

Role of Pediatricians in Early Childhood Nurturing Care Related to Safety and Security

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The five components of nurturing care for early childhood development (good health, adequate nutrition, responsive parenting, early opportunities for learning, and safety and security) are essential for the attainment of the optimal developmental potential of a child, and enabling him/her to become a productive adult. Safety is a state of protection from hazards caused by natural forces or unintentional human error, whereas security comprises of protection from hazards resulting from deliberate, harmful actions or inimical behavior. Unlike the other components, safety and security have been least addressed by health programs in India. The forms of lapses in safety and security in young children include injuries, neglect and maltreatment (physical, emotional, sexual abuse), the magnitude of which is difficult to ascertain in the community. Many mishaps can be avoided by simply understanding child development, taking precautions, and environmental modification. Issues related to safety and security are usually not addressed in routine office practice. Pediatricians have multiple roles and responsibilities. They need to utilize every opportunity to discuss preventive and promotive health care with parents. Converting immunization days to holistic well child visits is an ideal strategy, in which parents can be educated about preventing avoidable injuries and informed about how to keep their children safe and secure. Pediatricians should recognize indicators of volitional injury, neglect and abuse, and be competent in their management. They need to be aware of child rights and the legal protective measures as well as their own their legal obligations. They should network with various agencies involved in child welfare and protection.

Key words: Advocacy, Child abuse, Child protection, Injuries, Maltreatment.

Safety and security are terms that though often used synonymously, are contextually very different. Safety is a state in which one is protected from hazards caused by natural forces or random, unintentional human errors [1]. In contrast, security is a state in which one is protected from hazards that result from deliberate human actions or behavior, intended to cause harm [1]. Young children lack the developmental, cognitive, and emotional maturity required to recognize hazards, and the physical prowess to protect them. Being totally dependent on their caretakers, they are especially vulnerable to lapses in safety and security that may result in injury (accidental/intentional), neglect and maltreatment.

Nurturing Care for Early Childhood Development and Injuries

Accidental injuries in early childhood are a major public health problem globally, accounting for one of the leading causes of emergency room visits and inpatient admissions. A significant proportion of these are preventable. Globally, neglect is reported in 16% children, physical abuse in 23%, emotional abuse in 36%, and sexual abuse in 18% girls and in 8% boys [2].

Although injury, neglect and maltreatment cause

significant morbidity and mortality, parental anguish and heavy fiscal losses to the health system, and can be addressed by preventive and promotive health care, it has been an erstwhile neglected dimension of child health. That is why the recent inclusion of 'safety and security' in the Nurturing care for early childhood development (NC-ECD) framework has been important in terms of addition of health promotion and preventive services in routine healthcare [3]. Keeping children safe and secure is not just the responsibility of the caregivers and family, but also that of the community, and the Government. Using the NC-ECD tiers of enabling environments involves following these strategic actions for safety and security: *i*) Sensitizing and educating caregivers via various community and social platforms about measures to prevent injury, neglect and abuse, as well as developing skills to tackle emergencies effectively at home; *ii*) Empowering the community (health care providers, community health workers, and play-school/anganwadi staff to practice relevant strategies at their level; *iii*) Strengthening supportive services by adding anticipatory guidance regarding injury, neglect and maltreatment in well child visits, and training pediatricians to recognize and manage them; and *iv*) Provision of enabling government policies, legislature, and child social welfare protection services.

ROLE AND RESPONSIBILITIES OF PEDIATRICIANS

Of the various components of nurturing care, child health and nutrition have always been the crux of healthcare services for parents and pediatricians alike. Recently, responsive parenting and providing opportunities for early learning have caught the attention of healthcare providers, but 'safety and security' is still relatively neglected. Parental attitudes, behavior and practices are influenced by multiple factors; socioeconomic strata, educational level, home environment, their own and their spouse's parents' child-rearing practices, among many others. Thus, it is critical to take cognizance of the parental background. Parents are often oblivious to the seemingly minor but dangerous hazards that exist in their children's environment. Thus, they may inadvertently endanger their children due to ignorance and/or inaction, rather than mal-intent.

When it comes to the consequences of lapses in safety and security, pediatricians are more attuned to handling children presenting with accidental injuries and alleged sexual or physical abuse. With the high patient load of sick children and time constraints faced in daily office practice, it is often not feasible to routinely enquire about safety and security issues. The paradigm shift in healthcare in India in the last two decades, based on changing priorities from prevention of mortality to decreasing morbidity, has resulted in services undergoing a transformation with inclusion of preventive and promotive dimensions. This change makes it necessary for us to explore alternative strategies. For instance, an immunization visit can be expanded into a scheduled 'well child visit', in which parental awareness and practices related to safety and security can be added to the other commonly covered aspects of nutrition, etc. In addition, pediatricians can use these opportunities to also check for any possible indicators of neglect, maltreatment and abuse.

We, herein, highlight a few salient aspects of preventive health care counselling (specific to safety and security) that should be offered to families, and briefly list the basic professional skills that a pediatrician should be competent in. For further in-depth review of management, the readers are referred to other resources.

Injuries

Young children are prone to injury and trauma. The leading causes of accidents in this age group are falls, drowning, burns and scalds, poisonings, choking, and suffocation. Once children become ambulatory, the combination of curiosity, a desire to explore, and their typical anatomy (small limbs/ fingers and relatively large heads), often lead to falls and entrapment. The propensity to touch, mouth, and

swallow small objects can cause choking. Children have thinner skins that are prone to deeper and faster burns, as well as lower body masses that render even small amounts of poisons, highly lethal. Statistics from the 'Causes of Death (2010-2013)' [4] revealed that 4.6% deaths in children between 0-4 years was due to injuries. Drowning and burns are major causes of death in children younger than five years [5].

Small children also fall victim to intentional injury by perpetrators that include strangers, close acquaintances, and even family members. One may suspect an intentional injury in the following circumstances: frequent unexplained accidents; late presentation to the hospital; unusual patterns of injury/bruises (on the face, ears, neck, upper arms, buttocks and thighs) or bilateral involvement; presence of inexplicable multiple, old injuries; unusual scars (bites, cigarette butt burn marks, ligature marks, multiple scalds, and strangulation marks), and features suggestive of battered baby syndrome, i.e., lethargy, irritability, altered sensorium, and/or seizures in the presence of retinal bleeding and, fractures of the skull, ribs, elbows and/or knees.

Prevention: Parents need to be instructed about the age-specific developmental behaviors that can prove hazardous, the kind of situations they may encounter, the potential dangers they may get exposed to, the kind of injuries that may occur, and the environmental modifications that should be made to prevent them. A well child visit is an excellent opportunity to assess their awareness of preventive strategies that can be undertaken at home (**Box I**), to praise them for good practices, and assess disaster preparedness (i.e., first aid kit at home, awareness of 'do's and don'ts' in emergencies, having emergency/helpline numbers). Educational material can be placed in the waiting room or given to parents for self-directed learning, like the Indian Academy of Pediatrics Guidelines for parents on first-aid [6], and prevention of accidents and injuries [6].

Professional skills required for management: Pediatricians should be well acquainted with the contents of the Nurturing Care Module on Home Environment and Safety [7], be skilled in Pediatric Advanced Life Support, and know how to manage household injuries, superficial burns and poisoning. If need be, the helpline numbers of the National Poison Information Centre, New Delhi (1800116117) and the Central Forensic Science Laboratory (011-24361396) should be contacted. When intentional injuries are suspected, it is advisable to contact 'Childline' (1098), the child helpline that is accessible at any time and from anywhere in India.

Neglect

This comprises of the failure of caregivers to provide multiple aspects of child rearing that are considered essential for

Box I Content for Parental Education to Prevent Accidental Injuries at Home**Prevention of injury**

Avoid the use of sharp pencils. Remove glass/unbreakable objects from the vicinity. Cushion sharp edges of furniture (if possible).

Prevention of falls

Place furniture away from windows/balconies; Do not change diapers on high surfaces; Avoid walkers; Remove trip hazards from floor; Add stair gates, window/balcony guards (if possible).

Prevention of drowning

Supervise children when near water; Do not allow siblings to bathe the child; if water has to be stored in large containers, keep securely covered.

Prevention of burns, scalds, hyperthermia

Keep utensils with hot liquids/hot utensils/hot irons out of reach; Avoid prolonged exposure in the sun/ keep unattended in a car; Supervise use of taps with hot water. Do not allow fireworks.

Prevention of injury in the kitchen

Do not place the child on the counter while cooking; Keep away from stoves; Keep utensil handles turned inwards; Never carry a child with hot food; Keep sharp knives/scissors out of reach.

Fire prevention

Keep matches, gas lighters out of reach; Never keep lit cigarettes/ candles unattended; Keep heaters away from furniture and curtains; Tell children what to do in case of fire (go outside, use a safe route, make safe contact, crawl under the smoke, 'drop and roll', touch things with hands covered).

Prevention of poisoning

Store medication, chemicals, cleaners, or any 'poisonous substance' in locked cupboards/ drawers and out of reach; Do not store in unmarked containers; Check whether any household plants are poisonous.

Prevention of choking, suffocation, and strangulation

Do not allow toys with small parts (should be the size of a large lemon), teach older children to keep their toys out of reach; Discard any broken toys; Keep plastic bags out of reach; Remove small objects, coins, etc from the floor and low surfaces; Remove drawstrings from clothing, and cords from curtains; Remove stuffed toys and fluffy pillows from the bed.

Precautions during eating and playing

Ensure adult supervision; Do not give food that may cause choking (i.e., groundnuts, small candy, pomegranate, popcorn, etc); Do not let children run around while eating.

Prevention of road traffic accidents

Always hold the child tightly by hand and on your side away from the road (where no pavements); Do not permit play near or on roads; Keep front door and gate locked if the house opens into a busy road; Hold tight and avoid travel on overloaded 2 wheelers, do not allow standing on footboard and ensure use of proper helmet (also while cycling).

Prevent being locked-in

All locks/bolts should be at least 4 feet high; Do not keep keys in the doors; Place heavy objects on trunks to prevent toppling.

Prevent electronic accidents

Keep heavily loaded chargers unplugged/ switched off; Keep plug points plugged/ensure child-safe. Do not let wires of electric appliances hang; Keep remotes with button batteries out of reach.

Toy safety

Toys should be suitable for age. The size should not be too large to cause injury, or too small to cause choking. They should not have sharp edges or loose/detachable parts. They should be cleaned regularly and stored safely.

optimal child development (i.e., healthcare, nutrition, education, emotional support, shelter, safe living conditions and positive discipline), given the resources available to them [7,8]. It also includes improper supervision and inability to protect children from harm. The caveat at the end of the definition is very important to consider in the Indian context, where a large number of families are below the poverty line. However, even in those situations, denial of healthcare, nutrition and education would be a serious form of neglect. Indicators of neglect to look for are unattended health problems, lack of proper adult supervision, dishevelled

appearance (poorly groomed, dirty/torn clothes, poor hygiene) and/or malnutrition that is not accountable by the socioeconomic milieu to which the family belongs [7-9]. Such children often display behavioral problems (socially withdrawn, indifferent or displaying avoidance of parents), and developmental delay or plateauing.

Using corporal punishment when children misbehave is a common practice in India. Parents tend to mimic the same style that they were raised by, without realizing that the practice is harmful. Unfortunately, there are instances when

KEY MESSAGES

- Safety and security is an important but often overlooked component of the nurturing care framework.
- Injuries, neglect and maltreatment are not uncommon in early childhood, and may lead to long lasting physical and mental handicaps in adulthood.
- Pediatricians should regard informing parents about preventive health care related to safety and security as an integral component of their clinical practice, and incorporate this dimension in well child visits.

neglect is volitional, like the inequity exhibited by gender-biased parents in providing healthcare, good nutrition, opportunities for play, and school enrolment of the girl child, or not taking a child with disability for intervention, despite adequate resources.

Prevention: When adverse socioeconomic factors like poverty, illiteracy, etc. are contributory to the situation, parents can be directed to free government facilities for health care; referred to centres that offer subsidized or free investigations; informed about 'Aayushman Bharat' insurance; and services available at Anganwadi centres. Help should be sought from trained professionals like social workers and women and child protection counsellors.

The trans-generational chain of poor parenting can only be broken by education. This involves telling parents about their children's needs, realistic expectations, positive parenting, and expanding their support system to include family and friends. Parents should be shown how to tackle unacceptable behavior with positive discipline, not punishment. This can be achieved by provision of educational material, demonstration of appropriate strategies in simulated 'challenging' situations and discussing how to set good examples themselves.

Professional skills required for management: Pediatricians should learn to look for indicators of neglect. They should be able to sensitively probe into these issues for not just the patient, but all children in the family. Possession of soft skills for eliciting information and counselling is essential. In addition to contacting the child helpline, they should create networks with qualified agencies, professionals and support groups for appropriate referrals.

CHILD MALTREATMENT

This encompasses intentional physical and/or emotional ill-treatment, sexual abuse, and/or commercial or other exploitation, by people in positions of responsibility, trust or power, that result in actually or potentially harming the child's health, survival, development or dignity [7-9]. Less easy to recognize, emotional abuse is the failure of caregivers to provide a developmentally appropriate, supportive environment, that enables a child to develop emotional and social competencies. This includes displaying hostility

(threatening and scaring) or rejecting (belittling, scapegoating, discriminating against, and/or ridiculing) the child, intentional exposure to traumatic experiences, restriction of movement, and not providing stimulating and playing experiences.

Child abuse is common across all strata of society. A multi-centric study [10], that included street children and other vulnerable population, revealed that 66.7% children had been physically abused, 53.2% faced sexual abuse, and 50% emotional abuse. The 2019 National Crime Records Bureau data reported that the 0- 6 years age group comprised 5.9% of all victims of child sexual abuse who were under 16 years of age [11]. In reality, the numbers will probably be higher, as most victims do not report abuse.

Prevention: Parents should be educated about positive parenting practices without falling back on physical or emotional abuse. When maltreatment arises from frustration, stress management can be taught and parental-child bonding promoted. Pre-emptive ways to reduce the likelihood of sexual abuse is to tell parents to teach their children how to differentiate between 'good/safe touch' and 'bad/unsafe touch' from a young age, which body parts should never be touched by others, and how to alert trusted adults loudly and immediately if they ever sense harmful intent. They should be taught not to speak with, or take candy or gifts from strangers.

Professional skills for management: It is essential that pediatricians be familiar with the Protection of Children from Sexual Offences (POCSO) Act [12]. They should know the standard operating procedures required for registering a medicolegal case (especially since failure to report results in 6 months imprisonment and a fine), proper collection of samples for bodily and genital evidence, treatment of physical and genital injuries, initiation of HIV prophylactic therapy, and referral for baseline mental health evaluation [12,13]. The child helpline and protection services should be immediately intimated so that counselling and other supportive services can be started for the victim and family.

To conclude, every opportunity should be utilized to educate parents about preventive measures related to child safety and security on multiple occasions throughout the early years. Pediatricians must be knowledgeable of child

rights, and the government policies and laws that protect children. As a society, we should regard ourselves as custodians of children, and be ready to speak up for them and protect their rights. We need to interact with other professionals, and use social media platforms for spreading public awareness. Commitment to ensure the safety and security of children must not be regarded as acts of generosity; it is their right.

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