

THE STATE OF THE WORLD'S CHILDREN 1987



United Nations Children's Fund
(UNICEF)

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1987

*Oxford University Press, Walton Street,
Oxford OX2 6DP
Oxford New York Toronto Delhi Bombay Calcutta
Madras Karachi Peeling Jaya Singapore Hong Kong
Tokyo Nairobi Dar es Salaam Cape Town Melbourne
Auckland and associated companies in Beirut Berlin
Ibadan Nicosia*

*Oxford is a trade mark of Oxford University Press
Published in the United States by Oxford University
Press, New York*

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British Library Cataloguing in Publication Data

The state of the world's children 1987.

1. Children—Care and hygiene

613' 0432 Rj101

ISBN 0-19-261639-0

ISSN 0265-718X

*The Library of Congress has catalogued this serial
publication as follows:—*

The state of the world's children—Oxford

New York: Oxford University Press for UNICEF v.:ill.;

20cm. Annual. Began publication in 1980.

1. Children—Developing countries—Periodicals. 2.

Children—Care and hygiene—Developing countries—

Periodicals. I. UNICEF.

HQ 792.2.S73 83-647550 362.7'1'091724

*UNICEF, UNICEF House, 3 U.N. Plaza, New York,
N.Y. 10017 U.S.A.*

UNICEF, Palais des Nations, CH. 1211

Geneva 10, Switzerland.

Cover and design: Miller, Craig and Cocking, Woodstock, U.K.

Charts and tables: Stephen Hawkins, Oxford Illustrators, Oxford, U.K.

Typesetting and Printing: Burgess & Son (Abingdon) Ltd, U.K.

*Edited and produced for UNICEF and Oxford University
Press by P & L Adamson, Benson, Oxfordshire, U.K.*

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James P. Grant
Executive Director of the
United Nations Children's Fund
(UNICEF)

PUBLISHED FOR UNICEF

Oxford University Press

CONTENTS

I THE STATE OF THE WORLD'S CHILDREN 1987

Capacity and morality

We now have the knowledge to enable parents to protect child health at very low cost. And we now have the capacity to communicate that knowledge to the majority. The time has therefore come to decide that it is just as unacceptable for so many millions of children to die every year of needless malnutrition and infection as it is for them to die in the sudden emergencies of drought or famine.

page 1

A new attack on poverty

Despite economic recession, progress can still be maintained if the great aims of human development are broken down into achievable goals and if governments decide to mobilize existing capacity – and especially the new capacity for communications – to put relevant knowledge at the disposal of all.

page 13

Mobilizing all for child health

A summary of the scientific information which could enable parents to protect the lives and normal growth of their children at a cost which both they and their nations can afford. All families now have a right to be empowered with such knowledge by means of every possible channel.

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The take-off of ORT

The 1980s effort to put knowledge of oral rehydration therapy (ORT) at the disposal of the majority is now estimated to be saving the lives of half a million children each year. By 1995, the number of young lives saved each year could surpass 3 million.

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Towards universal immunization

The spread of low-cost immunization in the 1980s is already preventing approximately 1 million child deaths a year in the developing world. Seventy-seven nations, with over 90% of the developing world's births, have now committed themselves to the target of universal immunization by 1990.

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Social mobilization and continuity

Social mobilization to achieve specific health goals can be a practical way of moving towards permanent and comprehensive primary health care – if this is planned for in advance.

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Going for growth

With the spread of primary health care, it is now becoming possible to regularly monitor the growth of the majority of children in the developing world. Growth-checking, along with low-cost child protection methods, can inform and involve parents in using today's knowledge to protect the normal health and growth of children.

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Conclusions

The strategy of social mobilization means that almost every individual and organization, in both industrialized and developing nations, could now become involved in the task of reaching one of the greatest milestones in the human story – the overcoming of the worst effects of absolute poverty on our planet in our times.

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II THE RECESSION

Adjustment with a human face

The worst economic recession for fifty years has lowered living standards in many parts of the world during the 1980s. To try to restore growth and cope with balance-of-payments crises, a large number of developing countries have been forced to adopt economic adjustment policies—often involving further hardships for the poorest sections of the community, who have the least scope for making economies. This chapter, a summary of a special report to be issued by UNICEF in 1987, makes proposals to both industrialized and developing countries for an alternative adjustment strategy—aimed at restoring economic growth while at the same time protecting the growing minds and bodies of the next generation.

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III FORTY YEARS OF PROGRESS

The human factor

To mark the fortieth anniversary of the founding of UNICEF, Varindra T. Vittachi surveys the main changes in the state of the world's children, and in the work of UNICEF, over these last four decades.

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A graphic presentation of the state of the world's children in 1986 and of the progress made since 1946. Thirty specially researched colour charts summarize past changes and today's facts on child population, births and deaths; life expectancy; food availability; school enrolment; literacy; water supply and sanitation; the availability of maternal and child health care; the incidence of low birth-weight and maternal death; the spread of oral rehydration therapy; the progress of immunization; the prevalence of breast-feeding; the relationship between birth spacing and child survival; the extent of anaemia and iodine deficiency; the proportion of families living in poverty; and the relationships between health and wealth.

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https://www.yunbaogao.cn/report/index/report?reportId=5_6349

