CHILDREN



THE DEATH OF A CHILD The death of a child is an experience that many women in the surveyed countries share. In 30 countries, at least 25 percent of reproductive age women have seen one or more of their children die. In six sub-Saharan countries, the proportion of ever-married women who have experienced the death of a child approaches or exceeds 50 percent.

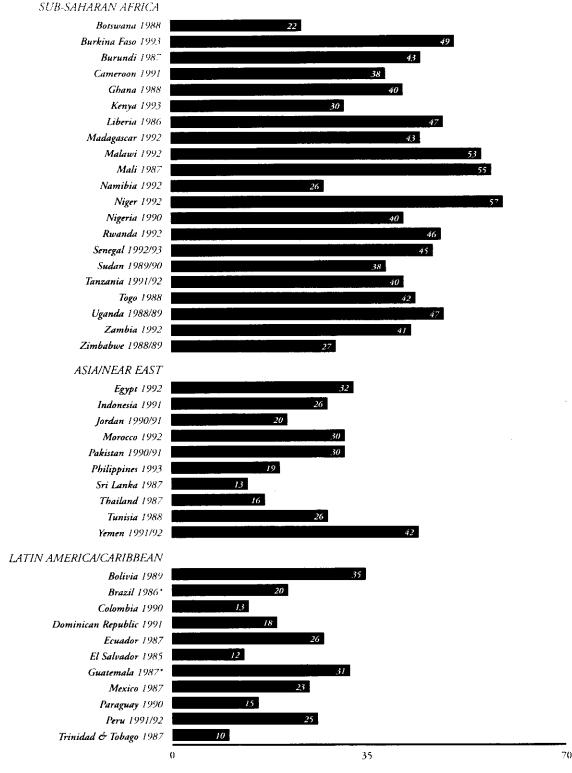
Besides serving as indicators of development, childhood mortality rates represent thousands of personal tragedies experienced by women and their families throughout the world. Not only does this loss of life have emotional repercussions, but it can exact a physical toll on women as well, prompting them to undergo more pregnancies to ensure that some children will survive.





THE DEATH OF A CHILD

Percentage of ever-married women 15 to 49 who have had at least one child die



CHILDHOOD MORTALITY Many aspects of mothers' lives - such as how many women enter into a pregnancy at too young an age or too old; have too many children too soon; do not have enough to eat or do not know what they need to eat; and give birth without adequate medical care - are reflected in childhood mortality rates.

For child survival, the first year of life is often the most precarious. In 39 out of 42 countries surveyed, nearly half or more of the children who die before age five do so before their first birthday.

The African infant faces the toughest odds. In six sub-Saharan countries, at least one out of 10 infants will not reach his or her first birthday. While infant mortality rates are among the world's highest in sub-Saharan Africa, the countries of Botswana, Zimbabwe, and Namibia are notable exceptions.

In other regions, there is much variation in infant mortality rates. In Latin America, Colombian women can be confident that their infants will survive, while Bolivian mothers lose nearly one out of 10 of their children in infancy. Within various countries, rural and less educated women are most likely to experience the death of a child.

While the first year may have the worst odds for child survival, many women cannot be confident that their children will reach age five. In Niger, nearly one out of three children dies before the fifth birthday. Overall, more than one out of eight children will die before age five in 17 out of 42 countries surveyed. Among the countries surveyed, none have under-five mortality rates near the estimated rate for the developed world, which is 19 deaths per 1,000 births.*

Most commonly, the under-five mortality rates reflect the deaths of children from preventable diseases such as diarrhea and pneumonia. These diseases, while readily treatable, turn deadly in environments where people lack access to adequate housing, health care, food, and education.

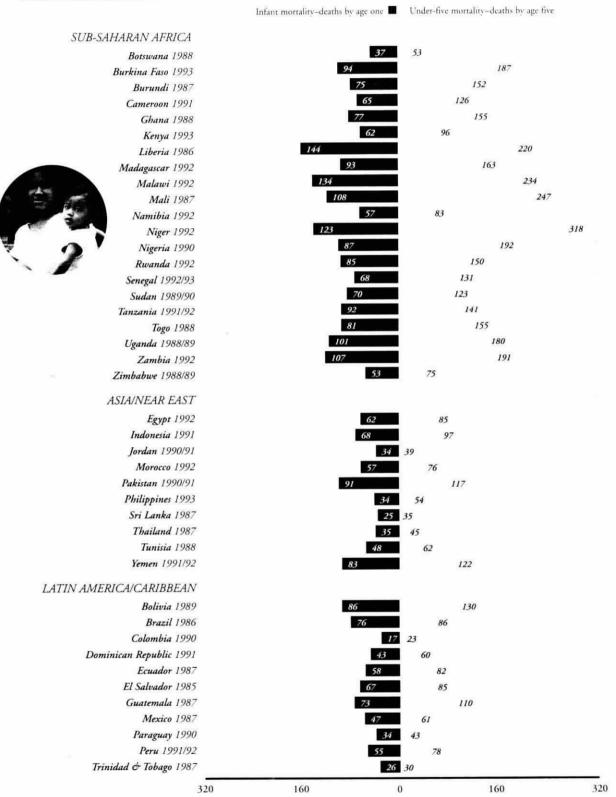


*Robey, B., Rutstein, S.O., Morris, L., and Blackburn, R. *The Reproductive Revolution: New Survey Findings.* Population Reports, Series M, No. 11, p.30. Baltimore, Johns Hopkins University, Population Information Program, December 1992.



CHILDHOOD MORTALITY

Deaths per 1,000 births



NUTRITIONAL STATUS OF CHILDREN Typically, women are the primary caregivers for children. Many, however, do not have the means to ensure the healthy mental and physical development of their children. All 31 countries with information on childhood nutrition have levels of stunting that far exceed the 2 percent prevalence that might be

expected in a healthy, well-nourished population.

In 21 of the countries surveyed, at least one-fourth of children under age three are undernourished to the extent that their physical growth has been stunted. Children in sub-Saharan Africa are most likely to be too short for their age, but exceptionally high rates of stunting are also found among children in Bolivia, Guatemala, and Pakistan.

For girls, chronic undernutrition during childhood can result in serious pregnancyrelated complications later in life. Stunting often leads to short stature in adulthood. Women who are shorter than normal are more likely to have a small pelvis, which can put them at greater risk of prolonged or obstructed labor.

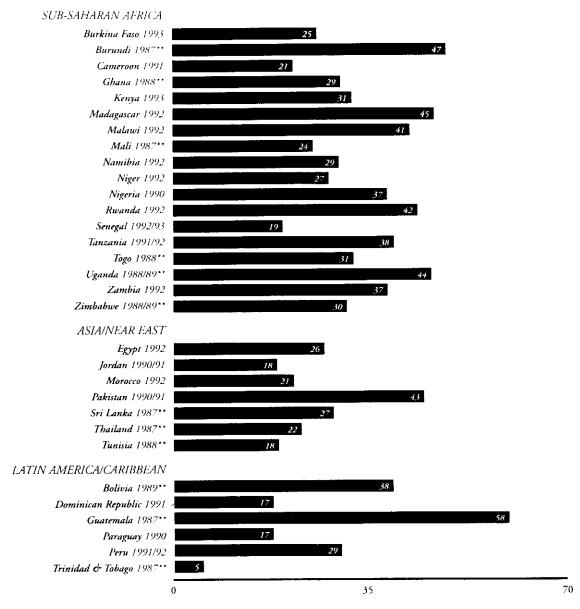
The parents of a chronically undernourished child might not have been able to give the child enough food or enough of the right foods. A child living in a household without ready access to safe drinking water or hygienic toilet facilities also has a heightened risk of illness and undernutrition.





NUTRITIONAL STATUS

Percentage of children ages 0 to 35 months who are stunted*



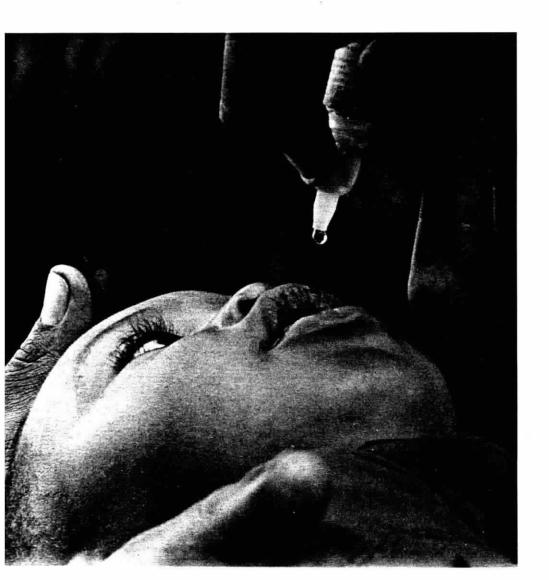
^{*}Children who are stunted are short for their age when compared with an international reference population. **Children 3 to 35 months

VACCINATION In 20 countries, more than half of one- to two-year-olds are vulnerable to vaccinepreventable disease.

A fully immunized child is protected from diphtheria, pertussis, tetanus, tuberculosis, measles, and polio. Even though readily preventable, many parents will continue to see these diseases take an enormous toll on their children, causing serious illness, malnutrition, and death.

No one region has universally high rates of full vaccination coverage. Among the countries surveyed, the sub-Saharan countries have some of the lowest and highest levels of vaccination coverage. In Mali, just 4 percent of children ages 12 to 23 months are fully vaccinated, compared to more than 80 percent in Botswana, Malawi, and Rwanda.

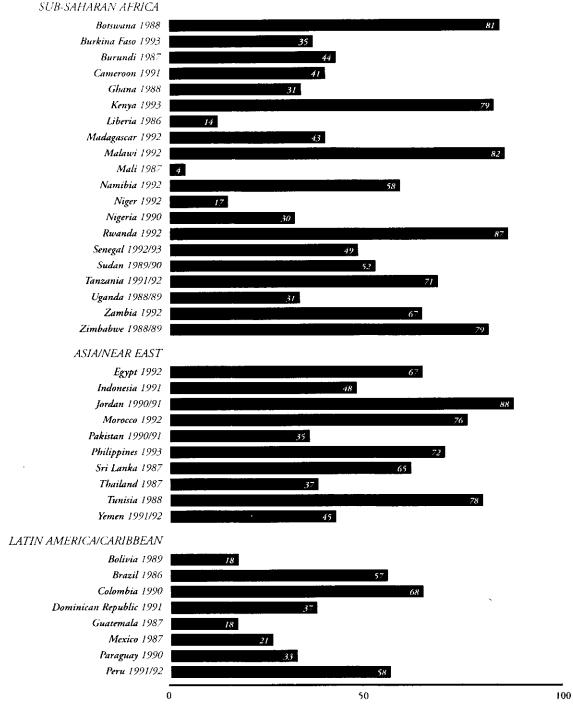
Overall, based on the survey results, children in Asia and the Near East are most likely to be fully protected. Children in the Latin American and Caribbean countries are among the least likely to be fully protected, with one-third or less fully vaccinated in four out of eight countries.





VACCINATION

Percentage of children ages 12 to 23 months who are fully vaccinated



Note: Children who have received BCG, measles, and three doses of DPT and polio are considered to be fully vaccinated. The results are based on health cards and mothers' recall.