

SHORT COMMUNICATION

INEQUITIES IN THE LIVES OF CHILDREN

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ABSTRACT

Health Equity is achieved in nations when everybody has a just and equal opportunity to reach and achieve their full health capacity and nobody fails to attain this target. Inequities, however, are those inequalities that are unjustifiable, unnecessary yet, avoidable. Adults have more control over their lives, as far as health is concerned, but children can never be held accountable for their poor health indicators, as their healthcare is directly related to the income level, health seeking behaviors, attitudes and practices of their parents. According to the Convention on children's rights report, "no child ought to be treated wrongly based on any racial or religious differences." A large number of children in Pakistan are not provided with even the most fundamental rights like satisfactory standards of living, health care, education, defense against violence etc. Although some health inequalities in children are biologically irreversible, health related indicators can be improved to a greater extent, if children belonging to diverse socioeconomic groups can access health services in an equitable manner. Every country should pay attention to the welfare of its children, especially those belonging to low income groups, through a vigilant national information system through an updated record. Support and guidance by the public health practitioners, physicians, and policy maker can also play a vital role in well-being of these children.

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INTRODUCTION

Health Equity means that everyone in a society gets an equitable and fair opportunity to attain their full health capability and no one is deprived of reaching and acquiring this capability. The concept of health equity is to bring variations in health to as less as possible¹. Inequities, on the contrary, are those imbalances that are needless, inexcusable, and preventable², e.g. increased occurrence of preterm deliveries in socially underprivileged communities in comparison to their privileged counterparts³. The concept behind a 'fair society' was first set forth by the American theorist John Rawls who argued that people would accept the unequal class differences prevailing in a society only if everyone is given an equal opportunity and disadvantaged members of society are given some added benefits⁴. There has been a debate going on for a long period of time about inequities in health and what is unreasonable

however preventable in this regard^{6,7}. When it comes to adults, they are in better control of matters concerning their health, but children can never be held answerable for the disparities as far their health status is concerned. Children's health is directly related to the education, employment and income levels, and health seeking behaviors and practices of their parents⁸. The resources and opportunities available to the parents are strong predictors of the chances children are going to have in their lives, which ultimately determine the consequences in children's lives⁹. According to Convention on the Rights of the Child, "The key concern of any country should be to work for the well being of its children and no child should suffer because of a biased treatment based on their race, faith or capabilities." Even though some differences in health of children are beyond repair because of genetic disposition, but, many a times, low socioeconomic status adds to the poor state of affairs¹⁰. Various kinds of health problems related to cognition, behavior and learning etc. can be reduced up to 70% concerning, if children from diverse income groups can access health services

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on equal grounds¹¹. A strong association between poor socioeconomic conditions and child well-being¹²⁻¹⁴ is shown by the reduced size of an indicator of persistent strain in children belonging to African-American origin, with parents having poor educational background and little income^{15,16}.

RESULTS

The Result of a study conducted by UNICEF in 2007 revealed that only 9% of worldwide income was accessible to 1.5 billion individuals below 24 years, but for 400 million children belonging to the highest income group, 60% of the world's earnings was available¹⁷. Children belonging to lowest socioeconomic group in Nigeria had more than double deaths per 1,000 live births (219) as compared to 87 per 1,000 in families belonging to highest income group¹⁸. In poorest regions of China, child mortality was double as compared to their wealthiest areas. Even in Canada, children who belonged to low socioeconomic groups had a higher incidence of vision, auditory and verbal communication problems¹⁹. Behaviors are very casual as far as searching for health problems is concerned in poor families of Tanzania, while those belonging to higher income group had better awareness concerning the warning signs in children, and were taken more often to a skilled care giver^{20,25}. Malnourishment was high amongst children living in shanty towns as compared to the advantaged families²¹. Results of another study conducted revealed poor quality services regarding preventive management, decreased immunity, and more chances of these unfortunate children being exposed to communicable diseases. When they looked for health care, the standard of the care offered to them was of inferior quality and emergency medications were hardly available²². Services like vaccination²³, ante partum and care during child birth²⁴ were availed more by the people belonging to higher socioeconomic groups.

According to a survey on Pakistan social and living standard measurements 2013-14²⁶, there is

a huge variation in educational status of rural and urban areas in all the provinces. Obvious contrast is observed in the infant, neonatal, and under-five mortality rates among residents of rural and urban communities, according to Pakistan demographic health 2012-13. This report also shows higher incidence of low birth weight babies among illiterate mothers and far better immunization coverage in urban as compared to rural areas²⁷. A "National Child Policy" was formulated as a part of National Plan of Action for Children in 2004 to address all these issues but sadly, because of insufficient availability of resources and other hindrances in its execution, the policy has not been adopted yet²⁶. Even though it is out of question for every country to have one "best fit model" to warrant fairness in provision of health care²⁸, every child in a country should have access at least, to basic healthcare facilities (horizontal equity) and sufficient funds should be made available to meet the requirements of under privileged children (vertical equity)²⁹. Neglect in the critical phase of their childhood not only deprives them of the best likely start, but their odds to thrive and move ahead in adult life also become doubtful³¹. It is, hence, the responsibility of every country to pay serious attention to the welfare of poor children by providing assistance to lower income group households, which is an efficient and intelligence choice; otherwise, governments will have to spend on very costly remedial solutions. This can be achieved by keeping a watchful and vigilant national information system with an updated record of children's data throughout their lives. Doctors, policy makers, and public health specialists can also play a vital role in providing their support for the welfare of the children³¹.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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