

Female participation in labour force: levels, trends and differences in Mongolia

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Introduction

1.1 Background of Study

The government of Mongolia regard the humanity with high potential for creative, intellectual and thinking powers as the base for development and progress. Hence the "human" is the main cause of social and economic development.

The female population consists of 50.3% of total population. 54.9% of them live in urban environment and the balance 45.1% in rural areas. The proportion of girls under 15 years of age consists of 43.2%, and women aged 16-54 years (women in working age) 47.4%, while the women aged 55 years and above consists of 9.4%.

The process of economic reforms and structural adjustments witnesses a social negative phenomenon such as employment, poverty and emergence of disparity in the living standards of the population. These changes which occurred in the national economy have had strong positive and negative impact on status of women (in terms of participation in economic activities) and many new problems are also being confronted.

This study attempts to explore the magnitude of the problem in terms of female participation in economic activity, employment and unemployment.

1.2 Objectives

This study aims at shedding some lights on the females working population, female economically active population, employment, unemployment, nationally and by provinces in Mongolia. Specifically, the objectives of this study will focus on two main areas.

1. To highlight labour force indicators for females, levels and differences in Mongolia;
2. To state results relevant for policy implications on the development of women participation in economical activity, specifically on employment and unemployment, in Mongolia.

Methodology

Based on the ILO standards and definitions and adopted by the Mongolian government, the following indicators are used in this paper:

The Labour force comprises of working age population (15-64), excluding disables, children and elderly people. The labour force includes in addition, persons who work for wages or salaries (in civilian jobs or in the armed forces), own-account workers and employers who work for profit and persons who like the farmer's son, assisting without pay in familial income-producing enterprise. According to recommended international definitions, unemployed persons seeking paid jobs are considered as the members of the labour force as well as those actually employed.

The term 'labour force' is used here as the equivalent of 'economically active population' in the terminology of international standards for census concepts.

Economically Active Population are those who are working on production and service sectors at the given period, as well as civil and military workers and unemployed people. It also includes the employees, private entrepreneurs, employers, co-operative members, people working at home with or without pay, unemployed and others who are working and not included in the above groups.

The following categories of population are not included in the economically active population: namely *students, pensioners who are not working, people living in own savings and pensions, those who are interested in working, children and physically handicapped people, housekeepers, prisoners and mental retarded persons and all those who are defined economically non-active population.*

The economically active population is divided into two categories: namely *employed and unemployed.*

The sectoral and occupational classifications are based on the State Statistical Office.

Until 1989 the term '*economically active population*' was not used in Mongolia. According to the classification of the former CMEA (Council for Mutual Economic Aid) countries, it was called the '*labour force*' and the data on the employed population in national economy were gathered through the population census, labour resource balance and from the internal information of Ministries.

Since 1990, when the country moved to market economy, it began to use the ILO definitions, methodology and terminology.

Crude Activity Rates for Female means the total number of female economically active population in proportion to total female population, and expressed in percentage.

Refined (or General) Activity Rates for Female means the total number of female economically active population in proportion to total female working age population (15-54), and expressed in percentage.

Unemployment rates means the total number of unemployed females in proportion to total economically active females and expressed in percentage.

Results and discussion

Population Age-Sex Composition Profile, Mongolia

Table 1 shows some selected indicators of population age and sex composition.

The data are for 1979, 1989 and 1992.

In general, the data from Table 1 shows that the population of Mongolia is young and therefore a high proportion of the population under and over the working ages.

The population in working ages is increasing as revealed by the percentage aged

15-64 years and by the decline in the ages under 15 and 65+.

On the other hand, the proportion of the population in young ages has declined.

This is the result of the decline in fertility. The sex ratio of the population shows, more or less, an even distribution of the population by gender. It has not experienced significant variations during the period under consideration.

Table 1

Selected Indicators of the Age and Sex Composition of the Population, Mongolia: 1979, 1989 and 1992

Indicators	1979	1989	1992
Total Population (per 1000)	1595.0	2044.0	2199.6
Male (%)	49.8	49.9	49.8
Female (%)	50.2	50.1	50.2
Aged 0-4 (%)	17.1	16.2	14.8
Aged 5-14 (%)	27.4	26.4	25.9
Aged 15-64 (%)	50.2	53.1	55.4
Aged 65+ (%)	5.3	4.3	3.9
Sex Ratio (%)	99.0	99.6	99.4

Female Participation in Labour Force

As Table 2 shows the person of female population to the total population about 50%. At the same time the person of the female labour force as the total labour force ranging from 49% to 48.1 %. Slight decreasing has been occurred in this percentage since 1991. The Crude Activity Rate (CAR) for females for 1991-1994 was decreased from 38.7% in 1991 to 37.8% in 1992, to 36.7% in 1994. Also General Activity Rate defined as number of female of active population over female population aged 15-54 decreased from 72.8% in 1991 to 70.0 % in 1992, and to 65% in 1994.

Table 2

Labour Force Indicators for Females in Mongolia: 1991, 1992 and 1994

	1991	1992	1994
Total Population in Mongolia (per thousand)	2149.3	2199.6	2250.0
- of which females (per thousand)	1077.0	1095.0	1130.4
-percentage (%)	50.1	49.8	50.2
Total Economically Active Population (per thousand)	851.1	860.1	861.3
- of which females (per thousand)	416.7	414.0	415.1
-percentage (%)	49.0	48.1	48.2
Population of Working Age (per thousand)	1144.7	1181.6	1270.7
- of which females (per thousand)	572.2	590.9	639.0
-percentage (%)	50.0	50.0	50.3
Crude activity rates (Females)	38.7	37.8	36.7
Refined (General) activity rates (Females)	72.8	70.0	65.0

Source : Population of Mongolia, Statistical office of Mongolia 1994; and, Women and Children, Statistical Office of Mongolia, Ulaanbaatar, 1995.

Female Employment

The percentage of total employed was about 93.4% in 1991 and decreased to 91.3 in 1994, as Table 3 shows.

For Female Economic Active Population, the percentage decreased from 92.5% in 1991 to 90.2% in 1994. This percentage took a descending trends. The percentage of female employed to the total employed amounted to 48.5% in 1991 and decreased to 47.7% in 1994. As Table 4 shows, in general there is a descending trend in the female employment during 1991 to 1994.

Table 3

**Total Employed,
Mongolia: 1991, 1992, and 1994**

Year	Total Labour Force (in 1000)	Total Employed (in 1000)	%
1991	851.1	794.8	93.4
1992	860.1	805.4	93.6
1994	861.3	786.0	91.3

Source: Population of Mongolia, Statistical Office, Ulaanbaatar, 1995.

Table 4

**Total Female Employed,
Mongolia: 1991, 1992, and 1994**

Year	Female Labour Force (in 1000)	Female Employed (in 10000)	% Female Employed to Female Labour Force	% Female Employed to Total Employed
1991	416.7	385.5	92.5	48.5
1992	414.0	385.0	93.0	47.8
1994	415.1	374.9	90.2	47.7

Source: Population of Mongolia, Statistical Office, Ulaanbaatar, 1995.

Table 5 shows the industrial structure of employed females in Mongolia in 1994 reveals the profile of a developing country in which women are still highly engaged in agriculture (41.1%).

The low level of participation in the industrial and trade (11.3% and 10.1 % respectively) indicates that Mongolia society is not yet favourable for complete angagement of women in modern sectors such as industrial and services.

Table 5
Employed Females by Industrial Sector
at the National Level, Mongolia:1994

Name of Sector	Employed Females	Percentage to Total
Total	374.898	100.0
Agriculture	153.980	41.1
Industry	42.247	11.3
Trade *(P.M.T.S.)	37.780	10.1
Public Education	32.019	8.5
Public Health	30.644	8.2
Housing and Domestic Services	12.682	3.4
Administration	11.613	3.1
Transport and Communication	10.846	2.9
Construction	10.385	2.8
Finance and Insurance	4.049	1.1

*P.M.T.S. Procurement, Material-Technical Supply.

Source: Women and Children of Mongolia, State Statistical Office of Mongolia, Ulaanbaatar, 1995.

Differences in Female Participation in Economic Activities

Table 6 show the relative participation of females in the economic activities in terms of percent of economic active females of the total economic active population by provinces in 1991, 1992 and 1994.

The Table shows that out of all the provinces, 52.2% had percentage of the economically active female population decreased and 47.8% increased. The provinces with increased percentage of economically active females between 1991 and 1994 are mostly from the western, mountainous part of Mongolia. The highest increase percentage of the economically active female population was noted in the second and third largest cities in Mongolia. Darhan and Erdenet, with rates from 50.8% in 1991 to 53.6% in 1994, and 47.4% in 1991 to 49.3% in 1994 respectively.

Table 6
Percentage of the Economically Active
Female Population from Total Economically
Active Population at the National Level
by Province, Mongolia: 1991, 1992, and 1994

Provinces	Percentage of the Economically Active Female Population from Total by Year		
	1991	1992	1994
Total	49.0	48.1	48.2
Arhangai	46.8	45.1	47.4
Bayan-Ulgii	45.9	45.9	48.0
Bayanhongor	47.1	47.3	49.8
Bulgan	47.7	45.2	46.8
Gov-Altai	51.3	53.2	50.4
Dornogov	48.5	45.9	48.2
Dornod	47.7	51.0	49.6
Dundgov	47.0	48.1	48.2
Zavhan	47.8	48.3	49.3
Uverhangai	46.8	45.9	47.3
Omnegov	47.3	46.8	48.4
Suhbaatar	47.2	42.4	46.9
Selenge	45.4	46.8	44.6
Tuv	47.5	47.5	46.7
Uvs	47.3	45.5	47.0
Hovd	49.8	49.4	48.1
Huvsgel	48.3	47.4	46.0
Hentii	50.0	48.6	46.7
Darhan	50.8	52.2	53.6
Ulaanbaatar	53.6	49.6	50.0
Erdenet	47.4	50.2	49.3
Choir	45.6	46.7	46.2

Source: Women and Children of Mongolia, State Statistical Office
of Mongolia, Ulaanbaatar, 1995.

These increases was attributed to the influx of migration from nearby rural areas to these tow cities during this period.

At the national level, the percentage of employed females from the total employed while 45.4% indicated a decrease. However, although many provinces showed an increase of female employed, there are marked decreases shown in Arhangai and Hentii from 48.9% in 1991 to 44.4% 1994, and 49.7% to 46.4% respectively. The main reasons for the general decrease in female employed are the economic crisis, recession in production, and reductions incurred during the privatisation process and the cessation of investment previously based mainly on loans and assistance.

Table 7

Percentage of the Employed Females from the
Total Employed at the National Level and by
Provinces, Mongolia: 1991, 1992, and 1994

Provinces	Percentage of the Employed Females from Total Employed		
	1991	1992	1994
Total	48.5	47.8	47.7
Arhangai	46.9	44.7	44.4
Bayan-Ulgii	43.0	42.9	43.2
Bayanhongor	46.9	47.8	49.7
Bulgan	48.0	45.0	46.4
Gov-Altai	51.8	52.3	50.0
Dornogov	48.6	46.1	48.0
Dornod	47.3	51.3	49.4
Dundgov	47.1	48.0	48.0
Zavhan	46.3	47.1	48.4
Uverhangai	45.6	44.8	46.7
Omnegov	47.3	46.7	47.9
Suhbaatar	44.6	41.4	46.3
Selenge	45.3	46.7	44.3
Tuv	47.3	47.0	46.1
Uvs	46.0	45.0	46.7
Hovd	49.0	48.4	47.5
Huvsgel	47.6	46.7	45.8
Hentii	49.7	48.5	46.4
Darhan	50.3	52.1	53.3
Ulaanbaatar	53.4	49.6	50.1
Erdenet	47.4	50.6	48.3
Choir	45.6	46.1	46.2

Source: Women and Children of Mongolia, State Statistical Office
of Mongolia, Ulaanbaatar, 1995.

At the national level, the percentage of employed females from the total employed economically active population was generally decreased between the period 1991 and 1994, from 48.5 to 47.7 respectively. By provinces, 54.5% of the provinces showed an increase in the percentage of females employed while 45.4% indicated a decrease. However, although many provinces showed an increase of female employed, there are marked decreases shown in Arhangai and Hentii from 46.9% in 1991 to 44.4% 1994, and 49.7% to 46.4% respectively. The main reasons for the general decrease in female employed are the economic crisis, recession in production, and redundcies incurred during the privitisation process and the cessation of investment previously based mainly on loans and assistance.

Female Unemployment

Table 8 shows rate of unemployment for females. These rates have increased from 7.5% in 1991 to 9.8% in 1994. The Table also shows that the percent of female unemployed amounts to 53.4% of the total unemployed.

Table 8
Female unemployment rates,
Mongolia: 1991, 1992, and 1994

Year	Unemployment Rate	% of Employed females from Total Unemployed
1991	7.5	55.4
1992	7.0	53.0
1994	9.8	53.4

Source: Women and Children of Mongolia, State Statistical Office of Mongolia, Ulaanbaatar, 1995.

Unemployment has caused by the increased younger generation taking over employment from the elderly, uneducated by the highly educated and unhealthy by the health persons.

However the increasing unemployment rate is a great problem not only for individuals but also for the whole society.

Under the centrally planned economy, every person in the labour force was gainfully employed automatically. So the unemployment did not exist in the process of transition from centrally planned economy to a market oriented one since 1990.

The main reasons for such a sharp increase in unemployment in Mongolia are, firstly, a deep economic crisis and recession in production; secondly, redundancies incurred during the privatisation process; thirdly, the cessation of investment previously based mainly on loans and assistance.

Table 9

Percentage of the Unemployed Females from the
Total Unemployed at the National Level and by
Provinces, Mongolia: 1991, 1992, and 1994

Provinces	Percentage of Unemployed Females from Total the Unemployed		
	1991	1992	1994
Total	55.4	53.0	53.4
Arhangai	45.2	55.4	51.5
Bayan-Ulgii	58.6	58.6	58.5
Bayanhongor	51.5	50.4	50.6
Bulgan	41.8	50.0	49.7
Gov-Altai	44.2	54.9	62.0
Dornogov	45.9	42.4	44.1
Dornod	50.0	45.6	49.8
Dundgov	43.7	49.4	50.1
Zavhan	70.0	65.7	60.8
Uverhangai	65.0	58.2	59.4
Omnegov	45.8	51.0	52.1
Suhbaatar	70.1	50.0	54.3
Selenge	47.9	48.0	49.7
Tuv	51.5	53.9	54.2
Uvs	61.1	49.5	54.3
Hovd	58.6	73.2	74.8
Huvsgel	57.6	56.1	59.1
Hentii	54.6	50.5	49.7
Darhan	55.8	54.0	59.3
Ulaanbaatar	57.3	49.6	52.4
Erdenet	47.0	43.8	48.1
Choir	-	57.7	58.0

Source: Women and Children of Mongolia, State Statistical Office
of Mongolia, Ulaanbaatar, 1995

Looking at the provincial level, 54.5% of the total provinces in Mongolia showed an increase of employed females and 45.5% indicated a decrease in the percentage of females unemployed. All four cities except for Ulaanbaatar, showed small changes in the female employed, and generally the increase in female unemployed is mostly felt in the provinces, especially in Gov-Altai and Hovd provinces with 44.2% in 1991 increasing to 62.0% in 1994, and 58.6% in 1991 to 74.8% in 1994 respectively.

Conclusion and recommendation

Conclusion

In this study, an attempt is made so shed some light on female participation on economic activities, the employment and unemployment status of women in Mongolia using secondary data from the Statistical Offices in Mongolia. The conclusions to be drawn from the study are as follows:

- 1 In 1994, women constitute 50.3% of the total working age population in Mongolia.
- 2 The female economically active population was 48.2% of total economically active population in Mongolia, 1994.
- 3 The employed female was 47.7% of the total employed population in Mongolia, 1994.
- 4 Forty one per cent of the employed females in Mongolia in 1994 were engaged in agricultural activities. Other sectors combined constitute 59% of employed females within the same year.
- 5 The percentage of the employed females from the total employed decreased nationally from 48.5% in 1991 to 47.7% in 1994. In the same period, 52.2% of the twenty two provinces had percentage female economically active population decreased, while the rest (47.8%) had female economically active population increased. The main reasons for this drop were economic crisis faced by the country, the recession in production and redundancies incurred during privatisation process, and the cessation of investment previously based mainly on loans and assistance.
- 6 The percent of economically active female population from the total economically active population was decreased from 49.0% in 1991 to 48.2% in 1994. Also, the female crude activity rate in Mongolia was decreased from 38.7% in 1991 to 36.7% in 1994. Furthermore, the female unemployed rate increased from 7.5% in 1991 to 9.8% in 1994.

At the current status of national development and reduced unemployment at the macro economic levels,

The government programme designed to promote women's employment covers only a minority. The employment and income of self-employed women and those employed in informal sectors are not secured and the conditions for occupational safety and health are poor. There still remains an attitude reluctant to women's employment or women are among the exchange first retrenched, although this contradicts the law. Experiences in employing women in part-time jobs is lacking. Women also lack resources, market economy knowledge, business management capacity to start a small and

medium size enterprise, association and cooperative. the credit scheme for women are not adequately functioning, credit resources are scarce, informal training and re-training system has not yet properly established, the training bases are inadequate and their types and coverage are limited.

Recommendation

Based on the results of the study and analysis, the policy implications yielded from requires priority measures to be recommended towards increasing women's participation in the economic life as follows:

- 1 The government of Mongolia must continue implementation of macro level policy measures for ensuring economic growth;
- 2 The government of Mongolia must undertake phased measures for maintaining a proper employment rate of the population and, ensure conditions to retain the unemployment rate at the level of less than 5% of labour force from about 8% current level;
- 3 The government of Mongolia must provide women's equal participation in objects, and designed ways to create job opportunities and generation of income, to be implemented through internal and external investment;
- 4 The government of Mongolia must also set up a special fund for the "Promotion of Women", through improving the credit scheme;
- 5 There must be "Women's Development Centers" to be established in the countryside to expand training and re-training of women in the economically active population;
- 6 The government of Mongolia must ensure the strengthening of social protection for employed women, and expending it to self-employed women and those employed in private sector;
- 7 The government of Mongolia must also ensure that improvement be made on the activities of labour exchanges, and make information available and accessible to women;

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CHILD SURVIVAL- WHOSE PRIORITY IS IT ?

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Introduction

As the World Declaration on the Survival, Protection and Development of Children states "enhancement of children's health and nutrition is a first duty, and also a task for which solutions are now within reach" the nations are committed to support child survival interventions in congruence with the World Summit proposition.

In recent years, some international agencies have given highest priority to supporting programs for child survival and development in developing countries. Child mortality is still the world's largest public health problem in numbers of individuals dying and years of life lost. The development of children determines the quality of future populations. Another reason children deserve priority is because child health interventions tend to be the most cost-effective health area activities in all parts of the world (Carl E. Taylor).

This paper is concerned with subject of child survival and has three objectives. First, to show that world-view conflicts based on Cassidy's study; second to provide an explanation for the child care differentials; and third, to discuss some interventions to promote child survival.

World-view conflict

It is useful to analyze world-views because such study shows how a world-view helps users identify and solve real problems; and also how differences in world-view result in different interpretations of and solutions to the same set of problems.

There are several world-view positions can be identified, Cassidy describes the two world-view positions such as Activist and Adapter positions in her paper. Since the mid-twentieth century the wealthier, industrialized nations of the world have assumed the task extending "development" aid to the poorer nations. An important rationale guiding this effort has been the perception that poverty entails suffering, that suffering is painful and dreadful, and that it both can and should be avoided. This altruistic and positivistic rationale is the keystone of the Activist world-view (Cassidy, C.M.1987). There are two directions within Activist stance that follows the intervention Economics position and Intervention Altruism position. The Intervention Altruism approach focuses primarily on the individual and the Intervention Economics approach focuses impersonal abstractions such as the sector, region, or market. Altruists deeply hope do good for other and devoted to the welfare of others.

The Adapter and Activist positions summarize strikingly different world-views, each with its own internal logic, each validated by widespread use and measurable "success". The Activist orients toward children, the Social Cohesionist orients towards adults. Worse, when both focus on children they want to raise them quite differently. The Altruist regards children as having an inherent inalienable value, and wants to prepare that child for adulthood by ensuring "optimal" growth and health and by providing time for formal education; parental love is expressed by working to provide such things to one's property nonproductive, dependent children. The Social Cohesionist also wants to prepare the child for adulthood, but by transforming a currently unproductive nonmember into a productive group member; the loving parents thus integrates its child and makes it useful.

Activist / Altruist interveners confused or ignored the social context of the children's lives and suggested changes that were ameliorative only in the interveners' own eyes. Wanting to do good, but defining good from only one perspective, the interveners have done harm. They may find it difficult to question components of their own world-view. Intervener's concern with malnutrition and diet, at least at the village level, needs to be replaced by concern with hunger, food, and sources of social valuing of people. Activist positions believe something can and should be done to alleviate child mortality to fall. The adapter positions agree that the world is not ideal and that the behaviors are normal, at least in the sense of being commonplace. Without having full knowledge of the large socioenmental system something ough not to be manipulated. I felt that Cassidy's characterization of these two world-views are valid.

Differential child care and survival

Many studies recognize the umportance of cultural and social- structural factors underlying differential child care and survival. But still there is lacking a progress in indentifying which sociocultural factors are most important and in understanding how elements of social structure and culture operate to shape patterns of child care and survival.

W. Henry Mosley and Licoln C.Chen propose a new analytical framework for the study determinants of child survival in developing countries. That shows all social and economic determinants must operate through proximate variables such as maternal factors, environmental contamination, nutrient deficiency, injury personal illness control to affect child survival. Socioeconomic factors can be classified as individul-level variables, household -level variables, and community-level variables (W. Henry Mostly and Lincoln C. Chen). In many developing countries large differences in infant and child mortality have been observed between various regions, or between mothers with different educational or social characteristics within a given area. In- depth investigation to connect these ecological or socioeconomic factors to specific proximate determinants can give policy- markers insights into health - related development strategies that could reduce these differentials.

Reynaldo Martorell and Trese J. Ho reviewing the literature on the subject of nutritional status and child survival derived the following conclusions: immunocompetence is seriously impaired in severely malnourished children; infections are more frequent in malnourished populations; the frequency of infection is greater in children with mild moderate malnutrition is weak, anthropometric indicators are significant predictors of mortality risks; nutrition interventions do not appear to reduce the incidence of infections, although they decrease mortality rates. Improving nutritional status has at two significant effects: better defenses against infection and lower risk of severe malnutrition.

Based on findings of the Tibetan study Levine suggests to consider as sociocultural factors underlying differential child care the following: sex preference, marital status and stability, child legitimacy, state of the household economy and sibling position, cultural belief and customs. Differential care has its source in a variety of social - cultural and economic factors. At an economic level, it can be traced to resource limitations. Tibetan communities face chronic shortages of food and periodic famines. Both the full-time involvement of women in agriculture and men's work outside the community are necessary to sustain the household. Thus even if they wished to do so, most of these people could not provide high-quality care for all their children. At a social-cultural level, differential care follows from the marital and larger social systems. People intentionally allocate fewer resources, principally in food and the mother's to less-valued children, because this compromises those children's chances of survival.

Patterns of differential care vary between communities near in space that have different sociocultural system and experience different economic constraints. Within a community, it can vary between different households that are subject to different domestic and economic circumstances (Levine, N.E 1987)

Differential care, and child value become especially valuable for identifying potential children at risk, the mechanisms likely to be involved in discrimination between children and the persons involved in assessments of child value and household resource allocations. Such data can contribute greatly to the justification and to the development of culturally appropriate interventions in promoting child survival. Main causes underlying differential care such as son preference might be changed by support of the aged that serve positive social functions, the problems of discrimination against children at high birth order might be resolved by easier access to modern contraceptives. Other problems such as : poverty, resource limitations, and overpopulation of the region which affect all children and adults might be resolved by implementation of multisectoral integrated programs and activities.

Child survival : a continuing priority

WHO and UNICEF realize that children are likely to suffer the most, since the impact of reduced income and food availability will certainly aggravate malnutrition and micronutrient deficiency problems. Consequently, one of high priority is to continually monitor the nutritional status of women and children in order to develop timely effective intervention programmes to control and, whenever possible, prevent shortfalls in food security and the advent of major nutritional disorders. Current and future nutrition programmes, moreover must be based on a clear understanding of existing conditions and toddler malnutrition and their determinants. This in turn requires documentation of the magnitudes. All children deserve everything that their society and international resources can provide, because children represent the future in every country of the world.

The following interventions to promote child survival can be justified: - Children under five years of age compose about 15 percent of the population in most countries, and women in the reproductive age group compose about 20 percent. Infant and child mortality, morbidity and malnutrition are still very high in many countries. Environmental and hygienic conditions also poor in the developing world. With connection that there is a need to assign highest priority to immunizable diseases, the pneumonia-diarrhea complex, malnutrition, perinatal problems, and conditions national governments, political leaders and communities seem more willing to correct social problem when children are involved than to do so adults. Cost-effectiveness of child health measures look good in comparison with health care for adults; - Attention is shifting from straightforward concern about child survival to child development in more rapidly developed countries to promote intellectual development and learning; - Education improvement and community participation seem to be more important in child care practices and in changing health habit in general;

The following interventions might continue to have high priority: Immunization, Diarrheal Diseases, Acute Respiratory Infections; Malaria, Protein-Malnutrition; Maternal and Perinatal Health Problems; Breast-feeding; Birth spacing; Immunizations and community environmental control measures, are sufficiently widespread around the world to justify their being given global priority. But other priority problem will vary greatly, depending on local conditions and available resources. A health problem that has high priority because of high rates of mortality and morbidity may be given low priority because no effective control measures available. The interventions are directing the increasing attention to the promotion of preventive strategies of improving child health. There is a necessity to consider how above interventions can be integrated in a total health system and what resources are available within local socioeconomic constraints.

Carl E. Taylor and Vulmiri R. concluded that child survival interventions can be implemented most effectively following the strategic modals shown

below: Preventive interventions organized by public or government services (EPI, community water supplies, regulations to control epidemics); Case management interventions (ORT, ARI, monitoring of high-risk pregnancies and growth) by the health system and by the individuals; Primary prevention in the home.

Conclusion

Child survival and malnutrition problems are multi-disciplinary in nature and etiology, and they need viable multi-section efforts to solve them. A strong need exists, therefore, for integrated programs and interventions to promote child survival among the health and nutrition related sectors. Innovative behavior modification programmes related to food and nutrition practices may be a cost-effective approach in the developing countries. Long-term changes in child survival and development might occur as a result of behavioral changes applied in family patterns of child care. The community involvement in the development of health system is necessary. Many countries and international agencies are given highest priority to promoting programs for child survival and development in developing countries.

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