

Child Health Literature Review



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Health Service Region 1

Teen pregnancy rates vary according to country

"Despite the recent decline in adolescent pregnancy in the United States, the current rate is 2-4 times that in the four other developed countries. Adolescent childbearing is more common in the United States (22% of women reported having had a child before the age of 20) than in Great Britain (15%), Canada (11%), France (6%), and Sweden (4%). The differences are even greater for births to younger teenagers. A lower proportion of teenage pregnancies are resolved through abortion in the United States than in the other countries; however, because of our higher pregnancy rate in the United States, teenagers have the highest abortion rates. The age of sexual debut varies little across countries, yet American teenagers are more likely to have multiple partners. A greater proportion of U.S. women reported no contraceptive use at either first or recent intercourse (25% and 20% respectively) than reported use in France (11% and 12%, respectively), Great Britain (21 and 4%, respectively), and Sweden (22% and 7%, respectively). The higher number of sexual partners in the U.S might help to explain higher rates of STDs in the U.S. teen population. The incidence of chlamydia among U.S. teens is nearly twice that in Canada and Sweden, five times that of England, and 20 times that in

France. Part of the problem is reporting, Canada and Sweden are fairly complete in their reporting, but England and France are not as complete in reporting STDs. The annual incidence of gonorrhea among all U.S. adolescents is 10 or more times the level in the other four countries. Contraception is available in all five countries, but the proportion of teens who did not use a method at first intercourse was highest in the U.S., and most likely used in France. The proportion of sexually active adolescents at risk of an unintended pregnancy who were not currently using any method of birth control is especially high in the United States (20%) and is lowest in Sweden and Great Britain (4-7%); it is intermediate in France (12%). Use of modern methods with the lowest failure rates (the pill, injectable, implants, and IUD) is lower in the U.S. than other countries. These differences are consistent with national differences in pregnancy rates and appear to be the more likely cause of the higher teen pregnancy rates in the U.S. than any differences in sexual behavior." (<http://www.guttmacher.org/pubs/journals/3324401.html>)



Myths regarding the absence of a period due to birth control pills with no week off.

"Teens whose menstrual period is absent due to their birth control pill need to have it explained that their uterus is not filled with months of menstrual blood; the uterus is empty. It is a myth that a period serves to remove infections and toxins from the body. The teen needs to be told that having a period every month is a modern day phenomenon because in older times women rarely had periods because they had back-to-back pregnancies including breast feeding which also stops periods. There are numerous studies showing the safety of menstrual suppression." (*Clinical Advisor*, April 2010)



As kids go from elementary to junior high, out goes the sun screen

"As kids go from elementary to junior high, the desire to tan grows stronger and the habit of using sunscreen goes out the window. A survey carried out over three years, found that sunscreen use fell by 50%, which is a worrying trend since there is evidence that sun damage at a young age is tied to a higher risk of developing melanoma. The number of melanoma cases in the United State has been rising for the past three decades, and around 70,230 new cases will be diagnosed this year, according to the American Cancer Society. The study interviewed 360 fifth graders about their time in the sun, how often they used sun protection, and their attitudes about tanning. Three years later in

8th grade they were asked the same questions. Only 1 in 4 eighth graders said they used sunscreen when they were out more than six hours, which is half as many who said they used sunscreen in 5th grade. In fact, 4 out of 10 of those 8th graders went outside just to get a tan, when in 5th grade it was only 2 out of 10. Kids think looking tan is consistent with looking healthy, but it's the opposite. A tan is the body's response to UV exposure and shows damage to the skin." (<http://www.reuter.com/article/2010/01/25/us-tans>)



Action speaks louder than tears



"Action speaks louder than tears when boys and men grieve. Women look at men and think they are not grieving, and men look at women and think they are over-doing it. It may appear men are not caring when in fact both men

and women are doing the same work of grieving, they just have a different way of doing it. Boys and young men between the ages of 14-21 seem to have the most difficulty in unlocking and expressing their grief. Assumptions can not be made that males are not grieving because they are not crying or outwardly emotional. Males need to get emotional release through action rather than tears. Males tend to build things as opposed to women who visually communicate their grief. Females tend to tell their stories as a way of communication, males tend to tell their stories through doing something. There can be some generational differences even more evident than gender. Grandfathers may have an easier time showing their emotions than fathers do. This is because as men age and testosterone drops, prolactin increases." (*Nurseweek*, August 2007)



Spanking: parenthood's dirty little secret

"According to recent statistics, seventy percent of Americans support spanking while ninety percent of parents of toddlers support spanking. Research shows that spanking is no more effective than any other form of discipline, and it can end up having effects that parents really do not want. The most common 'side effect' of spanking is that children spanked are more likely to hit other children. When spanked a child is taught that hitting is okay, especially that bigger people can hit smaller people. Kids who are spanked are much less likely to be able to control their temper. Some countries have actually banned spanking such as Sweden, Germany, Spain, and Venezuela. 'Not every child who is spanked turns into a depressed, angry high-school dropout who beats others up, and there are plenty of kids who turn out just fine,' says Dr. Clair McCarthy. Her message to parents is simply that there are more effective ways to discipline without the risk that spanking brings to their growth and development." (<http://huffingtonpost.com/clair-mccarthy-md/spanking>)



Heat– kids respond to it differently than adults.

"Of particular concern is that kids absorb more heat than adults while sweating less. The result is kids have a greater propensity for heat cramps, exhaustion, or heat stroke. The single most important factor to acknowledge is children seldom complain when over heated and most children rarely self regulate. For schools, asphalt surfaces are a whole lot hotter than planted grass which is almost impossible to maintain in a school yard. *Researchers found that when the outside temp was 91 degrees, the surface heat of asphalt was 134 degrees.* Well-intentioned astro-turf appears to get even hotter than asphalt. Playground equipment can heat up quickly and retain the heat easily, causing serious burns to skin on contact. Young kids don't react by pulling away from hot surfaces as quickly as older children do. Playground equipment can reach 166 degrees in hot weather due to heat and sun exposure. A TV news station in San Antonio Texas tested some playground equipment and found the slide to be 134 degrees, the swings to be 146 degrees, some of the metal steps 133 degrees. The baby swings came in at 150 degrees. A solution used in several schools in Florida is to put canopies over the play structures. In fact, there are grants available through the American Academy of Dermatology that pay for or pay towards these permanent shade structures. The American Academy of Dermatology receives support for this program from Johnson & Johnson Consumer Products Company. Another alternative being used by some schools is

water misters that can cool the surrounding air by 30 degrees. Misters use little water and are inexpensive to install. Scientist have a pretty clear picture of what happens inside athletes as they exert themselves,... they bake. Muscles in motion generate enormous amounts of energy, only about 25% of which is used in muscle contractions. The other 75% or so becomes body heat. Exercising at play can raise core body temperature by almost 2 degrees every 5 minutes, if no heat is removed from the body. Humidity also plays a villainous role, slowing or preventing the evaporation of sweat, one of the human body's main mechanisms for removing heat. As mentioned, kids absorb more heat than adults while they sweat less. If a child's core body temperature rises to about 105 degrees Fahrenheit, a critical threshold, the consequences can be dire. Certainly being overweight, being out of shape, having a fever, being sunburned, or wearing too much, or heavy clothing can contribute to the problem of overheating. The answer is to seek emergency care for a child if one is not sure what is wrong or if the child is not responding to what is being done. A child should be immediately transported to the hospital if there are any of these symptoms present: loss of consciousness, confusion, or delirium, chest or abdominal pain, inability to drink fluids, continuous vomiting, temperature more than 104, a temperature that is rising despite attempts to cool the child, and any child with other serious ongoing medical problems." (<http://peacefulplaygrounds.com/keeping-kids-cool-at-school.htm>)



Families that refuse to vaccinate their children– what to do with that family? Can you refuse to see them?



Homeless youths defined

"The American Academy of Pediatrics (AAP) advocates a 'wait and see' approach for families who refuse to vaccinate their children. The advice is to keep them in the medical home and not to ask them to leave. The reasoning is that it is better to keep them in, build trust, while benefiting from general pediatric care. The hope is that one day the parents will come around and change their minds and decide to immunize their children, whether it's in 6 months or 6 years. For some pediatricians this is not the decision they want. They can tell non-vaccinators that they have, on average, a 1 in 20 to 1 in 50 chance of their child being exposed to children in the office who might be harboring a truly devastating vaccine-preventable infectious disease. In addition, keeping un-vaccinated children in the office would require the office to quickly escort those children back to the exam room, preferably into an isolated portion of the office instead of letting them wait in the waiting room.

Many illnesses are contagious 24 hours before developing symptoms, so it would be impossible to even assess the actual risk. The CDC also urges offices with unvaccinated children who are sick to be masked before they enter the office and to not be allowed at the check-in or check-out windows, but rather be billed later, having all further contact such as for referrals, additional office questions, or follow-up be phone only. This article spoke of two colleagues with accounts of suits filed by non-vaccinators on the grounds that they either failed to vaccinate the child or failed to fully inform the family about all the consequences of a particular vaccine-preventable disease (HIB, pneumococcus, influenza), or failed to offer the vaccines at a later visit. In this same suit the physician had even obtained in writing the parental acknowledgement regarding the hazards of not vaccinating. One case involved a family suing a physician for their child not getting a particular vaccination in the physician's office when all the other vaccinations had been given at the local health department." (*Pediatric Annals*, April 2012)

"Being homeless is defined as lacking a fixed, regular, and adequate night-time residence. This includes people living in shelters, hotels, bus stations, and cars. This also includes migratory families. Youth who run away for a few nights and return to home are called situational runaways. When these kids no longer come home they are called runaways. Throw-aways are young kids who were kicked out of their homes for any reason. Systems youth are young people who became homeless after exiting the foster care or juvenile justice system." (*Pediatric Annals*, April 2012)

Federal law to ban Bath Salts

Child abuse might alter onset of menstruation in girls

"Girls who are sexually or physically abused may start menstruating earlier or later than average, according to new studies. After analyzing information on nearly 69,000 women, researchers from Boston University School of Medicine found those *sexually abused* during their childhood were 49% more likely to have their first period before age 11 than for girls who were not abused. Girls who suffered *physical abuse* had a 50% increased risk for starting their menstrual cycles late, or after age 15. In the United States, girls' periods

start on average at about 12.5 years of age. The research does not suggest that a girl who starts menstruating earlier or later than usual should be a high suspect for abuse. Girls who menstruate early may be at greater risk of certain health problems such as heart disease, metabolic dysfunction, cancer and depression. Meanwhile, girls who menstruate late may be more likely to have depression and lower bone-mineral density." (*Journal of Adolescent Health*, July 2012)

"Mephedrone and methylone are synthetic chemical derivatives of the psychedelic herb khat. All three of the newly banned drugs in bath salts share properties of stimulants, such as methamphetamine, and psychedelics (or empathogens), such as ecstasy. Users of these drugs are reported to compulsively seek repeated doses. The DEA states there will be no tolerance for those who manufacture, distribute, or sell these drugs anywhere in the country and those who do will be shut down, arrested, and prosecuted to the fullest extent of the law. The DEA notes that 33 states have already taken action to control or ban these or other synthetic substances. In interviews with WebMD earlier this year, representatives of both the DEA and the National Institute for Drug Abuse said that underground chemists keep churning out new versions of mind-altering drugs. Because each substance must be specifically declared illegal, these drug makers try to stay one step ahead of the law. None of these drugs have been tested in humans. Unlike drugs approved for human consumption, bath salts are not made under an open and controlled manufacturing process. Users often do not know which drug they actually are taking, making it impossible to control dosages which differs drastically from drug to drug." (*WebMD Health News, Medicine Net.com*, August 2012)

Cross-country variations on contraceptive use in teens

"Contraceptive services and supplies are available free or at low cost for all teenagers in France, Sweden, Great Britain, and Canada. This is not the case in the United States. Also, concrete efforts are made in those four developed countries to facilitate easy access to such services. There are many possible reasons that may explain cross-country variations in contraceptive use. Differences in societal attitudes towards adolescent sexual activity can influence the provision of repro-

ductive services for adolescents. There is also lower motivation and greater ambivalence among teens who have lower educational and job aspirations and expectations, among those who are not doing well in school, and among those in poor and single-parent families, as well as among Black and Hispanic teenagers in the U.S. (<http://www.guttmacher.org/pubs/journals/3324401.html>)

