The Rights of Children for Optimal Development and Nurturing Care

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abstract

Millions of children are subjected to abuse, neglect, and displacement, and millions more are at risk for not achieving their developmental potential. Although there is a global movement to change this, driven by children's rights, progress is slow and impeded by political considerations. The United Nations Convention on the Rights of the Child, a global comprehensive commitment to children's rights ratified by all countries in the world except the United States (because of concerns about impingement on sovereignty and parental authority), has a special General Comment on "Implementing Child Rights in Early Childhood." More recently, the World Health Organization and United Nations Children's Fund have launched the Nurturing Care Framework for Early Childhood Development (ECD), which calls for public policies that promote nurturing care interventions and addresses 5 interrelated components that are necessary for optimal ECD. This move is also complemented by the Human Capital Project of the World Bank, providing a focus on the need for investments in child health and nutrition and their long-term benefits. In this article, we outline children's rights under international law, the underlying scientific evidence supporting attention to ECD, and the philosophy of nurturing care that ensures that children's rights are respected, protected, and fulfilled. We also provide pediatricians anywhere with the policy and rights-based frameworks that are essential for them to care for and advocate for children and families to ensure optimal developmental, health, and socioemotional outcomes. These recommendations do not necessarily reflect American Academy of Pediatrics policy.

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It is imperative that all children receive the necessary care and support to allow them to reach their full potential. However, an estimated 250 million children <5 years of age, in low-, middle-, as well as high-income countries, are at risk for not achieving their potential because of risk factors of extreme poverty and stunting,[1] and nearly 17 million children have been forcibly displaced because of violence and conflict as of the end of 2017.[2]

But there is a global movement to change this. The Convention on the Rights of the Child (CRC), an international commitment to ensuring children's rights, was adopted in 1989 by the United Nations (UN) General Assembly and entered into force in 1990.[3] The CRC has been ratified by 196 countries, making it the most widely ratified UN human rights treaty to date.[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

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(SDGs). The SDGs, as outlined in the UN 2030 Agenda for Sustainable Development, are a collection of 17 global goals related to global poverty, inequality, peace, and justice as well as human and child rights standards.[6,7] More recently, the World Health Organization (WHO) and United Nations Children's Fund (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]

In this article, we outline children's rights under international law, the underlying scientific evidence supporting attention to ECD, and the philosophy of nurturing care that ensures that children's rights are respected, protected, and fulfilled. It is important to note that child rights extend into adolescence as exemplified by the 2030 Agenda for Sustainable Development, particularly with respect to adolescent mental health, early and forced marriage, and access to sexual and reproductive health care services.[9] However, for this article, the focus will be on early childhood, defined by the CRC as birth to 8 years.[3]

In this article, we also provide new information with respect to specific recommendations for pediatricians and pediatric societies to promote and implement nurturing care and child rights–based practices, both in the United States and globally. Pediatricians are the key to ensuring children achieve their rights and are provided.

CHILDREN'S RIGHTS AND THE CRC: GLOBAL CONTEXT

The need for special protection for children was recognized in 1924 when the League of Nations adopted the Geneva Declaration of the Rights of the Child, the first international commitment to ensure children's rights to survival, health, education, and protection.[10] In response to increasing calls for a legally binding children's rights treaty, in 1989, the UN General Assembly adopted the CRC (Table 1).[11] The CRC enshrines protection, promotion, and participation rights and affirms children's right to health, to be protected from abuse, and to freedom of expression, among other rights.[11] The CRC has been ratified by 196 countries, making it the most widely ratified UN human rights treaty to date.[4] 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 (GC) No. 7 (2005) Implementing Child Rights in Early Childhood."[12] The GC 7 defines early childhood as the period below the age of 8 years to include all children from birth through the preschool years to transition to school.

CHILD RIGHTS AND THE CRC: US CONTEXT

Although the United States has signed the CRC, indicating its support for the embodied principles, the US Congress has not ratified it, meaning that its protections, unless already guaranteed by existing US laws, are legally unenforceable in the United States. Opponents of ratification have concerns about infringements on national sovereignty and parental authority.[13] Many believe that ratification would conflict with the US system of federalism, which leaves most issues relating to the rights and protections of children to individual state governments.[14] Others observe that laws throughout the United States are consistent with the objectives of the CRC, thereby making ratification unnecessary.

The United States has no comparable universal statement declaring the rights of children nor are there universal rights to survival, early

TABLE 1 Summary of the Articles of the CRC

CRC Article	Purpose
1–2	All children <18 years of age 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, and to help 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 and 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, and 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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development, or nurturing care. Nevertheless, many children's rights in the United States are established and protected through a complex web of federal and state constitutional protections and laws at both the federal and/or state level. For example, the right to education is guaranteed by state constitutions,[15] and the right to be protected from abuse and neglect is guaranteed for children under federal and state laws.[16] Although health care is not a universal right in the United States, most poor children are able to obtain health coverage through combined federal and state programs.[17] Many poor children, although not all, qualify for social services programs that provide food[18] and housing assistance.[19] Children with disabilities have the right, through a federal law, to appropriate early intervention and educational services[20] and are protected from discrimination.[21] Some get income support as well.[22] Children are protected from forced labor through state and federal laws; children <14 years of age may not be forced to work, and certain restrictions on child labor exist for children <18 years of age.[23] Children born in the United States are automatically given US citizenship[24]; as such, they are protected by the US Constitution along with adults, although some rights are applied differently for minors.[25] Children have the right to due process, equal protection of the laws, free speech, and freedom from cruel and unusual punishment and unreasonable searches and seizure. They may not be executed for crimes committed while younger than the age of 18.[26] In addition, executive administrations and some powerful US organizations endorse the principles of the CRC with various reservations, understandings, and declarations.[27]

THE NCF FOR ECD

The passage of the CRC, the GC 7, and numerous other child rights treaties (Table 2) led to the realization that there was an international need for a specific framework that supported the rights of ECD. An answer to this call came from the ECD Series Steering Committee, a multidisciplinary group that advocated for the importance of ECD and nurturing care. The Committee introduced the concept "nurturing care" for children <3 years of age and espoused multisectorial and integrated health and nutrition interventions for children. This concept set the stage for the subsequent creation of the NCF for ECD,[28] a framework that supports children in reaching their full developmental potential.

In 2018, the WHO, UNICEF, the World Bank Group, the Partnership for Maternal, Newborn, and Child Health, and the ECD Action Network jointly

TABLE 2 The Evolution of International Standards on Child Rights

Year and Treaty	Implications
1924 Geneva Declaration on the Rights of the Child	This established children's rights to means for material, moral, and spiritual development; aid when hungry, sick, disabled, or orphaned; freedom from economic exploitation; first call from relief when in distress; and an upbringing that instills social responsibility.
1948 Universal Declaration of Human Rights	Childhood is "entitled to special care and assistance."
1959 Declaration of the Rights of the Child	This recognizes the right to freedom from discrimination and the right to a name and nationality. It also prioritizes children's rights to education, health care, and special protection.
1966 International Covenant on Civil and Political Rights and the International Covenant on Economic, Social, and Cultural Rights	These advocate for protection of children from exploitation and for the right to education.
1973 Convention No. 138 of the International Labor Organizations: The Minimum Age for Admission for Employment	This sets 18 y as the minimum age for work that may be hazardous to an individual's health, safety, or morals.
1979 Convention of the Elimination of All Forms of Discrimination Against Women	This provides protection for the human rights of girls and women and declares 1979 as the International Year of the Child.
1989 CRC	This outlines the specific rights owed to children with respect to health, safety, wellness, and education.
1990 Convention No. 182 of the International Labor Organization	This establishes the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor.
2000 UN adopts 2 protocols for the CRC	One protocol concerns the involvement of children in armed conflict, and the other concerns the sale of children, child prostitution, and child pornography
2002 UN General Assembly hosts the Special Session on Children	This was the first official meeting to specifically discuss children's issues. World leaders committed to a compact on child rights, "A World Fit for Children."
2006 UN CRPD	This was ratified by 177 nations and elaborated rights for children (article 7), education (article 24), and health (article 25).
2007 UN Declaration on Children	This was adopted by >140 governments and acknowledges the progress achieved and the challenges that remain; it reaffirms the commitment to the World Fit for Children compact, the CRC, and the CRC optional protocols.

Adapted from United Nations Children's Fund. The State of the World's Children: Celebrating 20 Years of the Convention on the Rights of the Child. Available at: https://www.unicef.org/rightsite/sowc/fullreport.php. Accessed January 29, 2019.

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launched "The Nurturing Care Framework for Early Childhood Development."[28] The NCF recognizes that pregnancy to age 3 is when children are most susceptible to environmental influences; thus, this is the best time for multifaceted support. This enriched approach, known as nurturing care, supports conditions that promote health, nutrition, security, safety, responsive caregiving, and opportunities for early learning for children to achieve their full developmental potential.

The NCF itself provides a roadmap for public policies, medical providers, and caretakers to promote nurturing care interventions and addresses 5 interrelated components that are necessary for optimal ECD. Specifically, the framework outlines (1) the necessity of improving health and well-being 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[8] (Fig 1).

THE NEUROBIOLOGICAL JUSTIFICATION FOR THE IMPORTANCE OF NURTURING CARE IN ECD

The importance of nurturing care is strongly supported by evidence that early life experiences shape the course of childhood brain development. The neurobiological processes of early brain development include neurogenesis, synaptogenesis, pruning, and long-term potentiation.[29] During these processes, the child brain is extremely sensitive to environmental input, a concept known as neuroplasticity in which synaptic connections are fine tuned in response to experience.[30]

Studies on childhood brain development have revealed that positive experiences, such as responsive caregiving, stimulation and enrichment, opportunities for early learning, and social interaction promote learning and growth of the brain. Negative experiences, such as environmental insult and abuse, can cause maladaptive structural changes that persist into adulthood.[31–34] Studies in animal models have demonstrated that environmental enrichment can increase progenitor cell proliferation rates,[35,36] promote neuron maturation,[37] promote synaptogenesis in the hippocampus and cortex,[38] and enhance long-term potentiation not only in rat pups but also in their future offspring.[39] It is also indicated in recent studies that the human brain is even more dependent in its development on early experience than primates and other animals.[40]

The roles of the mother and other caregivers are also extremely important. Positive early contact with a primary caregiver is essential for synaptic pruning,[41] whereas maltreatment can negatively affect DNA methylation, telomere length, and the expression of brain-growth related genes.[42–44] Indeed, in a study by McGowan et al,[45] postmortem analysis of the hippocampi of suicide victims with a history of child abuse revealed a reduced glucocorticoid receptor expression. 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 (Fig 2).

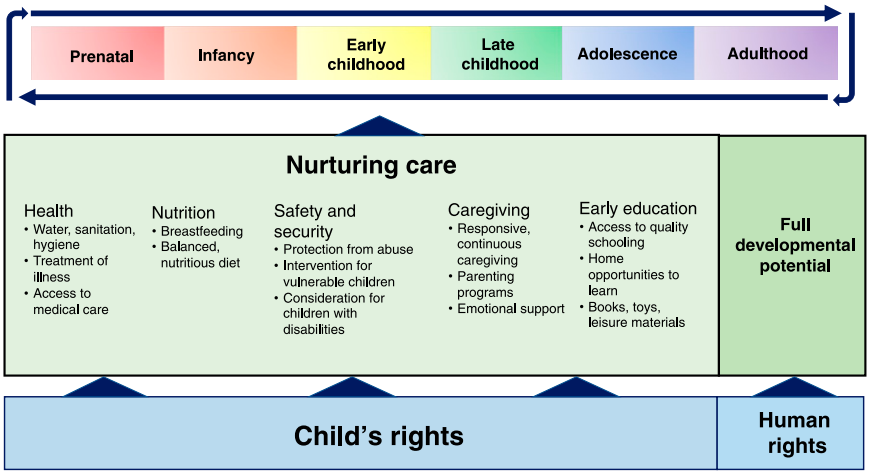

FIGURE 1
Child's rights as a foundation for the NCF. The NCF naturally builds on children's rights. Together, the 2 influence a child across their life course, and even influence the next generation through multiple intergenerational effects (see section on Challenges Posed by Poverty, Inequity, and Social Determinants of Health). Only through realization of children's rights can human rights be realized, and only through nurturing care can a child's full developmental potential be achieved.

CHALLENGES TO PROVIDING NURTURING CARE AND ENSURING CHILD RIGHTS IN THE UNITED STATES AND GLOBALLY

Given that childhood is so crucial for holistic development, 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 child health professionals because they can assist in mitigating risks and promoting optimal development via a child's rights–based approach.[46–48]

Challenges Posed by Poverty, Inequity, and Social Determinants of Health

All children have rights to the essential requirements for healthy growth and development, such as clean water, sanitation, nutrition, and

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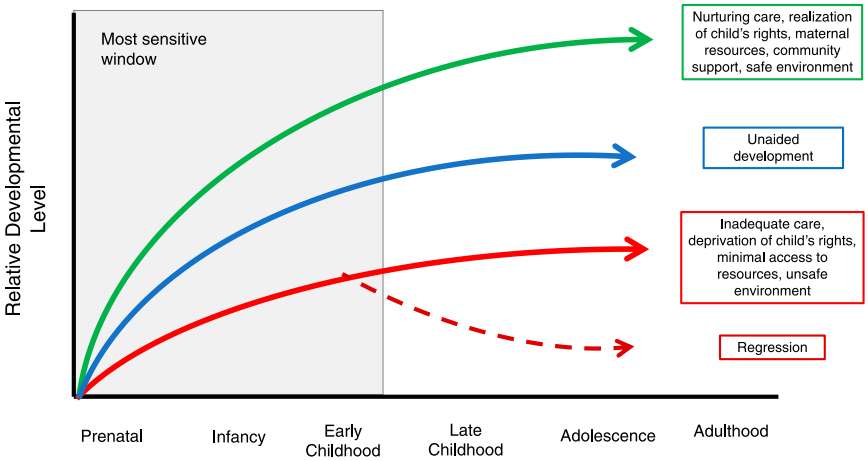

FIGURE 2

Risk and protective factors for healthy developmental trajectory. The top green arrow represents developmental trajectory shaped by nurturing care, the middle blue arrow represents development unaided by nurturing care interventions, the bottom red arrow represents development negatively influenced, and the dashed red arrow represents developmental regression. The most sensitive window for environmental influences on development occurs during the prenatal stage through early childhood.

education, for an optimal life under articles 24, 27, and 28 of the CRC. However, the impact of poverty, inequity, and social determinants on health, growth, and development are considerable and often overlooked.

Child health inequities are differential outcomes in children's health, development, and well-being that are unjust, unnecessary, systematic, and preventable.[49] This disadvantage arises from unequal opportunities, unhealthy environments, and unfair policies.[50,51] 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.[50] Hart[52] called this the inverse care law, which states that "the availability of good medical care tends to vary inversely with the need for it in the population served."[52] Children in conflict areas, migrant children, and those in the poorest families are most at risk to suffer from the inverse care law.[53]

These inequities are rights violations that are related to the social determinants of health, which include the safety and social capital of the community that the child lives in, the child's family's socioeconomic status, including financial wealth, material wealth, and education level, ethnicity-based discrimination,[54] and the extent of societal protection of children and their families. A common feature of the social determinants is that they follow a social gradient such that the risk of adverse outcome increases with increasing disadvantage.[29,33,41,55] Social gradients indicate that inequities in child health do not manifest as a single event; rather, they are dependent on the enduring context of a child's development, including differential, additive, and cumulative exposure to risk and protective factors.[56,57] Differential exposure starts long before the child's birth and is influenced by the mother's exposure to risk and protective factors in her own childhood and in pregnancy so that their infants are more likely to be born with low birth weight,[29] as preterm,[58] or with a disability, such as cerebral palsy.[32] These intergenerational effects contribute to inequity for the next generation of children.[59,60]

Access to care is most difficult for those children living in poverty. UNICEF reports that half of the world's children are below the poverty line of 2 dollars per day.[61] In the United States alone, 13% of all children are living in poverty.[62] Poor children in low- to middle-income countries (LMICs) are twice as likely to be stunted as their more advantaged peers.[63] For example, in the Middle East, the level of maternal education was found to be independently associated with higher mean developmental score.[64] Authors of 2 recent reports highlight wide differences in immunization coverage between the poorest and richest infants in LMICs.[65,66] The effects of poverty on child development, particularly cognitive developmental and educational outcomes, are thus significant, with longer durations of exposure to poverty associated with worse outcomes.[67]

The presence of child health inequities results in a life with less chance to reach one's potential and means that certain groups in the population are unable to contribute to society's productivity and revenue.[68] By addressing inequities, societies achieve better health and development outcomes overall, and the social gradient flattens with a "spillover" effect on nonhealth outcomes such as social, educational, and workforce inclusion. More equitable societies, among both LMICs and high-income countries,[69,70] have better child health and developmental outcomes with universal affordable health coverage, higher levels of education, especially of women, and lower levels of income inequality.

Challenges Related to Child Abuse, Neglect, and Labor

Rights enshrined in CRC articles 11, 19, and 39 and reasserted in the NCF as reflected in Fig 3 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,

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maltreatment or neglect.[3] Furthermore, studies indicate that early childhood adversity and toxic stress can lead to later impairments in learning, behavior, and both physical and mental well-being.[71]

Unfortunately, rates of child maltreatment remain high throughout the world.[72–74] According to the "Global Status Report on Violence Prevention 2014," 23.6% of adults reported physical abuse, 36.3% reported emotional abuse, and 16.3% reported neglect as children.[75] In the United States alone, nearly 700 000 children are abused annually.[76] There are significant adverse outcomes for children experiencing maltreatment during early childhood. The Adverse Childhood Experiences study identified a graded dose-response relationship between adverse childhood experiences (which include various types of abuse, neglect, and violence) and negative health outcomes, such as premature death, poor school and work performance, repeated interpersonal violence, depression, and engaging in unhealthy activities.[34,77] Authors of the "Global Status Report on Violence Prevention 2014" identified similar adverse health outcomes, including worsened physical health, mental and behavioral health, sexual and reproductive outcomes, and chronic diseases.[75]

Cultural practices that harm young children are also associated with adverse health outcomes. For example, son preference, child marriage, and female genital mutilation are termed by the UN as harmful traditional practices.[78] Son preference promotes inequitable access to health care and caregivers for girls, as well as increased mortality for infant girls. Child marriage results in increased mortality for young girls who become pregnant and worsened infant health outcomes.[79] Female genital mutilation, which often occurs in early childhood, results in increased risks for infection as well as negative psychological well-being.[80]

Child labor is also a major cause of concern for children in the upper range of early childhood (6–8 years). Of the 250 million children that participate in the work force worldwide, 171 million are considered to work in unsafe conditions.[81] The US Fair Labor Standards Act of 1938 provides restrictions on the duration that children <14 years of age can work and the conditions they can work in[82]; however, these regulations do not apply to agricultural labor, and studies have revealed that children working in agriculture in the United States comprise the majority of work-related child fatalities.[83]

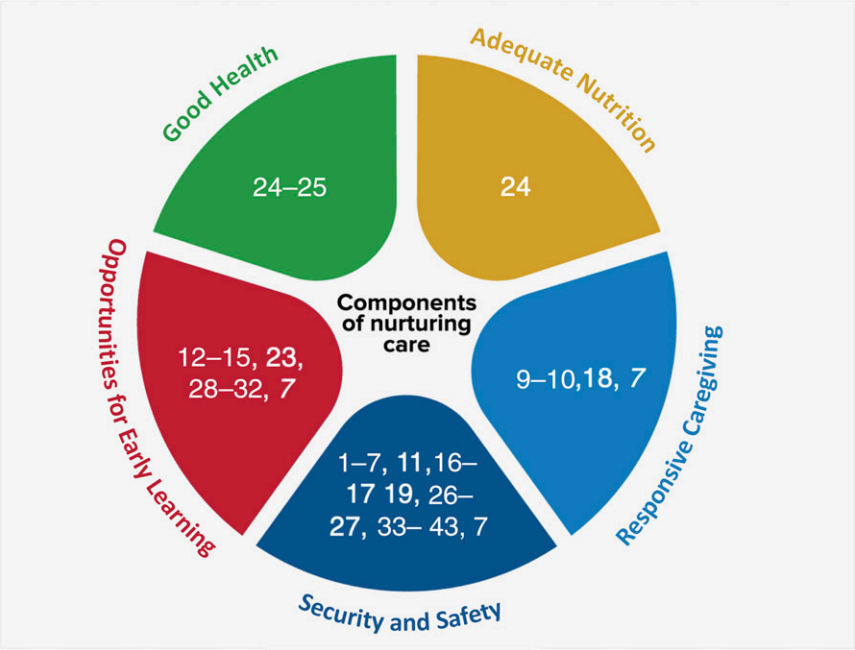

FIGURE 3
Articles of the CRC and CRPD classified by the categories of the NCF. The articles of the CRC are represented within the 5 domains of nurturing care: early learning, health, nutrition, responsive caregiving, and safety and security. Each number represents a different article of the CRC as summarized in Table 2. The number 7 in italics indicates Article 7 of the CRPD, which calls for the protection and consideration of the best interests for the child. Adapted from the WHO with permission. Adapted from: World Health Organization. Nurturing Care for Early Childhood Development. Availible at: https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf. Accessed June 20, 2018.

Challenges for Children in Displacement and Armed Conflict Situations

As of 2015, >1 in 10 children worldwide were affected by armed conflict.[84] In recent years, children have been increasingly exposed to situations of armed conflict, although subjecting children to armed conflict situations is a direct violation of article 38 of the CRC.[3] These situations have direct effects on children's health, including physical, mental, developmental, and behavioral health effects, as well as indirect effects, including deprivation and toxic stress, which may last across the life course.[85] Even outside direct participation, an environment of armed conflict may lead to psychological effects.[85] Authors of 1 study on the effects of war on children in Kabul found that >80% of Afghan children bore some psychological scars of war.[86]

Forced displacement is also a major area of concern that is in direct

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violation of the CRC. Worldwide, >31 million children have been forcibly displaced because of violence and conflict.[2] Within the United States, these effects are particularly relevant given the current conditions in Central America that drive child migrants to the United States. Between 2016 and 2018, nearly 70 000 migrant children were detained in Mexico, and >2000 children were detained and separated from their families at the US border in 2018.[87] Many factors underlie this migration crisis, including poverty, high rates of domestic violence, sexual abuse, scarce social services, limited opportunities to learn, and the desire of children to be with their parents who are already working in the United States.[88]

Challenges for Children With Disabilities

The UN's Convention on the Rights of Persons with Disabilities (CRPD), the current international framework of human rights for persons with disabilities, offers standards of protection for civil, cultural, economic, political, and social rights of persons with disabilities on the basis of inclusion, equality, and nondiscrimination.[89] 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. These rights naturally align with articles 4, 12, 13, and 23 of the CRC.[3]

However, an estimated 53 million children globally <5 years of age are living with developmental disabilities; this is a figure that has been constant since 1990.[1] These children are at greater risk of suboptimal health, educational attainment, and well-being than are children without disabilities.[90] Children with disabilities are at greater risk of victimization, violence, poverty, and exclusion from schools (eg, young girls with disabilities are associated with amplification of risk and poor outcomes). These conditions and figures are in direct violation of both the CRC and the CRPD.[91,92]

SPECIFIC RECOMMENDATIONS FOR PEDIATRIC ASSOCIATIONS TO ADDRESS CHALLENGES TO THE IMPLEMENTATION OF NURTURING CARE AND CHILD RIGHTS

Focus: Training for 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 pediatricians in training and those who work in child health care settings undergo such training and comply with it (Tables 3, 4, and 5).[93] These training requirements can be linked to other existing requirements, such as the Continuing Medical Education credit system in the United States and elsewhere.[94] Advocacy training should also be provided to young pediatricians to prepare them to shape the future of ensuring children's rights. This is particularly important for pediatric societies in low- or middle-income settings.

Of note, the International Pediatric Association (IPA) and WHO host workshops on child rights and on implementing nurturing care strategies at the biennial IPA Congress.[152] UNICEF provides a child rights toolkit with training materials, and the Human Rights Campus offers online courses on child rights (Table 4).[119,126]

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. The laws, policies, and interventions for creating enabling environments that allow children to reach their optimal development potential are set out in the NCF (Table 1). Key policies to promote equity in children's development are reduction of inequality (SDG goal 10) and the social protection and security including elimination of poverty (SDG target 1.2).[153] Relatedly, policies to counteract intergenerational risk exposures are adequate nutrition including maternal 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 day care, and preprimary education (SDG target 4.2).[153] These policies, along with those of the CRC, NCF, and CRPD are grounded in the principle of inclusion: leave no child behind.

Recently, the National Academy of Sciences released the report "A Roadmap to Reducing Child Poverty" that provides specific policy and program recommendations for reducing the number of children living in poverty in the United States by half within 10 years.[62] Major assistance programs and their long-term effects are also discussed, which would be useful for pediatric associations to consider supporting. Other organizations that pediatric associations may consider partnering with include the Gates Foundation,[154] the Abdul Latif Jameel Poverty Action Lab,[155] and the Campbell Collaboration.[156]

Child Abuse, Neglect, and Labor

A vital step in ensuring children's rights to safety includes recognition and intervention by pediatricians. In 2010, the UN Study on Violence against Children recommended that States establish confidential and accessible mechanisms for children, their representatives, and others to report violence against children.[157] However, physicians in training often

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TABLE 3 Obstacles to Ensuring Children's Rights and Solutions to Overcome Them

Obstacle	What Pediatricians Should Do	What National Pediatric Associations Should Do
Child labor: Of the 250 million children that participate in the work force, 171 million are considered to work in unsafe conditions. These children often suffer from poverty and do not go to school.[95]	Child health professionals must be involved in the documentation of, recognition of, reporting of, and advocacy against child labor.	Advocate to ratify the International Labour Organization convention No. 182 to forbid unsafe conditions, ensure time for education, and support children's development thought health, nutrition, and sanitation[95]
Establishing a Nurturing Care environment	Learn about and implement the Nurturing Care program and encourage parenting support, attachment and bonding support, prevention of child maltreatment, out of home interventions, and social safety net interventions[8,28,96]	Provide intervention training packages that integrate nurturing care with provider practices and with sector specific programs[96] Implement the 5 strategic actions of the NCF[8] Consider supporting evidence-based, cost-effective interventions to increase child survival, such as those reviewed by the Lancet[97]
Support for children with disabilities: There are 170–350 million children in the world with disabilities, but in developing countries, only 2% receive rehabilitative assistance and education.[1,95]	Provide support advocacy and training to parents and caregivers of young children with disabilities Promote awareness of the needs of individuals with disabilities through lobbying and activism[95]	Support legislation that supports children with disabilities Ensure access to quality early childhood care and preprimary education for children with disabilities Promote coordination between authorities, the organizations of disabled persons, and other NGO partners[98]
Violence against children: Violence against children is widely prevalent, including at home, in communities, and even in prisons.[95]	Encourage children to report violence Identify early signs of violence against patients and advocate for measures to combat the violence[99]	Provide opportunities for children to report violence against them, appoint an individual to speak on behalf of children, provide education of human rights and children's rights[95]
Participation in health care decisions: Researchers indicate that children are generally excluded from health care decisions, violating CRC articles 17 (right to information) and 12 (opportunity to express views and concerns). The evolving capacities of children are often ignored and arbitrary age limits for participating in medical decisions are often employed.[100]	Ensure that rights are explained to caretakers and to children in terms that are clear to them[100,101]	Promote the following to be employed in child care settings: the Task Force on Health Promotion for and with Children and Adolescents has 12 specific CRC rights that must be fulfilled to ensure a child's participation
	Before administering immunization, a child's assent should be obtained.[102]	The European Association for Children in Hospitals has a charter that delineates the rights of children; this should be made available in hospitals.[100]
	If children are truly to participate, they should be informed not only of their rights but also of other information that would be necessary to make an informed descion.[100]	Implement similar approaches in other countries
The CRC is often not incorporated into domestic legislation.	Support efforts to incorporate the CRC into clinical practice, even if it is not in legislation, and advocate for the CRC to be incorporated into legislation	Advocate for the CRC to be incorporated into domestic legislation If not incorporated, encourage public authorities to consider the CRC when making decisions[101]
Lack of integration of children's rights into health professional training[93,101]	Promote principles of child rights, social justice, human capital investment, and equity ethics in medical school and residency[93]	Promote training programs domestically as well as internationally, such as through the International Society for the Prevention of Child Abuse and Neglect[103]
Children in armed conflict situations: Many national pediatric associations have no established policy with respect to the impact of armed conflict on children. Article 40 calls for the protection of children as humanitarian crises.[104]	Be aware that the 2 organizations War Child and UNICEF create opportunities for recovery and for reintegration to ameliorate some of the harmful effects of war on development. These organizations also provide physicians with training in advocacy for children affected by armed conflict in clinical care, health systems, and policy.[104]	Develop and publish policies that prohibit children's involvement in armed conflict[104] Address armed conflict questions in the context of child rights[104] In countries in which armed conflict has recently occurred or is currently occurring, children must be the prime focus of attention through sustained efforts at improving health, nutrition, and education[86]

NGO, nongovernmental organization.

lack knowledge on how to properly address child abuse with respect to child rights.[158] Authors of 1 study found that of 203 pediatric residency programs in the United States, 25% did not require any rotations in child abuse during training, and only 12% of residents reported feeling "very well" prepared to address child abuse and neglect.[159] Nurses in various countries have reported similar dissatisfaction with their professional

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TABLE 4 Educational Tools for Clinicians and Children on Child Rights and ECD

Organization	Tool[a]
AAP	EBCD Education and Training Modules[105]
	EBCD Resource Library[106]
	The Early Childhood Learning and Knowledge Center: a national online resource for early childhood health information[107]
	Connected Kids: Clinical Guide[108]
	Bright Futures Guidelines, tools, and resource kit[109]
	Press releases on advocacy efforts in child health, child development, and child rights[110]
	Trauma Toolbox for Primary Care[111]
	Poverty and child health practice tips[112]
	Toxic stress video[113]
UNICEF	Multiple simplified versions of the CRC for children,[114,115] a leaflet for children,[115] and a children's book[116] about children's rights and the CRC[116] and how children can participate in their rights
	Resources for educators, specific to teenagers, protection from violence, the rights of people with disabilities[117]
	Other resources available in French, German, Italian, and Ukrainian[117]
	"Rights with Ruby and Jack": a video for children about their rights[118]
	Child Rights Toolkit and accompanying e-learning[119]
	Cartoons for children's rights[120]
	Child rights research tools[121]
Plan International	Child-friendly poster on the CRC, available in English, French, and Spanish[122]
Living Democracy	Activity plan on children's rights for children[123]
Children's Rights Education	This organization offers presentations for physicians to purchase online; physicians can also request workshops to come to their institution.[124]
Child Rights Connect	Offers training workshops on child rights[125]
Human Rights Campus	Offers self-directed e-courses and tutored e-learning courses on children's rights, child development, participation, and protection[126]
WHO	Information on the NCF
	https://www.who.int/maternal_child_adolescent/child/nurturing-care-framework/en/
	https://nurturing-care.org
	Nurturing Care training materials[127]

EBCD, Early Brain and Child Development; e-course, electronic course; e-learning, electronic learning.

[a] Web site links to each of these tools can be found in the references.

training in recognizing and reporting child maltreatment.[160,161]

Addressing violence against children requires multiple approaches.[162,163] 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. The promotion of training programs domestically as well as internationally, such as through the International Society for the Prevention of Child Abuse and Neglect, should be encouraged.[103] In addition, children should be encouraged to report violence, and avenues should be provided for them to report abuse.

Armed Conflict and Displacement

Although the American Academy of Pediatrics (AAP) has established policy with respect to the impact of armed conflict on children, many other national pediatric organizations do not.[104] All national pediatric associations should have policies on these 2 factors and encourage their governments to pass laws to protect children in these situations. International programs to support children in these countries include the War Child program and UNICEF, which provide recovery and reintegration opportunities for children affected by war. These organizations also provide physicians with training in advocacy for children affected by armed conflict in clinical care, health systems, and policy.[104] UNICEF also provides recommendations on caring for children with disabilities in times of armed conflict.[164,165] This issue is particularly timely given the current state of separation of immigrant children from their parents at national borders.

Children With Disabilities

Initiatives for early child development must be disability inclusive. Olusanya et al[166] 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. Authors of a recent report from the National Academies of Sciences on opportunities for enhancing pediatric care for children with disabilities provide compelling guidance to be considered in global contexts as well as for care of children without disabilities.[167] In addition, more research is needed to determine the prevalence of disability and explore potential risk and protective factors for disability as well as efficacy of the wide range of interventions under consideration for scale-up as nurturing care begins to include children with disabilities.[168,169] Developmental systems frameworks will guide important research and practice.[170]

SPECIFIC RECOMMENDATIONS FOR PEDIATRICIANS TO ADDRESS CHALLENGES TO THE IMPLEMENTATION OF NURTURING CARE AND CHILD RIGHTS

All Pediatricians

The CRC and the NCF have laid the groundwork for standards and interventions on the international scale; it is now up to pediatricians to adopt these standards into daily practice. Of note, at the most recent World Health Assembly's universal health coverage declaration, children and child health are not mentioned at

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TABLE 5 Organizations and Conferences Concerning Child Development and the Rights of the Child

	Organization	Conferences
Children's rights	AAP Council on Community Pediatrics[128]	Annual Conferences (including information about 2019 conference)
	AAP Committee on Child Abuse and Neglect[129]	Association of Maternal and Child Health Programs Annual Conference[130] (March 21–24, 2020, Crystal City, VA)
	AAP Council on Children with Disabilities[131]	ICFLCR 2019: International Conference on Family Law and Children's Rights[132] (June 27–28, 2019, London, United Kingdom)
	AAP COCP Immigrant Health Special Interest Group[133]	
	International Society for Social Pediatrics and Child Health[134]	Additional conference in 2019
	NOW Working Group on Children's Rights[135]	From a Protected to an Empowered Childhood: 30 Years of the Convention on the Rights of the Child[136] (November 21–22, 2019, Leuven, Belgium)
	International Society for the Prevention of Child Abuse and Neglect[103]	
ECD	AAP Committee on Development[137]	Annual Conferences (including information about 2019 conference)
	AAP Council on Children with Disabilities[131]	The Division for Early Childhood's 35th Annual International Conference on Young Children with Special Needs and Their Families[138] (October 1–4, 2019, Hilton Anatole, Dallas, TX)[a]
	AAP Council on Early Childhood[139]	Zero to Three Annual Conference[140] (October 2–4, 2019, Fort Lauderdale, FL)[a]
	AAP Section of Developmental and Behavioral Pediatrics[141]	National Association for the Education of Young Children Annual Conference[142] (November 20–23, 2019, Nashville, TN)[a]
	Society for Research in Child Development[143]	The National Association for Family Child Care Annual Conference[144] (June 19–22, 2019, Orlando, FL)[a]
	Society for Developmental and Behavioral Pediatrics[145]	International Society of Early Intervention Conference[146] (25–June 28, 2019, Sydney, Australia)[a]
	International Developmental Pediatrics Association[147]	International Congress of Infant Studies[148] (July 6–9, 2020, Glasgow, United Kingdom)[a]
	IPA Child Rights and Child Protection Sub Committee (https://ipa-world.org/page.php?id=399)	International Maternal and Child Health Conference[149] (November 4–5, 2019 in Porto, Portugal)
	IPA Special Advisory Group on Early Child Development (https://ipa-world.org/sag-ecd.php)	Society for Developmental and Behavioral Pediatrics Annual Meeting[150] (September 13–16, 2019, Washington, DC)
		International Developmental Pediatrics Association Congress[151] (December 9–12, 2019, Manila, Philippines)[a]

COCP, Council on Community Pediatrics; NOW, xxx.
[a] Holds conferences every 2 to 3 years.

all.[53] Pediatricians globally must recognize the threat this poses to ensuring child rights and must take action internationally and locally (Tables 4 and 5).

Pediatricians should attend workshops and conferences that provide training in child rights and ECD (Table 5). After becoming informed more about child rights and the NCF, child health care workers should also adopt child rights–based practices in their clinics, as outlined in these tools. Ideally, children attending clinics should be educated about their rights as per the CRC in child-friendly language, and individuals must be available to speak on the proper implementation of child rights.[95] For children to truly participate in their rights, they and their caretakers should be informed not only of their rights but also of any other information that is necessary to make an informed descion.[100] The responsibility of this task, in part, falls on pediatricians, who must not only be aware of the rights of the child but also ensure that children they treat are aware of their rights.

Clinicians should also adopt early childhood preventive health and care practices. Although developmental surveillance is helpful in identifying possible developmental delay, the goal is to prevent delay in the first place by supporting ECD.

With regard to supporting early childhood education, clinicians should be asking families about educational arrangements for children and encourage 3-way communication between families, educational professionals, and the pediatrician.[171] Specific consideration should be given to children with disabilities and ECD interventions that take into account the needs of children with or at risk for developmental disabilities.[172–174]

Child health professionals must also be involved in the documentation of the health effects of child labor, child maltreatment, and neglect, as well as advocacy against these at national and international levels.[175] Not only should pediatricians educate themselves on reporting child maltreatment, but they should also effectively engage with community systems that support the child, such as social services.

In working with children affected by armed conflict or displacement, physicians should be aware that War Child and UNICEF provide physicians with training in advocacy for children affected by armed conflict, in clinical care, health systems, and policy.[104]

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Physicians should attend these training programs in addition to those of national and international pediatric society trainings on ECD and child rights. Consideration should also be given to children affected by migration, orphans, and those who live in areas of high crime as these children often lack support.[53]

In addition to these measures, monitoring child development is recommended to ensure accountability. This includes informed watching, enjoying, and supporting the child's development with the family as well as partnering with caregivers to enhance strengths, address risk factors, and provide additional individualized support and services.[8]

US-Based Pediatricians

Although the CRC has not been ratified by the United States and adopted into legislation, US-based pediatricians should still make the best efforts to incorporate child rights principles into practices. In addition, advocates for children's rights in the United States are likely to find success by lobbying at the state level for additional protections and affirmative rights and to adequate education, health care, nutrition, and housing.

The AAP provides numerous resources for pediatricians to address the above described challenges, such as guidance on what should take place during early childhood visits to promote nurturing care,[176] reporting and recognition of child abuse and maltreatment,[175] providing care for children that have been maltreated,[177] and supporting children affected by the social determinants of health.[178] Prenatal development must also be given consideration: in 1 survey, researchers found that 22% of US pediatricians do not offer prenatal visits to expecting mothers.[179]

In light of the current situation of child migration at the US border, the AAP recommends a child rights–based approach to addressing the multiple effects of armed conflict and displacement on children. Relatedly, the AAP has released a statement on how physicians should handle children in situations of displacement.[180] Recommended practices include providing culturally and linguistically sensitive medical care and eliminating exposure to conditions or settings that may retraumatize children.

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 well-being throughout the life course. These benefits are not only individual, they are societal; improving child health outcomes will increase global productivity and sustainability; it is also cost-effective.[181] Achievement of these goals requires governments to actively implement ECD interventions through a multifaceted, multisectoral approach.

A child rights approach responds to the vulnerability of children in society, commits to the protection of their health and well-being, and commits to the establishment of a solid foundation that serves them for the rest of their lives. In the global context of vulnerabilities, children exposed to violence or forced to migrate with their families have major vulnerabilities to their health and long-term developmental outcomes. The amplification of rights inclusive of children with disabilities as enshrined in both the CRC and the CRPD position health professionals as key implementers and advocates. Now, more than ever, is the time to integrate nurturing care and children's rights to support ECD; now is the time for pediatricians to ensure children's achievement of their human potential.

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ABBREVIATIONS

AAP: American Academy of Pediatrics
CRC: Convention on the Rights of the Child
CRPD: Convention on the Rights of Persons with Disabilities
ECD: early childhood development
GC: General Comment
IPA: International Pediatric Association
LMIC: low- to middle-income country
NCF: Nurturing Care Framework
SDG: Sustainable Development Goal
UN: United Nations
UNICEF: United Nations Children's Fund
WHO: World Health Organization

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