

# Health for all children

[Family](#), [Children](#)



Is health for all children an achievable goal? The world's children have rights to health which are enshrined in international law. The United Nations Convention on the Rights of the Child Articles 6 and 24 pertain to the rights of children to life, survival and development, enjoyment of the highest attainable standards of health and facilities for the treatment of illness and the rehabilitation of health (Block 4, p.

94). However, every year throughout the world vast numbers of children suffer ill health and die. Nearly 11 million children still die each year before their fifth birthday, often from readily preventable causes. An estimated 150 million children are malnourished (UNICEF 2001) (Block 4, p. 94. ) What follows is an exploration of the causes and treatments of ill health looking at the major challenges of poverty, inequality, culture and gender, and the social and political dimensions of such matters. The effectiveness or otherwise of international health intervention programmes is analysed and a measure of the progress made so far and the possibility of health for the world's children becoming a realistic goal is discussed.

Health is a culturally constructed concept, a collection of ideas and beliefs gathered from our experiences of living within a family, community and wider society. It is recognised by health professionals, theorists and researchers that being healthy means different things to different people. When considering matters of health it needs to be understood that health and disease are complex terms that are more than just a matter of genetics. Health is influenced by personal, cultural, social, economic and political circumstances. The definition of the term health as used by the World Health Organisation (WHO) since 1948 is as follows: ' a state of complete physical,

mental, and social well-being and not merely the absence of disease or infirmity'. (WHO, 2009). The WHO definition promotes an holistic view of health that has been criticised for being idealistic and difficult to put into practice.

What is important about this definition is that it is a positive interpretation that implies that health for all is something that can be achieved. Certainly this definition has aided thinking around health as more than simply the absence of infirmity and emphasises a social dimension. Globalisation, economics, adverse living conditions, the lack of availability of primary health care, differing social practices and cultural notions of health are all factors that impact on the health of people. These factors present both challenges and opportunities for the world regarding the possibility of achieving health for all children. Medical advancements in the latter half of the twentieth century has seen most notably the development of antibiotics, vitamins, vaccinations for serious infectious diseases such as Measles, Mumps, Rubella and Chicken Pox, to name but a few, along with a vaccination that eradicated Small Pox. One advantage of globalisation is the increasing awareness of the plight of children in developing countries which has marshalled medical intervention and has resulted in a drastic decrease in child and young people's mortality rates. However, despite advancements in medical technology, the availability of health treatments has not guaranteed the eradication of some preventable and curable illnesses (for example, Diarrhoea).

Diarrhoea can be treated very effectively with a low cost intervention. Oral Rehydration Salts (ORS) prevent dehydration which is the cause of deaths amongst children with diarrhoea. However, in studies of the Huli people in Papua New Guinea it was noted that although at first the mortality rate from diarrhoea fell as a result of the ORS intervention programme, the improvements were not sustained and the Huli people became dissatisfied with the treatment. The Huli people desired a treatment that would address the symptoms of diarrhoea: dry up the runny stools of the sick children. Administering ORS fluids didn't make sense and clashed with their understanding of the illness. Furthermore, the need to dissolve the ORS medication in water necessitates a clean water supply, something so basic but something that isn't always available in communities in the South. The 'Miracle cure' or 'Magic bullet' for diarrhoea, ORS, is an example of how selective, vertical interventions may save lives.

But it is also a prime example of how a purely medical approach to health does little to improve the quality of lives when other causes of illness such as poor sanitation and lack of clean water are not addressed. (Block 4, p. 125). A Western biomedical approach to the treatment of ill health has its limitations. Technological cures in the form of drugs, although vitally important, will on their own do little but not enough to make health an attainable goal for the world's children. The concept of human rights and rights for children has gained increased recognition across the world. The status of children has been raised and children's interests placed on political agenda's throughout many states.

‘ As of November 2009, 194 countries ratified, accepted, or acceded to the UNCRC (some with stated reservations or interpretations) including every member of the United Nations except Somalia and the United States. Somalia has announced that it would shortly do so’ (Wikipedia, 2010). Yet there remains concern about the real levels of commitment to concepts of children’s rights and concern about the lack of accountability to make nations uphold rights for children. Through media coverage of world catastrophes, such as famines and droughts and through campaigns delivered by humanitarian and charitable organisations an ethical and moral debate is taking place about the need to address global health that has pricked the moral conscience. What is now required is effective systems that can help realise children’s rights and mobilise efforts to make health for all an achievable goal. The economic power of some nations and global corporations, and structural adjustment programmes (SAP’s) have created imbalances of power and forces that have worked against health goals with the effect of widening economic disparities between rich and poor across and within nations. SAP’s have been imposed to ensure debt repayment and economic restructuring.

But some poor countries have had to reduce spending on things like health, education and development, while debt repayment and other economic policies have been made the priority. For many basic health care has become a service that can only be accessed if an individual has money to purchase it. Free health care has become less about a human right and more of a commodity to be bought. A further challenge to health for children in relation to economics is that within countries where there is political

instability and conflict nations priorities become one of national security, funding arms and defense programmes and as a result there is decreased funding for basic care and education. At present an attitude prevails that nations should 'look after their own'. There does exist a humanitarian approach to supporting poorer countries at times of emergency but there are no effective systems that legally oblige nations to work together to ensure that basic living conditions, health care and the rights of children are upheld. A change of attitude within and across nations and governments regarding whose responsibility it is to intervene and the importance of intervening to produce more egalitarian societies would go a long way to making health for all children an achievable goal.

Global medical advancements, the development in the concept of rights for children internationally and world economic systems have been investigated to demonstrate how they have resulted in both opportunities and challenges to improving health for all children. Yet it is also necessary to look closer at the more personal experiences encountered by children and families and focus on the social and cultural factors that impact on health. Securing health for all children requires more than having medical expertise and drugs on hand to prevent and/or treat medical ailments. Several examples of differing cultural understandings around illness can be offered that illustrate this idea. The Bozo tribe of Mali believe that red urine in adolescent boys, a condition caused by a parasitic infection, is normal and indicates sexual maturity; as such it is celebrated as a sign of males reaching manhood. Within the Bozo tribal people the symptoms are not viewed as a sign of illness and the condition goes untreated. In Nigeria 76% of women perceive

diarrhoea as a symptom of teething and as such a normal part of growth and development and not something which requires treatment (Block 4, p.

103). In both these examples the cultural and social dimensions of ill health contrast with Western biomedical approaches to children's health. When culturally interpreted ideas of health conflict with medical systems where there is a focus purely on the biological causation of illness, the acceptance of a diagnosis and treatment of a condition can be problematic. Some challenges in achieving health for all children is managing and resolving the clash of differing world views regarding health, that is, people's perceptions of health together with their level of understanding and acceptance of scientific notions of health, and how to increase community participation in health programmes. UNICEF states that 'chronic poverty remains the greatest obstacle to fulfilling the rights of children'. In the UNICEF book, 'We are the Children', it is cited that half of humanity is desperately impoverished and half of the 1. billion people forced to live on less than \$1 per day are children.

(Block 4, p. 108). UNICEF and the World Bank have defined absolute poverty (less than \$1 per day per person) as being the minimum amount that purchases the goods and services deemed necessary for basic survival.

(Block 4, p. 49). This definition is most appropriate for those living in the poorest countries of the South, however, poverty affects many children living within the richest countries of the world also. Relative rather than absolute poverty, that is, the inequality and deprivation experienced relative to those

better off living in the same society, can impact on health causing emotional stress, humiliation and social exclusion.

Andrea Ashworth writing about her experiences of growing up in Manchester in the 1970's described the multiple effects of poverty that she experienced; living in a flea infested home, eating a less than nutritious diet, the shame of not being able to afford certain basic items of food, the stress that poverty had on her mother and how it manifested symptoms of depression that impacted on the whole family. (Reading B, Ashworth). Studies by the Child Poverty Action Group in the United Kingdom concludes that children growing up in poverty are more likely to be born prematurely, suffer chronic illnesses in later life, die from accidents, live in poor quality homes, have fewer employment opportunities, get in trouble with the police and be at greater risk of alcohol or drug misuse. Poverty impacts on both the physical and mental health of children and their overall quality of life. (Block 4, p. 57). In order to make improvements in the health of the world's children it is necessary therefore not simply to make health care freely available to all but to confront and tackle wider issues of social justice, inequality and poverty.

Cuba is an example of a country with limited material resources that has created a more egalitarian society by providing food, employment, education and health care for all. They now have infant mortality rates on a par with some of the world's wealthiest countries. Similarly, in Bangladesh as a result of a national commitment to invest in basic social services, the under fives mortality rate has decreased substantially. (Block 4, p. 109). This is strong evidence of the ability to make health for all an achievable goal if there is



government commitment to tackling social justice and inequality. A further dimension of inequality is the discrimination in matters of health based on gender, birth order and social status at a local level.

In cases of malnutrition in Mali, Dettwyler identified that access or entitlement to resources is shaped 'by the social relations prevailing between and within families within communities' (Block 4, p. 119). Dettwyler provides an example of discrimination against children that begins with discrimination against the mother. Aminata, since she was fostered by the family, was considered to be of low status. When she became pregnant with twins her status was further lowered along with her entitlement to food and freedoms. She had to accept a life of drudgery and hard work providing for others in the family which took precedence over caring for her own children who were suffering from malnutrition despite food being in plentiful supply. Aminata's quality of life only improved when one of her children died, the other was sent away and Aminata married into a new family.

Her social standing increased along with her quality of life. Aminata gave birth to three more children, two of whom survived and were reported to be only mildly malnourished. Reading C). Beliefs about female inferiority within many parts of the world impacts on rates of malnutrition and mortality amongst girls compared to boys. Studies have shown in India and China that girls are less likely to be breast fed for as long as boys, are less likely to be given extra food and more likely to be abandoned. These social attitudes and practices towards girls can be changed through development policy on the

education of females. Through education the chances of health and survival of children can be improved (Block 4, p.

116) It has been argued that to achieve health for all children multiple factors need to be addressed. Free basic primary health care needs to be available to all, yet this on its own will do a little but not enough to sustain health and survival. Sustainability requires adequate housing, sanitation, clean water and an environment free from pollutants. Education, skills training and employment enable people to contribute to society. They are determinants of health in that they raise self-esteem, feelings of worth and have the ability to empower, organise and rally people together to make changes to advance wealth and health. The health of the world's children cannot be left in the hands of humanitarian and charitable organisations. Unscrupulous governments and some economic policies are malign forces that impede progress.

The ethical and moral questions regarding international intervention and the level of responsibility that different nations should or can have towards the peoples of other nations are difficult to answer. However, the goal of health for all, as complicated or impossible it may at first seem, has seen progress which should not be underestimated. Within sixty years the WHO has been set up, the UNCRC has been established, international policies have been devised that have bound nations to working together, unprecedented medical knowledge has been gained, lessons regarding what has worked and hasn't worked have been learnt, cultural understandings have been developed and ethical and moral debates keep the issue of poverty and

health in the minds of all. The world is entering a crucial phase where the scope to tackle world poverty and health of children is beginning to be realised. The know-how, expertise and resources exist to achieve health for all children. Perhaps the greatest challenge to success is establishing worldwide commitment to the endeavour. Word count 2, 505 References

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