Highlights from this issue

Nick Brown , *Editor in Chief*

It wasn't until the early 1800s that children's rights were societally acknowledged with the enactment of laws preventing child labour. The next milestone was the creation by the League of Nations of a committee for the protection of children. Soon after followed the Geneva declaration, the first international treaty on children's rights. Some decades later, in 1953, Unicef was founded and gathered momentum on the basis of a yaws eradication campaign before launching the Declaration on the rights of children (1959) followed by the most widely cited article of them all, the 1989 convention. So, humankind has come some way but, the pieces I have selected show how far we still have to go.

FOLIC ACID

There a few issues in public health with as complex a background as folic acid supplementation. The 1991 Medical Research Council trial showed, convincingly, that supplementation reduces the incidence of neural tube defects. Uptake is patchy. Unlike some 80 other countries in which fortification of flour is recommended it is not mandatory in the UK. In a dissection of the issues around the recent government public consultation on the issue, Nick Wald, Joan Morris and Colin Blakemore help you decide. ***See page 6.***

CHILDREN'S RIGHTS: PART 1—EMANCIPATION

One of the core tenets of democracy is the principle of the right to vote: the right to influence one's future. However, 25% of the population in the UK, the children, are denied. With this premise, Neena Modi argues a compelling case for allowing every parent a vote on behalf of each of their children. When one considers that society already confers parents with the right to raise children in their own image and act in their best interests, then is this really such a quantum leap? Read this piece, listen to our Spotlight podcast.[1] ***See page 13.***

GLOBAL HEALTH: PART 1—CONFLICT AND PRIMARY CARE

Up to 400 million children are estimated to live in conflict zones and many more in areas so remote that access to primary healthcare is near impossible. Cognisant of this disparity, the Afghan Ministry of Public Health introduced mobile health teams (MHT) in the early 2000s to provide within village care for 1 to 2 days every 2 months. Coverage has gradually increased, but with only sparse quantification of the associated effect size. In a cluster observational analysis comparing markers of coverage of outcomes between districts with MHT provision to those without, Edmond assessed levels of antenatal and postnatal care and childhood vaccination. The study included 54 districts with MHT and 56 without, some 340 000 women and 1.7 million children. *See pages 18 and 4.*

CHILDREN'S RIGHTS: PART 2—SEXUAL HEALTH

Adolescent sexual and reproductive health and rights (SRHR) show marked intercountry differences in provision. Michaud's study of policies in 31 European countries (European Union (EU) plus Iceland, Norway and Switzerland) explored them as part of the EU funded Models appraisal. Ten countries have not yet developed any formal policy or recommendation that guarantee the respect of confidentiality and the possibility of consulting a physician without parental knowledge. Access to emergency contraception and information regarding pregnancy, including testing, is easy in most countries, but oral contraception is delivered free of charge in only 10 countries. In only seven countries can adolescents with certainty have a termination without their parents knowing. ***See page 40.***

GLOBAL HEALTH: PART 2—SEVERE ACUTE MALNUTRITION

Malnutrition underpins 50% of child deaths worldwide and, despite guidance (the WHO 10 steps, for example), identification (the prerequisite first step) and management are inconsistent. To improve this, the University of Southampton and the International Malnutrition Task Force of the International Union of Nutritional Sciences recently developed an eLearning course 'Caring for infants and young children with severe malnutrition' a modular training programme. Choi compared identification rates of children with SAM, quality of care and case-fatality rate before and for a year after course introduction in Ghana, Guatemala and El Salvador. There were significant improvements after training in the identification of SAM: more children had the requisite anthropometric data 34.9% vs 15.9%, more were correctly diagnosed (58.5% vs 47.1% in following the '10 steps' and, most tellingly, a fall in case-fatality from 5.8% (26/449) to 1.9% (14/745) (difference=−3.9%, 95% CI −6.6 to −1.7, p<0.001). ***See page 32.***

CHILDREN'S RIGHTS: PART 3—ABUSE

Glover-Williams' account of the practice of breast ironing is essential reading. Listed as one of the five United Nations (UN) under-reported crimes relating to gender-based violence, it is estimated to affect at least 1, 000 women and girls in West African communities across the UK, though given the secrecy around it, this is almost certainly a major underestimate. It involves the ironing, massaging, flattening or pounding down pubescent girls' breasts at thelarche using tools such as heated stones or binders over time to delay or stop their development. The damage (physical, social and psychological) is for many, permanent. The UN estimates that 3.8 million girls worldwide are affected, most UK practice reported in population pockets. The Crown Prosecution Service prison sentence even if the victim is said to have consented, but how many abused girls are being missed? ***See page 90.***

ORCID iD
Nick Brown http://orcid.org/0000-0003-1789-0436

REFERENCE

1 Modi N. Children's rights, 2019. Available: https://soundcloud.com/bmjpodcasts/an-additional-vote-for-parents-giving-children-a-voice-in-politics?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+journal-adc%2Fpodcasts+%28Latest+from+Archives+of+Disease+in+Childhood+podcasts%29

Department of Women's and Children's Health, International Maternal and Child Health (IMCH), Uppsala University, Uppsala, Sweden; Department of Paediatrics, Länssjukhuset Gävle-Sandviken, Gävle, Sweden; Department of Child Health, Aga Khan University, Karachi, Pakistan

Correspondence to Dr Nick Brown, Department of Women's and Children's Health, International Maternal and Child Health (IMCH), Uppsala University, Uppsala 752 36, Sweden; nickjwbrown@gmail.com