

Middletown, Connecticut; ^cUniversity of Louisville, Louisville, Kentucky; ^dUniversity of Wisconsin, Madison, Wisconsin; ^eUniversity of California San Diego, La Jolla, California; ^fUniversity of Ottawa, Ottawa, Ontario, Canada; ^gUniversity of Arizona, Tucson, New Mexico

INTRODUCTION: The great disparities in children's access to health care depend on many factors. Expanding the availability of community-based services through programs designed to decrease these disparities is imperative.

METHODS: In 2006, the American Academy of Pediatrics Section on International Child Health implemented a new program to address these disparities, the International Community Access to Child Health (I-CATCH) program, which offers mentorship in grant preparation and project execution and provides 3-year funding to support project development and implementation. Projects are community-based initiatives that increase children's access to health care or services not otherwise available. Project initiatives will decrease health disparities and will develop sustainable community-based child health programs that may be replicated in other communities.

RESULTS: During the first grant cycle, innovative proposals were received from colleagues in 16 countries. A great variety of opportunities were described to improve children's access to health. Four projects were funded, each of which focused on community education and development: (1) improve children's nutrition and decrease gastrointestinal and respiratory disease (El Salvador); (2) train community health care workers (Pakistan); (3) identify and serve high-risk pregnancies and neonates (Philippines); and (4) promote essential newborn care (Uganda).

CONCLUSIONS: The first grant cycle illuminated the impressive creativity of colleagues, who outlined many opportunities to improve children's access to care through community-based programs with the expectation of decreasing health disparities. The tremendous potential of the I-CATCH program was validated. Although assessment of the long-term impact of the I-CATCH program is needed, the initial year showed great promise.

THE EUROPEAN ASSOCIATION FOR CHILDREN IN HOSPITAL (EACH) CHARTER

Submitted by **Giuliana Brandazzi Filippazzi**

Giuliana Filippazzi Brandazzi

European Association for Children in Hospital, Milano, Italy

The European Association for Children in Hospital (EACH) Charter, adopted in 1988 in Leiden, Netherlands, is a list of the rights of all children before, during, and after a hospital stay. The rights mentioned in the charter apply to all sick children regardless of their illness, age, or disability, their origin or social or cultural

background, or any possible reason for treatment, whether as inpatients or outpatients.

All rights mentioned in the charter and all measures derived from it must, in the first place, be in the best interests of children and enhance their well-being.

The rights/needs of children in hospital include accommodation for parents, support for parents and children, informed participation in the decision-making process, and care in pediatric units by staff who are adequately trained.

The EACH Charter is in line with corresponding and binding rights stipulated at the United Nations Convention on the Rights of the Child and refers to children as being aged 0 to 18 years.

Some of the goals of the EACH Charter are still unachieved, such as:

- the right of children to have their parents with them in the hospital;
- painless medical treatment;
- to receive information they can understand;
- the possibility for children to have their own say in the care plan;
- opportunities for play and education in the ward;
- to have contact with peers; and
- a healing environment.

TRADITIONAL PRACTICES AFFECTING CHILD HEALTH: A SUB-SAHARAN AFRICAN EXPERIENCE

Submitted by **Assumpta Chapp-Jumbo**

Assumpta Chapp-Jumbo

Abia State University Teaching Hospital, Aba, Nigeria

INTRODUCTION: Culture includes the values of a people and affects nurturing of children as well as illness attribution. In spite of scientific discoveries, traditional practices that relate to health-seeking behaviors have persisted.

OBJECTIVE: The purpose of this work was to highlight the harmfulness and consequent negative effects of some of these practices on child health.

METHODS: A 1-year longitudinal study of children who attended the children's emergency and outpatient departments of a health institution in an urban area in Nigeria was carried out. Oral interviewing of the caregivers and physical inspection of the children was carried out for all patients. Treatment history, preferences for health care, and obvious traditional attempts at cure were evaluated.

RESULTS: There were 4484 hospital visits during which 2040 children were evaluated. The most common form of medical intervention at home before the visit was the use of herbal remedies (964 [47.25%]), scarifications that remained after blood-letting procedures

(867 [42.5%]), and pastes applied on the anterior fontanel (24 [1.18%]). Other less common but more traumatic therapies were foot roasting (18 [0.88%]), heat treatment of extremities (6 [0.29%]), and application of special preparations orifices (0.88%).

CONCLUSIONS: The high use of traditional methods of treatment and the harmfulness of some of them calls for health providers in any environment to evaluate these practices to use the information obtained as tools for health education, thereby discouraging harmful treatments and encouraging the practice of useful ones.

MEASURING QUALITY OF LIFE IN GREEK CHILDREN: FIRST PSYCHOMETRIC RESULTS OF THE GREEK VERSION OF THE PEDIATRIC QUALITY OF LIFE INVENTORY (PEDSQL) 4.0 GENERIC CORE SCALES

Submitted by Konstantina Gkoltsiou

Konstantina Gkoltsiou^a, Vassiliki Papaevangelou^b, Yannis Tountas^c, Andreas Constantopoulos^b

^aSecond Department of Pediatrics and ^bSchool of Health Sciences, Faculty of Medicine, Department of Mother and Child Care, Second Department of Pediatrics, Panagiotis and Aglaia Kyriakou Children's Hospital, Athens, Greece;

^cDepartment of Social Medicine, Center for Health Services Research, Department of Hygiene and Epidemiology, University of Athens Medical School, Athens, Greece

INTRODUCTION: Health-related quality of life concerning children is a growing field of research. The Pediatric Quality of Life Inventory (PedsQL) is a promising instrument that is available in age-appropriate versions and parallel forms for both children and their parents.

OBJECTIVE: The purpose of this study was to evaluate the psychometric properties of the Greek translation of the PedsQL 4.0 generic core scales in a sample of healthy children.

METHODS: After a successful pilot test, the Greek PedsQL was used in a cross-sectional study of 645 healthy 8- to 12-year-old schoolchildren and 567 of their caregivers within the framework of the European project (KIDSCREEN). Reliability of the instrument was assessed by Cronbach's α . Construct validity was assessed by exploring the intercorrelations between the 4 PedsQL subscales and between self- and proxy-report subscales. Impact of gender, health status, and socioeconomic class was detected.

RESULTS: All PedsQL scales showed satisfactory reliability ($>.70$). Correlations among self-report subscales and between self- and proxy-report subscales were significant. Girls reported lower health-related quality of life than boys on the emotional-functioning subscale. There were significant differences in scores between low and high socioeconomic groups. Healthy children scored significantly higher on all self- and proxy-report scales.

CONCLUSIONS: The PedsQL Greek version for children 8 to 12 years old is a valid and reliable instrument, replicating some of the earlier findings of the original version. The Greek PedsQL 4.0 version will be a valuable tool that can be used effectively in quality-of-life measurement in Greek clinical trials and population-based exercises.

MANAGEMENT OF CHILDREN WITH OTITIS MEDIA: A SURVEY OF AUSTRALIAN ABORIGINAL MEDICAL SERVICES

Submitted by Hasantha Gunasekera

Hasantha Gunasekera^a, Peter Morris^b, John Daniels^c, Sophie Couzos^d, Jonathan Craig^e

^aChildren's Hospital at Westmead, Sydney, Australia;

^bMenzies School of Health Research, Darwin, Australia;

^cRedfern Aboriginal Medical Service, Sydney, Australia;

^dNational Aboriginal Community Controlled Health Organisation, Townsville, Australia; ^eSchool of Public Health, University of Sydney, Sydney, Australia

INTRODUCTION: Otitis media remains one of the most common reasons for childhood primary health care presentations. Indigenous children are at the highest risk, but there are scarce data on how they are managed.

OBJECTIVE: We sought to determine how Australian primary health care medical practitioners diagnose and manage otitis media in Indigenous and non-Indigenous children.

METHODS: We contacted all of Australia's Aboriginal Medical Services by using the national government's register to identify their medical practitioners. We mailed a pilot 5-page clinical vignette questionnaire instrument to these primary health care practitioners ($N = 257$). Responses for Indigenous children were compared with those for non-Indigenous children.

RESULTS: Questionnaires were returned from 40.9% of medical practitioners (105 of 257) and 64.8% (57 of 88) of the nation's Aboriginal Medical Services. When examining children, practitioners used otoscopy (99.0% often/always) but not pneumatic otoscopy (67.0% never) or tympanometry (55.8% never). When practitioners diagnosed acute otitis media, they were more likely to use antibiotics (104 of 113 [92.0%]) when the child was Indigenous versus non-Indigenous (53 of 112 [47.3%]) (odds ratio: 12.9 [95% confidence interval: 5.9–27.9]). Amoxicillin was the most common antibiotic used (309 of 356 [86.8%]). The major factors that determined the practitioners' otitis media antibiotic use were Indigenous status (65.7%), wet perforations (63.7%), bulging tympanic membranes (58.3%), and fever (56.3%). The major factors for choosing no antibiotics were dry perforations (35.3%) and a well child (24.8%). Most practitioners were aware of the national

**TRADITIONAL PRACTICES AFFECTING CHILD HEALTH: A
SUB-SAHARAN AFRICAN EXPERIENCE**

Assumpta Chapp-Jumbo
Pediatrics 2008;121;S97
DOI: 10.1542/peds.2007-2022V

**Updated Information &
Services**

including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/121/Supplement_2/S97.2

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
<http://www.aappublications.org/site/misc/Permissions.xhtml>

Reprints

Information about ordering reprints can be found online:
<http://www.aappublications.org/site/misc/reprints.xhtml>

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

TRADITIONAL PRACTICES AFFECTING CHILD HEALTH: A SUB-SAHARAN AFRICAN EXPERIENCE

Assumpta Chapp-Jumbo

Pediatrics 2008;121;S97

DOI: 10.1542/peds.2007-2022V

The online version of this article, along with updated information and services, is
located on the World Wide Web at:

http://pediatrics.aappublications.org/content/121/Supplement_2/S97.2

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2008 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

