

Social Pediatrics

Child health promotion: A task for social pediatrics

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Pediatrics as a medical speciality is the art and science of treating children's diseases. It is a task which demands knowledge, skill, empathy and understanding of the individual child, his development and environment. Child health is a much broader and more positive concept, addressing many more aspects of children's well-being than their medical care.

Many attempts have been made to define health, and however they differ there is a general agreement that it is a positive and multidimensional state, not only freedom from disease. The best-known, and still most quoted definition of health is that given in the 1946 constitution of WHO: "*A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.*" Although this definition has been heavily criticised, on the grounds that it is imprecise, utopian and impractical, it has undeniably made its impact on the debate on health. It should therefore be noted that it does stress the positive nature of health, and in its notion of well-being it expands the concept beyond physical health or fitness.

Since that time, however, others have gone much further towards a functional concept of health that is directly related to the individual's situation and ability to cope with the demands of life. It has been more poetically expressed by the Danish author and scientist Piet Hein¹:

*Health is not bought with a chemist's pills,
nor saved by the surgeon's knife.
Health is not only the absence of ills,
but the fight for the fullness of life.*

WHO's concept of health was to some extent clarified in 1977 when the World Health Assembly adopted the resolution known as *Health for All by the Year 2000*. This stated as a central objective of member states' social policy goals a level of health which would enable everyone to achieve a socially and economically productive life. Thus, health is a resource for everyday life, not the objective of living. The underlying philosophy or ideology of this goal is equity; equity within and between countries, and social justice in health. But the goal became more than ideology when it was developed into a strategy with 38 targets for Europe, accepted by all the member states. This now represents a common European view of what could and should

be done to achieve health for all. These targets place emphasis on the promotion of healthier lifestyles and a healthy environment, and on the reorientation of health care towards a broad concept of community-based primary health care².

Health promotion as a child health issue

The concept of health promotion has increasingly been seen as a central feature of the Health for All strategy and it basically means the process of enabling people to increase their control over, and to improve, their health. This process involves the population as a whole, not only the so-called risk populations, with their particular biological and behaviour characteristics or persistent exposure to unacceptable hazards to health, and is directed towards determinants and causes of health. Action to promote population health requires the close cooperation of many sectors of society, reflecting the diversity of conditions and factors which influence health: not only legislation, but also communication and education; not only organisation of services, but also community development and spontaneous local activities against health hazards. WHO, in its constitution, had already identified "the basic importance" of the "healthy development of the child" and "the (child's) ability to live harmoniously in a changing total environment." The European Health for All strategy made the explicit claim that what was at stake in the achievement of the targets was nothing less than the future of the children of Europe. As the general concept of health promotion is now evolving, a most important task is to identify and advocate the specific and unique characteristics of child health promotion. This is essential for the long term credibility of the professional child health workers.

The logical starting point in this task lies in the field of population health itself. The study of the broad and complex issues of population health, one that emphasises the cultural, social, economic and political dimensions, is properly labelled *public health*. Sir Donald Acheson's influential report on public health in England defined it as "*the science and art of preventing disease, prolonging life and promoting health through organised efforts of society.*" Action of these issues in order to enhance population health

is referred to as the public health function. Naturally, this also includes children, as part of the population³.

There are several major reasons why children's health and well-being is of special importance in public health:

- Children make up a substantial part of a country's population, in Europe generally around 20 per cent.
- Children are a vulnerable group in society; their health and well-being thus reflect the underlying will and ability of a society to care for its citizens.
- Children have no political power and are not represented in formal public bodies or informal pressure groups able to influence health and related policies.
- Knowledge, attitudes and behaviour in health matters as revealed in adult life are learned and cemented in the formative years of childhood and youth.
- The United Nations have proposed special protection for children through their Convention of the Rights of the Child, adopted in 1989⁴.

The role of Social Pediatrics

The ideology of Health for All, the professional tasks of bodies concerned with Public Health, and the societal imperatives of Children's Health become integrated in Social Pediatrics, which places the health of children and their families in its full social, economic and political context.

In our times of superspecialisation and fragmentation of medical sciences and medical professions, so obvious in clinical pediatrics, we can see that social pediatrics is the counterbalance. It makes explicit the need for genuine inter-disciplinary and inter-professional team working in its approach to the fullness of health. Social pediatrics as a modern public health vocation takes the various professionals engaged in it out of the narrow experience of their basic disciplines, and the confines of specialised institutions, and into the wider community, making them aware of the social context in which children live in order to better understand their health problems. Children's health is best promoted through intersectoral cooperation, working with colleagues in education, social welfare, child guidance, family counselling and others, and particularly involving the children and the families themselves.

This does not mean that professionals in the medical field are unimportant. On the contrary, they have an important role in nurturing and enabling health promotion. They can use their credibility with families to develop their special contribution in health education and advocacy. If these professionals – and their organizations – are ready to

work with other professions and with other professional organizations, and if they have the fullness of health, not only the curing of diseases, as their objective, the chances of progress and ultimately success are much greater.

Successes in Social Pediatrics

If social pediatrics is the counterbalance to clinical pediatrics, it should be clear that it would be counterproductive to see them as two antagonists. It is much more fruitful to work for a future in which the clinical practice of physicians, the caring tasks of nurses and others, and our work of social pediatrics will be seen as complementary and not as entities competing for professional esteem, public recognition, and political and financial support. The common goal of seeking to maximize child well-being demands that approach. Happily there have been some recent signs that the climate may be becoming more supportive of this kind of collaborative, multiprofessional and multisectoral work. I shall cite two examples from Sweden as indicative of helpful social and political trends.

First, for quite some time now, a discussion has been going on in Sweden about children's rights and protection, and their possibilities for influencing their lives. Political parties are proposing that a Children's National Ombudsman is needed like the one they already have in Norway. Forceful action by the Swedish Pediatric Association helped to convince the politicians of the necessity for such a public office. A proposal to this end was recently presented to the Minister of Social Affairs, detailing objectives, working methods, resource implications and the legislative support required. In the commission that wrote the proposal there was a representative from the Swedish Pediatric Association as well as from Social Pediatrics⁵.

Secondly, another recent commission in Sweden suggested to the Government that a new Institute of Public Health be created, with the purpose of studying health problems in the population, and suggesting solutions and their implementation. One of the four main areas to begin with would be children and young people.

Many actions have been taken leading to the creation of this Institute. One that can be seen to have been influential is the report on children's health that was published recently, as a background to the main Public Health Report that is presented to the Parliament every three years. One of the conclusions from the Children's Health report was:

“To safeguard the health benefits already achieved, general measures of prevention, treatment, care and rehabilitation will have to continue. Further measures will have to be taken to improve the health of the least privileged groups

and the individuals at greatest risk. In order to deepen our knowledge and to evaluate the results of measures already taken, we need to coordinate documentation on children's health and well-being and also to develop theories and methods of measurement. A center or unit should be set up for these very tasks⁶."

It is certainly not just a coincidence that the statement was followed by a plan just a few months later. It should also be pointed out that the proposals in the Children's Health report are formulated according to principles derived from social pediatric science and moulded by its values.

At the same time as these political signals have started to grow stronger, there has been a positive response from the academic and professional community working in the field. I am referring to the forthcoming European Textbook of Social Pediatrics. I am confident that in this initiative we have the means to strengthen social pediatrics in Europe. It will provide a sound basis for its further development by promoting a common core of knowledge, skills and competences which the practice of good social pediatrics demands. This is particularly well timed as it coincides with a European-wide acceleration of effort by WHO and the Schools of Public Health in Europe to strengthen and develop postgraduate training in public health which reflects both the objectives and values of the "Health for All" policy⁷. The European Society for Social Pediatrics (ESSOP) has accordingly accepted the challenge to develop a specific training programme in child health.

The challenge in Social Pediatrics

These favourable conditions present a powerful challenge to those working in social pediatrics, whether as academics, policy makers and managers, or as service providers working with children and young people and their families. An agenda for the collective efforts should therefore be addressed.

Child health promotion is a complex and still-evolving field of action, and its boundaries are not set by the areas of technical interest of health professionals or even ESSOP activists. One valuable characteristic of Social Pediatrics is that its scope spans the range from the promotion and maintenance of health to disability, rehabilitation and the prevention of handicap. Further, with an orientation which stresses the integration of health with social and economic conditions of living, Social Pediatric practitioners have a strong commitment to cooperative and interactive forms of working both inside the Child Health Services and with other partners.

They recognize the importance of a holistic view of the growth and development of children and young

people, and of working with others having a similar perspective. Operating in this way they should be well placed to develop and offer to society social, cultural and economic approaches to child health promotion which can be applied in local communities in a practical way which is appropriate to their actual circumstances.

As a discipline and a modern public health vocation, Social Pediatrics must recognize that in the current and future social context health is becoming increasingly a function of individual, group and societal behaviour, determined in great part by structural and environmental factors. Social pediatric practitioners must seek to broaden the scope of their influence in order to respond to and link with colleagues in other sectors working on a whole range of human welfare issues affecting children and young persons. They must be better prepared to understand and work with various formal and informal societal structures of which they are themselves part.

Setting the agenda

Seeking to set the agenda in child health promotion, Social Pediatrics needs to focus on a set of concerns which, while relevant to health promotion as a whole, have particular significance for children and young persons. These concerns may be broadly grouped as:

Fundamental issues

- The interplay of hazard risk and individual freewill behaviour; culture as a constraint and a basic force in shaping behaviour patterns in children and young people,
- Experimental learning behaviour in childhood and youth,
- Promoting individual responsibility in, and giving support to, healthy patterns of living adopted by young people,
- The health implications of actions in other sectors affecting children, e.g. retailers marketing to children,
- The prerequisites and conditions for the improvement of the health of children and of particularly vulnerable groups such as those with chronic illness or disability,
- The consequences of failure to adopt and enforce rigorous health and safety measures and standards in all matters affecting children and young persons.

Academic and related issues

- Promoting and implementing a multi-disciplinary research agenda to support child health promotion covering both action research and

social, psychological and other basic research; and being alert to the implications of research findings and developments in the biological and other sciences for Social Pediatrics.

Practical issues

- Developing principles for the design of environments to meet the health needs of children and young people,
- Advocating the necessity for coherent and comprehensive strategies with a stress on the probability of failure of isolated courses of action, which are likely to be defeated by negative countervailing forces,
- Ensuring effective action through a full range of public health instruments: information and education, legislation and regulation and appropriate management methods for child health programmes,
- Monitoring both specific initiatives to promote child health and regular services; identifying generalizable conditions for success in child health promotion and disseminating them widely.

With such concerns in mind the future mission of Social Pediatrics as the standard-bearer of child health promotion is clear. There are four basic tasks ahead:

1. Ensuring a systematic consolidation of knowledge of health determinants for children and young persons and of the principal factors operating positively and negatively in the protection and promotion of their health.
2. Strengthening, through the development of our discipline, policy analysis and evaluation of health promotion policy proposals and strategies for children and young persons.
3. Achieving a higher priority within the health sector and in other sectors for broad – based and balanced health promotion policies which can be adopted and implemented.
4. Cross-fertilizing experience by such means as ESSOP conferences, workshops, training courses, joint activities with various professional bodies in the health and other sectors, and collaboration with WHO and other international bodies with mandates for health or the welfare of children and young persons.

The way ahead

The main concern in society as we experience it today and can expect it in the future is change. The pace of change may well be accelerating. The implications for the promotion of the health of our children and young people are profound. Social Pediatrics must be ready to anticipate change and

its consequences, create timely solutions to new problems, and adapt to new societal needs. There are unlimited opportunities and restricted resources. Priority must be given to work that is:

- scientifically sound and socially important
- addresses problems with high human, social and economic cost and of major health significance for children and young persons, e.g. in avoidable chronic illness and disability
- likely to improve the competence of social pediatric practitioners.

All these objectives constitute a mandate for child health promotion which can and must be adopted with intellectual conviction and professional optimism. There is then more than just a change of making a real contribution to the achievement of health for all children.

Summary

Health implies broad and positive aspects of life, well beyond disease and medical care. It is clearly expressed in the constitution of the WHO, and has been clarified in the Health for All strategy, emphasizing health promotion as a basic means to enable people to increase control over their health. The study of the broad and complex issues of population health is called public health; it naturally also includes children and their special needs. The ideology of Health for All, the science of public health and the imperatives of children's health are integrated in *Social Pediatrics*. Its task is to place the health of children in a full social, economic and political context, using inter-disciplinary, inter-professional and inter-sectoral cooperation with the children and their parents as the basis for all activities.

After relating a few successes of socio-pediatric actions on a national level, the focus is directed towards health promotion issues that are especially significant for children and young persons, i.e. fundamental, academic and practical issues. The way ahead for children's health promotion and for Social Pediatrics lies in the readiness to anticipate change and to adapt to new societal needs.

Résumé

Promotion de la santé des enfants: Une tâche pour la pédiatrie sociale

Le concept de santé doit être pris au sens large et implique les aspects positifs de la vie; bien au-delà de la maladie et des soins médicaux. Ceci est énoncé en termes précis dans la constitution de l'Organisation Mondiale de la Santé (OMS) et, ultérieurement, explicité dans les directives de «Santé pour Tous», en mettant bien en relief la

promotion de la santé comme un moyen fondamental pour permettre à la population d'exercer un meilleur contrôle sur sa santé. L'étude du sujet large et complexe de la santé de la population, est appelée «santé publique», et inclut naturellement les enfants et leurs besoins spécifiques.

L'idéologie de la «Santé pour Tous», la science de la santé publique et les impératifs de la santé des enfants sont intégrés dans la Pédiatrie Sociale. Le rôle de celle-ci est de placer la santé des enfants dans un contexte pleinement social, économique et politique, en faisant usage d'une coopération sur les plans interprofessionnel, interdisciplinaire et intersectoriel avec les enfants et leurs parents comme base d'activité.

Après avoir constaté et noté l'issue heureuse de quelques actions en Pédiatrie Sociale à un niveau national, l'accent a été mis sur des actions de la promotion de la santé, particulièrement significatives pour les enfants et les jeunes. Le meilleur moyen de faire progresser la promotion de la santé des enfants et de la Pédiatrie Sociale est de prévoir les changements et s'adapter aux nouveaux besoins de la société.

Zusammenfassung

Gesundheitsförderung im Kindesalter: Eine Aufgabe der Sozialpädiatrie

Der Ausdruck Gesundheit umschliesst vielseitige und positive Aspekte des Lebens, weit über Krankheit und medizinische Versorgung hinausgehend. Dies ist in der WHO-Konstitution klar dargelegt und später in den „Health for all“-Strategien weitgehend erklärt, wobei die Förderung der Gesundheit die Ausgangsbasis bildet, welche es den Menschen ermöglicht, die Kontrolle über die eigene Gesundheit zu verstärken. Das Studium der ausgedehnten und komplexen Gesundheitsprobleme einer Bevölkerung wird öffentliches Gesundheitswesen (Public Health) genannt, welches natürlich auch Kinder und deren besondere Bedürfnisse beinhaltet.

Die Ideologie von „Gesundheit für alle“, das öffentliche Gesundheitswesen und die Bedürfnisse für eine Gesundheit der Kinder, sind in der Sozialpädiatrie eingeschlossen. Ihre Aufgabe ist es,

die Gesundheit der Kinder vollkommen in den sozialen, ökonomischen und politischen Zusammenhang zu stellen, dabei wird eine interdisziplinäre, interprofessionelle und intersektorielle Zusammenarbeit mit den Kindern und deren Eltern als Grundlage für die Aktivitäten eingesetzt. Nach der Vorstellung einiger sozio-pädiatrischen Handlungserfolgen auf nationaler Ebene, wird der Blickpunkt auf die Ergebnisse der Gesundheitsförderung, welche von besonderer Bedeutung für Kinder und Jugendliche sind, gerichtet, z.B. grundlegende, akademische und praktische Ergebnisse. Die Zukunft der Gesundheitsförderung bei Kindern und der Sozialpädiatrie liegt in der Bereitschaft, Änderungen vorauszusehen und sich neuen sozialen Bedürfnissen anzupassen.

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