
I AM honoured to be here this afternoon at this very important conference of the Indian Law Institute. I want to especially thank Professor Nayak for his kind invitation and his persistence and graciousness in assuring my participation. The co-sponsors of this meeting have chosen a theme that is universal in its significance and at the heart of our globe's very survival.

I. Introduction

The interrelationship between children, the environment and health has growing salience in both the developed and developing world. The absolutely essential role of government and the law in assuring the well-being of its citizens through attention to their health, and the environment in which they live and can prosper, *is the foundation* for shaping the future. The role, too, of public support, the professional community and practitioners, and the sustained commitment of our major institutions in *implementing* the law and comprehensive governmental policy, is the route whereby we can achieve our vision—a vision that incorporates the principles of equity, justice, and opportunity for all our citizens.

Despite racial, cultural and ethnic differences, as well as social economic and political factors, the underlying thread that binds all nations, is the state of our children.

As the noted anthropologist, Margaret Mead said:

The solution of adult problems tomorrow depends in large measure upon the way our children grow up today. *There is no greater insight into the future than recognizing when we save our children, we save ourselves.*

From author's perspective, the level of child poverty is the single greatest manifestation of *how* a nation sees its future. Saving our children from the aftermath of poverty, must become the highest priority of all nations. But children—*young children*—cannot be saved without attention to the needs of their parents, or others who have the responsibility to care for them, in either the private or public sector.

We know we cannot ameliorate child poverty by focusing on the child alone. Without a major emphasis on the issues that have been raised *i.e.*, — the environment, sustainable development, and economic growth—progress in assuring a healthy future for children will not be realized. We do have the knowledge to substantially reduce the negative consequences of child poverty. And we have the means. Now if we are willing to go beyond rhetoric and make children and the world in which they live, a place that helps not harms, that nurtures, and does not impede their healthy development.

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II. The dimensions of child poverty

But what do we really mean by child poverty? What are the causes? What are the effects? And more importantly, what can we as nations around the world do about it?

We must remember that poverty is a relative, not absolute condition. The *dimensions* of poverty in industrialized and developing nations are clearly not the same. Even though the United States has the highest child poverty rates among Western industrialized nations our child poverty rates pale against the abject poverty of many other countries. But the negative outcomes for children are all too similar.

While the solutions to child poverty might appear very different, the policy and program interventions, and the institutions responsible for implementing them, mirror one another across international boundaries.

I want to begin by sharing with you the face of child poverty in the US—one of the world's richest nations.

III. The face of U.S. child poverty

I believe there are lessons to be learned about poverty in my country, the problems we face in making the nation confront the issues, and the role of government, the law and our institutions in redressing the inequities against young children—our most vulnerable citizens.

Just a few short years ago, the National Center for Children in Poverty at Columbia University, which I direct, Published a report called *5 Million Children*. The Center had been established with major support by the Ford Foundation and the Carnegie Corporation to focus its energies on identifying and disseminating information that would foster improved policies and programs for poor families and young children in the U.S.

Our first task was to better understand the breadth of child poverty in the United

States, and to our surprise there was no available data to help us set priorities. There was no *available* data to tell us how many young children were poor in our country. There was no available data on the regions in which they lived. There was no available data on the circumstances of their parents.

Subsequent analyses by the Center have shown that child poverty is growing in the U.S.

In 1991, the last year for which we have comprehensive data, 5.6 million children under the age of six years were officially poor in the United States; 600,000 more poor young children than our data revealed three years earlier. There were an additional 4.6 million children in this age group that year, whose families were classified "near poor"; children living in families above the federal poverty line, but virtually indistinguishable from those children who are officially poor.

Most of these families have as much, and in some cases, even greater difficulty in purchasing shelter, food and medical care for their children, than "officially" poor families because of their ineligibility for various forms of assistance available to those families who are "officially" poor.

How do we know so many children are poor, and why is it so important? The United States instituted a federal poverty standard in the 1960's; a formula that has not changed in thirty years. Despite some of the inherent limitations in a standard that has not been up-dated, except for some minor revisions, it does provide a useful measurement to track trends in poverty over time. It is this measure that has proved to be essential to policy formulation and the allocation of resources at the federal, state and local level. Reliable data its impartial analysis also provide advocates, practitioners, and the public with information that has the power to change the face of child poverty around the globe.

For example, the report, *5 Million Children*, also revealed that children under six years of age are now more likely to be poor than any other age group in the United States. Over the past twenty years, poverty rates have risen significantly for these youngest children to 25% or one out of every four children in this age group. This rate is the rate for adults, double the rate for the elderly, and higher than the rate for older children.

For those 65 years and older, who were beneficiaries of social security, our country's most widespread form of social insurance, their rates of poverty dropped by 20% in this time period, while the rates grew 50% for young children. This data which is increasingly used to highlight the needs of poor children, has been disseminated by many groups in the United States to make the case for increased resources to the young. It clearly demonstrates the role of government in reducing poverty and as important, in heightening awareness of the economic disparity between young and old. The use of data to inform and underscore issues that can lead to effective solutions is urgently needed worldwide, particularly as it relates to the condition of children.

While gross percentages give us a glimpse of child poverty, they mask the depth of poverty that is experienced by a substantial proportion of children in the United States. For example, of all children under the age of six years only one-third are minorities—African Americans, Latinos and smaller percentages of Asians and Native Americans. However, when we look at poor children, the percentages change dramatically. While minority children represent only one-third of all children in this age group in the U.S., they represent 60% of Poor children !

Therefore, it is not surprising that the poverty rates for minority children are literally "off the charts" in the United States. The poverty rate for African-American children

alone was 51% in 1991—the highest level it has been since the Census Bureau began reporting this information in 1960.

What does poverty of these dimensions mean for the individual child in the United States, and poverty rates much higher, elsewhere in the world ? The lack of comparable data among nations make it impossible to make direct comparisons of child poverty. So we must rely on analyses of the causal factors, and outcomes of child well-being to chart our progress.

IV. Causes of child poverty

Given the range of factors that influence the rates of child poverty, there are no easy answers as to why so many children are poor.

The reasons around the world are not the same, but they are all complex and interrelated both outside and within the family.

The Center's perspective on the issue of child poverty recognizes that children's lives are embedded in the lives of their families and the life of the family is shaped by the life of the community—by its work, its housing, its schools, its institutions its services and its residents.

The causes of child poverty within the family include family composition, parental age and education, and employment and family income; each is important in and of itself—but collectively can spell poverty for the child.

And while culture, ethnicity, and larger social, economic and political forces also shape family and community life, it is federal, state and local policies and practices that influence communities' abilities to respond to the needs of families and children.

Even though these many reasons as to why so many children are poor worldwide may seem obvious, we need to focus our

energies on these causes if we are to craft and implement effective and targeted responses.

Let's look at what the research tells us are some of the *prime causes* of child poverty, and review some of the known solutions. We know, throughout the world, that families *formed* in poverty have fewer economic and social resources. They experience longer, if not lifetime poverty, than those families that are temporarily poor. Therefore, reducing the number of children *born* in poverty must be a major goal of any anti-poverty strategy.

(1) Early sexual activity and pregnancy

At the top of the agenda, must be the *prevention of early childbearing* if we are to avert the well-known health, economic and social consequences of children having children.

Yet we continue to falter in reaching this goal worldwide. In the United States there are one million teenage pregnancies each year, with approximately half ending in abortion, and the other half in a live birth. The rise in single mother households in the United States, in particular, is one of great alarm, not only because we know children need the support of both mothers and fathers, but the poverty rates for children living in single mother households are close to 70%, for Latino and African American children living in these circumstances. Single motherhood appears in other parts of the world as well. For example, in sub-Saharan Africa, it is estimated that from 20 to 50 percent of young women become pregnant outside of marriage.

In Latin America, the data on early pregnancy suggest that approximately half of all young women between the ages of 15 and 19 are likely to have a birth at some time (with many having the first birth before the age of 15).

Even though early childbearing has a long-standing tradition in many parts of the

world, very young motherhood limits the young woman's chances for education which is fundamental in moving out of poverty in every nation.

Moreover, throughout the globe, significant numbers of young women, particularly those who are poor and living in urban areas, are sexually active at increasingly younger ages, with growing exposure to not only pregnancy, but STDs and HIV/AIDS.

Because of the seriousness of these health and social issues, the United States and many other countries have developed and implemented creative and culturally-responsive clinical and community-based education programs to reach young people. And while there are outstanding examples of efforts in developing countries as well, such as CORA in Mexico City and the programs of the Population and Development Association in Bangkok and ongoing work in the Phillipines in adolescent sex education and services, they are insufficient to meet the needs of our highest risk young women and men. Much more is needed in countries throughout the developed and developing world, and efforts need to be intensified. We also know that if young people have life options childbearing is delayed—and the challenge that all of our societies face is making those options a reality.

If adolescent pregnancy prevention services are to be successful, efforts will need to be sensitive to the cultural barriers that do exist as well. Early marriage and early childbearing is still common in more traditional, predominately rural communities. As efforts to improve the status of women continue to be stressed, early childbearing is a prime target for attention if young women are to complete their schooling and improve the quality of their lives.

Here in this nation, as in many other countries in the developed and developing

world, the availability of reproductive health services has made great strides, with the law providing the foundation, and governmental policy providing the resources and services delivery network to reach those in need. Worldwide, however, accessibility of services and the type of trained and supportive personnel for young people that I've just mentioned are in short supply.

Services that are acceptable and affordable (particularly in the United States) are largely out-of-reach for these reasons as well as because of adult attitudes, religious beliefs, disapproval of adolescent sexual behaviour and grossly inadequate funding.

In addition to the well-known health and developmental benefits to children of living parents that are not too young, it is the link between early childbearing and poverty that must concern us today. As I stated earlier, children of young, single mothers are the poorest of the poor and young people who do not complete high school do not have the skills for high paying jobs.

Increasingly, in the U.S., as in many parts of the world, it takes two incomes to support a family. The U.S. Congress' Committee on Economic Development estimated that 30% more families would live in poverty in the United States, if it were not for the fact that in married couple families, growing numbers of wives are now in the paid workforce.

(2) Educating parents and children

We know, across the globe, that children with less-educated parents are more likely to be poor than are those with parents who are well-educated.

In the U.S., children under six whose parent or parents have not completed high school have a 62% poverty rate. While the U.S. overall has high literacy rates, close to 17 million individuals are functionally illiterate. This means they cannot read the

simplest of instructions in order to get or keep a job.

Almost thirty percent of those entering high school in the U.S., do not graduate four years later. Moreover, there are areas across the U.S. and in New York City where the high school dropout rates are dramatically higher. They range anywhere from 50-70%, especially for minorities, and those who have limited English proficiency.

However, the link between low parental education and child poverty is not limited to the reduced economic resources available to the family, but poverty directly affects the child's chances of success in school as well.

Poor children are much more likely to fall behind in school for several key reasons. Poor children are more likely to experience heightened risk of health and nutritional problems that limit their ability to concentrate and achieve success. Family stress associated with poverty also takes its toll.

In addition, many young children enter school far behind because of the lack of positive early childhood developmental learning experiences. As such, school failure and eventual dropout is not unexpected.

The association between too early childbearing, school dropout and resulting low skill levels is widely recognized in the U.S. These combined factors all lead to significantly reduced chances of economic self-sufficiency for the family, and inadequate resources to provide the basic necessities to ensure the healthy development of a child. These factors are universal in their implication and need to be addressed worldwide.

Keeping young people in school in all nations, expanding the number of primary school graduates in the developing world and increasing literacy rates is urgent, if we are to have any success in reducing child poverty across the globe.

V. Child and family health

Research conducted by the Center and many other groups in the U.S., has demonstrated again and again the undisputed linkage between child health status and family poverty.

That poor families do not have sufficient resources to meet their children's health needs is obvious. But less obvious are the lack of resources to obtain or pay for the ingredients of good health. These include safe and sanitary living conditions, housing for some families that cannot afford housing at all and access to even primary health care, especially in rural areas throughout the world.

It is not necessary to remind this audience about the widespread and grave malnourishment of children—children even in the U.S. who go hungry, at least at the end of every month when the federally-sponsored Food Stamps run out. While the scale of malnutrition is much greater in the developing world, large scale programs in this country, and Africa have shown that dramatic reductions in moderate and severe malnutrition can be achieved.

The U.S., for its part, has little to be proud of when it comes to protecting our most vulnerable children. A recent report by UNICEF, confirmed what we know. The U.S. is lagging far behind other industrialised countries in providing a safety net for its children.

Vaccines to prevent tuberculosis, measles, diphtheria, pertussis, tetanus and polio have revolutionised preventive medicine over the past two decades.

Yet, in the percentage of children immunized against measles alone, the U.S. ranked 21st among industrialized countries. The UNICEF report went on to state that many poor countries—India, Zimbabwe, Brazil and 35 other countries, immunise

more of their children against measles than my own country.

In the past few years, measles outbreaks in poorer communities in the U.S. have literally reached epidemic proportions. Moreover, in these same communities, less than half of pre-school children have received their full set of immunizations. However, *The State of the World's Children* report estimates that the 80% target of immunizing children against the major preventable diseases of childhood has been reached by almost half of the developing countries.

The association between necessary immunisations and their contribution to improved child health, goes well beyond reductions in morbidity and mortality. Immunisations allow the child to benefit from adequate nutrition. Reoccurring illnesses "are a threat to a child's nutritional health and growth patterns" in many significant ways. "They inhibit the absorption of food; they consume calories in fighting fevers and disease; and they drain away nutrients in diarrhea".

Despite the gains in childhood immunisations, much work still needs to be done. We also know that children that are *born* healthy can have a fair start in life, despite poverty.

Universal, comprehensive prenatal care should be the first priority among all nations as a first step on the path in reducing the negative consequences of child poverty. Nonetheless, too many women, particularly those that are young and poor, do not receive care in a timely fashion.

Unfortunately, pregnancies among very young women are too often unintended or mistimed. We know that if a pregnancy is unintended, women are less likely to seek prenatal care. And we know that mothers without adequate prenatal care are more likely to have a low birth weight infant. We also know, worldwide, that low birthweight in-

fants are more likely to suffer ill health and to experience delayed development.

Delayed childbearing and birth spacing are two important health and social interventions to improve both child and maternal health.

The increased availability and accessibility of reproductive health services is due to the enactment of law and the *implementation* of governmental policy, in recognition of the fact that women must be able to control their fertility if their status is to improve, and their children are to born healthy.

“Many children and pregnant women do not have access to health care because they live in areas—principally rural and poor communities that lack the personnel, facilities and other resources necessary to provide preventive health services”. If this situation is to be remedied, we need increasing numbers of trained *non-physician* personnel including nurse-practitioners, nurse-midwives, community workers and paraprofessionals to deliver comprehensive services that meet the health and social needs of children and families.

VI. How can the future be shaped to meet the needs of poor children ?

As we move into the 21st century, what do the facts tell us that can help us shape a better future for young children and their families ? We know that the period of early childhood is one of great vulnerability, but we know it is a period of great opportunity as well. And it is the opportunities “within our reach” that can alter the statistics in favour of children.

Investing in early, preventive interventions is a wise investment for all nations. Despite poverty, the research has clearly demonstrated that the prevention of early childbearing which allows young women to complete their schooling is a wise investment.

Yet, “family planning services account for less than half of 1% of government budgets in the developing world, and less than 1.5% of all aid from government in the industrialized world”.

The provision of universal maternity care services including family planning and legal abortion, preconception care and counseling, prenatal and postpartum care is a very wise investment.

The provision of complete immunisations to all children from birth to five years of age is a wise investment.

Nutritional services such as the Special Supplemental Food Program for Women, Infants and Children (WIC) in the U.S. and UNICEF’s outstanding work in promoting the simplest of therapies—oral rehydration—a technique which is virtually cost neutral is another wise investment, as is the promotion of breastfeeding.

Early educational services for very young children that are community-based and directed by the community like Head Start in the U.S. have been proven to make a major difference in the lives of poor children—another very wise investment.

The involvement of communities in the planning and implementation of services is the only way our investments can be realized. Community/institutional partnerships are a critical investment, because it is the community that must “own” the investment and feel empowered in determining the outcome.

In conclusion, the author would like to reaffirm three basic principles that lie at the foundation of our actions now to reduce the harm to poor children caused by poverty.

Principle 1: All children deserve to be born healthy, to be wanted by parents who love them and have the emotional and financial ability to care for them.

Societies around the world have the responsibility to provide the means for access to comprehensive health care as a right, not a privilege. They also have the responsibility to provide opportunities for children and their parents to receive the education they need to become productive citizens who are able to contribute to the quality of life in their respective countries.

Principle 2: Government, the law, institutions, practitioners, professionals in the many disciplines must view the community as an

equal partner in seeking solutions to the abysmal condition of millions of children around the world.

Principle 3: Policymakers and politicians of all parties must agree to put aside their differences, and recognize that investment in all children of all backgrounds and cultures is the only guarantee that nations will prosper socially, economically and morally in the future.

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