INTRODUCTION

Pakistan population was 153 million in 2003. Annual number of births in the same year was 55 million and annual under age five deaths were 567,000. The life expectancy at birth was 61 years.\(^1\) By the beginning of 1980, although infant mortality and child deaths had declined globally, an estimated 280,000 children died every week in south Asian region from a cycle of malnutrition disease and poor sanitation. UNICEF launched a campaign to put children on the political agenda and, with government of Pakistan, drew a five-point plan covering health, safe drinking water and literacy for children and adults. These interventions covered the growth monitoring, oral re-hydration, breast-feeding, immunization, food security, family planning and female education, the plan referred as GOBI-FFF.\(^2\) In 1990, Pakistan participated world summit for children and signed world declaration on the survival, protection and development of children and launched national plan for action for children (NPAC) and the social action program (SAP-I) in 1992.\(^2\)
CHALLENGES TO CHILDHOOD

Health of children

A vast majority of births and neonatal deaths occur at home and remain unregistered. Initiatives such as behavior change communication, skill-based training of birth attendants and reaching the un-reached may be the key future strategies to reduce perinatal losses. Adequate sanitation facilities were available to 54% of the population. Improvements in sanitation and in the water supply introduced by the PMRC had limited success, as unclean hands and utensils subsequently contaminated clean water, and 50% of the population continued to use open fields for sanitation. In 1986, only 27% of children 0-5 years were vaccinated, but by 1996, 96% of children had completed polio, diphtheria/pertussis/tetanus (DPT) and bacille Calmette-Guerin (BCG) vaccination programmes and 95% of women of childbearing age were vaccinated against tetanus. Anthropometrics data for the period 1986-96 for infants (0-24 months) showed that at birth the majority of infants were close to the 50th National Centre for Health Statistics (NCHS) centile for weight and length.

Nutrition

In Pakistan the percentage of infant with low birth weight during 1998-2003 was 19%. Sixteen percent of the children were exclusively breastfed for less than six months. Children who were breastfed with complimentary food for 6-9 months were 31%. Fifty percent of the children under five were suffering from moderate to severe under weight, 13% were wasted and 37% were stunted. The distribution of height-for-age relative to the National Center for Health Statistics (NCHS) reference standard showed that 20% were stunted and 12% had wasting in the twin cities of Rawalpindi and Islamabad.
Extended Porgramme for Immunization (EPI)

By year 2003, government financed 100% of routine EPI vaccines. Eighty two percent of one year old children, by year 2203 were immunized for tuberculosis, 67% for DPT3 (Diphtheria, tetanus and pneumonia), 69% for polio and 61% for measles. Data for children immunized for hepatitis B vaccine is not available. Fifty seven percent of women were immunized for tetanus. The health education messages significantly increased the vaccination status of children under 5 in the intervention area.

Education

The educational attainment of over 2000 children aged 7-15 years from six different ethnic groups showed that children of Pakistani and of Bangladeshi origin tended to obtain the lowest mean scores on all tests, often well below those of West Indian children, who tended to perform as well as Indian children. The only ethnic group that had mean scores on all tests higher than those of British children was the European group. In Pakistan the adult literacy rate by year 2000 was 57% for males and 28% for females. The primary school enrollment ratio during 1998-2002 was 84% for males and 62% for females.

Socioeconomic Status and their effect on Children

Gross national income (GNI) per capita in Pakistan was US$ 470.00 by 2003. Gross domestic product per capita annual growth rate during 1990-2003 was 1.1%, while it was 2.8% for Norway. Thirteen percent of our population earned below US$ 1.00 per day. Percentage of central government expenditure located to health in Pakistan during 1992-2002 was 1% and the same 1% for education as well, while its maximum budget is allocated to defense. Overall, the health problems faced by this underdeveloped region can be categorized into those resulting from lack of essential supplies and services and those stemming from the existing cultural practices in the area. In addition, political, and socio-environmental factors play a role, including gender inequality and differences between languages spoken locally in the region and those most often used in written health education materials.
Mortality Rate

The perinatal mortality rate of 63-92/1000 births, as reported from two provinces of Pakistan is unacceptably high. In spite of a number of child survival programmes of proven efficacy in place, the impact on perinatal health is poor. A study on neonatal mortality in Karachi showed that 4.8% of all births ended in death in the neonatal period, and 76% of these occurred in the first week of life. While neonatal mortality rates had declined appreciably over time, univariate analysis showed a statistically significant association between a number of maternal-level parameters (e.g., mother's age at birth, level of formal education, employment status, religious affiliation, and consanguinity) and child-level parameters (e.g., birth order, birth interval, survival status of the preceding child, sex of the neonate, year of death).

HIV/AIDS and children

AIDS cases have grown to 1699 in September 2000 in Pakistan. The mortality data due to HIV/AIDS in Pakistan at the end of 2003 in adults and children showed a figure of 4,900 with a lowest estimate of 1,600 to a highest estimate of 11,000. Number of children orphaned by HIV/AIDS in age range 0-17 years was 4800.

Child Labor

A survey of working children in Karachi showed that they were between the ages of 12-14 years (mean = 13.91 yrs), with average family size of 7.4 members and average family income was Pak Rupees 2,884/month. The children had an average income of Pak Rupees 615/month (range: 200-1200). Forty five percent were helpers in shops the rest were employed in other businesses. The reasons given for job included family support (89%), parent's pressure (5%), fond of work (4%), learning skills (1%) and self support (1%). The majority (56%) was working for more than 7 hours per-day and 79% said that they do not like to work. Majority of the children wanted to study, play, be born in another family and become doctors, engineers and officers.
RESPONSE TO THE THREATS OF CHILDHOOD IN THE COUNTRY

Role of Government

The government policy in the period 1990-2002 focused on macroeconomic influences, priority programs and gaps, adequacy of resources, equity and organizational aspects, and the process of policy formulation. The priority has been given to resource allocation, although unacceptably low, has substantially increased during the last decade.

Areas in need of improvement include greater use of evidence as a basis for policy; increased priority to nutrition programs, measures to reduce neonatal and perinatal mortality, provision of emergency obstetric care, availability of skilled birth attendants, and a clear policy on integrated management of childhood illnesses. The ability to ensure delivery of quality health services remains the biggest challenge in the Pakistani health sector. Unless well-functioning programs back sound policies they are likely to become a victim of poor implementation.\(^{13}\)

UNICEF in Pakistan: hand-to-hand for a better child health.

**Country Programme Approach-1970:** UNICEF helped government to establish a package of basic inter related services to promote the health and well being of children covering nutrition, clean water, health, family planning, basic education and supporting services for women and induced the concept of involving communities. In education, focus was placed on female literacy and non-formal education. Campaign to promote immunization and the use of oral rehydration therapy began and advocacy was undertaken by popular local personalities like the former cricketer, Imran Khan, singers like Jawad Ahmed and Salman Ahmed. In 1992, UNICEF worked with government and community groups to improve primary health care for children and women, to increase clean water supply and sanitation in rural areas.

**Actions in millennium 2000:** UNICEF country program for Pakistan operates under two principles; one is the convention on the rights of child (CRC) and the convention on elimination of discrimination against children (CEDAW). UNICEF aims to implement
policies, procedures and mechanisms to reduce the number of girls out of school by at least 30%, particularly in girls of rural areas and to promote effective, high quality learning in schools that is child friendly and attractive to the needs of boys and girls alike. UNICEF also supports the government program for mother and child health centers through three projects: the maternal health project focusing on reducing maternal mortality by improving obstetrics care services, the vaccination project including massive polio eradication as well as routine immunization and child survival and development project aiming at reducing infant and child mortality rates.²

CONCLUSION

Pakistan is passing through the phase of population transition with high fertility and low mortality. Children population comprises of nearly half of the total population, but as they can’t raise a voice for their rights, they are ignored. They are at the risk of communicable diseases, socioeconomic disasters, child abuse, child labor and other social evils. Their health and education situation is not satisfactory, to say the least. For a better childhood, there is need for more cooperation between government and non-governmental organizations, child friendly policies, community involvement, leadership and United Nation further assistance.

REFERENCES


