INTRODUCTORY COMMENTARY

Why would anyone, anywhere, question the importance of protective rights for children? Why would anyone, anywhere, question the profound effect children’s rights have on community well-being? In this column, Dr Keenan describes the history and current status of children’s rights and challenges us to advocate for fuller implementation of those rights based on well-established principles that are based in good public policy and science. Clearly, children do not have the ability to make all the decisions affecting their optimal health and life success. Adults must decide how children are cared for and how we should vest authority and power to ensure that every child’s best possible outcome is achieved. Concerns should exist when policies and governmental structures become repressive and become exploitive. Children everywhere deserve to be treated as valued members in society and, when developmentally possible, participate in making life choices to their own benefit.

—Jay E. Berkelhamer, MD, FAAP
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Children’s Rights and Community Well-Being

Formal acknowledgment of the rights of children can be traced to the assertion of the natural rights of children by Thomas Spence, a Scottish human rights activist of the 18th century. The 19th century in the United States was marked with the foundation of pediatrics as a specialty and the rise of social support movements across the eastern portion of the country such as the Children’s Aid Society of New York. An important watershed moment for children’s rights was the work of Eglantyne Jebb, an Englishwoman who founded Save the Children Fund. In 1923, she drafted a document prompted by her work with children across Europe after World War I. This document, Declaration of the Rights of the Child, was a simple 5-point document outlining the needs of children. This document was adopted with few changes by the League of Nations as the Declaration of Geneva in 1924 and poetically reads (1) The child must be given the means requisite for its normal development, both materially and spiritually. (2) The child that is hungry must be fed; the child that is sick must be nursed; the child that is backward must be helped; the delinquent child be reclaimed; and the orphan and waif must be sheltered and succored. (3) The child must be first to receive relief in times of distress. (4) The child must be put in a position to earn a livelihood, and must be protected against every form of exploitation, and (5) the child must be brought up in the consciousness that its talent must be devoted to the service of fellow men.²

The Declaration of Geneva was updated in 1954, after the formation of the United Nations, to include the issues of equality, right to a name and nationality, housing, nutrition, health, education, and an environment of “understanding, tolerance, friendship and universal brotherhood.”³ In 1989, this was replaced by a 54-article text, Declaration of the Rights of the Child, which, in addition, addressed the best interests, slavery, torture, refugee status, disability, and minority status. More recently, added optional protocols deal with the involvement of children in military conflicts, the sale of children, child prostitution, and child pornography.⁴

Although the United States has played a very active role in each of the declaration drafts, ratification by Congress has floundered on concerns expressed in terms of parental rights and national sovereignty. Some voices supportive of ratification in the United States have countered that acceptance of the Declaration would provide a useful framework for effective and comprehensive policy formation regarding the needs of children while supporting national sovereignty and parental responsibilities.⁵

More recently, some leaders in child health have proposed a new international convention on the rights of pregnant women and their newborn infants.⁶ The proposal of 44 separate
articles would add focus to newborn and women’s health as well as the positive and negative opportunities of transnational interactions. The authors pose a blend of human rights with evidence-based clinical guidelines to frame the components of their proposal. Whether the acceptance of a proposal with such specificity would add to the effectiveness of current global efforts is unknown.

The American Academy of Pediatrics has also published a policy statement on health equity and children’s rights. This statement emphasizes children’s rights, social justice, human capital investment, and health equity ethics. This American Academy of Pediatrics policy statement expresses the hope that the root causes of child health disparities will be addressed by the conscientious integration of child health equity principles. The policy adds considerable detail to outlining population risk, equity considerations, and implications for practice.

A current global expression of the United Nations Convention on the Rights of Children is the use of Millennium Development Goals. All 8 goals affect child well-being, addressing poverty and hunger, education, gender equity, child mortality, maternal health, infectious disease, and global development. The Millennium Development Goals established by the United Nations in 2000 have been used to direct policy, raise funds, plan strategically, and manage relationships and program interventions throughout the world. The most hopeful recent developments are the reductions in maternal and child mortality during the past 10 years, although the reduction of mortality in children <5 years of age is not meeting goals in many parts of the world, excellent examples now exist of what is effective and necessary.

A powerful concept that sensibly ties in thousands of years of observation with emerging science is the unique vulnerability of children to adversity and toxic stress. The very ideas that motivated Eglantyne Jebb and others for the rights of children are now known to be compatible with the known epigenetic impact of early experience, relationships, and emotional trauma. Brain structure, developmental progress, and future capabilities are tied to disruptive experience early in life. Unchecked adversity can now be traced to lifelong disadvantage for the individual, the family, and the community.

Pediatricians are in a unique position to bring to public awareness the connectedness of national policies, deprivation, and conflict within families or nations to toxic effects on children. Pediatricians can join with and mobilize those who can highlight the opportunities to protect child development within every sector of society helping bring benefit to all aspects of the human family.

REFERENCES
3. United Nations General Assembly Resolution 1386, Session 14, November 20, 1959

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