

Child Health Care: Past, Present, and Way Forward

Verma M^{1*}, Jyoti², Khatri A³, Kumari P⁴, Akram H⁵, Jadaun S⁶

DOI:<https://doi.org/10.17511/ijpr.2024.i01.01>

^{1*} Mamta Verma, Associate Professor, College of Nursing, All India Institute of Medical Sciences, Bhopal, MP, India.

² Jyoti, MSc Nursing Paediatrics student, College of Nursing, All India Institute of Medical Sciences, Bhopal, MP, India.

³ Anamika Khatri, MSc Nursing Paediatrics student, College of Nursing, All India Institute of Medical Sciences, Bhopal, MP, India.


⁴ Pragati Kumari, MSc Nursing Paediatrics student, College of Nursing, All India Institute of Medical Sciences, Bhopal, MP, India.

⁵ Huzaifa Akram, MSc Nursing Paediatrics student, College of Nursing, All India Institute of Medical Sciences, Bhopal, MP, India.

⁶ Shivani Jadaun, MPH, Indian Institute of Public Health, Gandhinagar, Gujarat, India.

The current landscape of child healthcare and nursing practices showcases a multitude of innovative approaches aimed at facilitating children's attainment of their maximum functional potential. This article embarks on a historical journey, elucidating the milestones that culminated in the inception and evolution of child healthcare services.

Keywords: Child health care, Child health Nursing, History

Corresponding Author	How to Cite this Article	To Browse
Mamta Verma, Associate Professor, College of Nursing, All India Institute of Medical Sciences, Bhopal, MP, India. Email: mamta.gedam@gmail.com	Verma M, Jyoti, Khatri A, Kumari P, Akram H, Jadaun S. Child Health Care: Past, Present, and Way Forward. Pediatric Rev Int J Pediatr Res. 2024;11(1):1-6. Available From https://pediatrics.medresearch.in/index.php/ijpr/article/view/762	

Manuscript Received 2023-11-18	Review Round 1 2023-11-21	Review Round 2 2023-11-28	Review Round 3 2023-12-05	Accepted 2023-12-12
Conflict of Interest Nil	Funding Nil	Ethical Approval Yes	Plagiarism X-checker 16%	Note



© 2024 by Verma M, Jyoti, Khatri A, Kumari P, Akram H, Jadaun S and Published by Siddharth Health Research and Social Welfare Society. This is an Open Access article licensed under a Creative Commons Attribution 4.0 International License <https://creativecommons.org/licenses/by/4.0/> unported [CC BY 4.0].



Introduction

Globally, children less than 18 years old amount to around 2.4 billion of the total population [1]. A significant portion of the Indian population covers children below 15 years (26.5%) as mentioned by the NFHS-5. [2]. The trajectory of human innovation across history has exerted a profound influence on child healthcare. In recent decades, remarkable strides have been made in enhancing the health status of children. The current landscape of child healthcare and nursing practices globally showcases a multitude of innovative approaches aimed at facilitating children's attainment of their maximum functional potential, holistically. This article embarks on a historical journey, elucidating the milestones that culminated in the inception and evolution of child healthcare services.

Historical development of child care

The historical evolution of child care reflects diverse cultural beliefs and practices. In ancient times, certain societies allowed undesirable or weak infants to perish, while valuing strong children as contributors to their parents' livelihoods [3]. In the Nile River valley, people cared for their offspring by dressing them in loose clothing and promoting breastfeeding [2]. In early Greece, an emphasis on physical beauty led to the rearing of children with well-formed bodies. As far back as 400 BC, Hippocrates addressed pediatric concerns, including conditions like asthma, clubfoot, and mumps [4]. Among the ancient Jewish population, hygiene played a significant role in maternal and child care. The Hebrew people recognized the importance of cleanliness and proper nutrition, and parenthood was highly esteemed. A large family was often viewed as a divine blessing. Similarly, Christianity emphasized the protection of the vulnerable by the strong and the care of the ill by the well, underlining the intrinsic value of children [3].

The traditional healthcare system, with a history spanning over 5000 years, has witnessed the evolution of distinct medical schools, akin to the allopathic approach. Within this rich tradition, Sushruta, in his work known as the Sushruta Samhita, dedicated an entire chapter to "Kamararbrita," which pertains to the care of children.

Moreover, the disciplines of "Kamarbritya" and "Prasuti tantra" within traditional medicine emphasize prenatal and neonatal care, as well as the holistic management of childhood illnesses [5]. These encompass various aspects of maternal care, including dietary practices, leisure, restricted work, and sleep. Neonatal care protocols encompass cleaning, dressing, bathing, specific procedures, and the meticulous management of the umbilical cord. Breastfeeding practices, including the concept of wet nurses, are also integral to this traditional system. Additionally, it delves into early solid food introduction (anprasna) and the daily care routines for a child's eyes and skin [5]. Furthermore, within the realm of Ayurvedic pediatrics, there exists a practice known as Swarna Bindu Prashana (SBP), which involves the use of a metallic medicinal preparation. SBP comprises key ingredients such as gold nanoparticles, cow ghee, honey, and other substances known to enhance intellect and memory [6].

These historical development reveals the changing attitudes and practices related to child care across different civilizations, shedding light on the cultural and medical influences that have shaped pediatric healthcare over time.

Development of Specialised Child Health Care Hospitals:

The world's first pediatric hospital, known as the Hospital des Enfants Malades, was established in Paris in May 1802. Following this, London opened its first hospital for sick children, Great Ormond Street, in 1852, and 1855, the Children's Hospital of Philadelphia became the first institution in the United States exclusively dedicated to treating sick children and infants [7].

In 1928, Sir Neiss Wadia and Sir Cusrow Wadia had a vision to provide specialized and affordable care for children in India. They realized this vision by building the Bai Jerabai Wadia Hospital for Children in memory of Bai Jerabai Wadia. The hospital's foundation stone was laid on March 7, 1928, and it was officially opened on December 12, 1929, by the Governor of Bombay, Sir Fredrick Sykes [9].

This hospital emerged as India's first independent specialized pediatric hospital solely focused on children's healthcare. In 1928, the field of pediatrics began in Bombay, with Dr George Coeho, often regarded as the father of pediatrics,

Serving as the superintendent of BJ Hospital when Dr S. M. Merchant was its dean [9]. Around the same time, in the 1940s, the Department of Pediatrics was established at Nair Hospital, with Dr. Shantilal Sheth as the head of the department at Topiwala National Medical College. Similarly, a pediatric department was founded in Patna, led by Professor Dr. Lala Suraj Nandan Prasad. In the 1950s, MD programs in pediatrics were initiated in Patna and Bombay. Dr P.N. Taneja, a prominent paediatrician in Delhi, became the first chief of pediatrics at Irwin Hospital and a professor at AIIMS Delhi, while Dr J.N. Pohawalla assumed the role of the department head and professor in Indore [8].

In 1944, the postgraduate diploma program for child health at the College of Physicians and Surgeons in Bombay collaborated with BJ Hospital, Bai Jerabai Wadia Hospital, and the University of Bombay in 1946.

During this time, a separate pediatric department was established in Madras in 1946, and later, the Institute of Pediatrics and Child Hospital was founded in Egmore, Madras, with St. Achar serving as its first director [9].

Additionally, the National Neonatology Forum (NNF), the first national organization of neonatologists, was formed in 1980-93, playing a pivotal role in the development of neonatology in India [10].

TABLE 1. Landmarks in the development of pediatric hospitals and academic courses in India:

1929	Bai Jerabai Wadia Hospital for Children was started
1940	12-14 paediatricians in India- half of a dozen in Bombay, 2 in Delhi, 2 in Madras, 4-5 in Calcutta.
1946	Masters in Doctorate and Diploma in Child Health
1950	Separate departments of paediatrics were established in hospitals. Dr T P Taneja established paediatric department in AIIMS Delhi. In Indore, DR J N Pohawala established paediatric department and worked as a professor of the department.
1963	Indian Academy of Pediatrics was formed
1964	First national conference of IAP in Pune Dr Lala S N Prasant of IAP, DR M V Phadke organizing secretary.
1989	Pediatric Intensive Care Unit at PGIMER, Sir Gangaram Hospital, Delhi, Hinduja hospital Mumbai; child trust hospital Chennai. The first organized PICU was reportedly established in 1991 at Kanchi Kamakoti Child Trust Hospital in Chennai.
1995	Indian Academy of Pediatric – Pediatric Advanced Life Support course started all over India and first PALS instructor course held at Chandigarh; national convener – Dr S Singh.

Evolution of Academic Courses in Childcare:

Within the larger healthcare landscape, the historical background of child healthcare in India holds significant importance. Notably, military nursing, which is believed to be among the first types of nursing in India, can be linked to the development of nursing in the nation. At Madras' St. George Fort, the East India Company set up a military hospital in 1604. Sisters from London's St. Thomas Hospital were sent to the military hospital in Madras in 1797, marking a significant turning point in medical history. This was a crucial milestone in the introduction of professional nursing care to India. additionally, a maternity hospital was founded in Madras in the same year. The year 1854 marked another significant turning point when the Indian government approved the opening of a midwifery training school in Madras. The objective of this effort was to raise the standard of maternal and child healthcare in the region. A big advance happened in March 1888 with the arrival of ten highly qualified British nurses. Their main responsibility was to serve the British army stationed in India with nursing care. The country's system for delivering healthcare was significantly impacted by this influx of qualified nursing staff. A significant character in the history of Indian nursing arose in 1891. Bai Kasibai Ganpat, a graduate of the J.J. Group of Hospitals, emerged as the first Indian nurse in the history of Indian nursing in 1891, marking a significant shift in the composition of nursing professionals in India.

In addition, Miss T.K. Adranvala's efforts are crucial and cannot be overlooked. As she devotedly worked to raise nursing standards throughout India, she held positions as a ward sister, assistant matron, and hospital administrator. Miss Adranvala's work went beyond the confines of her own country as she represented Indian nursing at the World Health Organisation, further establishing the nation's position on the international healthcare stage [11].

Florence Nightingale in her seminal book "Notes on Nursing", emphasized children's nursing care needs, and wrote: "It is the real test of a nurse whether she can nurse a sick infant". [12] Inaugural paediatric nurses such as Anna Haswell (1908) also stressed the special nursing services required for child health. Articles addressing the needs of children have could be emerged in nursing journals before the publication of the first paediatric

Nursing textbook. (Farrar, 1906; Pierce, Cutler, & Bancroft, 1923). [13]

In 1917, The Standard Curriculum for the School of Nursing emphasized classes in Paediatrics nursing [14]. The Standard Curriculum was again revised in 1937 with a main focus on the optimum growth and development of children [15]. In 1946, 1st 4-year program of BSc. nursing course was initiated at Rajkumari Amrit Kaur College of Nursing, Delhi [11]. Following this, in the year 1960; the MSc Nursing course also began at this institution. Later for advancement in degrees and practices, certification to paediatrics nurse practitioner was provided [16,17]. The Indian Nursing Council now oversees academic programs in India, offering graduate, postgraduate, and Ph.D. degrees with paediatrics as one of the specialities.

BSc. Nursing:

The four-year, credit-based BSc nursing program is divided into eight semesters. One of the core courses in the fifth and sixth semesters is child health nursing. The fifth semester consists of 260 hours, including 60 hours of theory, 40 hours of laboratory skills, and 160 hours of clinical work. The sixth semester consists of 120 hours in total, with 40 hours of theory and 80 hours of clinical work. [18]. To provide nursing graduates with knowledge and skills, the required hours of child health nursing have been allocated. To establish competency in Holistic Nursing Care abilities such as general care, critical care, etc., BSc. nursing students are placed in the General Medicine, Critical Care Unit, and Immunisation Unit of the Paediatric Department at hospitals. The practical hours are designed to increase competency in administering oxygen and medications, applying restraints, formula feeding, using manikins and simulators, using breastfeeding techniques, and endotracheal suctioning, among other things.

MSc Nursing:

The two-year MSc study in child health nursing consists of 150 hours of theory per year and 650 hours and 950 hours, respectively, of practical training in the first and second years. To run a paediatric unit, provide the finest care, and get involved in research, MSc students learn a variety of specialised skills and expertise. The course additionally requires that students perform research in the area of childcare nursing [19].

There are diploma programs in neonatological nursing that are approved by the Indian Nursing Council and the National Neonatology Forum. These courses concentrate on producing highly qualified neonatological nurses who can work at various NICU levels [20]. Numerous professional organizations, such as the Indian Association of Neonatal Nurses, aim to enhance newborn care in India by holding workshops, conducting trainings and offering short courses regularly.

Changing concept of child health care:

The previous model of child health care was disease-focused, had strict visiting hours, excluded parents from care, and treated children in only hospital settings. It concentrated on motherly care only after becoming pregnant. The provision of child care was delayed until after the delivery, and its primary goal was to offer curative and rehabilitative care. The modern concept of child health puts the child first and offers flexible visiting hours with sufficient parental engagement in child care. It places a strong emphasis on educating expectant mothers about how to care for their children from the moment of conception. The new idea of child care focuses on health promotion activities such as establishing suitable environmental activities connected to sex education and counselling. [21]

The way forward of child health nursing in India:

Although child health nursing has improved in the last few decades, many advancements are needed to enhance and uplift the standards of paediatric nursing in India, such as:

- Addressing the non-existent concept of paediatric speciality nurses in hospitals and communities.
- Providing opportunities for career advancement and recognition.
- Address the nurse-patient ratio and improve it according to Staff Inspection Unit(SIU) norms. [22]
- Creation of an intersectoral research forum with the active involvement of paediatric speciality nurses. [22]
- Providing better salaries and incentives for highly specialized child health nurses to increase nurses' interest in the paediatric speciality. [22]

- Training child health nurses to handle paediatric emergencies.
- Involvement of nurses in school health services and community outreach programs.
- Provision of Ph.D. programs in paediatric nursing subspecialties in India.

Conclusion

The existence of children manifests the development of mankind. Child care originated in prehistoric times and has progressed throughout the history. With changing needs and resources, child health services have undergone several adjustments. The best medical, nursing, and allied health care specialists are available to provide the best child health care available today, but it still calls for an in-depth awareness of each child's, family's, community's, and country's unique characteristics. With the full involvement of caregivers, health care for children must put a strong emphasis on the creation and application of child-centred, culturally focused care.

References

1. United Nations International Childrens Emergency Fund (UNICEF). "Monitoring the situation in children and women". " How many children are there in the world". (2023). available from: [Article][Crossref][PubMed][Google Scholar]
2. Ministry of Health and Family Welfare. Government of India, National Family Health Survey-5. (2019-21) for India, available from: https://main.mohfw.gov.in/sites/default/files/NFHS-5_Phase-II_0.pdf [Crossref][PubMed][Google Scholar]
3. Marlow D R. Textbook of pediatric nursing. South Asian edition, Elsevier India. 1st edition. 2013 [Crossref][PubMed][Google Scholar]
4. Smith, Yolanda. (2019, March 25). A Brief History of Pediatrics. Retrieved on September 06, 2023 from <https://www.news-medical.net/health/A-Brief-History-of-Pediatrics.aspx> [Crossref][PubMed][Google Scholar]
5. Mishra L, Singh BB, Dagenais S. Ayurveda: a historical perspective and principles of the traditional healthcare system in India. *Altern Ther Health Med*. 2001 Mar;7(2):36-42. PMID: 11253415 [Crossref][PubMed][Google Scholar]
6. Tullu M S, Kamat J R. Paediatrics in India. *J Postgrad Med* 2000;46:233. [Crossref][PubMed][Google Scholar]
7. Nelaturi P, Nagarajan P, Sabapathy SK, Sambandam R; Swarna Bindu Prashana-an Ancient Approach to Improve the Infant's Immunity; *Biol Trace Elem Res*. 2021 Jun;1996:2145-2148. doi: 10.1007/s12011-020-02353-y. Epub 2020 Aug 27. PMID: 32856248; PMCID: PMC7451701 [Crossref][PubMed][Google Scholar]
8. Serra G, Giuffrè M, Piro E, Corsello G. The social role of pediatrics in the past and present times. *Ital J Pediatr*. 2021 Dec 18;47(1):239. doi: 10.1186/s13052-021-01190-6. PMID: 34922600; PMCID: PMC8684095 [Crossref][PubMed][Google Scholar]
9. P M UDANI. Reproduced from. *Indian pediatrics* 1988. Volume 25 (Issue 1, January). Pages 5-13 [Crossref][PubMed][Google Scholar]
10. Santosh K. Bhargava,et. al. National Neonatology Forum (NNF): Role in mainstreaming newborn health in India, July–September 2009, vol. 23, No. 3, 183 *Journal of Neonatology* Vol. 23, No. 3, July–September 2009 REVIEW ARTICLE *National neonatology forum (NNF): Role in mainstreaming newborn health in In* [Crossref][PubMed][Google Scholar]
11. Shivaji University. History of Nursing: Beginning of Modern Nursing in India. Available from http://ir.unishivaji.ac.in:8080/jspui/bitstream/123456789/3622/7/07_Chapter%201.pdf [Crossref][PubMed][Google Scholar]
12. Nightingale, F/Skretkovicz V. (1859/1992). Florence Nightingale's Notes on Nursing. (Revised, with additions). London: Scutari Press (Original work published in 1859) [Crossref][PubMed][Google Scholar]
13. University of Pennsylvania, Penn "Nursing Late-Nineteenth and Early-Twentieth Century Pediatrics"<https://www.nursing.upenn.edu/nhhc/home-care/late-nineteenth-and-early-century-pediatrics>. [Crossref][PubMed][Google Scholar]
14. Committee on Education of the National League of Nursing Education. Standard curriculum for schools of nursing. Baltimore. MD. *Waverly Press*. 1919:95 [Crossref][PubMed][Google Scholar]

15. National League of Nursing Education. Committee on Curriculum. A curriculum guide for schools of nursing. New York, NY. *National League of Nursing Education*. 1937: 469 [Crossref][PubMed][Google Scholar]
16. Silver HK, Ford LC , and Stearly SG. A program to increase health care for children: the paediatric nurse practitioner program. *Paediatrics*. 1967 May; 39(5):756–60. [Crossref][PubMed][Google Scholar]
17. Paediatric Nursing Certification Board. About us. [Web document]. Gaithersburg, MD: The Board, 2003–2005. [Cited 29 Jul 2005]. [Article][Crossref][PubMed][Google Scholar]
18. Indian Nursing Council Syllabus of BSc nursing available from [https://thc.nic.in/Central%20Governmental%20Regulations/Indian%20Nursing%20Council%20\(Revised%20Regulations%20and%20Curriculum%20For%20B.Sc.\(Nursing\)%20\(Program\)%20Regulations,2020..pdf](https://thc.nic.in/Central%20Governmental%20Regulations/Indian%20Nursing%20Council%20(Revised%20Regulations%20and%20Curriculum%20For%20B.Sc.(Nursing)%20(Program)%20Regulations,2020..pdf) [Crossref][PubMed][Google Scholar]
19. Indian Nursing Council syllabus of MSc nursing available from [https://indiannursingcouncil.org >. . . PDF159930677710092472745f537c..](https://indiannursingcouncil.org/>.PDF159930677710092472745f537c..) [Crossref][PubMed][Google Scholar]
20. Bethlehem University. Higher Diploma in Neonatal Nursing. available from <https://www.bethlehem.edu/degrees/higher-diploma-neonatal-nursing/#:~:text=Upon%20completion%20of%20this%20program,all%20aspects%20of%20neonatal%20interventions> [Crossref][PubMed][Google Scholar]
21. Gayatri Mudliyar. Changing Trends in Paediatric Nursing. Available from, <https://www.scribd.com/presentation/501276847/Changing-Trends-in-Peadiatric-Nursing> [Crossref][PubMed][Google Scholar]
22. Kaur M, Jayashree M. Empowered Nurses: A Win-Win Situation in Pediatric Critical Care. *Indian Pediatr* 59, 951–954 (2022). <https://doi.org/10.1007/s13312-022-2673-4> [Crossref][PubMed][Google Scholar]