

# THE STATE OF THE WORLD'S CHILDREN 1985



United Nations Children's Fund  
(UNICEF)

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1985

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# THE STATE OF THE WORLD'S CHILDREN 1985



James P. Grant  
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# I THE STATE OF THE WORLD'S CHILDREN 1985

## **A Revolution Beginning**

A revolution in child survival is beginning to go into action around the world. But if its low-cost techniques are to fulfil their potential to save millions of children's lives, then the focus of health care must be shifted from institutions to families. Enough of the capacity to reach and support these families is now in place in most nations of the developing world. A drastic improvement in 'the state of the world's children' is therefore possible - if the world wants it.

page 1

## **Protection in Poverty**

The poorest women and children have taken the brunt of the world recession. For those who are so poor that their children cannot grow and develop normally, a minimum 'safety net' of health and nutrition is needed. The cost is now so low that it would be unconscionable not to afford such basic protection to children.

page 16

## **Going into Action**

With falling rates of child deaths, falling birth rates can also be expected. The basic child survival techniques of growth monitoring (page 39), oral rehydration therapy (page 23), the protection of breast-feeding (page 27), and expanded immunization (page 31), are now beginning to go into action on a significant scale in some parts of the world.

page 21

## **The Dis- proportionate Benefit**

Because of the synergistic alliance between malnutrition and infection, illness is frequent, recovery times are inadequate, and assaults on a child's growth therefore become cumulative. By the same token, a relatively small number of interventions can break this cycle, allow fuller recovery, reduce infection's frequency, and therefore have a disproportionately beneficial effect on child health.

page 42

## **Marketing Survival**

The two most relevant precedents for putting new knowledge and new techniques at the disposal of the majority are the Green Revolution and the campaign to promote family planning. Success in both depended on political commitment, the mobilization of all channels of support, and the use of 'social marketing'.

page 47

## **A Health Service for All**

With relatively little training in basic techniques, voluntary and community health workers could help mothers to bring about a revolution in child survival and development. Given even a small reallocation of resources towards primary health care, plus a partnership with traditional midwives, the idea of a trained health worker for every community is not an impossible dream.

page 57

## **Women's Time**

All of the child survival revolution strategies demand more of women's time, energy, and knowledge. Mothers therefore need practical support as well as information if they are to bring this change about. Basic amenities such as water supply and sanitation would also help families to take more control of their own health.

page 64

## **Changing Perceptions**

Changing perceptions of what is normal, what is possible, and what the individual can do to improve family life, is both the means and the end of the revolution in child survival and development.

page 72



## 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.

### Growth monitoring

malnutrition's many causes | the growth monitoring approach | the involvement of mothers | the growth standards debate.

page 77

### Oral rehydration therapy

impact of diarrhoeal disease | causes and prevention | oral rehydration therapy | home remedies | new developments.

page 82

### Breast-feeding

dangers of bottle-feeding | decline of breast-feeding | advantages of breast-milk | promotion and support | the importance of weaning.

page 87

### Immunization

vaccine preventable diseases | vaccine effectiveness, schedules and storage | side-effects | costs and coverage | supply problems | creating the demand | immunization and primary health care.

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### Female education

maternal education and child survival | education as an independent force | possible explanations of the link | progress in female education.

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### Family spacing

effects of births too close together | health benefits of family planning | unmet demand for family planning methods.

page 100

### Food supplements

causes and consequences of low birth-weight | preventing low birth-weight | food fortification | prevention of anaemia | prevention of IDD | prevention of Vitamin A deficiency.

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## III STATISTICS

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

Graphics on trends in infant mortality page 110

Alphabetical index to countries page 111

### Basic indicators

infant mortality rate | total population | annual no. of births and child deaths | GNP per capita | life expectancy | adult literacy | school enrolment | income distribution

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### Nutrition

low birth-weight | breast-feeding | malnutrition | food production | calorie intake

page 114

### Health

access to water | immunization of children | immunization of mothers | life expectancy

page 116

### Education

male and female literacy | primary school enrolment and completion | secondary school enrolment

page 118

### Demographic indicators

total and child populations | population growth | infant and child mortality | death rate | birth rate | fertility rate | urbanization

page 120

### Economic indicators

GNP per capita | growth rate | inflation | poverty | government spending on health, education, defence | aid | debt servicing

page 122

### Basic indicators for less populous countries

infant mortality rate | total population | annual no. of births and child deaths | GNP per capita | life expectancy | adult literacy | school enrolment | income distribution

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