the CARA (Central Adoption Resource Authority) or SARA (State Adoption Resource Agency) and that too strictly by CARA guidelines of 2017. All parents seeking adoption should compulsorily register under an online system of CARINGS – Child Adoption Resource Information & Guidance System. There cannot be any commercial dealings or exchange of money for adoption except for child care corpus fund to be deposited. Under JJ Act there can be adoption of orphaned, abandoned and surrendered children of age until 18 years. Single Male person cannot adopt a girl child under JJ Act and under HAMA Act also the age difference should be of 21 years between male person and girl child to be adopted. Whenever a sick child is sought for adoption the existing rules put such child on priority for adoption and prospective adoptive parents are given preference over others in adoption. Registered Deed is required

under HAMA Act for adoption; and Adoption Order from Court is required for adoption under JJ Act (An amendment is in process to vest this power to the District revenue head to issue such Orders, so as to ease the process of Adoption). Whenever someone is a guardian of a child under Guardianship and Wards Act 1890, then it is not an adoption but only guardianship rights¹⁴ over the ward till the child attains 18 years.

Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 - This Act¹⁵ is to protect the girl child by preventing and punishing those involved in sex selective abortions and to arrest the declining sex ratio and to prevent terminations of pregnancy with female foetus. Mechanisms to advocate the ill effects of declining sex ratio and also the punitive provisions for violating the provisions of this Act ensure the child protection policies are in place.

Discussion – Child protection policies are in place in India similar to as stipulated by the International Conventions. The laws, processes and establishments to ensure such child protection are in place. Proper sensitisation, advocacy and implementation is in process to ensure every child in India is protected or best interests of the child are protected. Whether its adoption policy under CARA guidelines 2017; right to free and compulsory education to all children aged between 6 years to 14 years, prevention of child marriages; prevention of female infanticide, prevention of child labour; prevention of sexual offences against children; establishment of child care and protection to all children in need of care and protection by the Child Welfare Committee; or establishment of just processes and practices in the best interests of the child in conflict with law by the Juvenile Justice Board – all are in line with International Conventions and special laws passed in India with continuous judicial scrutiny ensuring child protection. If even the health care personnel (Paediatricians) who deal with children act

as a check mechanism to detect all child rights violations and ensure child protection policies by guaranteeing child rights, we can ensure protection of our children.

Conclusion

This paper is a bird's eye view of all the child protection policies existing currently in India conforming to International Conventions and Indian Laws. Best interests of the child are guaranteed through all these child protection policies. Case scenarios illustrate the practical application of such child protection policies.

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Indian Academy of Pediatrics
National CPR Day
 21st July 2022
 (Week:17-24 July 2022)

Each one can save a life

Organized by
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Indian Academy of Pediatrics
 National CPR Day
 21st July 2022

Organized by: Navi Mumbai Association of Pediatrics

Address: 101, Navi Mumbai, Maharashtra

PED ALLERCON 2022
 15th Annual National Conference of Allergy and Applied Immunology Chapter of Indian Academy of Pediatrics

15 July 2022

WORKSHOP ON IN VIVO DIAGNOSIS OF ALLERGY (SPT & PATCH TEST)

TIME	TOPIC	SPEAKER
08:00 PM TO 08:30 PM	REGISTRATION & LUNCH	DR. PRADEEP Y. SAKHANI
08:30 PM TO 09:00 PM	INTRODUCTION TO ALLERGY TESTS	DR. VIKRAM KAPUR
09:00 PM TO 09:30 PM	SKIN PRICK TEST	DR. PRADEEP Y. SAKHANI
09:30 PM TO 10:00 PM	PATCH TEST	DR. VIKRAM KAPUR
10:00 PM TO 10:30 PM	DOCUMENTS TO BE SUBMITTED BY SPT	DR. PRADEEP Y. SAKHANI
10:30 PM TO 11:00 PM	DOCUMENTS TO BE SUBMITTED BY PATCH TEST	DR. VIKRAM KAPUR

Call for Registration: 9623935046



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Inauguration Invitation!!

It gives us great pleasure to announce that
Muskan Foundation for People with Multiple Disabilities
is opening its 5th center at
MGM Medical College Hospital, Panvel

We cordially invite you to grace this occasion with your esteemed presence

Date : 14th July, Thursday 2022 Time : 12:00pm onwards

Address: MGM Medical College Hospital, Sector-1, Kamothe, Navi Mumbai - 410209

Contact: 9930386610, 9930386115

Together we shall bring that Muskan



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International Yoga Day!
21st June 2022
Life is a balance of holding on and letting go...

MAHARASHTRA ACADEMY OF PEDIATRICS
Online Webinar for
WORLD BLOOD DONOR DAY
14th June 2022
THEME: "Donating Blood is an Act of Solidarity"
"Donate Your Blood For A Reason, Let The Reason To Be Life."
Dr. Hemant Gangolia | Dr. Anil Pawar

Maharashtra Academy Of Pediatrics
All about Iron
Join us for a timely and exciting discussion
Wednesday 8 June, 9 to 10 pm
Please click on the link to join

2022 MAHA SUB SPECIALITY CONNECT ABG
Arterial Blood Gas
Wednesday 15th June 2022
Moderators: Dr. Mahesh Munde, Dr. Anil Pawar

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Non-specific advice

Vitamin D metabolism

Case 4

Maharashtra Academy Of Pediatrics

Presents

Decoding Vitamin D

Join us for a timely and exciting discussion with:

Dr. Anand Deshpande | **Dr. Anand Deshpande**

Wednesday, 22nd June 2022 | 9:00pm - 10:00pm

Vitamin D

- 8 - 10 IU/kg
- Vitamin D deficiency
- UV radiation of sunlight
- Food: is insufficient source
- Vitamin D deficiency
- Associated with a lot of complications
- Research is still on



Maharashtra State Branch of Indian Academy of Pediatrics (IAP)

Thane Academy of Pediatrics (TAP)

HEARING 6

1) Death during transfer - 2) Mob violence
Medico Legal solve kar dala
To apna practice Doh La La!

28th June 2022 - 9:00 to 10:30 pm ON ZOOM

A MONTHLY MEET-UP ON MEDICOLEGAL ISSUES IN DAY-TO-DAY PRACTICE...

PRELUDE

Dr. Anand Deshpande

Dr. Anand Deshpande



IAP Maharashtra



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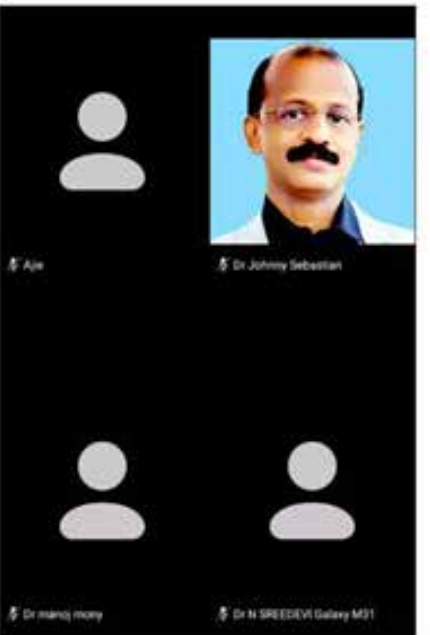
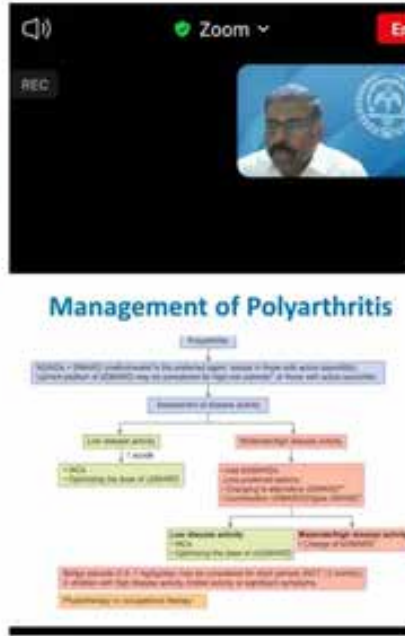
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Adolescent boys
Dr Swati Y Bhavé

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