Child Health in a Changing Environment

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G J Ebrahim

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Preface

This book represents one of the activities proposed during the International Year of the Child. Several national and international programmes were commenced during the Year of the Child, and the major achievement of the year was the creation of advocacy for children in all countries. The book is a continuation of the process, and attempts to provide the social and ethical, as well as the scientific base for such an advocacy.

If children are to achieve their full potential in growth and development, then some of the basic biological and physical needs should be adequately provided. The first two chapters discuss these requirements in the context of prenatal and postnatal development, as well as during infancy and late childhood. These are the formative years and the penalties of failure to provide the essential needs can be very serious indeed. Some of the effects of growing up with deprivation are discussed and the major danger of setting afoot intergenerational cycles of disadvantage has been pointed out.

Children grow up in a family environment and the best results are achieved when biological and physical needs are provided with sensitivity in a family environment of loving care. The family cycle of formation and dissolution takes different forms in different societies. The composition of the family and the styles of family life differ from one societal group to another. Some of these are described and the importance of strengthening the family in its task of bringing up children has been identified in Chapter 3. When family crises occur children are at greatest risk, and services for ameliorating the effects of such crises and for helping the individual members to tide over the crises are necessary. In their absence disruptions of families can occur and abandoned children and women are already a growing social problem in the cities of several countries.

The role of the wider environment in affecting families and through them the children, is discussed in Chapter 4. National policies have an important contribution to make in improving the living conditions of the economically weaker sections. Poverty is identified as one major environmental factor causing extreme forms of deprivation. Both the immediate community and the larger society have a responsibility towards children and their families in deprivation, and the social, moral, as well as ethical issues are discussed in Chapters 5 and 6 to arrive at relevant decisions of social policy. Finally, Chapter 7 describes low cost interventions for rapidly expanding the availability of health care to children. However, the interventions are by themselves useless without the political will and the social and community infrastructure to ensure that 'whereas there is something for all, more is made available for those in need and in proportion to their need.'

The theme running through the book is that of advocacy for children. They need advocacy for a variety of reasons but especially because of their vulnerability and dependency. And above all because children are now increasingly recognised as the seedcorn of development. They are the human capital of tomorrow. If the seedcorn is allowed to go to rot, or if the process of its nurture is left to chance, then the formation of the future human capital is also left to chance instead of being properly channelled and nurtured. Societies who neglect their children are behaving as if there will be no tomorrow. The state of the world's children in the decades to come is being largely decided by the decisions being made now by the 'parent' generation. Hence the need for advocacy in order to ensure investment in children.

The above considerations put special responsibilities on paediatricians and on all those who care for children. This book is primarily addressed to such professionals as well as to those who make decisions affecting the lives of children. Together they share the responsibility of influencing the broader issues of health and socio-economic development and the ways in which these affect children and their families.

Advocacy for children must speak with the strong voice of science. In many of the more developed countries several longitudinal studies have provided exciting and new scientific information confirming the importance of the early years as well as of the family and social influences on child development. Because of their costs such longitudinal studies have been very few in the less developed countries. Child care in the poorer parts of the world is at present too involved with the acute problems of ill-health to come to grips with the broader issues of child development. Acute care has drifted into intensive care, and the expensive technology for it, so that a large proportion of health resources is being expended on hospitals leading to a huge backlog of unmet needs in the rural areas and among the urban poor. Advocacy for children requires the provision of care for the unreached and the concept of primary care addresses itself to this problem. It is my belief that adequate care is possible for all the nations' children with the presently available resources if only a national will can be generated and priorities established. The book discusses ways and means of achieving this objective.

Friends and colleagues in the World Health Organization suggested this study and gave valuable support and comments. To all of them I am deeply grateful, and in particular to Dr Angèle Petros-Barvazian of the Division of Family Health.

As the book goes to press I am deeply aware of one dilemma and am looking for suggestions from you, the reader. An exhaustive literature search identified more than a thousand references, of which more than 600 are quoted in the book. Many will not be available in the libraries of the developing world. Is there a need for a companion volume of annotated bibliography, bearing in mind the cost of preparation and the rapidity with which many references become out of date?

G. J. EBRAHIM