Children’s health in the developing world: much remains to be done
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The principal causes of ill-health and mortality among children in the developing countries are outlined and the prospects for improvement through the provision of education, health services, adequate nutrition, clean drinking-water, sanitation and other basic needs are discussed.

Development policies should take account of the biological, social, cultural, environmental, economic and other factors that influence children’s health. The historical context is important, for not all these factors have the same weight in every country.

Children at risk

Infant mortality in the developing countries remains much higher than in the developed world, despite the improvements that have been achieved since the 1950s. In the Americas alone some 500,000 infant lives are lost to avoidable causes every year.

It is arguable that the decline in infant and child mortality caused by infectious diseases is more the result of improved hygiene and nutrition and reduced fertility than of immunization and drug treatments (7). In Costa Rica, for example, it has been estimated that the reduction in child mortality from 68 per 1000 live births in 1970 to 20/1000 in 1980 is attributable mainly to public health programmes (2).

In general, as infant mortality falls the proportion of neonatal deaths begins to rise. Deaths in the postneonatal phase, usually the majority in developing countries, are the consequence of factors that can be tackled by public health measures, in particular primary care (3).

It should be borne in mind that economic development does not necessarily bring improved health, since there is no guarantee of increased resources for the health sector or of their more equitable distribution.

In most countries of the Americas, infant mortality has fallen substantially, more in response to improvements in the quality of life and the use of appropriate technology for health than to economic conditions. In the most developed countries of the Region the improvement in infant and child mortality has been much greater than in the developing countries of the Region.

There is, of course, still an association between per capita gross national product and both infant mortality and growth: thus the higher the gross national product, the lower the proportion of children with growth retardation (Fig. 1). Educational levels, particularly of mothers, have a notable influence on infant mortality (Fig. 2).

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Poverty causes serious health problems in children; 177 million children are malnourished, some 40% of children in developing countries are undernourished, and this state of affairs is responsible, directly or indirectly, for almost 60% of infant deaths (4).

The nutritional status of newborn babies is partly determined before birth by the health and nutritional status of their mothers. Low birth weight should be avoided through prenatal care, including adequate maternal nutrition and the discouragement of smoking and the consumption of alcohol and drugs.

Breast-feeding is very important, especially during the first year of life; it provides nutrition of high quality and immunological protection, has a contraceptive effect, strengthens the bond between mother and child, and brings economic advantages to families and, indeed, to nations as a whole. It is the most
effective way of preventing infections and avoiding malnutrition among children in the least developed countries (3). Regrettably, the prevalence and duration of breast-feeding appear to be decreasing in developing countries.

Safe drinking-water is vital in disease prevention and the reduction of mortality among children, as is good sanitation. Developing countries should increase basic sanitation coverage and undertake educational programmes in this field.

Reproductive and paediatric risks, together with the probability of disease and death, increase for women who become pregnant at either extreme of the childbearing age range, who have many children, or who give birth at short intervals. The regulation of fertility plays a vital role in diminishing these risk factors.

Most deaths of children aged between one and four years are preventable by the health services, since the main causes are diarrhoeal and respiratory diseases, malnutrition and infectious diseases that can be prevented by vaccination. Intestinal infections cause almost five million deaths of children annually, the vast majority of them in developing countries; oral rehydration therapy is one of the most effective ways of preventing these losses. Early age, low birth weight, and poor nutritional status are important risk factors associated with high mortality in cases of respiratory infection. A study in Costa Rica showed that children with severe protein-energy malnutrition were many times more likely to develop pneumonia than normal children (6). Vaccination is still the best way to prevent measles, polio, tetanus, diphtheria, tuberculosis and pertussis. A significant proportion of deaths results from domestic accidents and violence, which, in part, health education can help to avoid.

In many countries there has been a resurgence of malaria in recent times; some 250–300 million new cases occur each year, and children and pregnant women are the people most likely to suffer from its most serious complications.

There were almost a quarter of a million cases of cholera in the Americas between early 1991 and August 1992, but diarrhoea in children caused by other factors is generally of greater significance than this disease.

AIDS is now the most serious threat to children’s health, notwithstanding the fact that malaria and measles still cause more morbidity and mortality. The rising numbers of infected mothers and pregnant women mean that there are sure to be many more orphaned children. As the quantity of people infected with HIV increases, higher proportions of health resources are likely to be channelled into AIDS treatment.

Challenges

Infant mortality can be reduced by ensuring access to health services and removing inequalities in its provision at all levels. Efforts should be concentrated on the groups most at risk and least protected, and on the more efficient use of resources.

The following principles of action should be observed.

- Strategies should be adapted to local conditions, the imposition of activities from...
above should be avoided, and social participation should be encouraged.

- Action against biological causes is as important as that against socioeconomic causes; of particular value is work connected with maternity, nutrition, sanitation, health systems, accidents, attitudes and knowledge.

- Activities should be integrated and coordinated in a process covering health promotion, curative services, and the strengthening of links between universities, health ministries and professional bodies.

Policies on children's health should aim not only to reduce mortality but also to improve the health of survivors and open the way to the best possible mental and social development. The health services and supporting bodies, such as educational and promotional institutions, can help children to progress and develop their capacities to the full.

Some of the major problems in developing countries are indicated below (7).

- Over 1000 million people live in absolute poverty.
- Over 1000 million people are illiterate; 300 million children do not attend primary or secondary school.

- Over 14 million children die each year before the age of 15 years, usually from avoidable causes.

- A fifth of the population goes hungry every day; 180 million children aged under five years suffer from severe malnutrition.

These problems do not simply amount to a health deficit; there is a huge social deficit that cannot be tackled on a sectoral basis. The 150 participating countries at the World Summit for Children, held in 1990, undertook to work for a substantial reduction in infant mortality and malnutrition and to guarantee basic education for all children by the end of the twentieth century.

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- 1500 million people have no basic health care; only 44% of the rural population has access to basic medical care.

- Over 1500 million people live without safe drinking-water; more than 2000 million have no access to proper sanitation.

References


