

# THE STATE OF THE WORLD'S CHILDREN 1986



United Nations Children's Fund  
(UNICEF)

Oxford University Press, Walton Street,  
Oxford OX2 6DP

London Glasgow New York Toronto Delhi Bombay Calcutta  
Madras Karachi Kuala Lumpur Singapore Hong Kong  
Tokyo Nairobi Dar es Salaam Cape Town Melbourne  
Auckland and associates in Beirut Berlin Ibadan Mexico  
City Nicosia

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

© United Nations Children's Fund 1985

All rights reserved. No part of this publication may be  
reproduced, stored in a retrieval system, or transmitted, in  
any form or by any means, electronic, mechanical, photocopying,  
recording, or otherwise, without the prior permission of  
UNICEF.

British Library Cataloguing in Publication Data  
The state of the world's children.

1. Children—Care and hygiene

613'0432 R7101

ISBN 0-19-828537-X cloth

ISBN 0-19-828536-1 paperback

ISSN 0265-718X

Library of Congress Cataloging in Publication Data

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, 866 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.

# THE STATE OF THE WORLD'S CHILDREN 1986



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 1986

### **Immunization leads the way**

Demand for vaccines has trebled in the last two years and many nations are moving within striking distance of immunizing the vast majority of their young children by the UN target date of 1990. New strategies for mobilizing all organized resources and all possible channels of communication are enabling immunization programmes to reach a much greater proportion of a nation's families. Meanwhile, progress in promoting oral rehydration therapy means that the lives of well over a million children have been saved – in the last twelve months – by the recent spread of two of the least expensive of all child protection methods.

page 1

### **Reaching all children**

ORT and immunization are therefore leading the way towards a revolution in child survival and development – made possible by a range of low-cost methods including growth checking, improved weaning, the promotion of breast-feeding, and the prevention of vitamin A deficiency. But the potential of this new knowledge can only be realized if ways and means can be found to put it at the disposal of all parents. This is the 'social breakthrough' which many countries are also now making.

page 20

### **The benefits for women**

Applying low-cost ways of protecting the lives of children depends, in the main, on the women of the developing world – most of whom already have too long a working day. But most of the basic child survival strategies would also result in considerable savings of money, time, and energy for mothers – and so help to bring about improvements in the lives and health of women.

page 37

### **The self-health potential**

Because it depends on parents as front-line health workers, the move towards a child survival revolution is part of a wider shift in the concept of health care. In both industrialized and developing worlds, the next generation of advances in human health will come about not through more medical technology but through ordinary people knowing more and doing more about their own and their families' health. This process is basic to primary health care, but its potential should not be used as an excuse for governments to abrogate responsibility for essential services and for the social and economic causes of ill health.

page 48

### **Children and world development**

The physical and mental development of children is intimately related to the social and economic development of nations. Today's children must not be made to bear the burden of difficult economic times. Broadly applicable and low-cost methods of enabling parents to improve child health are now available. With present knowledge, and with international support, it is therefore possible to achieve, in the next few years, one of the greatest goals which mankind has ever set for itself – basic protection for the lives and normal development of all its children.

page 70

## II LIFELINES

Extracts and summaries from recent research and writing on cost-effective strategies for protecting the lives and normal development of the world's children

<b>Full index</b>	page 83
<b>Growth monitoring</b>	page 84
<b>Oral rehydration therapy</b>	page 90
<b>Breast-feeding</b>	page 96
<b>Immunization</b>	page 102
<b>Iron, iodine and vitamin A</b>	page 107
<b>Acute respiratory infections</b>	page 110
<b>Combating malaria</b>	page 114
<b>Female education</b>	page 117
<b>Food supplements</b>	page 119
<b>Family spacing</b>	page 123

## III STATISTICS

Economic and social statistics on the nations of the world, with particular reference to children's well-being.

A note on the new index of infant and child mortality	page 130
Alphabetical index to countries	page 131
<b>Basic indicators</b>	page 132
<b>Nutrition</b>	page 134
<b>Health</b>	page 136
<b>Education</b>	page 138
<b>Demographic indicators</b>	page 140
<b>Economic indicators</b>	page 142
<b>Basic indicators for less populous countries</b>	page 144
Signs and explanations, general note on the data	page 145
Footnotes to all tables	page 147
Definitions	page 150
Main sources	page 151
Note on variations in IMR within countries	page 152



## PANELS

---

<b>Immunization:</b> a new surge forward	<b>1</b>	<b>Somalia:</b> protection in emergencies	<b>14</b>
<b>Immunization:</b> a new surge forward (cont.)	<b>2</b>	<b>Ethiopia:</b> the silent emergency	<b>15</b>
<b>Turkey:</b> to immunize 5 million	<b>3</b>	<b>Bangladesh:</b> visiting 5 million homes	<b>16</b>
<b>El Salvador:</b> children – a zone of peace	<b>4</b>	<b>Nigeria:</b> going nation-wide	<b>17</b>
<b>Colombia:</b> a child survival plan	<b>5</b>	<b>Sri Lanka:</b> reaching the poorest	<b>18</b>
<b>Burkina Faso:</b> a vaccination commando	<b>6</b>	<b>Haiti:</b> ORT reaches the majority	<b>19</b>
<b>Dominican Republic:</b> reaching every home	<b>7</b>	<b>India:</b> towards a polio-free Madras	<b>20</b>
<b>Bolivia:</b> reducing child deaths	<b>8</b>	<b>Thailand:</b> PHC in practice	<b>21</b>
<b>Egypt:</b> leading the world on ORT	<b>9</b>	<b>Iodine:</b> protecting the mind	<b>22</b>
<b>Brazil:</b> vaccinating 20 million	<b>10</b>	<b>The Code:</b> a progress report	<b>23</b>
<b>Pakistan:</b> saving 100,000 lives	<b>11</b>	<b>Parasites:</b> the damage to growth	<b>24</b>
<b>Nicaragua:</b> child deaths down 30%	<b>12</b>	<b>Population:</b> less deaths – less births	<b>25</b>
<b>Indonesia:</b> one million health workers	<b>13</b>	<b>Vitamin A:</b> story of a breakthrough	<i>page 22</i>

## TEXT FIGURES

---

- Fig. 1 Estimated annual numbers of deaths and prevented deaths from vaccine-preventable diseases (children under 5)
- Fig. 2 Immunizing all children by 1990: progress achieved and progress required
- Fig. 3 Percentage of pregnant women immunized against tetanus
- Fig. 4 Percentage of children immunized in the first year of life
- Fig. 5 Percentage of infants fully immunized, Pakistan, 1980–1987
- Fig. 6 Global supply of oral rehydration salts (WHO/UNICEF formula)
- Fig. 7 Decline in breast-feeding, São Paulo, Brazil, 1974–1980
- Fig. 8 Impact of ORT on infant deaths, Alexandria, Egypt, 1980–1984
- Fig. 9 Changes in treatment for diarrhoeal disease, Sudan, 1980–1982
- Fig.10 Developing countries producing oral rehydration salts
- Fig.11 Male and female shares of agricultural tasks and training, Africa
- Fig.12 Relative rates of infection by feeding method
- Fig.13 Ownership of land and daily intake of food, Maharashtra, India, 1982
- Fig.14 Infant deaths by birth interval, uneducated mothers, 25 countries
- Fig.15 Diarrhoeal illness by feeding method and income, Dar-es-Salaam
- Fig.16 Energy content of children's diets, rich and poor nations
- Fig.17 Breast-feeding and calorie intake in the second year of life
- Fig.18 Effect of ORT on weight gain in children with diarrhoea
- Fig.19 Military and aid expenditures, industrialized nations, 1960–1982
- Fig.20 Food production per person, Africa, Asia, and Latin America, 1961–1983
- Fig.21 Increase in low birth-weight, Recife, Brazil, 1977–1984
- Fig.22 Increase in child malnutrition, Ghana, 1980–1983

## PREFACE

The range of issues which could legitimately be included under the title *The State of the World's Children* is clearly wider than the focus of this year's report.

In particular, the effects of economic recession continue to reverberate through the world's poorest communities as increasing unemployment and falling real wages bear down most heavily on those who spend the highest percentage of their income on necessities – the poor. At the same time, government cut-backs on such vulnerable items of expenditure as health clinics and food subsidies also leave exposed those who are most dependent on such services – again the poor. As a result, progress for children is being slowed down in some nations and thrown into reverse in others.

Last year a special UNICEF study – *The Impact of World Recession on Children* – detailed the process by which the heaviest burden of economic recession is in most cases passed on to those who are least able to sustain it. This year, evidence of the continuing impact of that process on the lives of the poorest children is continuing to come in (see, for example, Figs. 21 and 22 in the main text of this report).

Most immediately, this crisis for the poorest is surfacing in sub-Saharan Africa where, as all the world has witnessed, the failure of development – and of the rains – has pushed hundreds of thousands of families to the margins of survival and beyond. Because of the diversity and complexity of this crisis, UNICEF has this year published a separate report on the problems now facing the poorest communities, and particularly the children, of Africa.

Such problems have been exacerbated rather than caused by immediate pressures such as recession and

social, historical, geographical, agricultural... But what is required now is not a more refined and sophisticated analysis of poverty but more practical and effective ways of empowering people to liberate themselves from it.

To achieve that means identifying practical starting-points. For the problem is less likely to succumb to a complete and comprehensive set of solutions which have to be realized all at once than to a structured series of achievable goals which, while being important in themselves, also help to lead the way, step by achievable step, towards more comprehensive long-term progress.

To find such beginnings, it is vital to pool the accumulated knowledge of a generation of development efforts and to use this past experience to sharpen the attack on present problems.

In the process, many of those most closely involved are coming to the conclusion that we are now faced not only with great difficulties but also with a very great opportunity. For it is clear that there are now several low-cost and potentially very powerful ways of protecting the lives and the normal development of many millions of children in ways which are politically and financially feasible even in such difficult economic times. The coincidence of technical and social advances which has created this opportunity is relatively new, and its potential is therefore vastly underexploited.

That is why this year's *State of the World's Children* report focuses on a limited number of achievable aims such as universal immunization, the spread of oral rehydration therapy (ORT), and the low-cost prevention of malnutrition – aims which are relevant to the needs of children now as well as to longer-term goals.

In this context, the reasons for selecting these

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_6355](https://www.yunbaogao.cn/report/index/report?reportId=5_6355)

