

# Paediatrics

**H**ospital routines need to be carefully explained. For example, increasingly in Australia, parents have a choice in the care and activities of daily living of the hospitalised child. In other countries, there is little difference between paediatric and adult care, and this may result in parents being reluctant to become involved in the care of their child. Elsewhere, in countries with acute staff shortages, there may be too few trained staff to provide routine, non-medical care of patients. In these circumstances, parents typically stay in hospitals with their sick child; not only to provide reassurance to the child (and to the parent herself), but also to provide basic nursing care. Parents need to be reassured that their involvement on the ward is to enhance quality of care, but that the child's wellbeing will not be compromised in their absence. It may be impossible, in any case, for a parent to stay with the child, particularly when they have other care responsibilities (other children, ageing parents) or when they are unable to take time off work for this purpose.

In some countries, children are warmed when feverish to "sweat out the fever". They are thought to be "cold", so are kept well wrapped and given hot drinks. Conventional cooling treatments for fever need to be explained. Similarly, some cultures tend to overfeed children as it is a sign of status and health to have a fat child. If restrictions are required in the child's diet, this needs to be carefully explained.

If further information is needed about childrearing in a particular culture, confidential enquiries could be made to specific ethnic organisations (see **Resources** section).

Very occasionally, major conflict may arise in the care of a sick child, regardless of cultural background. If the situation occurs that parents refuse lifesaving treatment for their child, although all attempts have been made to overcome cultural and language barriers, the child can become a ward of the state. You may find it useful in this regard to refer to the *Child and Youth section of Cultural Diversity: A Guide for Health Professionals*. (See **Resources** section.)

## Child abuse

Child abuse varies in its definition because of cultural differences in raising children. For example, in some cultures, it can be a cultural norm to shout at the child as a disciplinary measure, and this is not regarded as abusive behaviour. Some physical punishment may be usual, at home and at school (corporal punishment). It is worth remembering that attitudes towards smacking have changed very quickly in Australia as well and many Australians grew up in environments where scolding and smacking at home, and caning at school, were regarded as just punishment for being "naughty". Social class differences within cultures also need to be taken into account when assessing for child abuse, and it is still probably true that this affects Anglo-Australian practice as well.

Do not confuse bruises resulting from coin therapy of Chinese/Vietnamese traditional healing with bruises from child abuse. If there are marks on a child's body which you do not understand, we suggest that you ask the parent or caretaker for his or her explanation before taking any other action.

Remember, also, that infants with dark pigmented skin characteristically have "Mongolian spots" which look like bruises. These are typically on the lower back and disappear over time. They are normal, and are not an indicator of how the child is handled (Manderson, 1990).

