

Save Adults To Save Children

The image that Blake and Wordsworth had built of the child in the early romantic 19th century has long been blown to bits by the late 20th century realities. The split-up into first, second and third worlds of what had been economically one world has made a lot of difference, so far as children's fate and world is concerned. The disparity in economic terms has simply snowballed over the years between these divided worlds within the world. If Wordsworth blithely sang of the *Intimations of Immortality of the child*, the leading modern concern has been his mortality. It is thanks to the UNICEF that children in the Afro-Asian world have started receiving some attention from it and the world, and the former has been instrumental in bringing into focus this most compassionate third world problem.

Speaking for ourselves, a glum recent UNICEF forecast is that one million children will die of malnutrition in a matter of a decade or so. In the countries in the same economic group across Asia or in Africa the same kind of thing is bound to happen. Simply food shortage and a perpetual famine situation, made worse by factious politics, have reduced countries like Ethiopia and parts of Sudan to morgues for children. Pictures of skin-and-bone children and mothers published in journals vivify this endemic African misery. If drought and famine has created this position in Africa, Bangladesh's problem has been floods and erosion, and ever-shrinking land for a population that has trebled over the past two decades and is set to be quadrupled by the year 2000.

To return to the one million that is doomed. About 4/5ths of these children belong to the middle-income, lower-middle-income and further-lower income or no-income groups. Undernourishment is a common fact of life in most of Asia and Africa. Children suffering from it constitute about 95% of the total child population. The worse fact is that medicare provided either by UN health agencies or national and international institutions may cure a child of a disease for the time being. But such help provided even on the most generous scale, is no solution to the problem, (child undernourishment, disease and death). A diarrhoeal child patient, for instance, will have a relapse—and he will not survive a third attack, even if he has a second one. Thus medicare worth crores of dollars or Taka go to waste creating an illusion of cure or relief.

The problem is poverty,—the grinding Afro-Asian poverty. About which the new-born states talk but do nothing. So long as you do nothing to alleviate poverty neither will children cease to die, nor adults scarping a living will be able to provide any protection for them. Soaring inflation, higher prices of consumer goods, compounded by no jobs for increasing numbers of youths and no growth in production of goods and services will keep turning increasingly larger urban and rural areas into real and potential slums breeding disease and death.

It is a pity that childcare, child disease or mortality still remains chiefly a clinical proposition. As a clinical answer will not solve the problem as long as the quality of life stays where it is, so childcare has to be conceived as a thing much larger than this. For one thing, the child of today is the adult of tomorrow—to be either a scholar, a technocrat—or a hijacker. That extended view of a child's life must be the web and woof of the concept of saving children. We as a developing country—and others across the spectrum from Bangladesh to Sudan or Ethiopia are yet to understand it fully.

NOTICE

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