# 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 motality 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 indentified, 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 word 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 ougth 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 classifed 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 malnouished populations; the frequently of infection is greater in children with mild moderate malnutrition is weak, anthrometric 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 servere 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 inlvolvement of women in agriculture and men's work putside 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 differen 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 againt children at high birth order migth 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 priotity

WHO ans UNICEF realize that children are likely to suffer the most, sinse the impact of reduced income and food availability will certainly aggravate malnutrition and microntrient 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 word.

The following interventions to promote child 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 efffective 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 resourses 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 eqidemics); 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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