

Building Equity from the Beginning: the Children and Adolescents of Ibero-America

Prepared by:

ECLAC • UNICEF • SECIB

In collaboration with:

ILO • PAHO/WHO • UNESCO • UNDP • UNFPA

IICA • OAS • OEI • OIJ

Distr.
GENERAL

LC/G.2144
September 2001

ENGLISH
ORIGINAL: SPANISH

ECLAC	Economic Commission for Latin America and the Caribbean
UNICEF	United Nations Children's Fund
SECIB	Secretariat for Ibero-American Cooperation
ILO	International Labour Organization
PAHO/WHO	Pan American Health Organization / World Health Organization
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
IICA	Inter-American Institute for Cooperation on Agriculture
OAS	Organization of American States
OEI	Organization of Ibero-American States for Education, Science and Culture
OIJ	Ibero-American Youth Organization

Special thanks to the following institutions:

Comité español para UNICEF
Fundación San Benito de Alcántara

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Foreword



The Ibero-American Summit of Heads of State and Government, which met in Panama in November 2000, devoted a good part of its deliberations to the subject of children and youth. It recognized the importance of their rights, as clearly enshrined in the Convention on the Rights of the Child, which all the Ibero-American countries have signed. It also identified the most urgent problems facing boys, girls and adolescents and, in the Panama Declaration 2000, set forth the strategies for resolving them.

As these priorities were established, it became clear that there was a need for a thorough, detailed evaluation of the living conditions of Ibero-American boys, girls and adolescents at the close of the twentieth century. Accordingly, the heads of State and government concluded that it was essential for a study to be produced to supply such an evaluation, complement the strategies they had decided on and, perhaps most importantly, set specific targets to provide a basis for solid progress towards the much looked-for implementation of the Rights of the Child.

In response to this call from the Tenth Ibero-American Summit of Heads of State and Government, the Economic Commission for Latin America and the Caribbean (ECLAC), in collaboration with the United Nations Children's Fund (UNICEF) and the Secretariat for Iberoamerican Cooperation (SECIB), prepared the study *Building Equity from the Beginning: the Children and*

Adolescents of Ibero-America. Generous and substantial assistance was provided by a number of international organizations, which are referred to in this work.

The study reveals a mixed picture. On the one hand, the last decade of the twentieth century saw substantial progress in overcoming some of the problems that have traditionally affected children and youth in Ibero-America. The greatest achievements were in the field of social rights, i.e., health, nutrition and education, largely as a result of the stimulus provided by the 1990 World Summit for Children and the 27 specific goals it laid down. Unfortunately, despite these achievements, there are still pronounced inequalities among countries and among social groups within them. Furthermore, the environment generated by current development models seems to be shaping twenty-first century economic and social events in a way that is limiting the scope for further progress in the short term and perhaps in the medium and long terms as well, preventing the social investment carried out in recent years from yielding the return expected, and heightening the tendency towards inequity among and within countries. If this is to be avoided, it is vital that higher priority be given to enforcing the rights of boys, girls and adolescents and that greater resources be put into social investment that affects them, with a view to achieving substantial improvements in their living conditions and ensuring equality of opportunities.

It is clear, then, that the progress achieved can be consolidated only if renewed, persistent efforts are made. If this does not happen, not only will the basic living conditions with which economic rights are concerned improve more slowly, but the civil, political and cultural rights of boys, girls and adolescents in Ibero-America will increasingly be flouted.

The study *Building Equity from the Beginning: the Children and Adolescents of Ibero-America* has thus been

produced in response to the request made by the Tenth Ibero-American Summit of Heads of State and Government, headed by the President of Panama, Mireya Moscoso, and its purpose is to underpin the strategies set forth in the Panama Declaration. It is now essential for these strategies to be implemented in the different countries so that genuine respect can be secured for the rights of boys, girls and adolescents in Ibero-America. They are our future.

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Introduction



1. The Ibero-American system

In recent years, the world system of nations has witnessed the emergence of various “blocs” or groups of nations, reflecting a growing process of innovative organization of the relations between communities and countries. This process has tended to replace the “nationalist” view of societies which prevailed during the 19th century and much of the 20th with an outlook marked by greater political, economic and cultural integration.

A more recent development is the establishment of groups of countries based mainly on common values, cultural patterns and language, among which the Ibero-American system is probably one of the best known. This system was formally organized in 1992, on the occasion of the 500th anniversary of the arrival of Christopher

Columbus in the Americas and hence also of the appearance of the Americas’ indigenous image on the European scene -that is to say, a totally different form of culture. Its maximum organizational expression is the Annual Summit of Heads of State and Government. At its tenth session, in November 2000, on the initiative of the President of Panama, Ms Mireya Moscoso, the IB grouping adopted the question of children and adolescents as its central theme, and a dozen ministerial meetings of the various sectors were held to discuss its specific relations with this subject. The final conclusions, summed up in the Panama Declaration (see box I.2), express the views of the Ibero-American Heads of State and Government at the outset of the 21st century and form the basis for a long-term strategy and plan.

Box I
THE COUNTRIES OF IBERO-AMERICA

Argentina	Dominican Republic	Panama
Bolivia	Ecuador	Paraguay
Brazil	El Salvador	Peru
Chile	Guatemala	Portugal
Colombia	Honduras	Spain
Costa Rica	Mexico	Uruguay
Cuba	Nicaragua	Venezuela

In the context of this explicit and integral concern with children and young people and their importance for the development of any society, the Heads of State and Government of the Ibero-American countries requested the cooperation of the various agencies of the United Nations, under the coordination of the Economic Commission for Latin America and the Caribbean (ECLAC) and the United Nations Children’s Fund

(UNICEF) and in collaboration with the Ibero-American Cooperation Secretariat (SECIB), in the preparation of the present document, which presents an evaluation of the present situation of children in those countries, as a contribution to the formulation of an IB strategy and the design and fulfillment of specific goals designed to improve the situation of children and of societies as a whole.

Box II
**DECLARATION BY THE HEADS OF STATE AND GOVERNMENT
OF THE IBERO-AMERICAN COUNTRIES, CALLING UPON ECLAC
TO MAKE AN EVALUATION OF THE PRESENT SITUATION OF CHILDREN**

The Heads of State and Government of the 21 Ibero-American countries, meeting in Panama City on the occasion of the Tenth Ibero-American Summit Meeting, agree to request the Economic Commission for Latin America and the Caribbean (ECLAC), in coordination with the United Nations Children’s Fund (UNICEF) and the Ibero-American Cooperation Secretariat (SECIB), to make an evaluation of the present situation of

children in Ibero-America in order to identify specific goals that will improve the present tendencies in such fields as education, health, sanitation and the eradication of child labour.

This evaluation will aid in the determination of the commitments to be assumed by the countries of our region at the Twenty-fifth Special Session of the United Nations General Assembly to be held next year in order

to evaluate progress and follow up the World Declaration on the Survival, Protection and Development of Children and the Plan of Action adopted at the 1990 World Summit for Children and to define an agenda in this field in the United Nations for the coming years.

Panama City, 18 November 2000

2. Rights and equity

Children are the most important variable for the future of human societies, because their welfare and progress are the only guarantee for individual and collective development. A large part of the lifetime opportunities of a person are determined by the way that person's life begins. In Ibero-America, the main concern of citizens of all socioeconomic levels is to ensure the present welfare of their children and achieve conditions which will ensure that they have a better future than their parents had. It is their hope that the society in which they live -governments in particular, but also society at large- will give increasing attention to the education, health and protection of children while also giving their parents access to better incomes and possibilities of caring for them.

When mankind reached agreement on the basic rights of all persons, it also turned its attention to specifying the ways in which those rights extended to children. Thus, once the Universal Declaration of Human Rights had been approved and its scope not only in terms of civil and political but also economic, social and cultural rights had been agreed, the nations assumed two priority tasks: on the one hand, to condemn extreme forms of discrimination and violation of human rights, and on the other, to establish the basic normative framework on the rights of children and adolescents, as the basis for the guaranteed fulfilment and sustainability of human rights. This was the genesis of the Convention on the Rights of the Child, adopted by the United Nations in 1989, which is the international legal instrument of the most universal scope, ratified by all the Ibero-American nations.

On the basis of this Convention, growing prospects are opening up for the progressive implementation of the rights of all children and adolescents, with the aim of providing integral and universal protection involving the whole of society. In Ibero-America, this change of attitude has led to the adoption of new normative frameworks in favour of children and adolescents, in keeping with an approach that recognizes their rights. The legal and institutional changes made have led to the rejection of situations of violation or non-fulfilment of rights by society, whose legal systems are beginning to punish such situations, thus showing that the fulfilment of those rights can be demanded by law. This has resulted in the

redefinition, albeit still only in part, of public policies in order to secure the effective fulfillment of rights.

This rights-based approach gives each area of human activity a systemic dimension. According to this paradigm, each of those dimensions consists of an indivisible set of social, economic, political, cultural and civil subdimensions. Within the context of social policy, the adoption of this approach entails the replacement of traditional, and incompletely formulated, public policy guidelines —especially in connection with the provision of basic social services— which have often overlooked important areas or aspects, such as the use of the mass media to instill certain values.

As will be seen throughout this document, the Ibero-American countries have been advancing in these fields through processes designed to guarantee full respect for the rights of children and adolescents. These advances are still insufficient, however, and above all they are very unequal. Generally speaking, inequalities and lags in the fulfilment of the rights of children and adolescents are due to the self-reproduction of the great disparities and inequalities which mark the social, economic and political life of our countries.

As ECLAC has pointed out, this inequality is not peculiar to the present stage of development, but has marked most of the various development models that have prevailed in the Ibero-american countries in the course of their history. It is a reflection of highly segmented economic, social, gender and ethnic structures which are reproduced from one generation to the next through multiple channels. Consequently, the main thrust of the effort to be made should be to break the channels of intergenerational reproduction of poverty and inequality, including the barriers raised by gender-based and ethnic discrimination, which further aggravate their effects.

Defining the achievement of more equitable and democratic societies as the essential aim of development means giving a leading place to the full enjoyment of civil and political, economic, social and cultural rights which are in keeping with the values of equality, solidarity and non-discrimination. It also means placing emphasis on the values of universality, indivisibility and

interdependence of this set of rights, whose effective exercise must be compatible with the degree of development of each society. It also calls for the establishment of a “fiscal covenant” which guarantees the financing required for the fulfillment of those rights without giving rise to unbalancing pressures on the macroeconomic aggregates which could possibly endanger the sustainability of those very rights. In this sense, equity must be understood in relation to the establishment of goals that the society in question is effectively capable of attaining, yet always as part of that critical route leading to full and universal fulfillment of those rights.

It will not be possible to reach higher levels of well-being for the population as a whole, together with growing levels of distributional equity, unless significant progress is made in the consolidation of dynamic and competitive economies, but this dynamism and competitiveness must not be based on extensive and poorly-paid use of the labour force nor on the plundering of natural resources and the environment. On the contrary, genuine competitiveness must be based on increasingly sophisticated and well-paid use of the production resources possessed by the Ibero-American countries, so as to lay the bases for a form of growth which depends on, and yet at the same time

supports, an effective process of socially equitable, politically democratic and environmentally sustainable development. In this sense, equity and sustainable economic development are parts of a single integral strategy. Social development does not depend exclusively on social policy, so growth and economic policy cannot ignore social development objectives and the conditions in which social policy operates. The exercise of citizenship, for its part, is not only a right in itself which contributes as such to well-being, but also the most effective channel for ensuring that the social objectives of development are represented in public decisions.

The importance of this integral quality of development and of public policies in particular becomes even clearer when the concern is for the children and adolescents who form the present and will shape the future of these societies. In the satisfaction of rights, especially of the new generations, there can be no artificial segmentation between economic and social aspects, between institutional or planning sectors, or between the short, medium and long term. Such segmentation runs counter to the aim of advancing resolutely in the fulfillment of children's and adolescents' rights.

3. The contents of the document

In accordance with the mandate given in the Panama Declaration, this document gives priority to the fulfillment of rights and the achievement of equity as strategic elements for securing the well-being of children and the integral development of Ibero-American societies. This guiding thread is reflected in the various sections of the document, as follows:

Section I shows how, in spite of the difficult conditions prevailing, substantial progress was made during the past decade in improving the well-being of Ibero-American children and adolescents as well as in fostering a fuller respect for their rights. These achievements show that it is indeed possible to make systematic and significant progress in this direction.

As noted in section II, however, there are still serious shortcomings and in many cases the progress achieved conceals considerable disparities both between the situations of the different countries and within them.

Section III presents the advances and continuing shortcomings noted in respect of both emerging problems affecting the children and adolescents of Ibero-America and others which have surged up strongly again, after having been less visible in the past because of the urgent attention devoted to other priorities, such as adolescent health, the quality of education, vulnerability before the law, or problems of violence and sexual abuse.

The problems that exist and the advances that have been made in the living conditions of children cannot be understood, however, without explicitly considering their relation with the social and economic evolution of Ibero-American societies. This is dealt with in section IV, with special emphasis on the elements which explain the intergenerational reproduction of existing disparities and poverty.

Section V analyses social investment aimed at taking care of the needs and rights of children and adolescents, with strong emphasis on the importance of these investments from the economic point of view, so as to bring home the costs -and the often extremely serious

consequences- that a society can suffer when it does not satisfy these needs and rights properly.

Finally, section VI sums up the main conclusions and reflections emerging from the previous five sections.

Section I

The progress made in favour of children and adolescents during the 1990s



This section shows the advances made during the 1990s in a number of dimensions which reflect the living conditions of children and in some phenomena which determine these conditions. This review does not claim to be exhaustive. The progress made has brought out other problems which affect children and adolescents or have persisted in different forms, such as the inequalities between and within countries. It is argued, however, that it is possible to keep on advancing towards full respect for children's and adolescents' rights, even in those aspects where the problems affecting them are greatest, and the goals set at the beginning of the 1990s are used to bring out the evolution registered by the different Ibero-American countries.

The past decade was marked by important achievements and advances in decisive aspects of the present and future welfare of the children and adolescents of Ibero-America. This progress is the result of long-term policies and actions, of the generally higher standard of living of the population, and of the efforts made by the Ibero-American countries to increase social investment in the first stages of life. In achieving these advances, a key role has been played by the awareness among governments, the population at large and the agents of the international community of the urgent need to respect the rights of children and adolescents and to ensure the fulfillment of the obligations arising from the legal instruments that establish and seek to protect those rights.

The Convention on the Rights of the Child represents a radical change in the responsibilities of governments, communities and families vis-a-vis children and adolescents. This Convention lays down that all children, without exception and by the mere fact of being children, have inalienable rights that cannot be postponed and that society as a whole must guarantee these minimum conditions in order to give them a good start in life. Before the Convention, the approach to the treatment of children laid stress on irregular situations and treated children in a discriminatory or paternalistic manner. Since the adoption of the Convention, however, an approach has grown up which is based on respect for the rights of all children and adolescents, together with integral and universal protection activities involving the whole of society.

The nations of Ibero-America have adopted or are adopting a new normative framework in favour of children and adolescents which is in keeping with the rights-based approach. The legislative reforms have been followed by the even greater challenge of carrying out institutional reforms in order to establish systems of child welfare, justice, nutritional attention, education and health in line

with the guiding principles of the Convention and the higher interests of children. The great challenge is to succeed in making children's rights part of the collective ideals, creating a situation where the violation or non-fulfillment of rights is rejected by society, and ensuring that public policies are based on the consensus of the population and represent the collective will.

1. **Effects of the Convention on the Rights of the Child and the World Summit for Children in mobilizing reforms¹**

The World Summit for Children (WSC) was held in 1990, less than a year after the adoption of the Convention on the Rights of the Child by the United Nations General Assembly. The Summit adopted a Declaration and Plan of Action containing 27 goals in respect of the survival, development and protection of children and adolescents.

In the Ibero-American countries the WSC and the Convention have acted as catalysts for social changes involving greater recognition of the rights of children and adolescents and a material improvement in their living conditions. It should be noted that political commitment and the setting of specific goals, together with the participation of grassroots organizations, children's and young people's movements, women's groups, business and religious leaders and the communications media were of crucial importance in the achievements registered during the decade.

The setting of goals made it easier to reach broad consensus and favoured the establishment of national plans for children by governments in order to advance towards fuller respect for the rights of children and adolescents. Practically all the countries of Ibero-America have formulated national plans, which have gradually been incorporated as an integral part of public policies. The great majority of these plans discard the old tutelary approach, give priority to social participation, and encourage shared responsibility, thus furthering cultural change and sustainability. Nevertheless, authoritarian approaches in some societies, together with the limited

experience in social participation in the region, have made it difficult to apply this new approach in some cases.

In most of the countries, the real coordination of national plans in public policy and in national development programmes has ensured the coherence and complementarity of actions on behalf of children's rights and their financing through the public budget. In some cases, however, the guiding bodies in the field of children's affairs have not attained a sufficient level of leadership and capacity for generating and promoting discussion and mobilizing resources for this sector, and this has limited the action taken to fulfill the goals set.

Although in most of the countries there has been progress in coordination among government institutions for the execution of actions to promote children's rights, greater coordination between the public and private sectors is still needed.

The Convention and the Summit set in motion a process of legislative reforms aimed at replacing the old codes of an exclusive nature with laws based on the Convention. This process has now been completed in most of the countries of the region. While this represents a great advance, it is not of itself sufficient to guarantee full exercise of the rights of the child. These new laws must be applied, and they must be accompanied by institutional reforms and, above all, a cultural change within society so that children are recognized as subjects of law.

¹ This section is based to a considerable extent on PROMUDEH-UNICEF (2000).

The non-governmental organizations (NGOs), the various elements of civil society and international cooperation have played a fundamental role in the processes of putting the rights of the child on the political agenda and advancing towards the goals of the Summit. These processes have been strengthened by the decentralization and greater popular participation which has taken place, albeit to an incipient extent, in most of the countries of the region.

Initiatives have also been taken at the regional level to evaluate the progress made towards the goals. By the end of the year 2000, five ministerial meetings had been held for this purpose: in Mexico, in 1992; in Colombia, in 1994; in Chile, in 1996; in Peru, in 1998, and finally in Jamaica in the year 2000. Two Ibero-American meetings

of ministers responsible for children and adolescents have also been held (in 1999 and 2000). A meeting of particular importance was the Tenth Ibero-American Summit of Heads of State and Government (Panama, 2000), with its 12 ministerial meetings on all sectors of concern, in which children and adolescents were the central topic, which culminated in the Panama Declaration (see box 1.2).

These initiatives have been of crucial importance for following up the progress made by the countries towards the goals, and at the national level they have promoted the application of strategies to collect information on children and on the advances made in programmes designed to benefit them, which in some cases has brought out the limited availability of reliable information for following up and evaluating the progress made.

2. Increased life expectancy and reduction of mortality

The past decade was marked by major achievements in decisive aspects of the quality of life and fulfillment of the rights of the children of the region. These were reflected in improvements in a key indicator of fulfillment of the rights of the population in general and children in particular: longer life. The increase in life expectancy at birth reflects this fact, since it sums up the general conditions of life attained by a country or region at a given moment. At the beginning of the past decade, the life expectancy of a new-born Ibero-american was 69 years, but now it is 71. An increase of two years in life expectancy in a single decade is undoubtedly an example of major progress, especially when it is considered that life expectancy increased considerably more in the countries which started the decade with the biggest lags in the living conditions and survival of the child population: in Bolivia, life expectancy increased by seven years; in El Salvador and Peru, by six; in Honduras, by five, and in Ecuador and the Dominican Republic, by four years.

With regard to infant mortality, half of the countries registered very significant advances in terms of reduction in the number of deaths of children under one year of age, so that 9 out of the 21 Ibero-American countries

fulfilled the target of reducing the rate recorded at the beginning of the 1990s by one-third. The average rate for all 21 countries was reduced from 38 to 26 deaths of children under one year of age per 1,000 births between 1990 and 2000. Almost half the countries have attained an infant mortality rate of 20 per 1,000 or less. This reduction, which is close to 32%, is only one percentage point below the global goal set at the Summit.

Similar achievements were registered in respect of the mortality of children under five (partly thanks to the reduction in the mortality of children under one year of age): between 1990 and 1999 the under-five rate was reduced by 28% (from 45 to 32 per 1,000 live births) on average for the 21 Ibero-American countries as a whole, and if this rate of reduction was maintained up to the year 2000, 11 countries would have reached or neared the goal of reducing the rate by one-third. Furthermore, in the countries which had high or very high mortality rates at the beginning of the decade (Bolivia, Brazil, Ecuador, El Salvador, Honduras and Peru) there were appreciable improvements in absolute and relative terms. Although the progress was smaller than in the case of infant mortality, the advances in terms of reduction in the number of deaths were also noteworthy.²

2 The rates of mortality of infants and children under five are affected by the coverage of birth registration. It is estimated that by the year 2000, out of the total number of Ibero-American countries, four registered between 70% and 89% of all births, two countries only registered between 50% and 69%, and there was no information for another four countries. The fact that the highest rates of non-registration of births are associated with higher levels of infant mortality means that the levels of mortality currently estimated for the countries with the lowest registration coverage should be viewed more cautiously.

Box I.1

CHILDREN'S RIGHTS TO ENSURE A GOOD START IN LIFE

All children need and want to be loved. They also need to be fed, to be healthy, to go to school, to interact and to play. In some circumstances they need special protection. These are indispensable conditions in order for them to have the best possible start in life. These needs are the basis for their fundamental rights and for their development:

- Affection→ psychoaffective development
- Food→ psychophysical development
- Health→ psychophysical development
- Education→ intellectual, psychoaffective, psychophysical, psychosocial and psychomotor development
- Interaction→ psychosocial development
- Play→ psychomotor development

Children's rights can be grouped as follows:

• *Biological rights*

The right to life

- Not to die from preventable diseases
- Not to die from curable diseases
- Not to die from violence or neglect

The right to food

- Adequate food
- Micro-nutrients

• *Psychological rights*

The right to be loved

- Love and understanding
- The right to belong to a family and not be separated from it
- Not to be ill-treated
- Not to be abandoned

The right to play

- Full enjoyment of games and recreation

• *Social rights*

The right to health

- Care for the health of mothers
- Prenatal and postnatal care
- Immunizations and prevention
- Timely and adequate medical services
- Drinking water and basic sanitation
- Not to have to carry out activities which endanger health

The right to education and cultural rights

- Access to good-quality education and continued attendance at classes
- The right to a child's mother-tongue and the associated culture

- Development of aptitudes, individual judgement and responsibility
- Training in understanding, tolerance, friendship between peoples, peace, fraternity and service

The right to interaction and social integration

- The right to self-development in conditions of freedom and dignity
- The right to be heard
- Not to be discriminated against
- Information and communication

• *Economic rights*

The right to an adequate family income

- The right for a child's family to have adequate means of subsistence

• *Civil rights*

The right to a name and nationality

The right to special protection

- Protection for the higher interests of children
- Priority for protection and aid
- Special treatment in cases of handicap

Source: United Nations Children's Fund (UNICEF).

Likewise, although the achievements in the reduction of maternal mortality during the 1990s were lower, the Ibero-american countries nevertheless secured a 26% reduction in this rate on average (from 153 to 114 per 100,000 live births), with the substantial progress made by Bolivia, Colombia, Honduras and Paraguay being

particularly worthy of note. Decisive factors in these advances were the specific actions taken to improve health services and to identify pregnancy-related risks and solve obstetric emergencies, since the great majority of deaths of mothers are due to complications after abortions, hemorrhages, high blood pressure and infections.

Box 1.2
SUMMARY OF THE AREAS OF ACTION DEFINED IN THE PANAMA DECLARATION

Type of rights				
SOCIAL (17)	CULTURAL (3)	CIVIL (14)	POLITICAL (3)	ECONOMIC (5)
<ul style="list-style-type: none"> - Progress towards an integral form of education which respects diversity, calling for total access to free primary education by the year 2015 - Pre-school education for all by the year 2015 - Promotion of innovations (e.g., "beca-escuela") - Use of information technologies in the teaching-learning process - Promotion of the free flow of information - Strengthening of food security programmes - Extension of social security systems to increase access to integral health services - Reduction of maternal mortality by 50% by the year 2010 - Priority for measures to deal with HIV/AIDS, tackling the problem in an integral manner - Promotion of sex education - Priority for housing - Development of programmes for vulnerable sectors such as street children, orphans and abandoned children - Attention for disabled children - Development of anti-drug and rehabilitation programmes - Promotion of sport and better use of spare time - Protection in armed conflicts - Prevention of accidents 	<ul style="list-style-type: none"> - Promotion of cultural roots, customs and traditions - Elimination of intra-family violence - Measures to cope with violence 	<ul style="list-style-type: none"> - Ensure registration at birth by promotion of legislative and administrative measures - Promote participation, through the circulation of information on children's rights - Strengthen the family - Severe punishment for trade in children - Severe punishment for sexual exploitation - Severe punishment for kidnapping and other offences - Punishment of all offences against children and adolescents - Measures to guarantee the rights of migrants - Development of forms of penal justice for minors which make possible their re-insertion in society - Urge ratification of Conventions Nos. 138 and 182 of the International Labour Organisation (ILO) - International adoption - Measures to deal with the abduction of minors - Accession to the Ottawa Convention on small arms traffic, children in armed conflicts, and anti-drug plan - Strengthening of institutions 	<ul style="list-style-type: none"> - Promotion of constructive participation in society - Ibero-American Cooperation Secretariat (SECOB) should make use of the agreements reached at the Tenth Ibero-American Summit and the Second Meeting on Children and Social Policy in the Americas 	<ul style="list-style-type: none"> - Promotion of development with equity and social justice - Allocation of greater resources to social expenditure, especially in the fields of health, education, culture and science and technology - Extension of social security systems - Reduction of poverty and extreme poverty - Expression of satisfaction with the success of the International Programme for the Elimination of Child Labour (IPEC)

Source: United Nations Children's Fund (UNICEF).

Box 1.3

COMMUNICABLE DISEASES IN CHILDHOOD (CDC) AS A PUBLIC HEALTH PROBLEM IN THE IBERO-AMERICAN COUNTRIES, AND THE IMCI STRATEGY

Magnitude and distribution of mortality from communicable diseases

Available estimates for the five-year period from 1995 to 2000 place the annual number of deaths of children under five in the Ibero-American countries at around 470,000. Of these deaths, approximately one-third are due to communicable diseases, thus showing that these are still a serious health problem in childhood. The weight of communicable diseases as the cause of death of children under five varies from one country to another, however: in Argentina, Costa Rica and Uruguay these diseases account for less than 20% of the deaths of children under five, whereas in Bolivia and Nicaragua they account for over 55% of the deaths in that age group.

Although the mortality from communicable diseases has gone down in all countries in recent decades, the speed of this reduction has been different, and the developing countries which have secured the lowest levels of CD are those which have registered the biggest declines in mortality for these causes.

Prospects for controlling the problem, and new targets to be reached

The notable reduction achieved by some Ibero-American countries in mortality from communicable diseases was due to a number of associated factors: on the one hand, the improvement of the living

conditions of the population, and on the other, the adoption of effective measures for the prevention, early diagnosis and successful treatment of communicable diseases in childhood.

These measures, as well as others that help to improve the general health conditions of children under five and their families, are currently included in the strategy for **Integrated Management of Childhood Illnesses (IMCI)**, jointly prepared by the Pan-American Health Organization/World Health Organization (PAHO/WHO) and the United Nations Children's Fund (UNICEF). The IMCI is the main measure proposed for securing a major reduction in the number of deaths from communicable diseases among children under five and ensuring their healthy growth and development by preventing diseases and improving practices in the areas of food, stimulation and care in the home and the community at large.

On the one hand, the strategy provides for a basic set of measures for prevention, early diagnosis and treatment which cover the diseases and health problems that most often affect children under five. On the other, it includes actions to be carried out not only through the health structure but also through a community component designed to improve the capabilities of the family and the community in respect of care and attention for children in the home. It thus acts both through remedial actions to reduce the risks to which children are exposed when they fall sick and through preventive and

promotional actions designed to improve the health conditions of children by making them less susceptible to diseases and reducing the risk of catching them.

The application of the IMCI strategy in a community makes it possible:

- To provide the population, through all the available health personnel (institutional and non-institutional, public or private, etc.), with access to the basic measures for the prevention, early diagnosis and suitable treatment of child ailments, together with information on care and attention for children, whether they be sick or well (including, in the case of sickness, the recognition of danger signs so that aid outside the home can be sought without delay).
- To incorporate other persons involved in attention to children under five (including both institutional (governmental and non-governmental) and voluntary personnel and the families themselves) in the dissemination of the knowledge needed to improve practices of care and attention for children at home.
- To identify other health problems of mothers and of the family which may affect the health of children and of the community as a whole.

As the IMCI strategy includes a component designed to improve knowledge and practices regarding the

feeding of children, including exclusive breast-feeding during the first four to six months of life and suitable feeding subsequently, its application can also help to reduce the number of deaths of children due to malnutrition. Finally, the IMCI strategy can also improve the prenatal checking of pregnant women and advise them on the most suitable place for giving birth and the care and attention needed at that time, thus

helping to improve the coverage and quality of perinatal attention and reducing mortality in this area.

The PAHO/WHO has proposed this IMCI strategy as the main instrument for speeding up the reduction of mortality from communicable diseases and improving health conditions in childhood, especially among the most vulnerable groups.

In the light of the situation of children at the end of the 1990s, the PAHO/WHO considers that access to the IMCI strategy, especially for the most vulnerable population groups in a country, can speed up the reduction of mortality from communicable diseases and achieve a reduction of 100,000 in the number of deaths of children under five by the year 2002.

Source: Pan-American Health Organization (PAHO).

3. Greater access to drinking water and sanitation

The foregoing achievements are largely due to the relative increase in the access of the population to drinking water. Around 1990, the coverage of drinking water supply and sanitation was rather uneven. Some countries had made significant advances in drinking water supply, especially in urban areas, but in others this service covered only a small proportion of the population and were unreliable and of poor quality. Sewerage services were even less widespread, and there was no generalized treatment of liquid waste: it was estimated that fewer than 10% of the sewer systems had treatment plants, and only between 5% and 10% of waste water was processed, and often unsatisfactorily (PAHO/WHO, 1992). Furthermore, as a result of the great concentration of population, in many places in the region the discharge of waste water exceeded the natural decomposition and dispersal capacity of the watercourses receiving these wastes, leading to their degradation and an increase in the concentration of coliform bacteria, which are the main cause of intestinal diseases. The improvement made in the prevention of such risk factors has been vital in reducing the prevalence of those and other diseases, which cause not only high levels of infant mortality but also high rates of school and labour absenteeism.

With regard to access to drinking water, important advances have been made. The proportion of the population (both urban and rural) without such access was reduced by half on average during the decade (from 31% to 16%). The 25% reduction set as a goal for the countries of the region was fulfilled both in terms of the simple and weighted averages for the countries. In the latter case (i.e., taking into account the relative size of the population benefitted), despite the slight deterioration registered in Brazil, which has some 35% of the total population of the region, the reduction was 27%, which is even more noteworthy in view of the improvement in coverage in the rural areas of some countries, albeit at a somewhat slower rate than in urban areas.

With regard to the coverage of basic sanitation, the levels reached in the decade are not so high, partly because the countries have given priority to improving the access of the population to drinking water, and partly because the investments required by sanitation services are higher (waste treatment plants, systems of evacuation, channeling and filtering, etc.). While the availability of drinking water considerably reduces the risk of illness for the child population, the absence of services for the

Box 1.4

PUBLIC INVESTMENT OPTIONS IN THE FIELD OF DRINKING WATER SUPPLY AND SANITATION

Deciding on how to invest the limited resources available in a sector represents one of the biggest challenges for policy-makers. Two recent surveys provide updated regional data which illustrate the options available and the types of factors that must be taken into account. The drinking water supply and sanitation survey made by the World Health Organization (WHO) shows the fiscal and political background that must be taken into account by decision-makers:

- Resources available: For urban water supply: US\$ 7.63 per capita per year (US\$ 4.8 from national resources and US\$ 2.83 from external resources). For rural drinking water supply: US\$ 4.23 per capita per year (US\$ 2.64 from national resources and US\$ 1.59 from external resources). For urban sanitation: US\$ 3.07 (US\$ 0.24 (US\$ 0.24 from national resources and US\$ 0.00 from external resources). These amounts reflect the resources available and the political decision on how to divide them between the two areas.
- Technology/connection costs options: The cost of a

connection to urban water systems varied from US\$ 37 to US\$ 142, depending on the technology used, while the corresponding costs for urban sanitation varied from US\$ 42 to US\$ 196. In rural areas, the corresponding costs were between US\$ 28 and US\$ 121 for water and US\$ 42 and US\$ 121 for sanitation. Thus, between three and five times as many connections can be made for the same investment, but the methods of accounting, technical desirability and acceptability may differ.

- Costs to users: In almost half the Ibero-American countries the charges to users for drinking water services were not sufficient to cover the costs of operation and maintenance. While this raises the question of the need for public subsidies, these may be the only solution for persons with very low incomes.
- Deferred investment options: Only 14% of the sanitation systems treat the water entering the sewer system. This untreated waste water is discharged directly into rivers

or the sea, with possible risks for the environment, public health, tourism and fishing.

- There is *de facto* privatization of water supply in areas on the outskirts of cities: in many marginal urban areas which do not have a public water supply the residents may have to pay as much as ten times the public rate to private vendors.
- Investment versus maintenance options: Because of poor maintenance and the obsolescence of many distribution networks, 36% of the water entering the piped water system in the main cities is lost.

A lesson from the 1990s is that a slight change in an indicator such as drinking water supply does not necessarily represent a failure. The options are complex, demand is intense, and the decisions are by no means obvious. The increases in drinking water supply and sanitation coverage registered in the decade therefore represent notable achievements.

Source: Ministry for the Promotion of Women and Human Development (PROMUDEH) - United Nations Children's Fund (UNICEF), *Informe regional de las Américas sobre los avances hacia las metas de la Cumbre Mundial en favor de la infancia y los Acuerdos Regionales, 1990-2000* (2000).

elimination of wastes increases this risk because of: i) direct or indirect contamination of natural watercourses and ii) contamination of the environment immediately surrounding dwellings, which makes it easier for children to come into contact with sources of disease. Substantial advances were nevertheless made in this respect during

the decade, so that all the countries except one achieved the goal of a 17% reduction, with more significant improvements in rural areas than in urban ones, although this may partly mean that this homogeneous goal was not well graduated to take account of the real possibilities of progress of the countries.

4. Achievements in maternal health, prenatal attention and childbirth

Although the improvement of the coverage of drinking water supply and sanitation services of adequate quality reduces the sources of illness, it must be accompanied by improvements in terms of access to health services systems and programmes for the control of preventable diseases caused by infection, intra-uterine transmission, or poor health conditions of the mother. For example, iron-deficiency anemia (levels of blood hemoglobin below 12 grams/100 ml) affects pregnant women 50% more than non-pregnant women. An important achievement in this respect is that most of the Ibero-American countries have iron supplementation programmes (generally through the fortification of wheat and maize flour) for pregnant women and small children.

Although there is not enough information to evaluate the progress made as regards prenatal attention by trained personnel, 77% of pregnant women are now subjected to this type of control. It is well known that perinatal infections, premature rupture of the membranes, premature birth, high blood pressure of the mother, obstetric trauma and perinatal hypoxia do much to

increase early neonatal mortality. Access to prenatal controls, albeit at lower levels, has a relation with attention in childbirth proper, and when there is an improvement in the latter it may be assumed that substantial progress will also have been made in prenatal controls.

Childbirth attended by specialized personnel is closely associated with proper handling of birth problems and with subsequent benefits in terms of the survival of women and babies and their future health. On average, the degree of access to specialized birth attention has increased by 12%, and such properly supervised births now amount to 83% of all registered births (see box III.1). Special mention may be made of the advances registered in Paraguay, where such specialized attention doubled during the decade, and El Salvador, where the health system covered only 50% of pregnant women at the beginning of the decade but now covers around 90% of them. Nevertheless, stagnation in the maternal mortality rate reduction, especially in 9 countries of the region—where rates remain above 100 x 100,000 live newborns—constitutes one of the biggest challenges yet to be addressed.

5. Progress in the area of nutrition

A problem which reflects the state of development of a country as regards the growth and nutrition of its population, its health services system, its sexual and reproductive health policies and its general living conditions is that of low birth weight (newly-born babies weighing less than 2,500 grams), which is closely linked with greater risks of sickness and death (PAHO/WHO, 2000a). It is estimated that currently some 9% of the babies born in the Ibero-American countries suffer from low birth weight, which is nevertheless an improvement on the level of 10% registered at the beginning of the decade. At all events, this gradual progress meant that the great majority of the countries reached the goal of 10% set for the year 2000.

Another key factor in the reduction of infant mortality, morbidity and malnutrition has been the progress made in terms of breast-feeding. It has been proved that babies who are only partially breast-fed are 4.2 times more likely to die than those who are exclusively breast-fed, while those who are not breast-fed at all are 14.2 times more likely to die, and in the first two months of life 23.3 times more likely. Breast-feeding also improves cognitive development and reduces the risks associated with acute respiratory infections, diarrhea and chronic childhood ailments. At the beginning of the decade, only an average of 25% of children under three months of age were exclusively breast-fed, but today the figure is at least 38%. In spite of its importance and the fact that mother's milk

provides its highest level of protection around this time, most women stop breast-feeding after one month, because of the massive introduction of substitutes for mother's milk.³ As regards supplementary breast-feeding, 58% of children between 4 and 23 months of age currently receive mother's milk as a complement to the consumption of other solid and liquid foods, which represents a 39% increase over the initial levels (42% in the 1986-1991 period).

Substantial progress has also been made in the region in the reduction of chronic malnutrition, as measured by below-normal height-for-age, which reflects retarded growth and is the most frequent manifestation of malnutrition among small children, resulting from unsuitable breast-feeding practices, the consumption of complementary foods of low nutritional value, and chronic ailments.⁴ Thus, there has been a 32% reduction in chronic malnutrition (from an incidence of 29% to

19%), and in a number of countries (such as those of the Southern Cone) the reduction was by nearly 50%. Both countries which had already achieved relatively low levels of chronic malnutrition by the beginning of the 1990s (Chile and Uruguay) and others which still had higher levels (Bolivia, Panama and the Dominican Republic) made significant progress, so that the Ibero-American region now has the lowest levels of malnutrition of all the developing regions. Now, however, there are problems of malnutrition in terms of micronutrient deficiency (deficiencies of iron, iodine, vitamin A, zinc, etc., which are related with a predisposition to contract infectious diseases because of immunological problems) and overweight, especially among older children, so that obesity -a risk factor in terms of cardiovascular problems, diabetes and some types of cancer- is already a public health problem whose incidence is likely to increase in coming years (PROMUDEH-UNICEF, 2000).

6. Achievements in terms of immunization and vaccination

The advances made in immunization and vaccination coverage for children under one year of age are one of the most spectacular achievements in the field of public health since the 1980s. Before that decade, immunization levels averaged only about 20% of all children, for which reason the World Health Assembly adopted the goal of *universal immunization of children by the year 1990*, which meant in practice achieving full vaccination of 80% of all children one year old. This is a sufficient level of coverage, which allows the interruption of the ways of transmission of diseases that can be prevented by

immunization to provide a certain degree of protection even for children who have not been vaccinated (PAHO/WHO, 2000d).

The main efforts have been centered on immunization against measles (by a single injection at the age of about nine months), diphtheria, whooping cough (pertussis) and tetanus (DPT3, a multiple vaccine given in three doses), tuberculosis (BCG, one single dose) and neonatal tetanus (TT2, two doses of tetanus toxoid for pregnant

3 It should be noted that the milk substitute industries interfere with natural feeding practices and play a decisive role in this respect through their aggressive marketing strategies aimed at the population in general and the medical profession in particular (PAHO/WHO, 2000a). Another factor is the growing incorporation of women into the labour market, which makes breast-feeding more difficult when suitable facilities are not provided.

4 Below-normal height for age is twice as prevalent as below-normal weight for age. In both cases, malnutrition is considered to be serious and moderate, respectively, if the children are two standard deviations below the average height or weight for age laid down in the reference patterns of the World Health Organization (WHO).

women). In many countries the achievements in this field were spectacular, and vaccination coverage came close to the goal established at the World Summit for Children, which proposed to reach 90% coverage by the year 2000.

The Ibero-American countries had already reached 82% coverage of full immunization of children one year old by 1990, and according to the available information the advances made during the past decade made it possible to fulfill the goal set for 2000 on average: in 1999, vaccination coverage extended to approximately 90% of one-year-old children. The biggest progress was undoubtedly in the coverage of DPT3, which, of the four types of vaccines for children one year of age (BCG, DPT3, polio and measles), had the lowest coverage in 1990 (78% on average). In the prevention of neonatal tetanus, the average coverage in the Ibero-American

countries rose from 39% of all pregnant women to nearly 60%.

According to PAHO, the ongoing collection and monitoring of epidemiological information on diseases that can be prevented by immunization has been and continues to be the key factor in immunization programmes in the Americas. In this respect, the collaboration of the international agencies with the countries has been centered on the establishment of an infrastructure which will facilitate a constant flow of epidemiological information in order to observe the progress made and inequalities in the control and eradication of preventable diseases, and on the determination of local technical, financial and management capacity for the execution of critical vigilance and vaccination activities.

Box 1.5

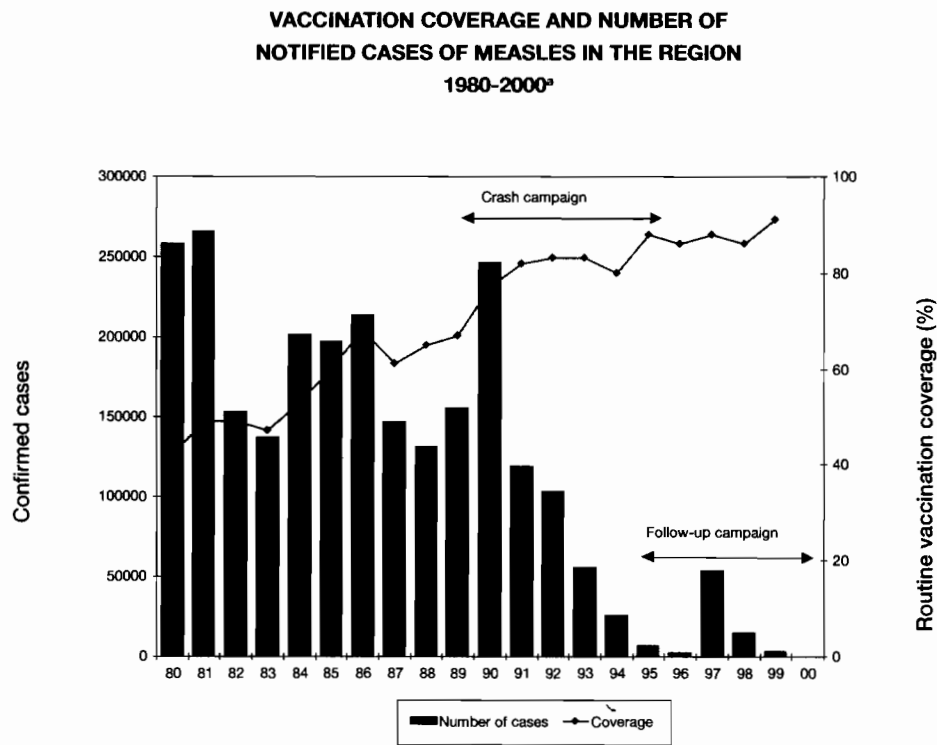
PROGRAMMES FOR IMMUNIZATION AGAINST AND ERADICATION OF PREVENTABLE DISEASES

National immunization programmes have obtained great results in reducing morbidity and mortality from common preventable diseases of childhood, and they continue to be a decisive component in the countries' primary health care strategies. In 1971, the region was the first in the world to reach the goal of eradicating smallpox. In 1991, the last case of poliomyelitis was notified, and after extensive examination of control and laboratory information for the whole region, in 1994 an international commission declared it to be free from

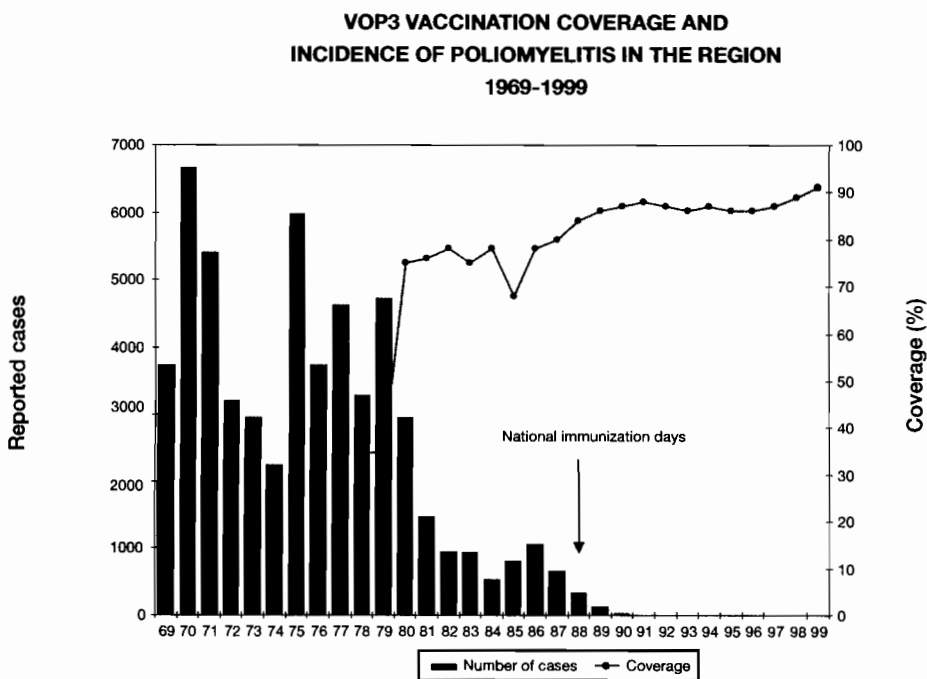
the transmission of wild polio viruses. In the year 2000, only 1,746 confirmed cases of measles were reported: the lowest figure since the campaign to eradicate this disease began.

The strategy developed by the Pan-American Health Organization (PAHO) to eradicate the transmission of wild polio viruses was centered on the acceleration of the Expanded Immunization Programme, with vaccination strategies tailored to the needs of each country. The main elements in the strategy were the

intensification of vaccination activities through national vaccination days, house-to-house campaigns and the achievement and maintenance of a high level of vaccination coverage among children under five. Special attention was given to the constant monitoring of vaccination coverage at the level of municipalities, in order to reach the goal of 95%, and a system of observation was set up which has made possible the early detection of cases of acute flaccid paralysis.



a Figure up to 30 December 2000: 3,091 confirmed cases.



At the world level, the countries are continuing to work hard to reach the goal of stopping the circulation of wild polio viruses. These advances, which have been the result of the collective action of the countries, the international community and the beneficiaries alike, have caused the

first-named to promote new activities for the control and eradication of these and other preventable diseases and to introduce new vaccines which are important for public health in routine vaccination plans. Most of the countries of the region have therefore made growing investments in

immunization with national funds, and a number of them have laws which ensure guaranteed budgetary provision for recurrent expenditure on vaccines and critical inputs for immunization programmes.

Source: Pan-American Health Organization (PAHO).

7. Advances in education

In addition to the progress made in terms of the living conditions and survival of children in the first stages of life, improvements were also made in their preparation for schooling, in access to education, and in general in the acquisition by children and adolescents of the basic qualifications needed to make them citizens fully integrated into society. The magnitude of the advances made was not the same in each one of these fields, and the achievements were in line with the different emphases of the policies applied in the Ibero-American countries. Firstly, there was an increase in the coverage of pre-school attention, although the levels attained are still insufficient (see section III).

The evolution of the rates of pre-school attendance for children aged 5 in 12 countries shows a sustained upward trend in the percentage of children entering the first grade of primary education after having received at least one year of pre-school education, which is well known to be one of the factors most favourably influencing the performance of children in the course of the primary cycle. It is reflected in a reduction in repetition

and drop-out rates (an improvement in the indicators of internal efficiency) during that cycle and a saving of substantial public resources. By the mid-1990s, in 9 of the 12 countries studied at least two out of every three children aged 5 had access to pre-school education in urban areas. There was also considerable progress in rural areas, although the levels of coverage there are much lower.

There were also advances in terms of access to primary education: most of the countries managed to maintain or increase their net enrollment rates,⁵ which came close to 90%. This is an important achievement considering that, thanks to the reduction in the mortality of infants and children under 5, the educational systems have had to absorb a significantly greater contingent of pupils than at the beginning of the decade, so that the maintenance of the levels of coverage of primary education reflects a considerable increase in enrollment in absolute terms and growing expenditure of public resources, since not less than 75% of free basic education is provided by the State.

5 It should be noted that the indicator of universal access to basic education (net rate of primary enrollment) is not sufficiently complete for evaluating the achievements in this field, because of the lack of timely information and data in some countries.

The improvements in the coverage of primary education in the 1990s, together with advances made in previous decades, enabled the majority of the countries to reach the goal set for the year 2000, which was that at least 80% of all children should complete the fifth grade of primary schooling. Indeed, with respect to the completion of a basic cycle of six years' schooling, analysis of the present situation reveals that in half the countries of the region 9 out of 10 children completed this cycle with not more than two years' delay, taking account of the official age for entry into primary education in each country.⁶ The advances in coverage and completion of the primary cycle were greater in the first half of the 1990s (60%-70%), which was a period that corresponded in most countries with a phase of more rapid economic growth which allowed them to increase public expenditure (per beneficiary) on all levels of education and at the same time reduce the rates of drop-out among children from the middle and lower strata.

As access to primary education increased and there were growing probabilities that children would complete this cycle, there was a corresponding increase in enrollment in secondary education, especially in the Ibero-American countries with the highest per capita incomes (Argentina, Chile, Costa Rica, Portugal, Spain and Uruguay). In the countries with relatively lower incomes, the increase in secondary school enrollment was likewise significant, but starting from very low levels. Between 1990 and 1997, the gross rate of enrollment in secondary education rose from 54% to 61% on average in 16 of the 21 Ibero-American countries.⁷ In most of the countries, however, young people do not complete their secondary education, which is currently the minimum educational level for avoiding poverty throughout their active life. In the Ibero-American countries, over half the young people leave the educational system before completing the secondary cycle (ECLAC, 1998, chapter IV).

The progress made during the past decade was reflected in an increase in the average years of formal education of young people between 15 and 24. This was accompanied by a reduction in adult illiteracy, the rate of which reflects the accumulated achievements of the primary education and adult literacy programmes. In 15 of the 21 Ibero-American countries, male illiteracy went down to a substantial or moderate extent (from 13% to 11% on average), representing a decline of 16% or more from the rates registered at the beginning of the 1990s, and 16 countries registered an even greater reduction in illiteracy among women aged 15 or more (from 17% to 14%), which may reflect the growing efforts to incorporate the gender dimension in public policies.

Finally, mention must be made of the efforts to improve the quality and equity of education in the Ibero-American countries. Major educational reforms were made for this purpose in Argentina, Bolivia, Chile, Colombia, Costa Rica, Mexico, Paraguay, Peru and Uruguay. With different levels of emphasis in the different countries, these reforms have sought to secure greater continuity of the education of children and young people with the aim of rapidly achieving universal coverage of secondary education; to secure a marked improvement in the quality of education; to reduce inequalities in access and ensure greater equity of opportunities for education; to adapt educational systems to the needs of production and global competitiveness, and to strengthen the role of education in the exercise of modern citizenship (ECLAC, 2000b).

An indicator of the efforts made in this field is the notable increase in public expenditure on education, which rose between 1990-1991 and 1996-1997 from 3% to 3.8% of GDP, while in absolute terms it grew by almost 40%. Much of this increase was aimed at reducing the gap between the wages of teachers and those of other qualified public sector employees, in order to improve the quality of public education for the benefit of children and young people from the middle and lower strata.⁸

6 This form of evaluation, made on the basis of comparable figures from special tabulations of national household surveys, is more appropriate than that based on the indicator of having completed the fifth grade of primary education, taking account only of the population which entered the first grade, and not the whole child population. This latter method gives an indication of the internal efficiency of the educational system, but not of the universality of completion of the primary cycle, taking account of the number of years of schooling completed by all children of a given age.

7 These averages do not include the figures for the Dominican Republic, Honduras, Portugal, Spain and Venezuela (ECLAC, 2000a).

8 Between 1990 and 1997, the wages of teachers in eight Ibero-American countries rose at an annual rate of between 3% and 9%, depending on the country, which accounts for between 70% and 80% of the increased expenditure on education. The wage increases were most notable in Bolivia, Brazil, Chile and Paraguay, where the hourly wage of teachers in public establishments rose at annual rates of 7.8%, 4.0%, 7.8% and 9.5% respectively (ECLAC, 1999).

8. Progress in the eradication of child labour

Appreciable progress was made in the eradication of child labour. Up to the beginning of the 1990s, the magnitude of this phenomenon was not known, or else due attention was not paid to it. Except in Brazil (which began its first actions in 1992), most of the countries only began to trace national policy lines from 1996 on, with the technical assistance of the International Programme for the Elimination of Child Labour (IPEC) of the International Labour Organisation (ILO). The efforts made were reflected in significant advances in various aspects in a relatively short space of time. Broad mobilization was achieved in the region with the countries' participation in the international conferences on child labour held in Amsterdam and Oslo and the incorporation of this issue in the meetings on children and social policy in the Americas held in Chile (1996), Peru (1998) and Jamaica (2000). Regional meetings of employers and workers and of Ministers of Labour were held, together with a Tripartite Ibero-American Ministerial-level Meeting on the Elimination of Child Labour (Cartagena, 1997) which for the first time established a homogeneous position of all the countries on the subject of child labour. This process culminated in the Tenth Ibero-American Summit of Heads of State and Government in Panama (November 2000), at which the elimination of the exploitation of child labour was made a key item on agendas concerning children for the coming decade.

With regard to institutional development in this field, by the end of the year 2000 seventeen countries of the region had signed agreements with the IPEC programme of the ILO, setting up national commissions for the elimination of child labour with the participation of some 300 public institutions and representatives of employers, workers and non-governmental organizations (NGOs). Substantial progress was also made in the development

of national plans to deal with the problem of child labour in Bolivia, Colombia, Costa Rica, Ecuador, Guatemala and Honduras. Special mention should be made of the adoption of a subregional plan by the Common Market of the South (Mercosur) to deal with child labour, establishing a common framework for integration in the areas of statistics, rules, labour inspection and public policies.

With regard to the normative framework, it may be noted that the legislation of the Ibero-American countries on child labour was previously very piecemeal and was not in keeping with international rules, either at the level of the Convention on the Rights of the Child or on that of the fundamental conventions of the ILO. In only a few years, however, practically all the countries have agreed to fix the minimum age for starting work at 14 or 15, or 18 in the case of particularly heavy or dangerous work. All this is reflected in the fact that 20 countries of the region have already ratified Convention No. 138 of the ILO, while 15 countries have ratified Convention No. 182 on the elimination of the worst forms of child labour. It may therefore be asserted that within the next two years the whole Ibero-American region will have a homogeneous normative framework in keeping with international standards.

Although there were no quantitative goals for the 1990s, the qualitative indicators regarding child labour in recent years offer a promising outlook for the coming decade, since rapid progress has been made in the establishment of an institutional and normative framework, in social mobilization, and in the definition of practical forms of integral action to eliminate the most extreme forms of child labour. In addition, progress has been made in improving the supply of information for diagnostic and policy design purposes.⁹

⁹ Eleven countries of the region have prepared national reports on the situation with respect to child labour, and specific diagnostic studies are being made to identify child workers in high-risk sectors: firework manufacture (Guatemala), domestic service (Brazil, Colombia, Paraguay, Peru), brickworks (Ecuador, Peru), artisanal-type gold mining (the Andean countries), agriculture (Central America), and exploitation of children for commercial sexual purposes (Central America, Brazil, Paraguay). Using the ILO's Statistical Information and Follow-up Programme on Child Labour (SIMPOC), specific modules on child labour are being prepared since 1998 for inclusion in the household surveys of all the Central American countries. Brazil, Colombia and Ecuador.

9. Greater efforts in respect of public social expenditure

The progress made in the various fields is not only due to the recognition of the rights of children and adolescents and the need to respect them, the better medical and technological conditions for attending their needs, the greater efforts made by governments and international cooperation in the execution of sustained programmes for the benefit of children, and the important role played by the establishment of goals and their follow-up and evaluation. In addition to all these, mention must be made of the larger amount of public resources allocated for social investment and, in some cases, the greater timeliness and efficiency of this investment. In this respect, however, the progress made has not been as rapid as it should, as may be seen from a review of the trends in public social expenditure in recent years.¹⁰

The slight increase in income and the higher priority assigned to the satisfaction of social needs meant that public social expenditure (PSE) increased in almost all the Ibero-American countries. It is estimated that PSE in a set of 17 countries increased from 10.1% to 12.4% of GDP between the beginning of the 1990s and 1996-1997, with the increases being largest in the countries whose levels of expenditure were lowest at the beginning of the past decade.¹¹ Information on the 1998-2000 period reveals that, in line with the slackening in growth, there was also a slackening in the positive trends that had been registered in many countries, and in some cases there was even slight deterioration. For the region as a whole, however, this was not reflected in a reversal of the positive trends observed in the first seven years of the decade.

The efforts made by countries to increase social investment are expressed in the higher macroeconomic priority of PSE: that is to say, in the proportion of GDP

that it represents. The most outstanding countries in this respect were Colombia, with an increase of 7.2 percentage points of GDP, Bolivia (6%), Paraguay (4.9%), Uruguay (3.8%), Peru (3.5%) and Panama (3.3%). Furthermore, in the two-year period 1996-1997 a number of countries (Argentina, Brazil, Colombia, Costa Rica, Panama and Uruguay) registered levels of social expenditure as a proportion of GDP which ranged from 15% to 23%: levels which are very close, and in some cases even superior, to those of various developed countries.

The progress made during the decade may be summed up by the fact that in the great majority of countries per capita PSE exceeded the values registered prior to the debt crisis. Thus, in 1996-1997 it averaged US\$ 457, which is a good deal more than the US\$ 331¹² registered in 1990-1991 and represents an annual growth rate of 5.5%. The growth rate went down markedly between 1996 and 1997, however, sinking to an average annual rate of 3.3%, or almost half of the 6.4% registered in the 1990-1995 period.

It is important to note that the increases in per capita social expenditure during the 1990s were not associated only with higher economic growth. With variations from one country to another, the increases were indeed largely explained by this fact (Argentina, Brazil, Chile and Uruguay), but there were also cases where they were due to the expansion of public expenditure (Costa Rica, the Dominican Republic and Paraguay), the higher priority given to social expenditure in total public expenditure (Bolivia, Guatemala, Mexico and Peru) or the combined effect of all three factors (Colombia, El Salvador and Panama) (ECLAC, 1999).

10 In itself, the size of public social expenditure does not reflect the real magnitude of the resources effectively invested by society on children. Part of the expenditure on health and education benefits them directly, as does expenditure on social programmes whose target population is children and adolescents. Another portion of this expenditure, which is more difficult to estimate, however, benefits them indirectly by improving living conditions in the households where they live: for example, expenditure on housing, social security, etc.

11 The quantitative information on the evolution of social expenditure were obtained from the social expenditure database maintained by the ECLAC Social Development Division. It does not include information on Spain and Portugal.

12 The figures are in dollars of 1997 purchasing power. In per capita terms, the cases of Bolivia, Colombia, Paraguay and Peru are noteworthy because of the large relative growth of their per capita social expenditure, which more than doubled between 1990-1991 and 1996-1997. In Chile, the Dominican Republic and El Salvador the increase was between 60% and 70%, and in Uruguay it was close to 50%. In the remaining six countries where this expenditure increased (Argentina, Brazil, Costa Rica, Guatemala, Mexico and Panama), the increases were between 15% and 40%. Honduras and Nicaragua maintained practically the same level of expenditure over the period, while in Venezuela per capita social expenditure went down by 6% (ECLAC, 1999).

Another factor which is worthy of note because of its favourable effect on the living conditions of children and adolescents is the clear reorientation of social investment towards areas with more progressive effects: 44% of the increase went to education and health (25% and 19%, respectively) and 41% to social security, whose repercussions on equity are more ambiguous. The emphasis on increasing expenditure on human capital was relatively more marked in countries with medium or low levels of expenditure, where on average 61% of the increase was concentrated on the health and education sectors. The most progressive allocations, whose benefits were more concentrated on lower-income households, were those for primary and secondary education and for health and nutrition, and this undoubtedly influenced the progress reported here. Although this greater expenditure was not enough to reduce the high degree of income concentration, in the countries with the highest levels of per capita PSE it did tend to offset the tendency towards increased concentration due to the evolution of the labour market.

An important consequence of this is that the larger amount of resources devoted to social investment in some countries in the 1990s was not solely due to a somewhat easier situation thanks to economic growth. A number of countries -including those with the lowest per capita PSE- also made efforts to increase these resources either by giving social expenditure higher fiscal priority (increasing

the proportion of public expenditure devoted to social expenditure) or by increasing the percentage of GDP allocated to public expenditure, without reducing the relative weight of the resources earmarked for social purposes.¹³ This aspect is dealt with again in section V.

Reviewing the progress made in the Ibero-American countries for the benefit of children, it may be concluded that if, over a single decade, it was possible to make decisive progress towards fulfillment of the rights of children and adolescents by devoting greater efforts and more human and financial resources to this purpose, then the objective of attaining their complete fulfillment can be reached in a reasonable length of time: less than would result from a linear extrapolation of past trends. This means tackling the main problems and shortcomings that result in unnecessary deaths of children and adolescents, unacceptable living conditions, and very small possibilities of entering active life as full citizens, thus transmitting inequality and poverty from one generation to the next. In order to tackle these problems it is necessary to reduce the disparities between the countries of the region as well as the socio-economic, territorial, racial and gender-based inequalities that still persist in all of them. This must be reflected in the setting of targets in relation to children and adolescents which expressly include the objective of reducing such inequalities. The next section contains details of the magnitude and evolution of the latter.

13 On average, the rate of increase of social expenditure in the countries where such expenditure was relatively lower was 10.7% per year, which is twice the rate of the countries with the highest per capita PSE (ECLAC, 1999).

Section II

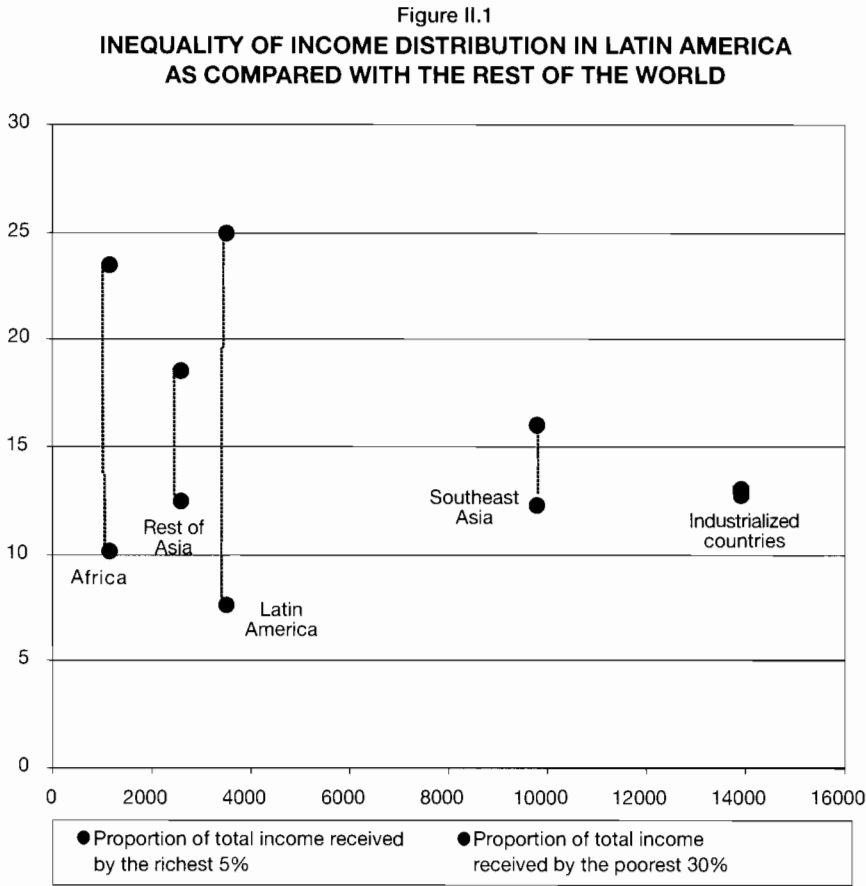
Inequalities in the living conditions of children and adolescents in Ibero-America



Despite the progress made in the 1990s in the living conditions of children and adolescents in Ibero-America, there are still marked inequalities between the countries and, in particular, between different social groups within them. Thus, there are still socio-economic, territorial, racial and gender-based inequalities in the region. Progress towards the achievement of the goals of the WSC has not necessarily been reflected in full respect for the rights of children and adolescents. These inequalities, which affect children even from the earliest age, are reproduced in adult life and transmitted to following generations. This helps to explain the persistence of high levels of socio-economic inequality in the region, which, taken as a whole, continues to be the most unequal in the world (see figure II.1).

This inequality, in a continent marked by low levels of per capita income, is reflected in a situation in which households do not have sufficient resources to satisfy the most basic needs of their members, leading to high levels of poverty. Thus, although some progress was made in respect of poverty in the first eight years of the 1990s, in the year 2000 poverty still affected some 44% of the population (excluding Spain and Portugal): that is to say, some 211 million people out of a total of nearly 483 million. The evolution of poverty during the past decade

indicates that although its incidence went down in some countries, this did not make possible a reduction in the absolute number of children and adolescents living in this state. Indeed, between 1990 and the year 2000, the number of persons under 20 living in a state of poverty in the region as a whole is estimated to have increased from 110 million to 114 million: in Ibero-America the child and adolescent population continues to be the most seriously affected by poverty and indigence.



Source: Inter-American Development Bank (IDB), *América Latina frente a la desigualdad. Progreso económico y social en América Latina, 1998-1999*, Washington, D.C., 1998, p. 13.

1. Inequalities in life expectancy¹

In spite of the advances made in the 1990s, the distribution of the health status of the population and access to health services between different socio-economic groups leaves the most vulnerable strata in an increasingly unfavourable position; there has been no reduction in the disparities between and within countries.

The indicator which best sums up the living conditions of a society is probably life expectancy at birth. During the last decade this increased in all the Ibero-American countries, reaching almost 71 years of age at the end of the decade, but this is still seven years less than the average

life expectancy in the developed countries, and moreover it is somewhat misleading because there are big differences between the countries of the region: whereas in five of them life expectancy at birth is between 75 and 78, there are another five countries where it is only between 62 and 68. The real tragedy is not only that the inhabitants of some countries live between 10 and 15 years less than those born in others, but also the appalling conditions in which they live.

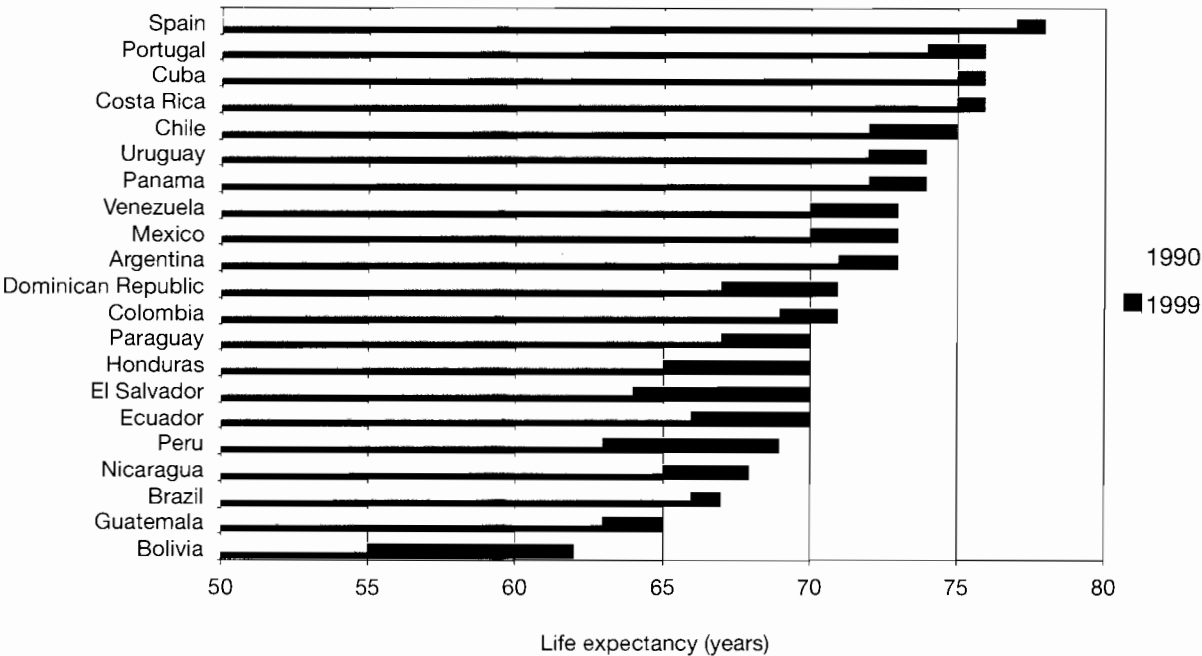
Life expectancy at birth has increased, and mortality rates for almost all age groups have gone down

1 This section is based to a large extent on PAHO/WHO (1999) and UNICEF (2000a).

significantly. The infant mortality rate, for example, went down from 125 in 1950-1955 to 36 in 1995-2000. Life expectancy has increased more slowly than in other regions of the world, however. At the beginning of the

1960s, life expectancy in the Latin American countries was 57 years, while in the East Asian countries it was only 51 years. Today, however, life expectancy in both regions is practically the same.

Figure II.2
EVOLUTION OF LIFE EXPECTANCY AT BIRTH, 1990-1999



Source: United Nations Children's Fund (UNICEF), *The state of the world's children, 1992*, New York, 1992 and *The state of the world's children, 2001*, New York, 2001.

2. Children's right to life and health

The right to life is the fundamental principle of social life and coexistence. For all human beings, it means the possibility of living a long, healthy and satisfying life. At the collective level, it is expressed in longer life expectancy and, in particular, a lower rate of mortality of children and adolescents.

The right to health goes hand in hand with the right to life. For children and adolescents, the right to health means

first of all having a healthy mother during pregnancy and childbirth and subsequently living in an environment which allows children and adolescents to remain physically and mentally healthy, not to fall sick with preventable diseases, to have access to drinking water supply and sewerage systems and, in the event of sickness, to be attended in a timely and effective manner. In other words, the existence of an adequate supply of basic services is essential, and this requires adequate financing.

Although at the end of the 1990s in many countries the level of social expenditure as a proportion of GDP was higher than before the crisis of the early 1980s, that level displays considerable disparities between countries, with some of them still well below the pre-crisis levels; furthermore, a substantial proportion of that social expenditure goes to finance the increased costs of social security, whereas expenditure on investment in human capital has in many cases grown less than the aggregate figures would seem to indicate.

In addition to the disparities between different countries, there are also disparities within each country. The link between socio-economic disparities and health conditions in these countries means that there are great differences between the levels of health of the upper and lower groups, regardless of whether those groups are defined in terms of income, educational level, spatial distribution, ethnic origin, sex or age. In Chile, for example, it is estimated that in the communes with the best living conditions the number of years of potential life lost before the age of 65 amount to only 72 per thousand inhabitants, whereas in the poorest communes this loss is 157 per thousand (Concha and others, 1997), and in Mexico the disparity in the number of years of potential life lost before the age of 70 is even greater, ranging from 10 to 181 per thousand inhabitants in municipalities with different degrees of development (Lozano and others, 2000).

The Ibero-American countries have registered improvements in recent decades in almost all the indicators: life expectancy, mortality of infants and of children under 5, incidence of communicable diseases, vaccination coverage, etc. These advances have been uneven over the region, however, and do not necessarily correspond to the level of development reached by the countries: the reduction in infant mortality achieved in countries as economically and politically different as Chile, Costa Rica and Cuba, for example, shows that many others have not taken full advantage of their potential for improving the health conditions of their population.

Figure II.3, which shows the relation between the infant mortality rates and per capita national product of the Ibero-American countries, illustrates this. Thus, among the group of countries with incomes of between US\$ 4,000 and US\$ 6,000 of purchasing power parity (Colombia, Costa Rica, Dominican Republic, El Salvador, Panama, Paraguay, Peru and Venezuela), appreciable differences in infant mortality are as much as 3 to 1.

The length and quality of human life are determined both by the capacity of families to protect and promote the healthy development of their children and by the nature of public policies and the management capacity of society. The Ibero-American countries which best ensure the right to life of their inhabitants have not necessarily been those with the greatest accumulated wealth or the highest per capita product, but rather those which have collectively taken the decision to protect life. Nor are they all from a particular area but come from all the subregions: the Iberian peninsula (Spain), South America (Chile), Central America (Costa Rica) and the Caribbean (Cuba).

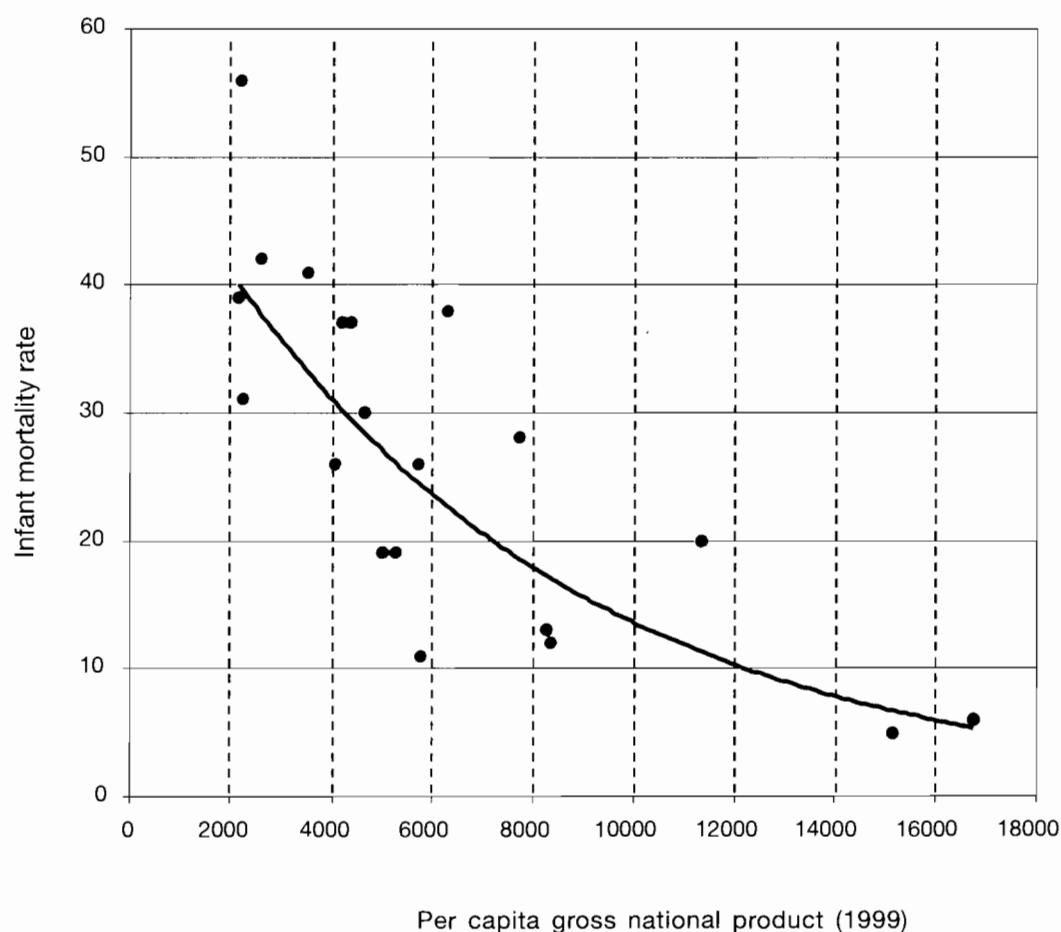
Differences in the mortality of infants and children under 5 between countries

The death of a child which could have been avoided is the biggest failure a nation can suffer. Such a premature death shows the incapability of the society in question to protect its members and gives rise to serious ongoing family and community, economic and social traumas. In spite of this, nearly 600,000 children and adolescents die every year in Ibero-America, mostly from causes which could have been prevented. Preventable deaths of children and adolescents may be grouped into three categories:

- Death from illnesses which could be prevented by timely vaccination or which are due to malnutrition, unsuitable living conditions, lack of drinking water and absence of adequate systems for the disposal of excreta.
- Death from illnesses which could be successfully treated through timely access to good-quality health services.
- Death from violence, whether due to direct action (homicides) or negligence (accidents).

Nearly 500,000 children under 5 years of age die in Ibero-America every year, 130,000 of whom have between 1 and 4 years of age. In the developed countries, the mortality of children under 5 amounts to 7 per thousand, but in Ibero-America it averages 38 per thousand. The main causes of death of children under 5 are dehydration due to diarrhea, respiratory diseases, malnutrition and accidents. Many deaths in this age group are also due to diseases that can be prevented by vaccination, such as whooping cough, diphtheria, tetanus and measles.

Figure II.3
**PER CAPITA GROSS NATIONAL PRODUCT (1999) AND INFANT
 MORTALITY RATES FOR IBERO-AMERICA AS A WHOLE**



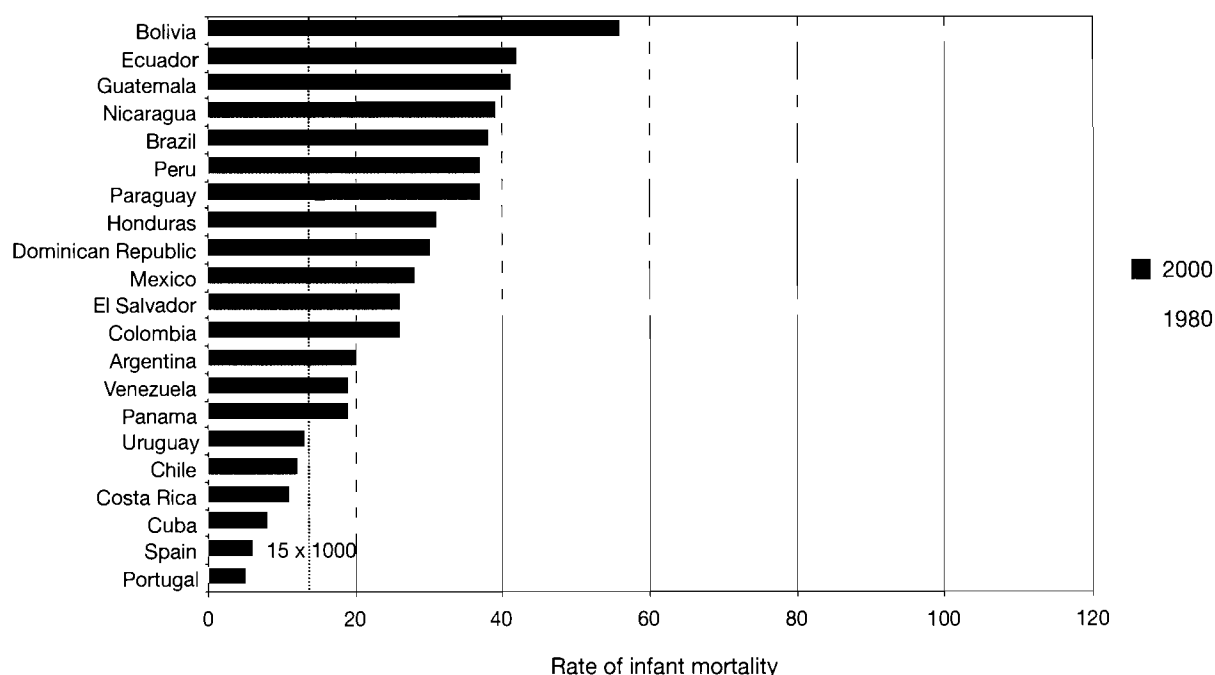
Source: ECLAC, Social Development Division.

Note: Exponential regression.

Thus, the largest number of avoidable deaths are among children under 5, and among these, children under one year of age. The main requirement for life to be long, healthy and satisfying is therefore that it should start well. This good start to the life of children is related with the nutrition, health and education of the mother, medical care in pregnancy and childbirth, proper nutrition based on breast-feeding, good quality basic social services (health, education, drinking water supply and sanitation) and a family and social environment which facilitates physical, intellectual, emotional and affective development.

In the last twenty years, infant mortality in Ibero-America has been reduced by half. This is encouraging, but it is also a challenge. It is encouraging because it shows the effective impact of the action taken, but it is a challenge because it shows that it is possible to go much further and that the efforts of many countries have not been sufficient. Thus, infant mortality in Ibero-America averages 33 per thousand live births, but experts believe, on the basis of experience, that it could be brought below 15 per thousand.

Figure II.4
REDUCTION OF INFANT MORTALITY, 1980-2000



Source: PAHO/WHO (Pan-American Health Organization/World Health Organization), "Special Programme for Health Analysis (SHA)" (<http://165.158.1.110/english/sha/>). Data for 1980: United Nations Children's Fund (UNICEF).

This reveals a pattern of improvement which reflects a widening gap between the countries with the highest and lowest levels of infant mortality, so that the rates fell most in countries with higher initial levels, such as Bolivia and El Salvador, for example, while the relative reductions were smaller in the countries which already had lower levels of infant mortality. Only three Ibero-American countries (in addition to Spain and Portugal) managed to reduce their infant mortality rates by factors of four or more in the period between 1960-1964 and 1990-1994:

- Chile, from 109 to 14 (almost eight times less)
- Cuba, from 59 to 10 (almost six times less)
- Costa Rica, from 81 to 14 (almost six times less) (PAHO/WHO, 1999).

The majority of the countries which had had intermediate rates of infant mortality in 1960-1964 managed to reduce them by a factor of 2.5 to 3.5 over the 35 year period, while three out of the ten countries which

initially had rates over 100 still registered such tragic levels in the mid-1990s and the other seven had only managed to reduce them by a factor of less than 2.5.

Consequently, out of every 30 children born alive in Ibero-America around 1998, one died before completing one year of life. This means that there were 370,000 such deaths during the year (42 deaths every hour), most of which could have been avoided by using technologies of very low cost. Of every four deaths of children under one year of age, three are due to acute respiratory infections or to dehydration due to diarrhea, which could have been avoided by the timely administration of oral rehydration salts costing less than 8 US cents. For their part, the great majority of the deaths from respiratory causes could have been avoided through better nutrition of the children or, once they fell ill, with timely medical care. Many infant deaths are also due to inadequate care during childbirth and low birth weight, often related with teenage pregnancy or malnutrition of the mother.

Differences in mortality within countries

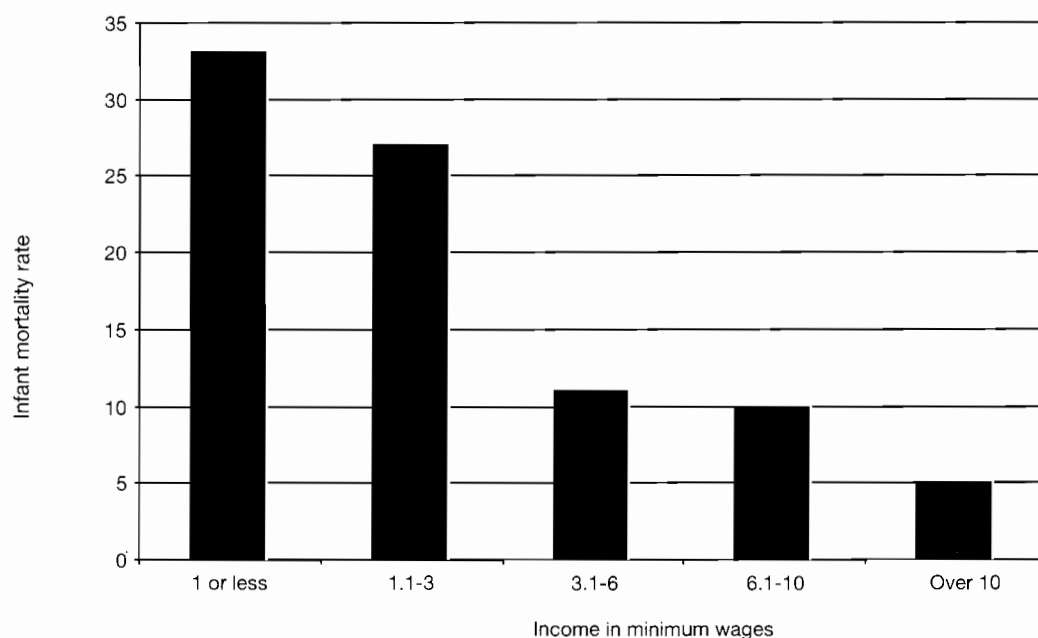
The national averages tend to conceal the great disparities which exist within each country. A study on mortality between the ages of one and four carried out in southern Brazil (Victora and others, 1992) found that among families with monthly incomes of less than US\$ 50 the rate of mortality of children of low birth weight is six times higher than in the case of children weighing over 3,000 grammes at birth, while in the case of families with monthly incomes over US\$ 150 there were no differences in mortality due to birth weight. From another angle, when a study was made of children of normal birth weight it was found that the mortality was five times higher in low-income families than in those with higher incomes.

In the case of Peru, a similar study showed that infant mortality in the poorest quintile is five times higher than in the richest quintile, and the difference is even greater - seven times higher - in the case of mortality among children between one and four years of age. In Guatemala,

where the average mortality of children under five was 65 per thousand in 1998, the differences were also significant, starting at 52 per thousand in metropolitan areas and 56 per thousand among the non-indigenous population and rising to 69 per thousand in rural areas and 79 per thousand among the rural indigenous population (UNDP, 2000).

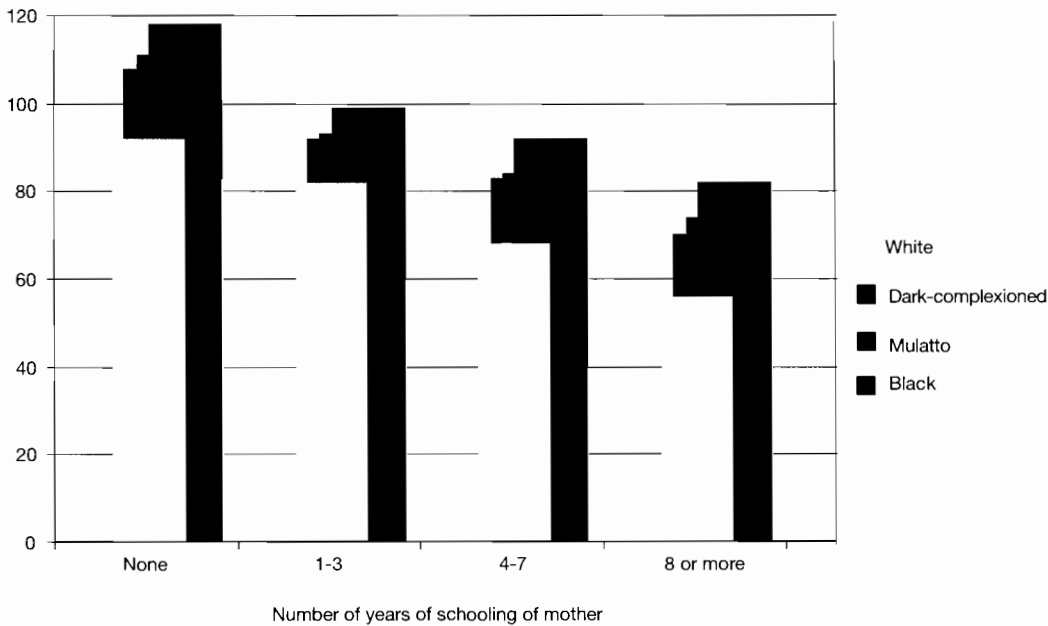
As already noted, the studies made so far tend to confirm that these problems are getting worse because instead of narrowing the gaps appear to be widening. In a study made in Barquisimeto, a medium-sized city in Venezuela, when the 10% of neighbourhoods with the worst and best living conditions were compared it was found that the incidence of low birth weight was practically double in the worst neighbourhoods: almost 14% compared with 7%. The difference was even more marked in the case of excessively low birth weights (under 1,500 grammes), since they were three times more frequent in the neighbourhoods with the worst living conditions (PAHO/WHO, 1999).

Figure II.5
**INFANT MORTALITY RATE BY LEVEL OF
FAMILY INCOME: PELOTAS, BRAZIL, 1993**



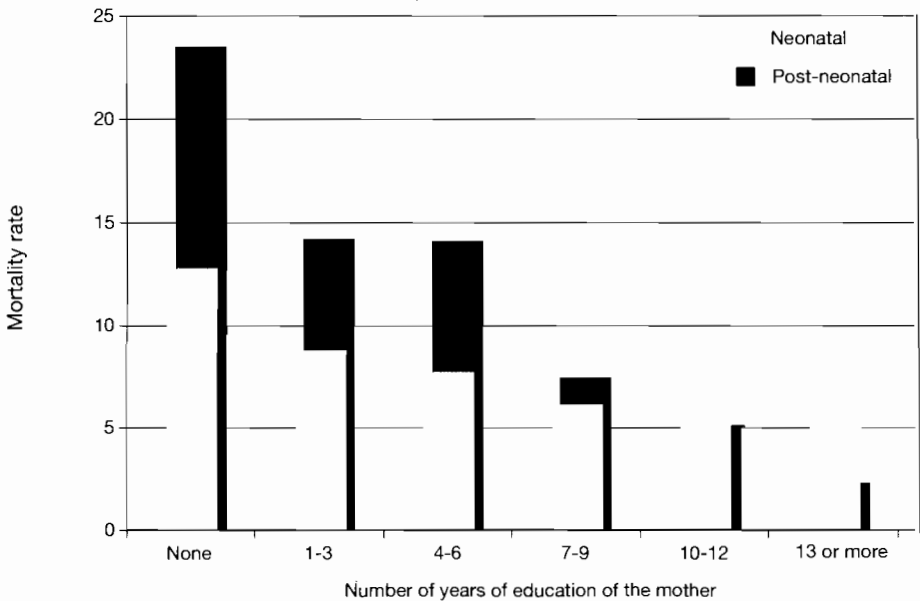
Source: PAHO/WHO (Pan-American Health Organization/World Health Organization), *Disparidades de salud en América Latina y el Caribe: el rol de los factores determinantes sociales y económicos*, Washington, D.C., October 1999.

Figure II.6
**INFANT MORTALITY RATE BY LEVEL OF
EDUCATION OF MOTHER AND COLOUR: BRAZIL, 1990**



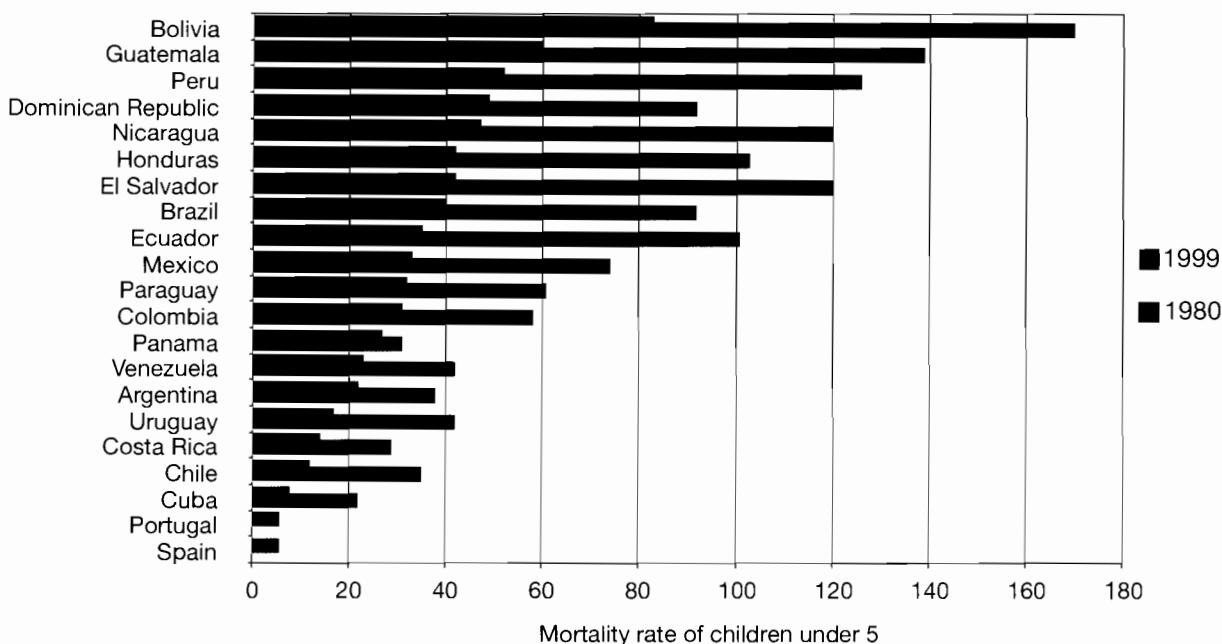
Source: PAHO/WHO (Pan-American Health Organization/World Health Organization), *Disparidades de salud en América Latina y el Caribe: el rol de los factores determinantes sociales y económicos*, Washington, D.C., October 1999.

Figure II.7
**NEONATAL AND POST-NEONATAL MORTALITY, BY NUMBER OF
YEARS OF EDUCATION OF THE MOTHER: CHILE, 1990-1995**



Source: PAHO/WHO (Pan-American Health Organization/World Health Organization), *Disparidades de salud en América Latina y el Caribe: el rol de los factores determinantes sociales y económicos*, Washington, D.C., October 1999.

Figure II.8
REDUCTION IN MORTALITY OF CHILDREN UNDER 5, 1980-1999



Source: United Nations Children's Fund (UNICEF), *The state of the world's children, 2001*, New York, 2001, and data for 1980.

Inequalities, and their effects on health, leave their mark even before birth. In Peru, for example, a study showed that whereas 95% of women in the top income quintile received prenatal care from trained personnel, only 40% of women from the lowest-income quintile had access to such care. In the case of attention during childbirth, the difference was even more dramatic, since the figures were 96% for the top quintile and only 15% for the poorest one. Similar results were obtained in Mexico for the period from 1990 to 1996: the percentage of intra-hospital births was 93% in the case of families living in the 10% of municipalities with the highest incomes and only 8% in the decile of the poorest municipalities (Lozano and others, 2000).

In a city in southern Brazil, two cohorts of children -born in 1982 and 1993 respectively- displayed the same levels of disparity between the richest and poorest groups in almost all health indicators. Whereas the infant mortality rate went down from 80 to 13 per thousand in families with an income equal to or less than one minimum wage per month, in the families with higher incomes the rate went down from 33 to 5 per thousand, so that in spite

of the general improvement the ratio between the two extremes remained at 2.6 (Victora, 1999).

The inequalities are reflected not only in the mortality rate, however, but also in the retarded growth of the children who survive. A study made in Brazil in 1989 showed that the incidence of retarded growth among children under five was 30 times higher among families whose monthly per capita income did not exceed US\$ 20 than among those whose income exceeded US\$ 160: the rate was 28.9% for the former and 0.9% for the latter. Another study on retarded growth, carried out in 1996, found that the rates were 22.6% for families who had no durable goods, compared with 4.4% for those who had four or more durable goods (Olinto and others, 1993, pp. 14-27). The studies indicate that this incidence of retarded growth is closely related with the educational level of the family: the rates varied from 19.3% when the head of family had no formal education to only 3.4% when the head had over 11 years' education. This correlation is observed at all levels of education, which suggests that any increase in formal education will have an impact on health. As might be expected, the correlation is even closer

when considering the mother's educational level (NUPENS/USP, 1998).

These disparities in the health conditions of the different socio-economic groups of the Ibero-American countries are partly the result of the individual characteristics of these groups: their income (which depends in turn on the type of employment or production activity of the families), their assets, their ownership of durable goods, and the characteristics of their dwellings and the areas they live in. However, they are also the result of the unequal access of the different groups to social services such as health, sanitation, education, transport and communications.

Infant mortality is also closely related to the educational level of mothers, which in turn is closely related with the respective level of income. Studies made in Chile in the 1990-1995 period showed that neonatal mortality rates varied from 13.5 per thousand for mothers without formal education to 6 per thousand for mothers with over 13 years of formal education. The differences are even more marked in the case of post-neonatal mortality: 24.5 per thousand and 2.6 per thousand for the same two groups of mothers, i.e., they were ten times higher for mothers without education than for those with the highest level of education (Hollstein, Vega and Carvajal, 1998).

Many of these socio-economic and health disparities are also reflected in inequalities characteristic of the spatial distribution of the population. A number of studies show that health levels in the Ibero-American countries display dramatic disparities between regions, between urban and rural dwellers, and between communities with different levels of development. Population and health surveys, for example, show the differences in rates of retarded growth among children under five in urban and rural areas. In some cases the percentage of children below the standard levels of development is two and a half times higher in rural areas than in urban areas, and in countries like Peru and Guatemala retarded growth affects over half the rural children under five years of age (Macro International, 1996). In Brazil, the incidence of retarded growth was reduced between 1975 and 1996 by a factor of almost four in the regions with the best performance, but only by a factor of 2.7 in those with the worst performance, so that the ratio between the two types of regions, which was 2 in 1975, increased to over 5 in 1996 (NUPENS/USP, 1998).

Infant mortality rates also reflect the different living conditions characterizing the different regions or

geographical areas of each country. In the city of Buenos Aires, the rate of infant mortality had gone down to 13 per thousand by 1995, but in some provinces of Argentina it still exceeded 30 per thousand at that same point in time (PAHO/WHO, 1998a). Although infant mortality in Brazil as a whole went down by 40% between the 1977-1985 and 1987-1995 periods, the differences in mortality between the best and worst areas have increased still further, and although infant mortality rates went down in all regions of the country between 1986 and 1996, the ratio between the mortality rates in the rural Northeast and the national average increased from 1.7 to 2 (NUPENS/USP, 1998).

A recent study carried out in the city of Rosario, Argentina, clearly revealed the inequalities in the type of attention in childbirth received by women from different socio-economic levels. Children born in public hospitals had an average birth weight 200 grammes below that of children born in private clinics, who weighed between 3,168 and 3,350 grammes. Likewise, the rate of stillborn babies was 11.1 per thousand in the public hospitals, compared with 3.8 per thousand in private clinics. Although they obviously needed them more, the women who were attended in public hospitals received iron and folic acid supplements in 5.6% of the cases, compared with 44% in private clinics; they were given antibiotics in 4.8% of the cases, compared with 15.7% in private clinics, and they received other vitamins and mineral supplements in only 0.3% of the cases, compared with 24.8% in private clinics (Belizan and others, 2000).

Differentials according to ethno-cultural origin

Socio-economic, geographical or regional disparities become even more marked and complex when they affect population groups that also suffer from problems of exclusion on ethnic and cultural grounds. In Ibero-America, this mostly affects the indigenous and Afro-Caribbean populations, especially the former.

The few studies that exist, although limited, do make it possible to get an idea of the magnitude of this problem (World Bank, 1993; Amaris, Flores and Mojica, 1992; Rivas, 1993). For a start, it is equally true in almost all the countries that the indigenous population is the segment which is the poorest of the poor. The magnitude and intensity of indigenous poverty is such that in many countries the greater part of the indigenous population qualifies as extremely poor.

In Bolivia, for example, over two-thirds of the bilingual indigenous population and almost three-quarters of the non-bilingual are poor. The levels of education of the indigenous population of Bolivia are an average of three years below those of the non-indigenous population. As regards health, the indigenous population registers more than double the number of cases of disease and injury of the rest of the population and loses twice as much working time, yet they receive less medical attention and fewer preventive health services than the non-indigenous population.

In Guatemala, the majority of the indigenous population do not have access to basic social services such as drinking water, sanitation or education, and much less services such as electricity or telecommunications. Indeed, almost half the homes of indigenous people do not have access to drinking water and sanitation, compared with only 5% in the case of the non-indigenous population of the country.

In Mexico, poverty levels are closely correlated with municipalities of predominantly indigenous population. Infant mortality among the indigenous population is more than 2.5 times higher than the national average.

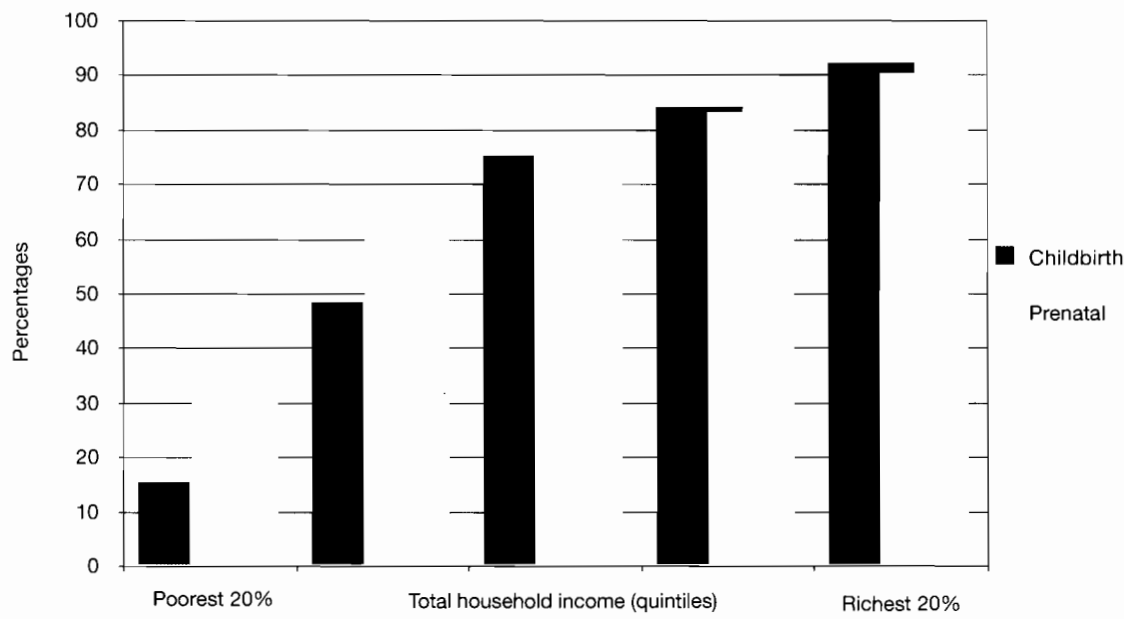
In Honduras, the life expectancy at birth of indigenous men is 29 years less than for non-indigenous males; in the case of women, it is 27 years less than for non-indigenous women.

In Panama, the indigenous population represents 8% of the total population but accounts for 19% of the total number of poor, since the vast majority of indigenous inhabitants -some 95%- are poor. Moreover, only 9% of the indigenous population of Panama qualify as simply "poor", since the great majority -some 86%- are extremely poor. Infant mortality among the indigenous population is 3.5 times greater than the national average for Panama.

In Colombia, infant mortality among the indigenous population around 1993 was 63.3 per thousand: double the national average, while life expectancy at birth of the indigenous population was 57.8 years for women and 55.4 years for men, compared with national averages that were 10 years higher. The important point, however, is not just that members of the indigenous population of Colombia live ten years less than the non-indigenous population: the really serious aspect is the unsatisfactory conditions that the indigenous population of Ibero-America live in, which cause them to die ten years before the rest of their "fellow-citizens" (Piñeros-Petersen and Ruiz-Salguero, 1998; United Nations, 1998; PAHO/WHO, 1998b).

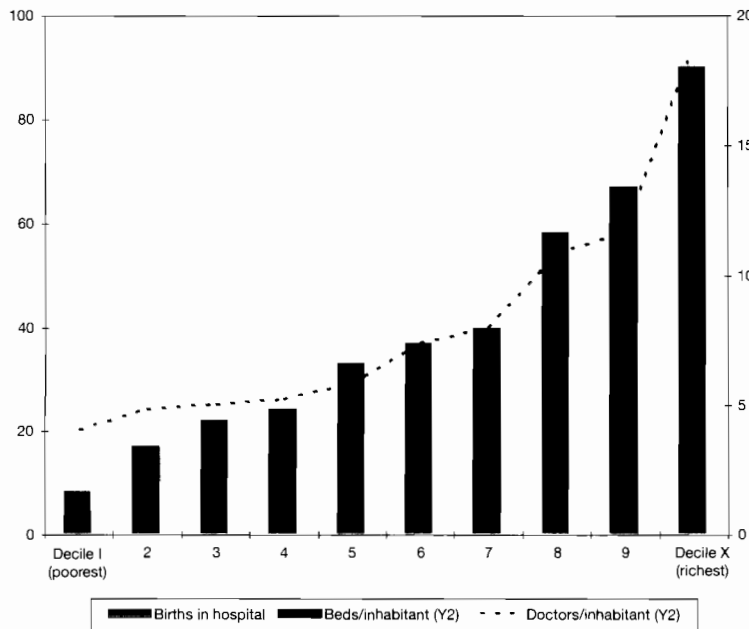
Recent studies on the living conditions of communities of Afro-Caribbean origin also reveal the existence of considerable socio-economic disparities with respect to national averages. The levels of poverty of these communities vary enormously, from levels as low as 2% in Bolivia and Costa Rica to 40% and 50% in Brazil and Colombia (Cowater International and IDB, 1996). Studies made in Brazil are extremely enlightening: in the case of illiterate mothers the rate of infant mortality was almost 120 per thousand for the black population, 110 per thousand for mulattos and 95 per thousand for white mothers. In the case of mothers with eight or more years' schooling, the rates were much lower, but the ethnic differences were larger, with rates of 82 per thousand for blacks, 70 per thousand for mulattos and 57 per thousand for whites. Black mothers needed between four and seven years of formal education in order to reach the infant mortality rates of white illiterate mothers, thus showing the impact that ethnic discrimination can have on the living conditions and health of the population (Da Cunha and Pinto, 1997).

Figure II.9
PRENATAL AND CHILDBIRTH ATTENTION BY SPECIALIZED PERSONNEL: PERU, 1996



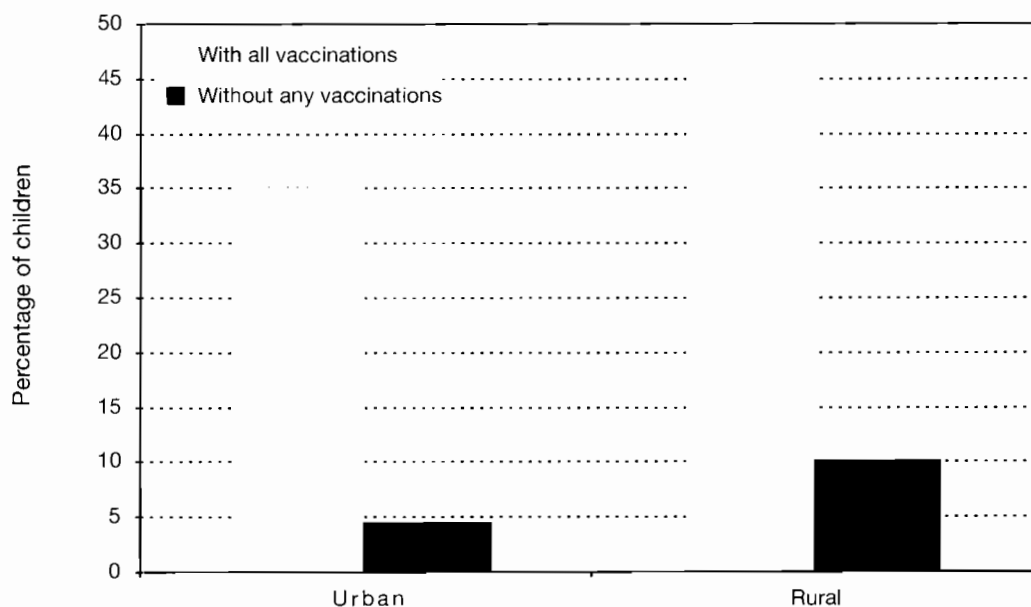
Source: PAHO/WHO (Pan-American Health Organization/World Health Organization), *Disparidades de salud en América Latina y el Caribe: el rol de los factores determinantes sociales y económicos*, Washington, D.C., October 1999.

Figure II.10
DISTRIBUTION OF HEALTH RESOURCES BY PER CAPITA INCOME OF MUNICIPALITIES: MEXICO, 1990-1996



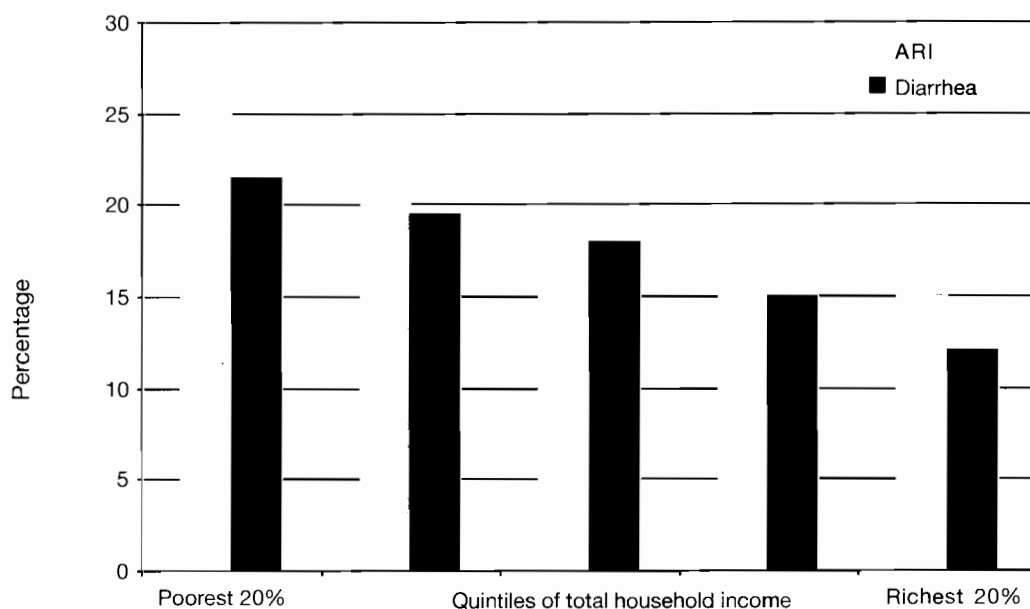
Source: PAHO/WHO (Pan-American Health Organization/World Health Organization), *Disparidades de salud en América Latina y el Caribe: el rol de los factores determinantes sociales y económicos*, Washington, D.C., October 1999.

Figure II.11
**CHILDREN WITH FULL IMMUNIZATION AND WITHOUT ANY
 IMMUNIZATION, BY GEOGRAPHICAL AREA: GUATEMALA, 1995**



Source: PAHO/WHO (Pan-American Health Organization/World Health Organization), *Disparidades de salud en América Latina y el Caribe: el rol de los factores determinantes sociales y económicos*, Washington, D.C., October 1999.

Figure II.12
**INCIDENCE OF ACUTE RESPIRATORY INFECTIONS (ARI) AND DIARRHEA
 IN CHILDREN UNDER 5 YEARS OF AGE IN DIFFERENT QUINTILES
 OF TOTAL HOUSEHOLD INCOME: PERU, 1996**



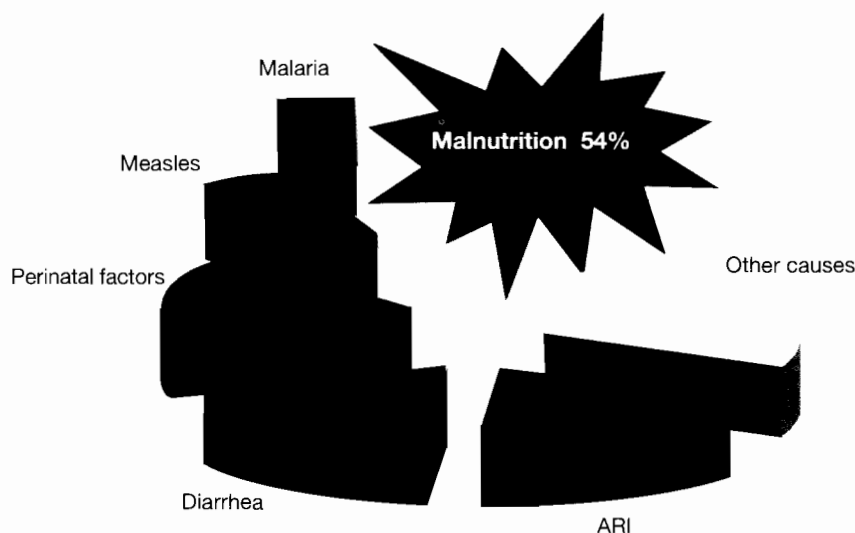
Source: PAHO/WHO (Pan-American Health Organization/World Health Organization), *Disparidades de salud en América Latina y el Caribe: el rol de los factores determinantes sociales y económicos*, Washington, D.C., October 1999.

3. Nutritional risk and the right of children to proper nutrition and breast-feeding

For children, being well nourished is a natural part of their right to life. Children who cannot cover their nutritional needs grow slowly and fall behind with the passage of time. This gradual de-nutrition makes them

vulnerable to sickness and death and also reduces their potential for learning and enjoying life. Children with retarded growth grow up to be slight in build, less productive and more liable to chronic ailments.

Figure II.13
CAUSES OF THE 11.6 MILLION DEATHS OF CHILDREN UNDER 5 IN DEVELOPING COUNTRIES IN 1995



Source: Based on data from Christopher J. L. Murray and Alan D. López (eds.), *The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability from Diseases, Injuries and Risk Factors in 1990 and Projected to 2020*, Boston, Harvard University Press, 1996, and David L. Pelletier, Edward A. Frongill and Jean-Pierre Habicht, "Epidemiologic evidence for a potentiating effect of malnutrition on child mortality", *AMJ Public Health*, No. 83, 1993, pp. 1130-1133.

The extent of the food risk to which children are exposed continues to be considerable: even considering only the urban context, in 9 of the 16 countries studied (Bolivia, Brazil, Colombia, Ecuador, El Salvador, Honduras, Nicaragua, Paraguay and Venezuela) over a third of the children under two years of age live in a situation where they are exposed to this risk. In rural areas

the problem is even more widespread, and in 6 of the 11 countries studied (Bolivia, Brazil, Colombia, El Salvador, Honduras and Venezuela) over 50% of the children live in these conditions. These high percentages -which are closely related with the rates of malnutrition and infant mortality registered in the countries in question- clearly show that there are still factors in the region which make

children extremely vulnerable. It should be noted that although significant reductions were achieved between 1990 and 1997 in urban poverty, the nutritional risk faced by children under two years of age, associated with structural poverty conditions, went down in most countries much more slowly.

Around the mid-1990s, 54% of the deaths of children under five in the developing countries were directly or indirectly due to malnutrition. In Ibero-America, over 60% of the deaths of children in this age group are due to illnesses deriving from malnutrition or aggravated by it. Malnourished children are not as strong, not as healthy and not as bright, and they can die or become disabled from this cause. Children and pregnant women are most vulnerable to malnutrition, so their state is the most sensitive indicator of a country's nutritional situation. Malnourished children are over twice as likely to die as well-nourished children. Pregnant adolescents are at the highest level of risk because their own growing bodies and those of the children in their wombs are competing for the available nutrients.

In most cases, malnutrition is not associated with hunger nor can be seen at first sight. Those responsible for defining child nutrition and family income policies have an enormous responsibility: a child who is not properly nourished will have a shorter life, and that life will be less healthy, less productive and less satisfying. If a society does not invest in nutrition today it will be running up growing costs in the immediate future.

Nutritional risk begins before birth, in the mother's womb. When the mother has nutritional deficiencies, her organism cannot give the fetus all the nourishment it needs. It will then suffer from insufficient development, which can be reflected in problems during pregnancy, a high risk of death during the birth process, and physical and mental limitations for the rest of the child's life if it survives. As already noted, the biggest nutritional difficulties during pregnancy occur among adolescent mothers, but also among pregnant women from the poorer strata in general. Low birth weight is an indicator of nutritional shortcomings during pregnancy. It is estimated that in Ibero-America some 946,000 babies weighing less than 2,500 grammes are born each year.

The practice of breast-feeding provides children with adequate nutrients and protection against a large number of illnesses which are common in this stage of life. The early initiation of complementary feeding without proper measures of hygiene and sterilization, however, reduces

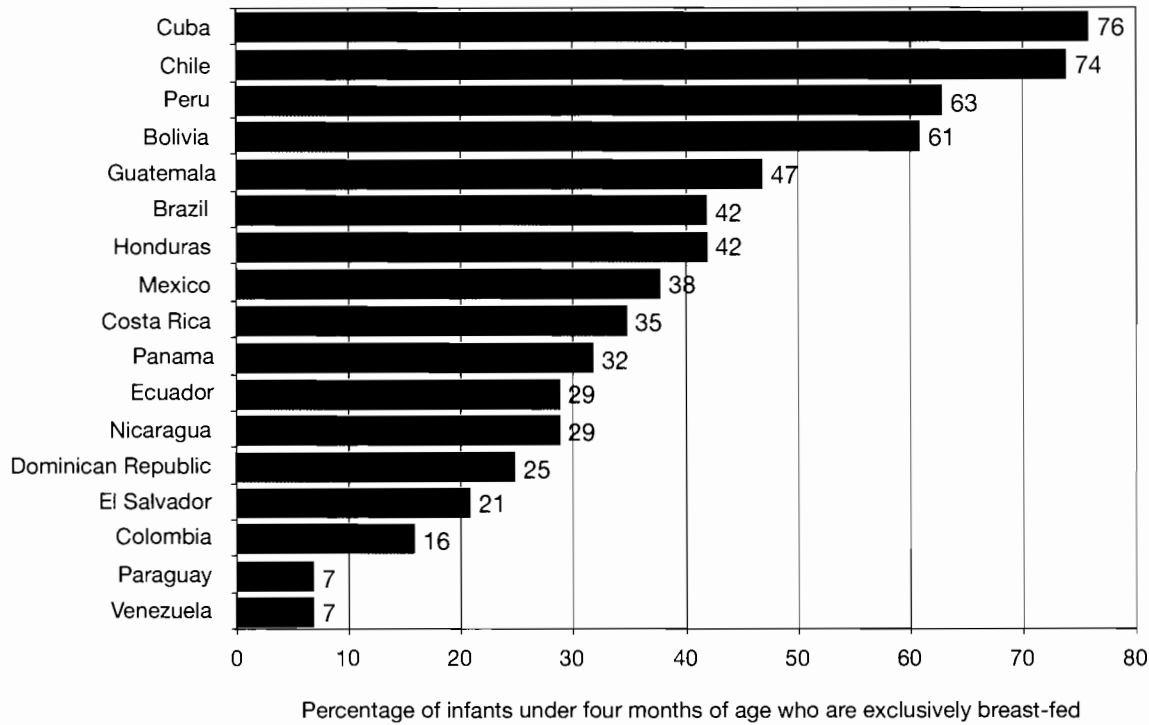
the benefits of breast-feeding (especially in the first three months of life) because it places the child in contact with contaminated substances. Habits and attitudes in respect of breast-feeding and weaning, as well as those regarding food hygiene, are related with the risks of sickness, malnutrition and death. These risks differ greatly among the countries of the region, as may be seen from the following figure, which presents recent information on exclusive breast-feeding during the first four months of life.

A key factor in defining nourishment patterns (volume and type of food consumed, sanitary treatment of foodstuffs, rotation of food groups, etc.) is the educational environment in the home, and especially the level of education of the mother. A low level of education is associated with a lack of knowledge on how to compose diets, how to ensure a healthy environment, how to treat foodstuffs, what health services are available at the local level and how to gain access to them, etc. The importance of the mother-child duo for the care of the child in the first years of life means that if the mother does not know how to feed children properly, this greatly increases the risk not only of catching diseases but also of suffering from emaciation, chronic malnutrition, and other forms of malnutrition, such as overweight. Furthermore, if the mother was in a state of malnutrition during pregnancy (as often happens in the poorer strata), her child will probably be born with corresponding insufficiencies reflected in anemia, deficits of micronutrients such as iodine, iron and vitamin A, and low birth weight. This means that -if the child does not die at an early age- its future in society will be biologically prejudiced to a serious extent from the very beginning of its life.

Thus, the presence of these two factors -insufficient income and a low level of education of the mother- becomes a serious nutritional risk factor which will undermine the psychomotor development of the preschool child and subsequently seriously affect the child's capacity to take advantage of his or her passage through the educational system.

The proportion of children living in homes severely affected by poverty (with a per capita income 25% below the poverty line) and also having mothers with a low level of education (between 0 and 5 years' schooling) went down markedly during the 1990s. On the one hand, this reduction was closely associated with the general improvement in the living conditions of households and especially with the reduction in poverty which took place mainly in the first half of the past decade. On the other, it

Figure II.14
PREVALENCE OF EXCLUSIVE BREAST-FEEDING, 1995-1999



Source: United Nations Children's Fund (UNICEF), *The state of the world's children, 2001*, New York, 2001

was due to the higher level of education of the mothers of the new generations, thanks to the trends towards the universalization of education.

With few exceptions, nutritional risk is greater among children in single-parent homes (where one of the parents is absent), the overwhelming majority of which have female heads. This situation makes the problem even more critical, because although it is often linked with the practice of living as hangers-on with another household, especially in the first stages of the family life-cycle (ECLAC, 1998, chapter VI), it affects the capacity of the household to generate economic resources and hence also affects the ability of the mother to devote herself to the care of her children.

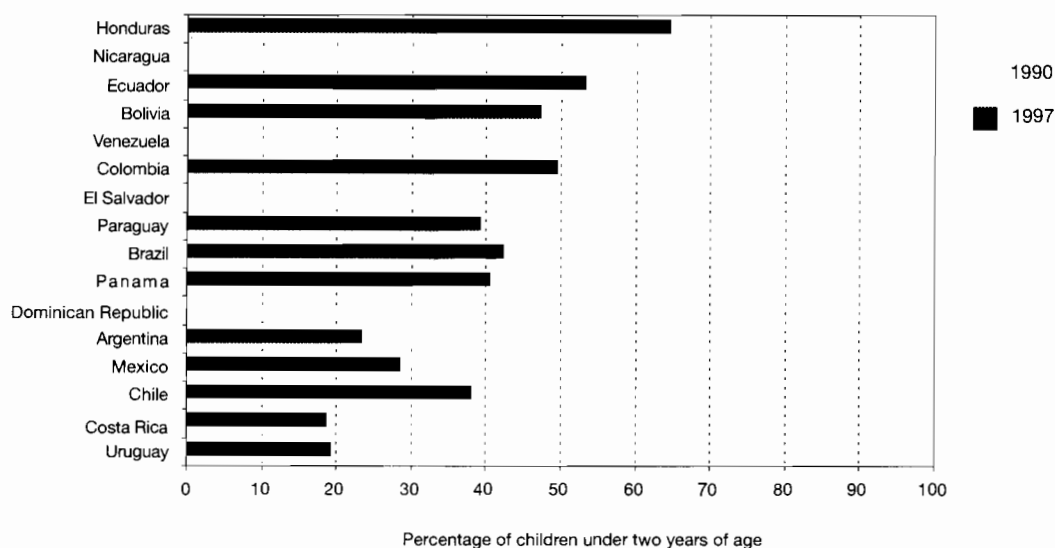
It is estimated that in the year 2000 approximately 36% of all children under the age of 2 in Latin America were in a situation of high nutritional risk. In rural areas, this situation was estimated to affect an even greater proportion (around 46%), because of the generalized

shortcomings in sanitary conditions and the greater difficulty of that sector of the population in gaining access to public health services.

It has been found in a number of countries that, in relative terms, the biggest deficiencies in child nutrition are found in children of both sexes who are over one year old and under five. This is because this age group receives almost no breast feeding, is affected by discriminatory practices in the distribution of food within the family, mostly does not attend pre-school or protective establishments which provide nutritional supplements, and is the group most affected by nutritional deficits due to bad food habits.

A typical consequence of malnutrition is that, through intermediate neuro-psychological variables, it markedly affects school performance. Malnourished students also suffer from poor attendance, higher rates of repetition and the highest rates of dropping out. Malnutrition is therefore one of the main causes of inefficiency and inefficacy of

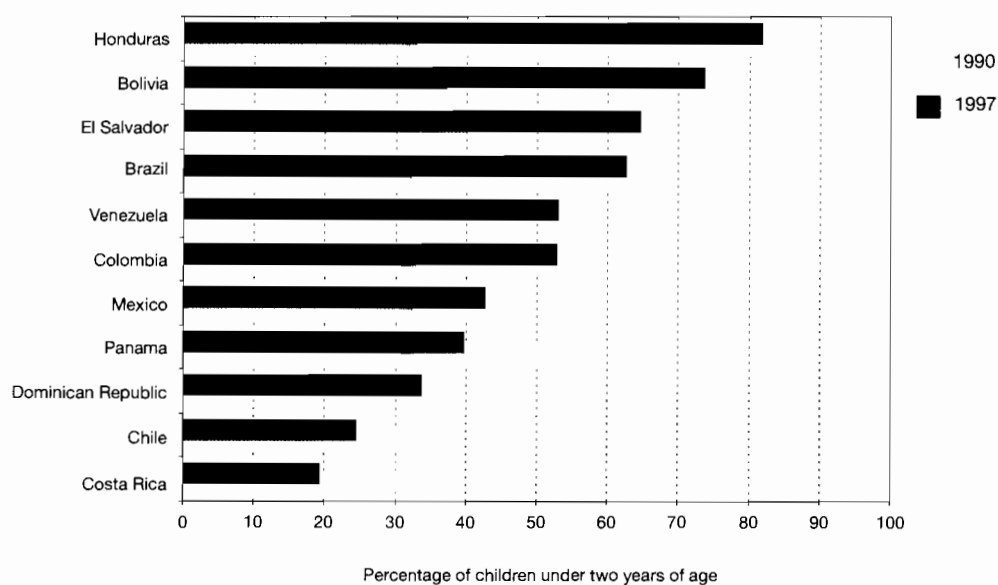
Figure II.15
**PERCENTAGE OF CHILDREN UNDER TWO YEARS OF AGE EXPOSED TO
 HIGH NUTRITIONAL RISK:^a URBAN AREAS, 1990-1997**



Source: ECLAC, on the basis of special tabulations of household surveys of the respective countries.

^a Children under two years of age living in households with a per capita income equal to or less than 75% of the respective poverty line, and whose mothers have less than six years' schooling.

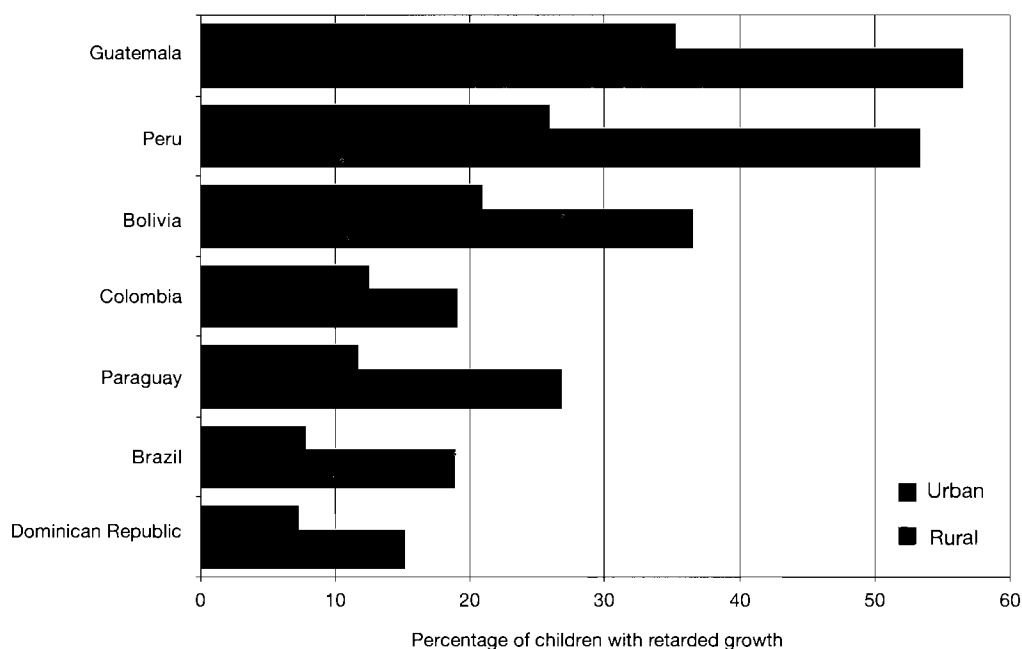
Figure II.16
**PERCENTAGE OF CHILDREN UNDER TWO YEARS OF AGE EXPOSED TO
 HIGH NUTRITIONAL RISK:^a RURAL AREAS, 1990-1997**



Source: ECLAC, on the basis of special tabulations of household surveys of the respective countries.

^a Children under two years of age living in households with a per capita income equal to or less than 75% of the respective poverty line, and whose mothers have less than six years' schooling.

Figure II.17
**INCIDENCE OF RETARDED GROWTH AMONG CHILDREN UNDER
 5 YEARS OF AGE, BY GEOGRAPHICAL AREAS, 1990-1996**



Source: PAHO/WHO (Pan-American Health Organization/World Health Organization), *Disparidades de salud en América Latina y el Caribe: el rol de los factores determinantes sociales y económicos*, Washington, D.C., October 1999.

the school system and hence also of a deterioration of the returns from the investments that countries make in the formation of human capital. Good food practices of schoolchildren and of their families play a fundamental role in educational achievement.

A number of countries of the region are promoting with great success the distribution of nutritional supplements (school breakfasts, school lunches, fortified

cookies) in schools of the basic educational system. Experience has shown that the efficiency and efficacy of these efforts is closely related with three factors: ensuring full coverage by schools located in areas of greatest poverty and nutritional shortcomings, interaction with activities to further nutritional education, and mobilization of the community to achieve effective changes in family food practices (ECLAC/OAS-ANEP/FAS.OPP.BID, 1997).

4. Inequalities in access to drinking water and sanitation services

As regards the child population, another decisive factor in the incidence of communicable diseases such as poliomyelitis, neonatal tetanus, measles, colds and influenza as well as intestinal ailments such as typhoid, diarrhea, tympanites, cholera, etc. is the sanitary conditions of the environment in which children grow up. These general environmental hygiene conditions are closely linked with the adequacy or inadequacy of drinking water supply and excreta disposal systems, to say nothing of the growing importance being assumed in the big cities by air pollution, as a factor giving rise to acute respiratory insufficiency or ARI (see section III).

Although by the year 2000 the great majority of Ibero-American countries had succeeded in giving a very high proportion of their urban population (over 90% in almost all countries) access to piped drinking water, there are still serious shortcomings in rural areas. In the big cities, the population not covered by this service consist of low-income strata living in fast-growing makeshift settlements. An outstanding task in the region is the reduction of the enormous lag affecting the rural and peri-urban population in respect of both drinking water supply and sanitation.

The situation in rural areas needs even more urgent attention, because in most of the countries 50% or more of the population live in dwellings without drinking water supply and over 60% do not have access to an adequate sanitation system either. Furthermore, there are inequalities between socio-economic strata. In 1997 the degree of availability of drinking water services to the poorest 25% of the population was between 15% and 25%, whereas among the richest 25% of the population this lack of services affected less than 3% of their inhabitants in most countries.

The situation with regard to sanitation is also highly unequal and the shortcomings are even greater. Except in Mexico, in the poorest quartile nearly 60% of the corresponding population live in dwellings without a proper system of sanitation, whereas in the richest quartile the proportion is close to 30% (ECLAC, 1999).

The improvement which has taken place in connections to piped water systems is strongly

concentrated in urban areas: the efforts made during the decade were concentrated on interconnection and supply in the areas with the greatest population density. Although rural areas account for an increasingly small proportion of the population and government action in this field involves much larger investments because of their great territorial dispersion, their need for such services is even more critical than in urban areas, since they also have greater difficulty in gaining access to health systems and mostly continue to use unhealthy methods of cultivation and treatment of foodstuffs. The differences between the coverage of this service in urban and rural areas are staggering: in countries like Bolivia, Chile and Honduras the percentage of children under six whose families have drinking water supply is three or more times smaller in rural areas. There are, however, great differences between countries in this respect, with the coverage of drinking water supply in rural areas ranging from 25%-30% in Bolivia, El Salvador and Honduras to around 75% in Brazil. In rural areas, although the differences are smaller, the proportion of the population with drinking water supply nevertheless ranges from 98% in Colombia to 65% in Paraguay.

There are also very pronounced inequalities within both urban and rural areas: in the former, deficits in this respect affect between a third more children in the poorest strata (the poorest 25%) compared with those belonging to the richest 25% of households, and in some cases more than twice as many. In the case of rural areas, the differences are smaller because there is a more generalized lack of drinking water services.

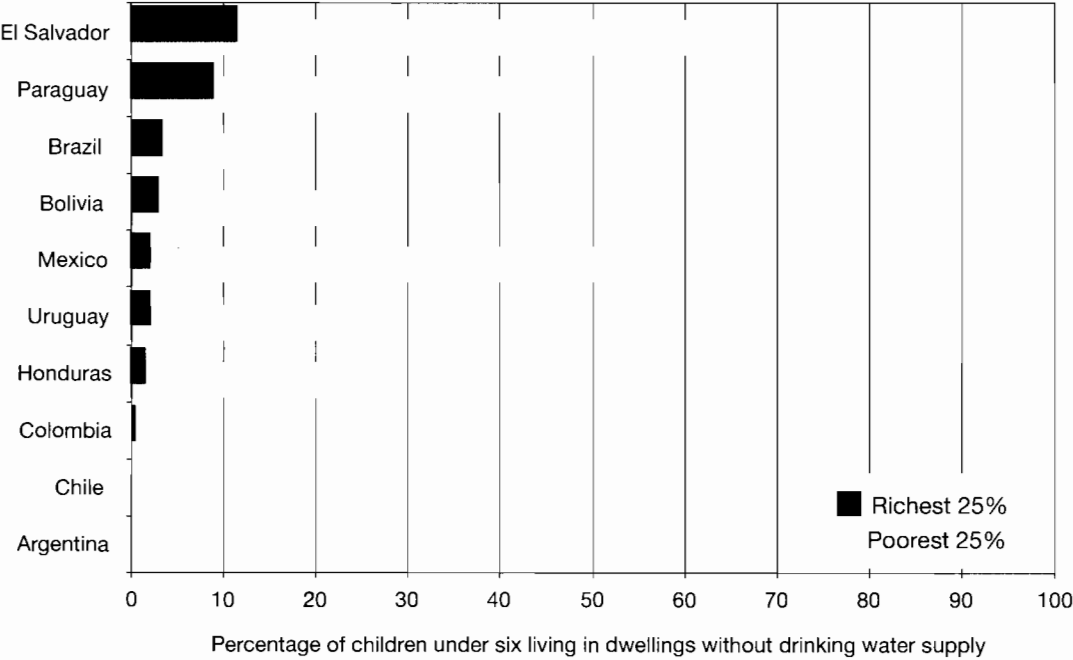
The most critical situation with regard to the risk of catching diseases is that of children with mothers of low educational level, however, because in this case, in addition to the lack of resources, there is also the problem of ignorance about the proper handling of food. This situation is particularly serious in rural areas, because in them children are exposed much more and for longer periods to natural watercourses which are being polluted because of the lack of proper systems of excreta disposal and the failure to treat polluted water.

The situation is no better with regard to the risks due to the concentration of wastes and the failure to treat them.

The absence of proper systems for the disposal of excreta is a problem that affects even more children than the lack of drinking water. Comparison of the respective levels of coverage reveals that as the coverage of both services increases, so too do the disparities, because government action tends to give priority to the latter.

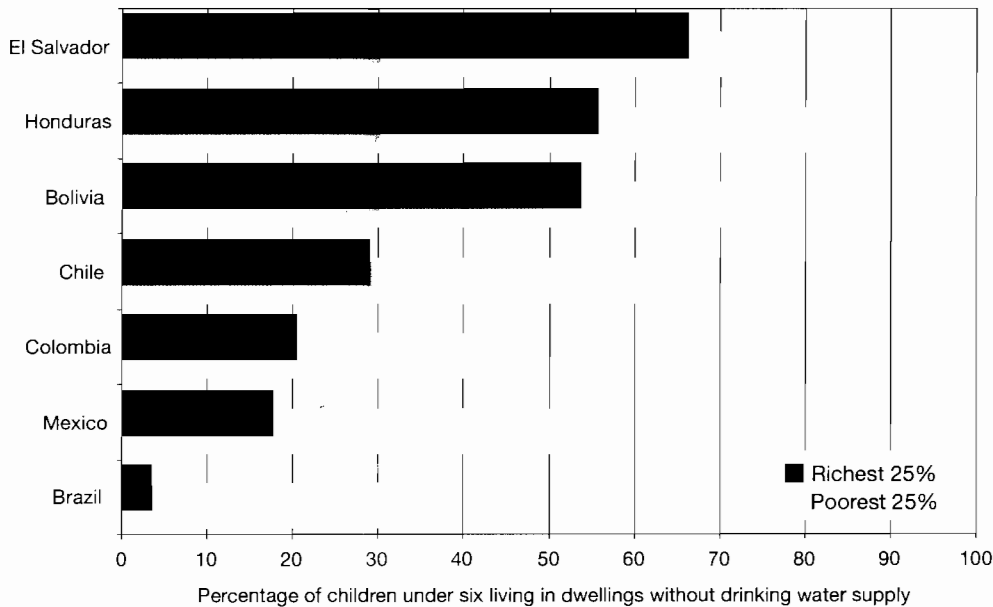
It is estimated that in the year 2000 nearly 30% of children under six lived in dwellings without access to piped water; that is to say, in conditions of high health risk associated with the pollution and inadequate treatment of the water used in the various household activities, while over 40% of them were in significant danger of catching illnesses because of the lack of adequate excreta disposal systems.

Figure II.18
DISPARITIES IN THE ACCESS OF CHILDREN UNDER SIX TO DRINKING WATER SUPPLY IN THE POOREST 25% AND RICHEST 25% OF HOUSEHOLDS
(Urban areas, 1989/1991-1996/1998)



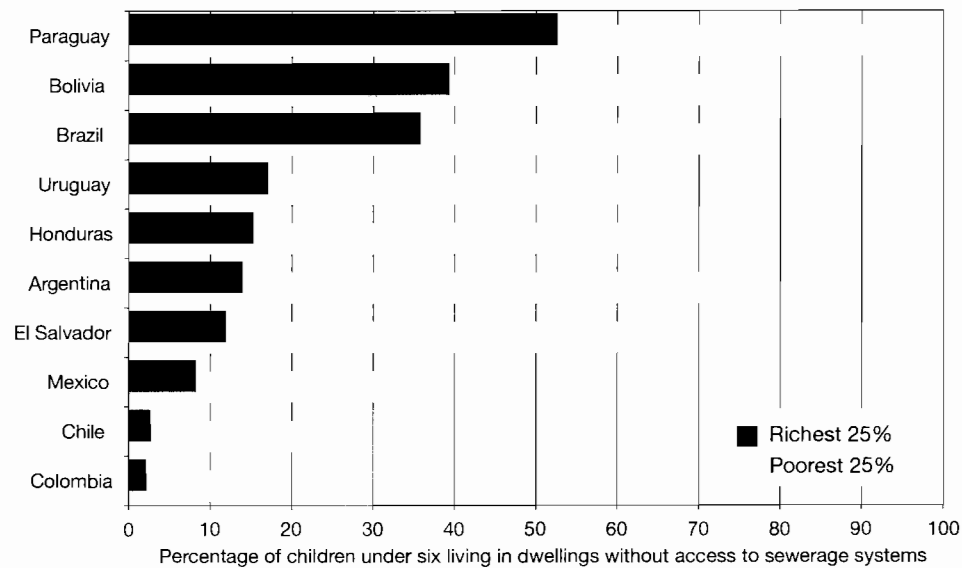
Source: ECLAC, *Social Panorama of Latin America, 1999-2000* (LC/G.2068-P), Santiago, Chile, August 2000. United Nations publication, Sales No. E.00.II.G.18.

Figure II.19
**DISPARITIES IN THE ACCESS OF CHILDREN UNDER SIX TO DRINKING
WATER SUPPLY IN THE POOREST 25% AND RICHEST 25% OF HOUSEHOLDS**
(Rural areas, 1980/1990-1990/1999)



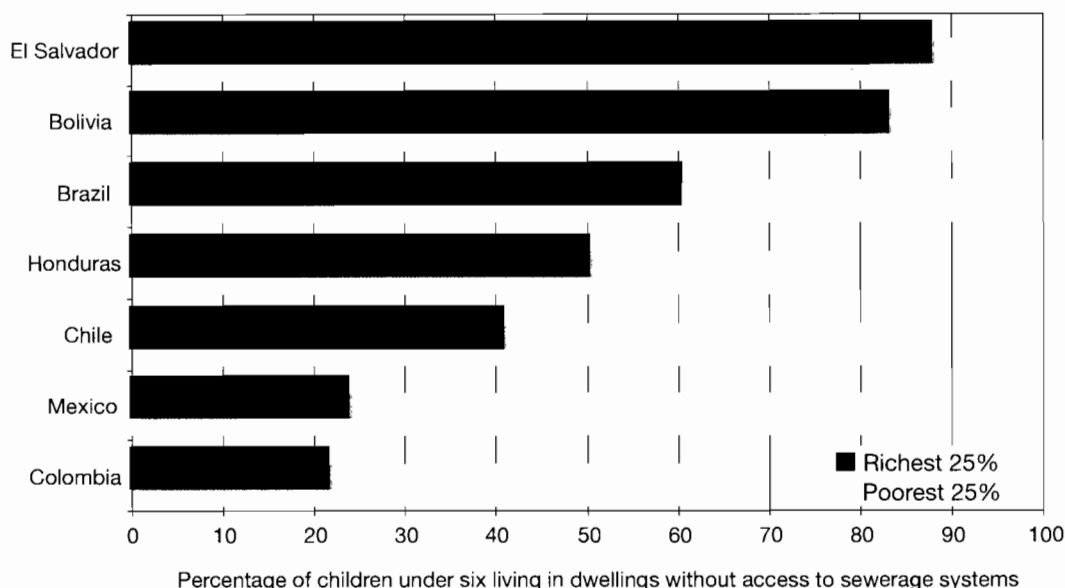
Source: ECLAC, *Social Panorama of Latin America, 1999-2000* (LC/G.2068-P), Santiago, Chile, August 2000. United Nations publication, Sales No. E.00.II.G.18.

Figure II.20
DISPARITIES IN THE ACCESS OF CHILDREN UNDER SIX TO SEWERAGE SYSTEMS
IN THE POOREST 25% AND RICHEST 25% OF HOUSEHOLDS
(Urban areas, 1989/1991-1996/1998)



Source: ECLAC, *Social Panorama of Latin America, 1999-2000* (LC/G.2068-P), Santiago, Chile, August 2000. United Nations publication, Sales No. E.00.II.G.18.

Figure II.21
DISPARITIES IN THE ACCESS OF CHILDREN UNDER SIX TO SEWERAGE SYSTEMS
IN THE POOREST 25% AND RICHEST 25% OF HOUSEHOLDS
 (Rural areas, 1989/1991-1996/1998)



Source: ECLAC, *Social Panorama of Latin America, 1999-2000* (LC/G.2068-P), Santiago, Chile, August 2000. United Nations publication, Sales No. E.00.II.G.18.

5. Shortcomings and inequalities in the educational achievements of children and adolescents

In Ibero-America, in spite of the advances made in terms of access to and completion of pre-primary and primary education and in greater coverage of secondary education, serious shortcomings in levels of educational achievement persist. These increase as one advances in the primary cycle and are reflected in the high proportion of children who do not complete the first grades or do so with delay and the even higher proportion of children who do not complete this cycle. These lags in the basic stages of accumulation of education are undoubtedly due mainly

to the inequalities in the access to education and achievements of children from households of different socio-economic strata. These inequalities also reflect the different opportunities of children from urban and rural areas and from different ethnic and territorial groups for gaining access to education within the countries.

On average, in rural areas two out of every five children fail to complete the primary cycle, while in urban areas one out of every six children interrupt their studies

before completing the primary cycle or else complete it with a lag of at least two years, which in most cases leads to abandonment of the educational process before completing the secondary cycle, although in the majority of the countries the latter is currently the minimum educational level that gives a high possibility of avoiding poverty throughout subsequent economically active life (ECLAC, 1994, chapter VI).

With regard to the percentage of children who complete six years of schooling, it is noteworthy that there were only three countries (Chile, Honduras and Mexico) where urban-rural disparities went down appreciably during the decade, so that in general the inequalities due to educational lags in the rural areas persist. Among the countries studied, Colombia and El Salvador, and to a lesser extent Brazil, were those with the biggest disparities in this respect.

The shortcomings in the basic cycle are also reflected in the high rates of repetition in the first two grades. The high private and social costs involved in school repetition,² together with its negative impact on rates of dropping out, make it a matter of concern that the internal efficiency of primary education in the region continues to be low and in most countries there are still very pronounced disparities between urban and rural areas and between socio-economic strata. On average, 12% of children in urban areas and 30% of those living in rural areas are already lagging behind at the end of the second grade of the primary cycle because of the high rates of repetition and late entry into the cycle. The inequalities between the social strata are even greater: in the poorest 25% of households the rate of repetition (18%) is almost five times that of children from the richest 25% of households.³

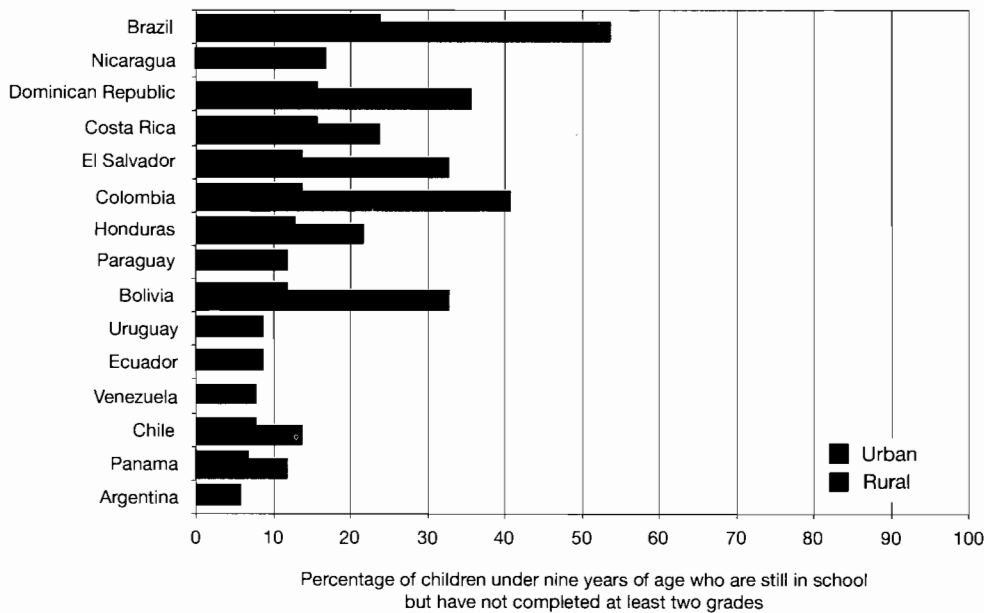
For their part, inequalities of socio-economic origin in levels of scholastic achievement at the end of the primary cycle are more pronounced than geographical disparities and, like these, are observed both in countries with relatively low rates of enrollment in this level (Brazil, El Salvador, Honduras, Nicaragua and the Dominican Republic) and in those with relatively higher rates (Argentina, Chile, Costa Rica, Panama and Uruguay). Thus, in urban areas only 7% of children from the richest 25% of households cease their education or are lagging behind at the end of the primary cycle, whereas the proportion rises to 26% in the case of the poorest 25% of households. These differences become more marked throughout the basic cycle, since they are already clear at the end of the fourth grade and are partly due to the differences between the rates of scholastic lag in the first two grades: 4% and 18% respectively.

With regard to the inequalities, it should be noted that progress was made in some countries during the 1990s towards fewer inequalities of educational achievement in the primary cycle between children from different socio-economic strata, although these inequalities continue to be substantial. In some countries, the progress made in terms of expanding enrollment coverage and reducing dropping out have benefitted children from the middle and lower strata proportionately more. Thus, the indicators for access, scholastic lag and completion of the cycle have registered greater improvements among children from the poorest quintile or the two poorest quintiles of the income distribution scale, which has reduced the disparities with children from the top stratum.

2 Repetition also increases total costs because it makes it harder to attain the goals of social programmes such as supplementary nutrition in school, which have a high cost per student.

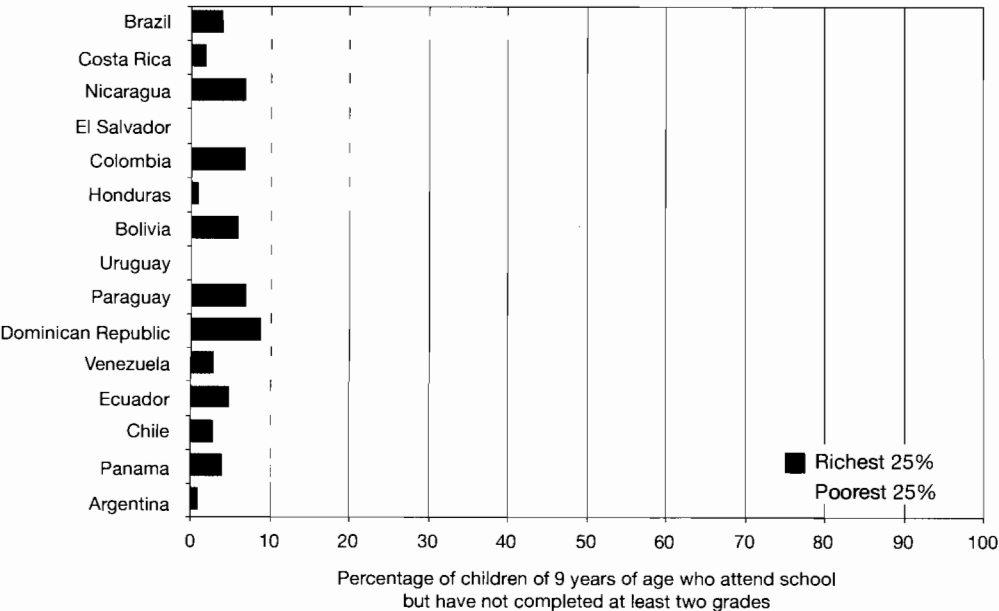
3 These averages conceal very different situations between countries, so the figures should be interpreted with caution, since repetition in the first two grades is determined, among other factors, by the systems and practices prevailing with regard to promotion and rejection, which vary greatly from one country to another. Thus, a reduction in scholastic lag may not be due to an increase in the efficiency of the educational system but rather to the introduction of a system of automatic promotion or less strict evaluation of school performance.

Figure II.22
**RATE OF REPETITION IN THE FIRST TWO GRADES
OF THE PRIMARY CYCLE, BY GEOGRAPHIC AREAS, 1997**



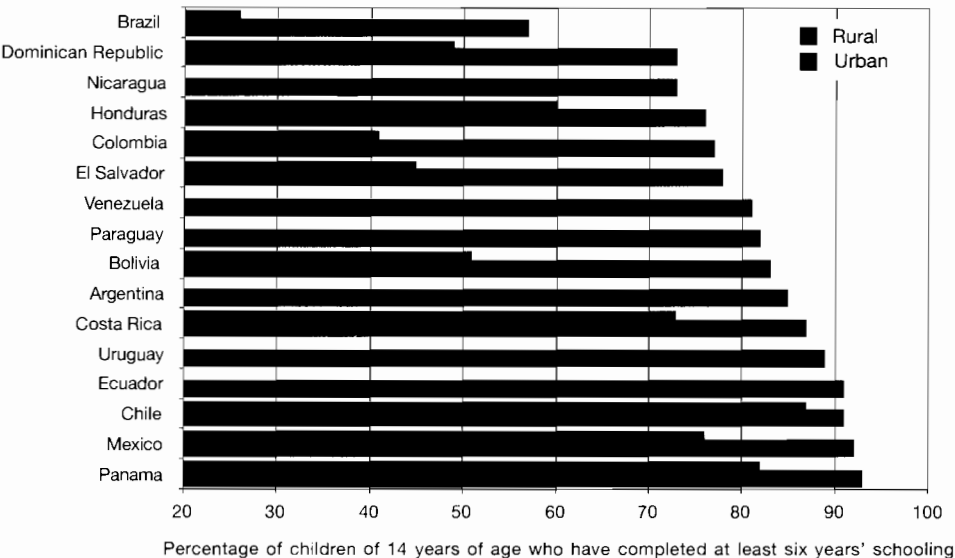
Source: ECLAC, *Social Panorama of Latin America, 1999-2000* (LC/G. 2068-P), Santiago, Chile, August 2000. United Nations publication, Sales No. E.00.II.G.18.

Figure II.23
**RATE OF REPETITION IN FIRST TWO GRADES OF PRIMARY CYCLE BY
CHILDREN FROM THE 25% POOREST AND 25% RICHEST HOUSEHOLDS
(Urban areas, 1997)**



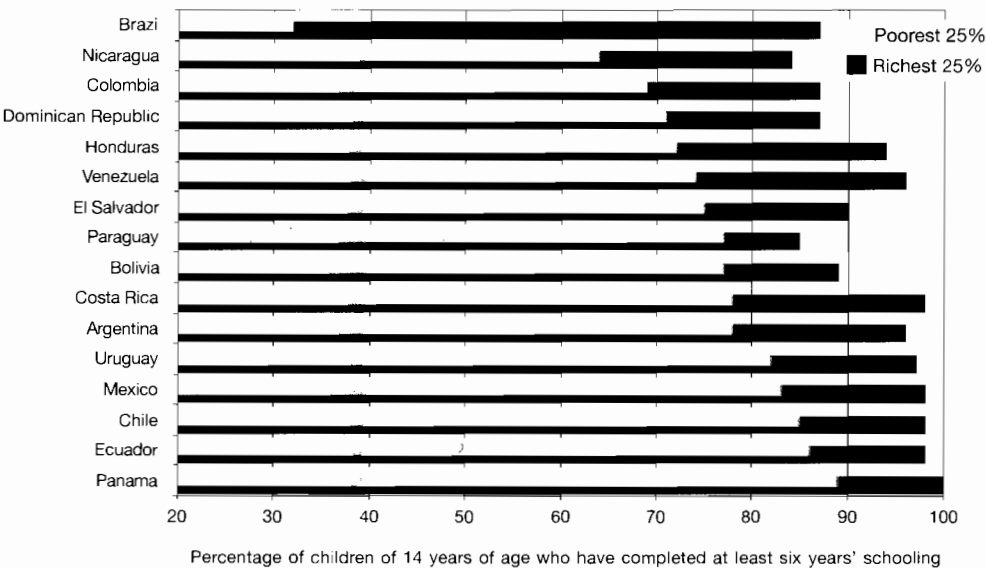
Source: ECLAC, *Social Panorama of Latin America, 1999-2000* (LC/G. 2068-P), Santiago, Chile, August 2000. United Nations publication, Sales No. E.00.II.G.18.

Figure II.24
RATE OF COMPLETION OF PRIMARY CYCLE, BY GEOGRAPHICAL AREAS, 1997



Source: ECLAC, *Social Panorama of Latin America, 1999-2000* (LC/G. 2068-P), Santiago, Chile, August 2000. United Nations publication, Sales No. E.00.II.G.18.

Figure II.25
RATE OF COMPLETION OF PRIMARY CYCLE BY CHILDREN
FROM THE 25% POOREST AND 25% RICHEST HOUSEHOLDS
(Urban areas, 1997)



Source: ECLAC, *Social Panorama of Latin America, 1999-2000* (LC/G. 2068-P), Santiago, Chile, August 2000. United Nations publication, Sales No. E.00.II.G.18.

6. Adult illiteracy

In 1997, adult illiteracy affected some 40 million persons in Ibero-America. Between 1990 and 1997, the index of illiteracy among the adult population of the region is estimated to have gone down by 17 percentage points, but it still affected some 11% of the population aged 15 or over, and there were still enormous differences between countries. In 1990, 6 out of the 21 countries of the region had relatively low levels of illiteracy (equal to or less than 6%). A further 8 countries had medium levels of illiteracy (between 7% and 15%), while 7 countries had very high levels (between 20% and 50%). These inequalities between countries did not go down during the decade, and the average level of illiteracy in the countries with the highest rates continued to be almost six times greater than in the countries with low illiteracy (UNESCO/OREALC, 2001b).

As absolute illiteracy went down by the same proportion in the three groups of countries, the inequality between them was not reduced, and the percentage of the population affected by this problem in the countries with the highest levels continues to be almost six times greater than the average level in the countries with low levels of illiteracy.

After almost a decade, a number of countries of the region (Bolivia, Brazil, El Salvador, Guatemala, Honduras, Nicaragua and the Dominican Republic) continue to have illiteracy rates over 15%, whereas others (Argentina, Chile, Costa Rica, Cuba, Spain and Uruguay) have brought their rates down to less than 5%. This means that in Ibero-America there are countries with levels of illiteracy comparable to those of the most highly developed nations in the world, while in others almost one-third of the adult population is illiterate.

Absolute illiteracy is a problem which most seriously affects the poorest countries, with the highest proportion of indigenous communities. There are also still significant differences within the countries, so that, even in those with low levels of illiteracy of the population as a whole, the proportion of the population affected increases markedly over the average in rural areas, among the indigenous population, and especially among women, who continue to account for the majority of illiterates in the region (56% in 1997).

Differences by age are also significant, and are even more marked among women. Although in all the countries the proportion of young illiterates is lower than that of adults, in some Ibero-American countries these differences are notably smaller. If we compare the situation in Ecuador and Portugal, for example, we see that although in both countries practically 10% of the population aged 15 or over was illiterate, in Ecuador nearly 3% of young people were illiterate, whereas in Portugal this phenomenon hardly affected young people between 15 and 24 at all. An extreme case would appear to be that of Nicaragua.

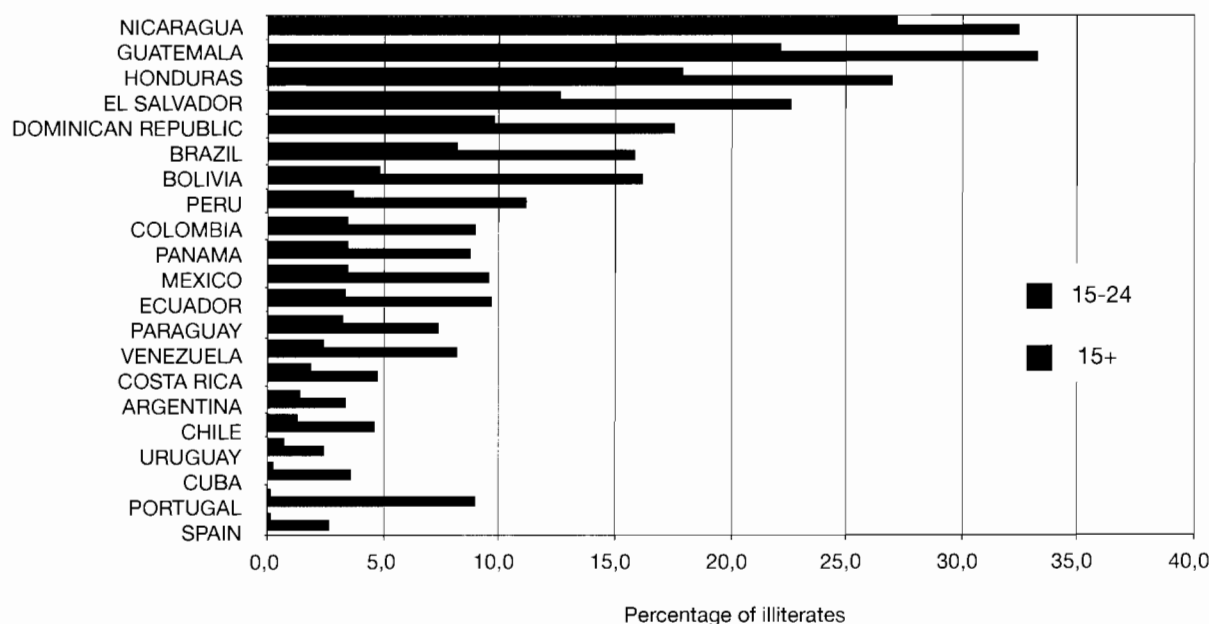
The balance-sheet for education in the last two decades in Latin America and the Caribbean drawn up by the United Nations Educational, Scientific and Cultural organization (UNESCO) (UNESCO/OREALC, 2000a) analysed the measures taken by governments to reduce illiteracy in the region and concluded, *inter alia*, that:

- Inter-sectoral social programmes for the reduction of illiteracy and the incorporation of young people and adults in them are isolated initiatives rather than forming part of a broad, stable policy in most of the countries of the region.
- There is a growing tendency to consider that the best way of solving the problem of illiteracy is ensure that the school-age population receives a proper basic education, rather than to organize more programmes for the education of young people and adults. Indeed, the education of young people and adults has been given less attention in educational policies and has in many cases been left out of the reform processes.

To sum up, the shortcomings in terms of educational attainment still observed in the year 2000 indicate that:

- a) the greater educational lag of children at the beginning of the school cycle in rural areas represents a considerable challenge for the relevant policies, since in addition to the problems of access for those who live in distant areas there are also in many cases problems connected with the fact of belonging to ethnic minorities. These circumstances make it all the more difficult to secure universal education because of the lack of schools in general and especially of schools that cater for the particular cultural features of the students involved;

Figure II.26
**ILLITERACY AMONG THE POPULATION AGED 15 OR OVER
 AND AMONG THOSE AGED BETWEEN 15 AND 24**



Source: United Nations Educational, Scientific and Cultural Organization (UNESCO).

b) the challenge in urban areas is to incorporate and retain in the school system children from the poorer strata, where the breakdown of the family, the lower value attached to education and other adverse conditions in their households of origin make it difficult and costly to improve on the levels of access achieved so far. This challenge -universal completion of basic education- might not seem very demanding in view of the high levels of primary school enrollment registered in the administrative records, especially in the light of the present requirements for education. From a national perspective, however, it should be seen as an objective that must be attained both in urban and rural areas and in all the socio-economic strata. The shortcomings in rural areas and among the lower-income groups naturally makes this a more ambitious objective in countries where these inequalities are greater.

c) This objective presents educational policies with a dual challenge. On the one hand, since the inequalities are clearly visible at the age when children should have completed the first four grades, efforts should not be aimed merely at increasing the proportion of children who complete this first cycle, improving the quality of education and making it accessible to students from all strata: as the rates of coverage of primary education increase, it also becomes even more important to adapt the subjects taught to the real needs, to improve the systems for measuring the quality of education, and to redouble the efforts to reduce dropping out from school, as well as tackling the considerable shortcomings in terms of pre-school preparation and attention.

Box II.1

BI-ALPHA: A COMMUNITY PARTICIPATION MODEL FOR PROMOTING THE WELFARE OF CHILDREN AND DEFENCE OF THEIR RIGHTS

The Panama Declaration *"United for children and adolescents, cornerstone of justice and equity in the new millennium"*, which was adopted at the Tenth Ibero-American Summit for Children (Panama City, 9 November 2000), refers in its article 12 to the growing concern of the Central American governments over the impact of the armed conflicts experienced in the past decade on children and adolescents. It therefore recommends that measures should be taken to deal with the physical and psychological sequels of such situations, as well as the consequences of the intra-family violence which affects above all poor households which have suffered from armed conflicts and natural disasters.

Adults bear prime responsibility for protecting the rights of children and adolescents (the rights to health, education, proper nutrition, and above all to grow up in a harmonious family environment, far from violence and from having to work at an early age or in unhealthy occupations). It is therefore important to educate adults in these practices, but it is very difficult to do this when high rates of illiteracy in developing countries represent a fundamental limitation in this respect. For this reason, the governments of Central America are currently hard at work implementing national campaigns or movements to reduce such high rates of illiteracy, their intention as governments being to link the content of this educational process for adult men and women with the importance of ensuring the welfare of children and adolescents.

In article 9 of the Panama Declaration (*"Action on behalf of Equity and Social Justice"*) the Heads of State of the 21 Ibero-American countries met together in that city also decided "To continue to promote our rich and solid cultural roots, customs and traditions, with the fullest respect for the particular features and values of each country, for which purpose we must advance towards forms of education which are integral, significant and respect linguistic, ethnic and cultural diversity and equality of the sexes, for the furthering of human development" (sub-paragraph b).

BI-ALPHA is an innovative literacy training model based on the active participation of the community in order to ensure that all its members obtain specific skills and knowledge in an active learning process which seeks to heighten awareness and secure a consequent change in individual and collective attitudes and hence also changes of conduct. The model has been given official status and applied on a broad scale in both indigenous and peasant context in Latin America: in Bolivia, for the quechua-speaking population of the Departments of Chuquisaca, Potosí and Cochabamba (1998-2002); in Peru, for quechua-speaking inhabitants of the Department of Huancavélica (2000-2004); in Guatemala, in mam- and q'ánjobál-speaking communities of the Department of Huehuetenango (2001-2004), and in Paraguay, in the Departments of Caaguazú, San Pedro and Cordillera (2001-2004). It has also been applied, without assuming

official status, among the mapuche population of Chile (1970) and Argentina (1985-1986). The ECLAC Regional Bi-Literacy Project on productive, environmental, gender-related, reproductive health and other matters, which is sponsored by the United Nations Development Fund for Women (UNIFEM), the United Nations Population Fund (UNFPA), Cooperazione Italiana, the United Nations Development Programme (UNDP), the Ford Foundation and local governments, aims to apply its community participation model in the implementation of a "Maya-Spanish bi-literacy programme on matters related with the protection of children, intra-family violence and the rehabilitation of children and adolescents affected by armed conflicts" in Central America: El Salvador (Morazán), Honduras (Olancho) and Guatemala (Huehuetenango).

The Central American countries (especially El Salvador, Guatemala and Honduras) are multi-ethnic and multi-cultural societies. Their many linguistic communities of Maya origin are those which register the highest rates of illiteracy and the highest levels of deterioration in the living conditions of children and the subordination of women. These indigenous communities are also those which have suffered most from the impact of wars and natural disasters. At the same time, however, they are population groups which insistently demand the right to use their culture and language.

Furthermore, where there are still lags in terms of the coverage of basic education in rural areas and among the lower-income strata, the efforts made should seek both greater equity of access and an improvement in the quality of education. With regard to the first of these goals, the establishment of social programmes of food

supplementation and health attention, or, if they already exist, their evaluation and follow-up, should form an important part of policies for providing more equal opportunities because of their positive effect on learning, insofar as they make it possible to offset the shortcomings of students' homes and improve the extent to which children are kept in the school system.

Section III

New challenges for the Ibero-American social agenda

1. The fundamental right to a name and nationality¹

This section analyses various problems affecting children and adolescents in Ibero-America which represent new challenges for governments and societies at large. While these problems are not new in the region, their visibility is now much higher and they need to be tackled jointly with all the other problems in order to endow policies on children and adolescents in the region with an integral quality.

The right to a full identity, made up of the rights to a name, to a nationality and to belong to a family, has a special dimension among children's rights and includes both individual, family and social aspects. The right to a name is formally exercised through civil registration. The birth certificate is the document that makes possible the full exercise of citizenship. It is also the means whereby children can gain access to social programmes in the areas of infant survival and development and education.

The right to a nationality is important in order to preserve the collective identity of the individual *vis-a-vis* the national community with which he or she identifies

and belong to. This not only allows the development of the individual's cultural identity, including the basic elements of his or her daily life, language, view of the world and values, but is also the legal and political basis for the rights of the individual as a member of a nation.

All the Constitutions of the countries of the region are governed by the *jus soli* principle, which involves the automatic right of children born within the territory of a country to the nationality of that country. However, a million children -about 10% of the total number of births- fail to be registered officially each year in the Ibero-American countries (Instituto Interamericano del Niño,

¹ This section is based, inter alia, on PAHO/WHO (2000b) and UNICEF (1998).

1999). Although international figures indicate that over 90% of the children born each year are indeed entered in the official registers in almost all countries of the region, it has been found that in most countries there is nevertheless a serious problem of under-registration due to different types of social exclusion, especially for the following reasons:

- Levels of registration are higher in the cities than in rural areas, and higher for children born in hospitals.
- There are no reliable data or estimates regarding the number of children who lack registration documents, but it is suspected that this is a major problem affecting, according to the country, between 50% and 10% of all children.
- Failure to register is most prevalent in indigenous and Afro-Caribbean populations and in the most under-privileged strata of society, in both rural and urban areas, because of the cost involved and lack of information on the importance of this procedure.
- In countries which still are or have been affected by armed conflicts which cause the displacement of persons, human rights problems have also seriously affected the right to an identity.
- In many cases the problem is made worse because, even when they are indeed officially registered, for socio-cultural reasons births are registered as "Father unknown", because of the irresponsibility of fathers who fail to respect children's right to be recognized by both parents and to know and relate with both of them.

Box III.1

REGISTRATION OF BIRTHS

In view of its importance, the World Summit for Children established as a regional goal for the year 2000 the immediate registration of all children at birth, in order to ensure their right to a name, to a nationality, and to know their parents and be cared for by them. It therefore emphasized the need to guarantee and facilitate the administrative registration of all children immediately after birth in the registry offices of all localities.

The indicator defined for the purpose of following up this important goal was the proportion of children between 0 and 59 months of age whose birth had

been officially registered. Children are considered to be registered when they have a birth certificate, which must have the status of a legal document and which is often a formal requisite for gaining access to schooling, health services and many other services which guarantee the enjoyment of civil rights.

Up to the mid-1990s, many Ibero-American countries were far from having achieved universal registration of births. In the cases where universal registration has not been achieved, the unregistered children mostly belong to members of indigenous

populations, refugee and immigrant groups, and families living in remote areas.

Many countries have significantly increased their rates of registration of births through special campaigns and systematic training of public officials, while some countries have done so by making their laws on citizenship and birth registration procedures more flexible. The following table gives details of the magnitude of under-registration in countries of the region:

LEVELS OF REGISTRATION OF BIRTHS IN IBERO-AMERICAN COUNTRIES, 1994/1998

90% or more	Between 70% and 89%	Between 50% and 69%
Argentina	Colombia	Bolivia
Brazil	Panama	Nicaragua
Chile	Paraguay	
Costa Rica	Peru	
Cuba		
El Salvador		
Guatemala		
Honduras		
Portugal		
Spain		
Uruguay		

Source: Ministry for Women's Affairs and Human Development-United Nations Children's Fund (PROMUDEH-UNICEF), *Informe Regional de las Américas sobre los avances hacia las metas de la Cumbre Mundial en favor de la infancia y los acuerdos regionales 1990-2000*, Lima, 2000.

The available information is incomplete and fragmentary but nevertheless makes it possible to gain an idea of the magnitude of the problem. Studies carried out in seven countries of the region (Bolivia, Ecuador, Brazil, Mexico, Nicaragua, Panama and Venezuela) indicate, for example, that in those countries there are some 34 million people -most of them minors- without official registration of their birth. These figures are much higher than the official calculations. In Argentina, it is estimated that around 35% of the population are not registered or have no birth certificate, the percentage being much higher among the indigenous population. In Mexico, according to 1998 reports of the Department of Population and Migration Services, 5 million Mexicans had no birth certificate and 10 million had birth certificates suffering from some irregularity, the problem being much more serious among the indigenous population and peasants in remote areas. In Nicaragua, according to the Institute of Statistics and Censuses, in the mid-1990s the percentage of unregistered children was between 47% and 40%, although it was estimated that by 1998 it had been reduced to some 36%. In Colombia, which was a pioneer in matters of civil registration, the problem has become serious again as a result of the armed conflict and the consequent displacement of large population groups (UNICEF, 2000b).

Some countries have stepped up their efforts to improve their registration systems and, in particular, to

ensure the registration of children in rural areas or areas far away from the big cities. Argentina and Ecuador, for example, have travelling registrars who issue birth certificates, while Chile has a modern mobile computerized registration unit on line with the central registry office in the capital. In countries such as Chile, Costa Rica, Cuba, the Dominican Republic, El Salvador and Uruguay, health workers start the registration procedure in the health centres and hospitals where babies are born. In Costa Rica, because of the serious problem of lack of documentation of the migrant population, it was decided in 1998 to set up a Special Migration Regime which gives immigrant workers and their families legal access to health and education services as well as permitting the registration of their children: it is estimated that as a result nearly 175,000 persons were entered in the immigration registers. In Ecuador, mobile teams have been organized to register children in poor neighbourhoods, while in Nicaragua efforts have been concentrated on the registration of the children of rural dwellers who migrate to the cities and children in indigenous areas. In Venezuela, an interesting mobilization process has been tried out to promote the right of children to a nationality and name, and in Bolivia, Honduras, Nicaragua and Peru programmes are being carried out to promote the civil registration of children and adolescents who do not have official documents (UNICEF, 2000b).

Box III.2
RESPONSIBLE PARENTHOOD LAW

In Costa Rica, the Constitution lays down the right to an identity and the Code for Children and Adolescents provides for the issue of an identity card for minors. Registration is immediate and automatic at birth, because the health centres and hospitals have civil registration facilities and over 90% of all births are attended by the national health system. In recent decades, however, a serious problem of identification has been on the increase due to the fact that, in the year 2000 for example, over 30% of all births in the country were registered as "Father unknown". In order to combat this problem, making use of modern technological facilities, in March 2001 the "Responsible Parenthood Law" was adopted, which mandates the use of DNA tests to determine paternity. The Law operates as follows:

When children born out of wedlock are registered, the names of the father and mother are included if the registration is made by the two persons who claim to be the parents and sign to that effect. If the name of the mother is known but the father does not sign the registration form, the mother can sign it and indicate the name of the supposed father. The baby is thus registered under the mother's first and second surnames. The supposed father is notified that he must declare his position within the next ten working days after notification and is warned that if he does not officially oppose his registration as the father this will result in him being officially registered as such. If he does present himself but denies being the father, then the mother, the baby and the supposed father are given an appointment for

the examination of their genetic markers, free of charge, by the laboratories of the Costa Rican Social Security Fund, which will definitively determine whether the supposed father is indeed the father of the child. If the supposed father does not present himself for the genetic test or refuses to submit to it, then he will be officially declared to be the father and the child will be registered under the surnames of both its parents, provided the mother and child have presented themselves for the tests. This official declaration will impose the legal obligations attached to paternity.

Source: Government of Costa Rica, "Inscripción de hijas e hijos habidos fuera del matrimonio", art. 54, *Ley de Paternidad Responsable*, San José de Costa Rica, April 2001.

2. Adoption

Adoption can be a possible means for giving a family to a child who does not have one, and the commitment and goodwill displayed by almost all adoptive parents is worthy of recognition. The problem arises when adoption is used to serve interests which are not those of the child.

A very large number of international adoptions take place in Latin America and the Caribbean. The causes of this include extreme poverty; the lack of public policies

to give support to poor families and the low social value of the women concerned -as women and not only as mothers; the limited possibilities of income and development offered to women; the limited and fragile health arrangements for them, inadequately supervised by the State; and the scant support given to women by the community and their friends and workmates if they become pregnant.

Generally speaking, the existing legislation is very limited and is not in keeping with the international principles which seek to regulate adoption. Adoption by declaration before a notary, although legal in many places, permits many “irregularities” and possible business deals, such as the traffic in children. There is no proper control of the crèches or reception centres for children who may be declared eligible for adoption, and there are no mechanisms for following up children once they have

been adopted, so that there is no way of knowing if they are being ill-treated or if they are being used for prostitution or even for the traffic in organs for transplants. Nor is the child or adolescent’s consent required. The concept currently underlying adoption is that of providing a child for couples who want one, rather than looking after the higher interests of the child by finding suitable parents for him or her.

3. Priority challenges in the field of education: education in early childhood

“A child does not grow up and develop in a vacuum, but in a community, a culture, a country. The most effective programmes for the development of children in early childhood are integrated and multidimensional and designed to promote the child’s good health and proper nutrition and his or her cognitive, social and emotional capacity” (UNICEF, 2001).

For children, the way they are treated in terms of their care and primary socialization defines their physical capacity, mental health, patterns of conduct, values, expectations and interests, and these determine to a large extent their future opportunities for well-being. It is the mother who normally plays this direct and permanent role, and she is responsible for ensuring the satisfaction of the child’s basic needs: care and protection from environmental conditions and risk factors which may cause death or sickness; nutritional state; psychomotor stimulation; and development of language and patterns of conduct appropriate to the environment in which the child will subsequently live. Indeed, the level of education of the mother is the factor most directly linked with infant mortality and morbidity.

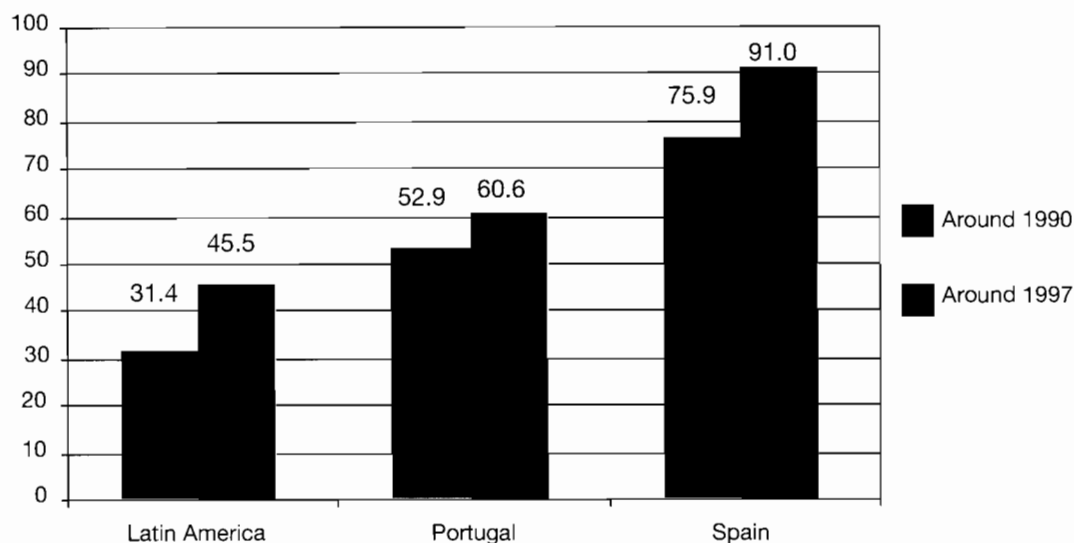
The level of the mother’s efficiency in carrying out these tasks depends on her own individual characteristics, the household situation, and the social environment in which the household is located. The socio-economic situation of the household in which the child lives defines the conditions for his or her primary socialization, as it determines the availability of resources, access to basic services, and the protection of the child.

The low level of education of mothers in the poorer strata, and the low educational climate in those households in general, is one of the factors with the most negative impact on children’s present and future opportunities. At the end of the past decade, in 10 out of 16 Ibero-American countries between 40% and 50% of children of pre-school age lived in households where the mother had not completed her primary education, and in the rural areas of most of the countries this proportion ranged between 65% and 85% (ECLAC, 2000c, chapter V). The abundant evidence that exists on the positive effect of pre-school education shows the need to expand the coverage and quality of education in early childhood.

Early childhood education was not considered among the main goals of the World Summit for Children. Its importance was noted, however, at the World Conference on Education for All, held at Jomtien, Thailand, in the same year as the Summit, which endorsed the idea that education begins at birth, not with the beginning of primary education, as traditionally held. In the Declaration on Education for All, the countries also pledge themselves to promote the sensitization and active participation of families and communities in care and education for children of early ages, with special emphasis on children in the most vulnerable situations.

The effect of these regional and international declarations is reflected in the educational reforms adopted in the countries, many of which include the age of five as the age for beginning compulsory basic education. In other countries, such as Cuba, Chile and

Figure III.1
**RATE OF ENROLMENT IN PRE-SCHOOL EDUCATION
 (3-5 YEAR AGE GROUP)**



Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), *Statistical Yearbook*, Paris, 1999; Ministry of Education, Culture and Sports, "España: tasa neta de escolarización", Madrid, 2000.

Spain, high rates of school enrollment of five-year-old children have been achieved without this being compulsory.

With regard to the supply of education services, there has been a significant increase in the coverage of initial education during the decade. As may be seen from figure III.1, the rates of enrollment of children between 3 and 5 in initial education rose from 31.4% to 45.5% in Latin America, from 52.9% to 60.6% in Portugal, and from 75.9% to 91.0% in Spain. In Latin America, these increases in coverage were concentrated in the urban areas of the countries and in the upper socio-economic strata, so that in spite of this increase there is still a long way to go in order to secure an equitable supply of quality education.

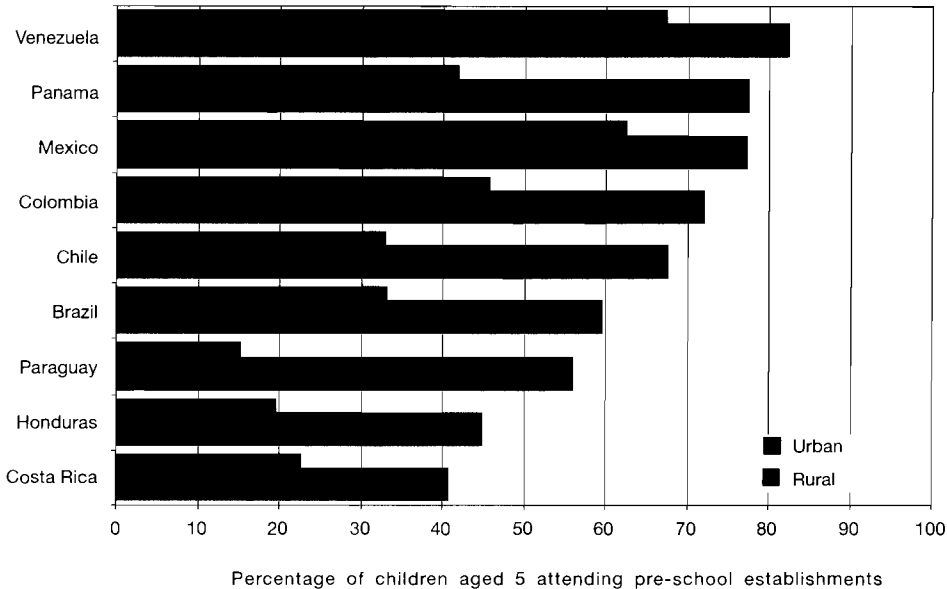
Thus, in the urban areas of 12 countries, the percentage of children enrolled in educational establishments at the age of 5 was 59% among children from the 25% poorest households, but 86% in those from the richest 25%. The gap had been partly closed in the first half of the decade, however: in the bottom quartile enrollment rose from 42%

to 59%, while in the fourth quartile the increase was somewhat smaller: from 74% to 86% (see figure III.3).

The main barriers to achievement of the goals in respect of protection and education for children in their early years are the shortage of finance and the lack of training of the personnel working in this field. Financing for this stage of education is still very low. Universal provision of adequate attention from birth is an urgent task for preventing subsequent learning difficulties and improving the quality and efficiency of educational systems (UNESCO-OREALC, 2001a).

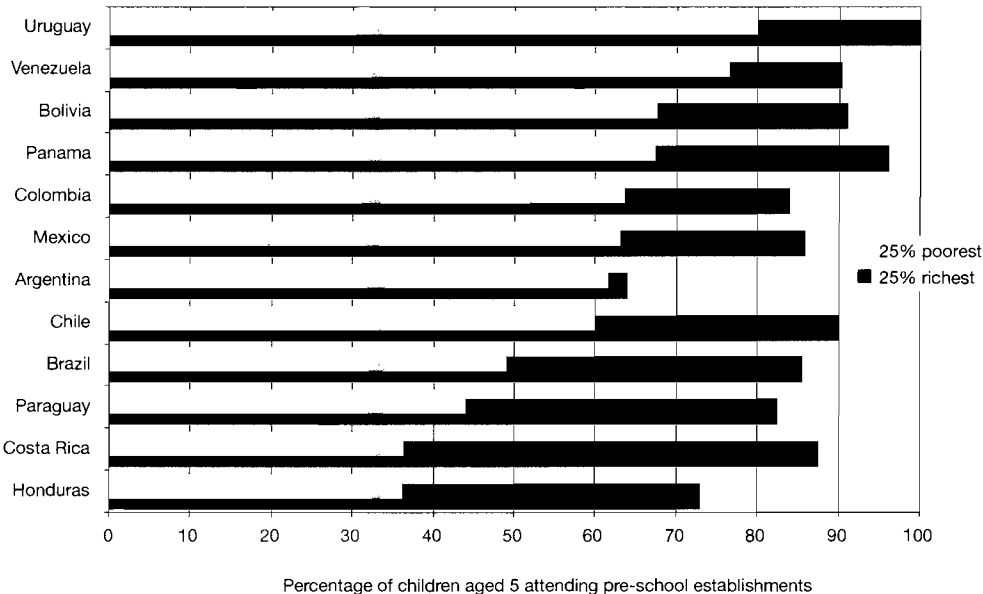
Both the Panama Declaration and the Dakar Action Framework: Education for All commit the countries to the provision of initial education with equity and quality by the year 2015 by increasing coverage and gradually offering more educational services for the care and pre-school education of children between 3 and 5, strengthening the participation and training of families and communities, organizing initiatives and programmes coordinated between different agents, and improving the quality of programmes for early childhood, especially those aimed at the most vulnerable groups.

Figure III.2
**PRE-SCHOOL ATTENDANCE BY CHILDREN AGED 5,
BY GEOGRAPHICAL AREAS, 1994/1997**



Source: ECLAC, on the basis of special tabulations of household surveys of the respective countries.

Figure III.3
**PRE-SCHOOL ATTENDANCE BY CHILDREN AGED 5
FROM THE 25% POOREST AND 25% RICHEST HOUSEHOLDS
(Urban areas, 1994/1997)**



Source: ECLAC, on the basis of special tabulations of household surveys of the respective countries.

Box III.3

THE SOONER ONE STARTS TO LEARN, THE BETTER

Children who attend pre-school establishments before the age of 4, who live with their biological parents, and whose mothers completed more than nine years of formal education have a better chance of being promoted and obtain better marks than the other children of their generation. “Incidencia de la educación inicial, de las características del hogar y de la escuela en los resultados de los alumnos de primer año de escuelas públicas de Montevideo”, study prepared by Rubén Tansini of the Department of Economics of the Faculty of Social Sciences of the University of the Republic, Uruguay.

This study analysed the effect of different factors on children's performance in the first year of the basic cycle through a probability model which included, among other variables, the age at which the child began to study, family composition, the existence of books in the household, the mother's education,

the level of absence from classes, and whether or not the establishment had partly-trained or fully-trained teachers. One of its main conclusions is that *children who start school early, especially those having attended both public and private pre-school establishments, have a better chance of achieving promotion than those who did not do this.* Moreover, children who began their education at an early age obtained better marks and repeated grades less than those who began at a later age or did not attend pre-school establishments.

Among children who began pre-school education before the age of 3, between 36% and 42% of them were promoted to the second grade of the primary cycle with the highest (“Very Good”) rating, whereas of those who only started school at the age of 5, only about 14% received this rating, and only 3% of children who never went to a pre-school establishment attained this level. The study therefore finds that one of the most important

aspects of the educational reform process begun in 1995 in Uruguay is that it establishes the goal of universal initial education for children aged 4 and 5.

The results obtained by children are also influenced by socio-economic factors in the home, by the school, and by factors deriving from the environment in which the child lives. Both the socio-economic context of the school and the “cultural capital” of the home have a very important influence on children's performance. Thus, it was noted that the rate of repetition goes down in proportion to the number of books in the home, while the proportion of children promoted with very good ratings goes up. The results also indicated that the children with the greatest probability of being promoted are those who live with their biological mother and father, and this probability increases if the mother has completed her primary education.

Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), “América Latina y Portugal: tasas brutas de escolarización”, *UNESCO Statistical Yearbook*, Paris, 1999; Latin American Demographic Centre (CELADE), “Insumos demográficos para el sector educacional: América Latina, población en edad escolar, edades simples y años calendario 1980-2000”, *Boletín Demográfico*, vol. 23, No. 46 (LC/DEM/G.92), Santiago, Chile, 1990 and “América Latina: población por años calendario y edades simples, período 1995-2005”, *Boletín Demográfico*, vol. 30, No. 60 (LC/DEM/G.170), Santiago, Chile, 1997; and Ministry of Education, Culture and Sports, “España: tasa neta de escolarización”, Madrid, 2000.

4. Quality of education

In the 1990s, most of the Ibero-American countries markedly changed the thrust of public policies on education. There is now a greater concern for quality and equity in education, because in spite of the great expansion in the coverage of primary education achieved in the 1980s (which reached levels that generally exceed 90%, accompanied in almost all the countries by levels of supply for these services of close to 100%) it was observed at the same time that there were pronounced inequalities as regards the quality of the education to which children from different socio-economic backgrounds have access.

This concern has been reflected in the implementation of a set of strategies which seek to improve the levels of quality of education, especially the various educational reform processes, whose main lines are connected with the modernization of the management of education, through decentralization policies which seek to come closer to the regional levels and to the schools themselves, to improve their self-management capabilities, and to incorporate their own special features into the curricula. This reformulation of curricula incorporates such pervading issues as democracy, ecology, health, gender and the culture of peace. Another important element in these reform processes is the implementation of planning mechanisms which will make possible positive discrimination as a means of giving resources and support to the education of the most under-privileged sectors and the reduction of inequity between the different social strata in the provision of educational services.

Specific projects aimed at basic education are also generated, almost always with the financial support of

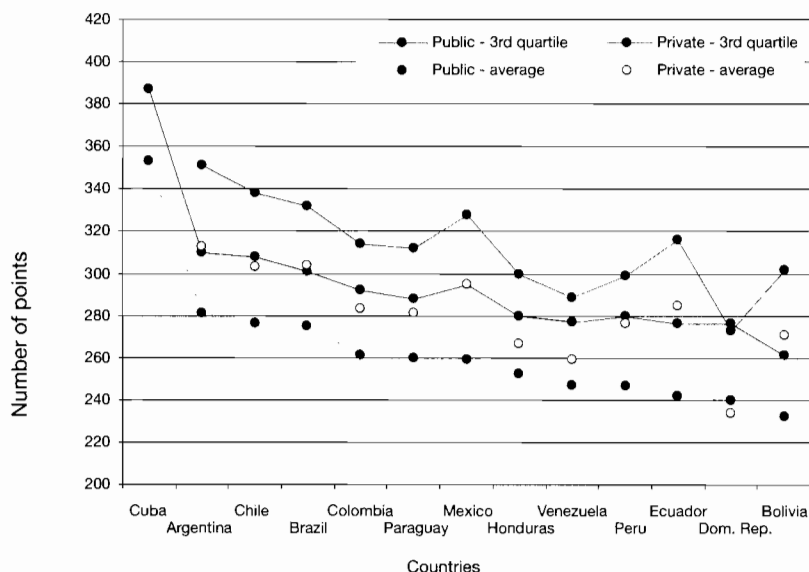
the World Bank or the Inter-American Development Bank (IDB), such as the provision of free schoolbooks, school and classroom libraries, teaching material, expansion of pre-school education, and economic support for the execution of school projects in keeping with the special features of each educational centre.

Mention should also be made of other components related with the institutional management of the education sector, such as modernization of the collection, processing and dissemination of statistical information on the sector, together with a regional effort to standardize, improve and update statistical information on the education sector at the regional level, through the Regional Educational Indicators Project (PRIE, in Spanish), which includes the installation of *national systems for the measurement, monitoring and evaluation of the quality of education* on the basis of scholastic performance as measured by the application of standardized tests, generally in the areas of command of language (reading) and mathematics (basic calculation), complemented with parallel investigation of the factors connected with the levels of performance observed.

In the same direction, the Latin American Laboratory for Evaluation of the Quality of Education (LLECE, in Spanish) was set up in the region. It forms a network of the quality evaluation systems of 16 Ibero-American countries and its first findings indicate that, except for one single country -Cuba-,² the results obtained in respect of scholastic performance are below the international averages and indeed are closer to the lowest levels registered, as may be seen from table III.1.

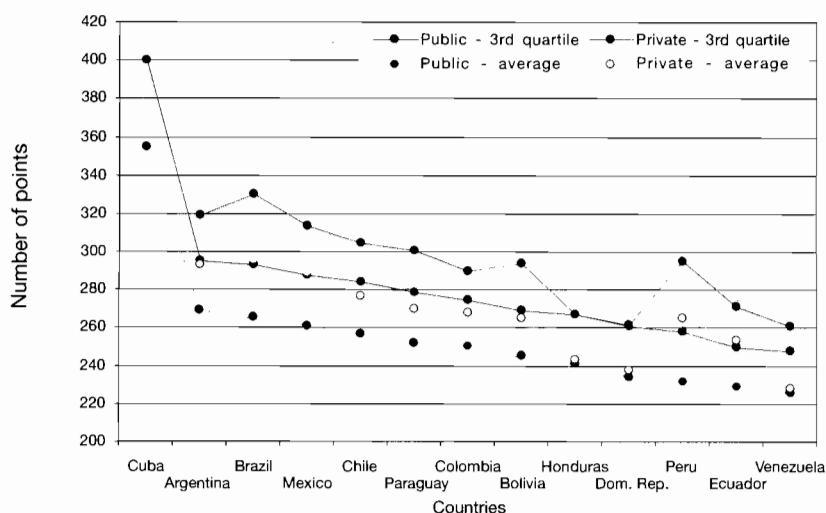
2 A comparative study carried out in 1998 on third and fourth grade students in 11 Latin American countries found that Cuban children obtained results which were appreciably better than those of the other countries (Argentina, Bolivia, Brazil, Chile, Colombia, Dominican Republic, Honduras, Mexico, Paraguay and Venezuela) -350 points compared with an average of 250- in mathematics and Spanish (UNICEF, 2001).

Figure III.4
AVERAGE NUMBER OF POINTS, AND NUMBER OF POINTS OF THE THIRD QUARTILE, OBTAINED IN STANDARDIZED TESTS BY FOURTH-GRADE STUDENTS OF PUBLIC AND PRIVATE EDUCATIONAL ESTABLISHMENTS (Language)



Source: Latin American Laboratory for Evaluation of the Quality of Education (LLECE), UNESCO Regional Office for Education in Latin America and the Caribbean (OREALC).

Figure III.5
AVERAGE NUMBER OF POINTS, AND NUMBER OF POINTS OF THE THIRD QUARTILE, OBTAINED IN STANDARDIZED TESTS BY FOURTH-GRADE STUDENTS OF PUBLIC AND PRIVATE EDUCATIONAL ESTABLISHMENTS (Mathematics)



Source: Latin American Laboratory for Evaluation of the Quality of Education (LLECE), UNESCO Regional Office for Education in Latin America and the Caribbean (OREALC).

It was also found that the levels of performance varied according to the place of residence of students (cities with over 1 million inhabitants, urban areas with less than 1 million but over 2,500 inhabitants, and rural areas with less than 2,500 inhabitants) and according to whether the schools were public or private. The substantial differences

in performance observed tend to diminish or disappear, however, when the comparisons are between children who come from population groups with similar family characteristics or who have received similar types of schooling.

Table III.1
**RELATIVE POSITION OF IBERO-AMERICAN COUNTRIES IN
INTERNATIONAL STUDIES ON THE QUALITY OF EDUCATION**

STUDY	NUMBER OF COUNTRIES TAKING PART	NUMBER OF IBERO-AMERICAN COUNTRIES	RELATIVE POSITION
LLECE 1997 ^a	13	13	Average number of points of students from country No. 1 are between 1.5 and 2.0 standard deviations away from those of the other 12 countries
TIMSS 1996 ^b	41	3	31, 37 and 40
TIMSS 1999 ^b	38	1	35
IALS 1998 ^c	22	2	19 and 22
IALS 1998 ^d	22	2	21 and 22

Source: Latin American Laboratory for Evaluation of the Quality of Education (LLECE), International Association for the Evaluation of Educational Achievement (IEA), Third International Mathematics and Science Study (TIMSS) and Organization for Economic Cooperation and Development (OECD), "International Survey on Adult Literacy Training" (<http://www.unesco.org/education/uie/confintea/pdf/3d span.pdf>), 2001.

^a Language and mathematics, third and fourth grades.

^b Mathematics, eighth grade.

^c Literacy skills among young people between 16 and 25.

^d Literacy skills among adults between 26 and 65.

Comparison of the numbers of points obtained in the standard tests on language and mathematics by fourth grade students (average levels, levels of the third quartile, and levels in public and private schools) among the total number of countries reveals substantial differences, as children from private schools obtain significantly higher scores.

The variables which most affect scholastic performance in the countries of the region which participated in the study make it possible to define a profile of what might be considered an "ideal school":

- The library should have sufficient amounts of teaching material and books of adequate quality.
- The teachers should have post-secondary basic training, should consider themselves to be properly paid, and should work in only a single school.
- Teachers should be aware that the success or failure of their students depends largely on the students themselves.
- Evaluation of the performance of the students should be standard practice.
- The heterogeneity of students should be clearly recognized, and they should not be grouped together according to homogeneity criteria.

- Efforts should be made to maintain a suitable environment in the classroom which favours mutual respect and harmonious coexistence among students.
- Parents should be involved in the activities of the school community.

The foregoing sums up the areas in which efforts should be made in order to raise the quality of education in the region and emphasizes the urgent need for Ministries of Education to embark on policies to secure a substantial improvement in the meagre results obtained in the primary cycle by the children of the region.

With this aim, the Latin American countries and Spain, together with the non-Spanish speaking countries of the

Caribbean, reviewed the state of education and its evolution over the last 20 years at the Seventh Regional Meeting of Ministers of Education (Cochabamba, Bolivia, 5-7 March 2001) within the framework of the Main Project in the Sphere of Education in Latin America and the Caribbean (PROMEDLAC). At this meeting they confirmed the political will of the States to overcome the limitations and weaknesses observed so far as regards the quality of education, proposing for this purpose the preparation by the UNESCO Regional Office for Education in Latin America and the Caribbean (OREALC) of a new Main Project incorporating the recommendations made at the meeting, and established objectives for the next 15 years.

5. Educational lag among adolescents

In spite of the progress made in expanding the coverage of basic education, the internal evolution of the educational system has had little connection with that of the production system and the changes that have taken place in the majority of Ibero-American societies. Generally speaking, study programmes and practical school work have not incorporated contents in keeping with the demands of the economy and the full exercise of citizenship, and this is reflected in the weakness of training systems and their obsolescence in terms of contents and learning models. Thus, the challenge of achieving

competitiveness, which is associated with the need to expand secondary and higher education, has created a demand that has not been fully met.

In primary education, the region has high rates of coverage. At the other levels, however, whereas developed countries have almost total coverage in secondary education and coverage of nearly one half at the tertiary level, the countries of the region (excluding Spain and Portugal) are far from reaching those levels.

Table III.2
GROSS RATES OF ENROLMENT, BY LEVEL OF EDUCATION, 1996

Continents, major regions and country groups	Level of education								
	Primary			Secondary			Higher		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
Developing countries	100.0	105.8	93.8	50.4	55.1	45.3	9.6	11.1	8.1
Ibero-America	108.6	109.1	106.3	64.1	60.1	65.8	23.1	21.5	23.5
Developed countries	103.0	102.8	103.2	100.3	98.8	101.8	50.5	46.8	54.4

Source: ECLAC, *Equity, development and citizenship* (LC/G.2071/Rev.1-P), Santiago, Chile, 2000. United Nations publication, Sales No. E.00.II.G.81, and United Nations Educational, Scientific and Cultural Organization (UNESCO), *World Education Report, 2000. The Right to Education: Towards Education for All Throughout Life*, appendices II and III. Paris, 2000.

As the countries of the region have progressed in terms of the educational achievement of the population, a process of educational devaluation has been taking place which has reduced income levels in the labour market despite the increase in the average number of years of schooling as a whole, because the level of training demanded for obtaining work is now higher. Thus, between 10 and 12 years of formal education are now required in order to have a high probability of avoiding poverty, depending on the educational profile of each country (see table III.3). Because of this, as the coverage of secondary education expands, there is a further increase in the demands of the labour market in terms of the number of years of schooling required.

This means that, if the aim is to raise the levels of competitiveness of human resources and give a majority of the population sufficient years of schooling to be able to provide young people in the future with better occupational mobility and greater social well-being, there is still a long way to go in terms of educational achievements in the region, especially in secondary and higher education. The main challenges arising in the field of education in this respect are:

a) To ensure continuity of education. The challenge is to achieve substantial progress as regards continued

school attendance, with the aim of achieving universal coverage of secondary education in the shortest possible time.

b) To secure a marked improvement in the quality of education. This means continuing to progress in the field of diagnostic tools, such as tests for measuring quality, in order to ensure the appropriateness of future actions; to take action to update styles of learning and teaching; to provide schools with computer facilities for teaching new skills; to improve the contents of study programmes and the salaries and training of teachers; to extend the school day, and to provide schools with better infrastructure.

c) To provide greater equality of educational opportunities. Access to good-quality education continues to be highly segmented according to socio-economic strata. Educational reforms must place emphasis on levelling-up the opportunities for gaining access to better-quality education and guarantee the most under-privileged sectors a supply of education which will allow them to stay longer within the system, to receive timely training, and to have better socio-occupational mobility options.

Table III.3
**NUMBER OF YEARS OF EDUCATION NEEDED IN ORDER TO
HAVE A GOOD CHANCE OF AVOIDING POVERTY**
(In urban areas)

Country	Year	Number of years of education	Average income, in poverty line values	Percentage of non-poor
Argentina	1997	12-14	7.5	95
Brazil	1996	10-11	7.1	92
Chile	1998	12-14	6.3	91
Colombia	1997	12-14	4.8	87
Costa Rica	1997	13-14	8.1	96
Ecuador	1997	12-14	4.1	70
El Salvador	1997	11-12	5.9	89
Panama	1997	12-14	7.0	93
Paraguay	1996	12-14	4.9	88
Dominican Republic	1997	13-14	6.2	88
Uruguay	1997	10-11	6.1	98
Venezuela	1994	13-14	4.1	79

Source: ECLAC, on the basis of special tabulations of household surveys of the respective countries.

Timely, adequate and high-quality investment in education is economically and socially advisable. Such investment furthers the cultural and social development of young people and complements activities in other areas, such as health education and sex education, and also helps to improve the educational climate of households and their capacity for socialization.

Giving increasingly large groups of young people the possibility of completing their secondary education raises the systemic competitiveness of society as a whole, that is to say, its capacity to center added value on the incorporation of technical progress and, increasingly, on the intensive use of information and know-how.

6. Some problems of adolescence

Adolescence is a stage without clear limits which usually comprises a substantial proportion of the second decade of people's lives. Its beginning is linked with the processes of puberty, caused by hormonal changes which give rise to significant physiological and physical changes -growth, change of voice, development of the genitals, menarche, etc.- accompanied by very powerful psycho-social changes. The end of adolescence is related with the completion of the stage of basic training for social life (schooling), after which new roles are assumed - different from those of adults and generally marked by the quest for and consolidation of independence- which are more typical of youth. As a cultural and psycho-social phenomenon, adolescence is a modern condition which it is hard to deal with properly using traditional social values in a framework marked by a lack of opportunities.

Earlier menarche, later marriage, greater awareness and participation, various changes which family life can assume, the emergence of a market of goods and services aimed at adolescents, and their growing participation in violent (car accidents, gang fights) or illegal acts (criminal gangs, consumption of drugs) have helped to focus attention on this population group.

Unlike small children, Ibero-American adolescents mainly die from acts of violence (accidents, homicides and suicides), which are responsible for an average of 40% of the deaths in this age group. Apart from its ethical consequences and the economic loss which it represents, this has enormous psycho-social consequences: for every child or adolescent who dies as a result of an accident or violence, 15 suffer serious sequels and a further 30 or 40 suffer damage that requires medical or psychological treatment or rehabilitation. Traffic accidents are the main cause of violent death of Ibero-American adolescents, and

this calls for much stricter preventive policies than those applied at present. Deaths in traffic accidents -as in many other types of accidents- represent violations of the right to life that the international community views as culpable homicide, since there are various forms of individual and social precautions which could prevent them. Traffic accidents are responsible for 16% of all deaths of children between 5 and 14 and 20% of the deaths of persons under 19 (UNICEF-WHO, 1995). Homicide is a particularly important cause of death in Colombia, where it accounts for 54% of all deaths in this age group, compared with only 11% in Ecuador.

In general, both homicides and suicides are much more frequent among young men than among women, for whom complications associated with pregnancy are one of the main causes of death. After death by accident, homicide or suicide, cancer is the fourth most frequent cause of death among adolescents between 15 and 19, followed by communicable diseases and cardiovascular problems.

However, although adolescents' health is a key element for the social, economic and political progress of all countries, their needs and rights do not stand high on health sector agendas or in public policies, except when their conduct is seen as undesirable.

Finally, problems of overweight and obesity and, to a lesser extent, anorexia and bulimia, exist side by side with problems of malnutrition reflected in retarded growth. Obesity has serious implications in terms of type II diabetes, high blood pressure and other chronic ailments and is becoming a major problem in the region. It has ceased to be a problem typical of the high-income sectors of society and has now become a new expression of

poverty, due to poorly-balanced diet and unsuitable life styles (Peña and Bacallao, 1999). The incidence of obesity among women has different profiles according to the studies made in the region, as shown in the following table:

This points to the need -rightly stressed by the World Health Organization (WHO)- to progress from a view of health problems centered exclusively on mortality and its causes and on curative care to an approach which is

also centered on health problems which have a clear impact on the living conditions, capabilities and quality of the population. These problems can have a very significant effect at the personal and social level, and whereas the curative treatment of their consequences among adults and the elderly may be a complex and costly matter, ways of preventing them through changes in living habits -nutrition, exercise, quality of the environment- are relatively cheap and simple.

Table III.4
OBESITY AMONG WOMEN BETWEEN 15 AND 45 YEARS OF AGE

COUNTRY (YEAR)	OBESITY (%)
Bolivia (1994)	16.8
Brazil (1996)	19.8
Colombia (1995)	21.6
Guatemala (1995)	23.3
Honduras	17.9
Mexico (1987)	18.7
Peru (1996)	20.0
Dominican Republic (1996)	22.8

Source: Martorell, Reynaldo, Laura Kettel Khan, Laurance Grummer-Strawn, "Obesity in Latin American women and children", *The Journal of Nutrition*, vol. 128, No. 9, 1998, pp. 1464-1473.

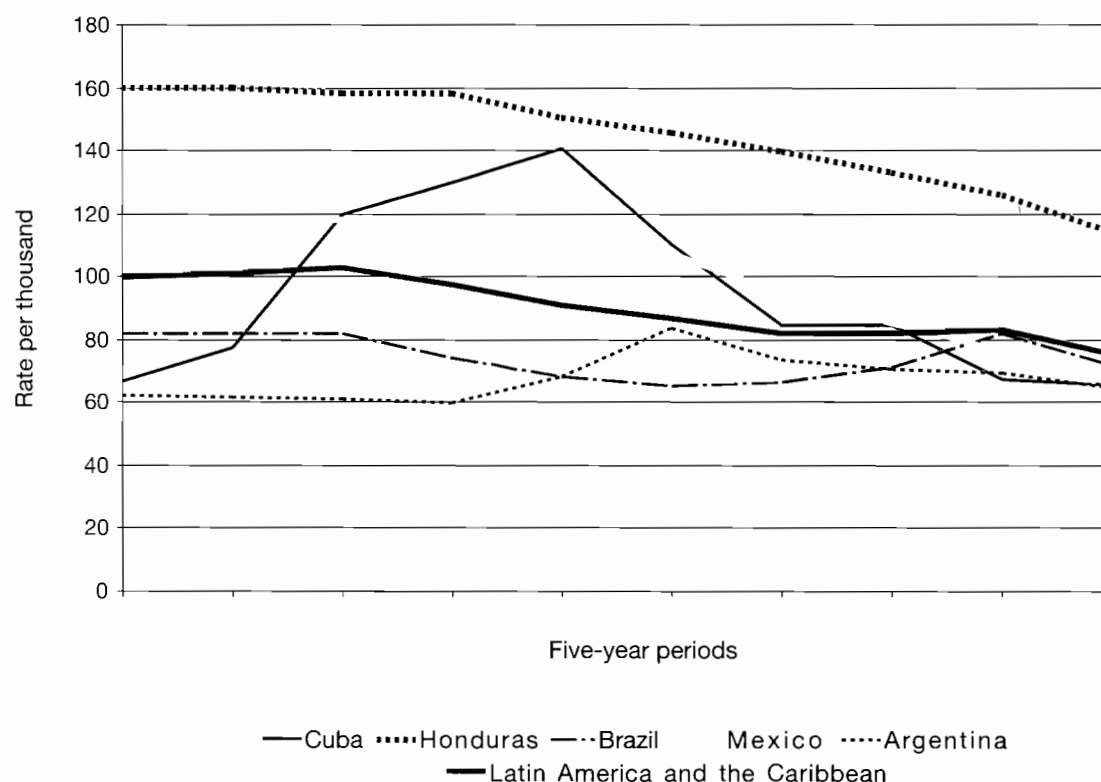
7. Sexual and reproductive health in adolescence

The changes which have taken place in gender-related cultural concepts and practices, the wider spread of education and changes in the labour market have created conditions which cause adolescents, and especially female adolescents, to approach this stage of their own development with greater awareness and confidence. Many of these changes are positive and reflect the liberating effect of development, but, like any process of social and cultural change, it nevertheless involves difficult transitions in which some risks may be magnified, especially as regards the sexual and reproductive life of adolescents.

Although the available information suggests that, in Latin America as a whole and in most of the countries which make it up, adolescent fertility is now less than it was 30 years ago (see figure III.6), this trend has not continued to decline during the last decade, but may even be on the increase once again, as may be seen from figure III.7 prepared on the basis of the Demographic and Health Surveys (DHS).

The higher levels of adolescent fertility which prevailed in Iberoamerica thirty years ago were due to a pattern of *early unions*, which meant that *sexual initiation*

Figure III.6
**LATIN AMERICA AND THE CARIBBEAN, SELECTED COUNTRIES:
 EVOLUTION OF ADOLESCENT FERTILITY, 1950-2000**



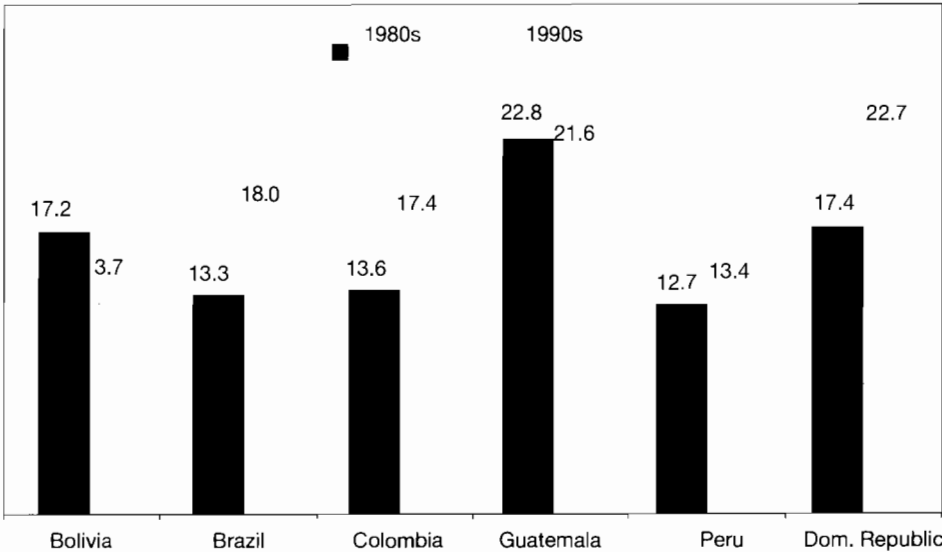
Source: ECLAC Population Division (CELADE), population estimates and projections.

and *reproductive initiation* were closely linked with each other and with early marital unions. Now, however, there is often little or no association between the components of this triad, which means that three prevailing dissimilar situations may be identified. The first involves relatively early sexual initiation for both sexes, between unmarried participants and with the use of contraceptive media. This is a pattern of conduct frequently found in developed Western societies; with regard to the use of contraceptive media to prevent pregnancy, the cases of Spain and Portugal are quite striking (see figure III.8). This pattern of conduct involves a lack of association between sexual activity, nuptiality and procreation from adolescence onwards. A second situation is early sexual initiation between unmarried persons without the use of contraceptives to prevent unwanted pregnancies. Although this involves a lack of association between sexual activity and nuptiality, it does not separate sexual

activity from procreation. This is an adverse pattern which not only favours higher adolescent fertility but also tends to place this in a setting of non-existent or fragile unions. The third situation is that of early sexual initiation between members of a marital union, without the use of contraceptives; this is a traditional pattern which leads to higher adolescent fertility, but in a context of marital unions. Generally speaking, this is not a favourable pattern in the world of today, where educational requirements during adolescence and youth come into open conflict with the obligations and responsibilities involved in bringing up children.

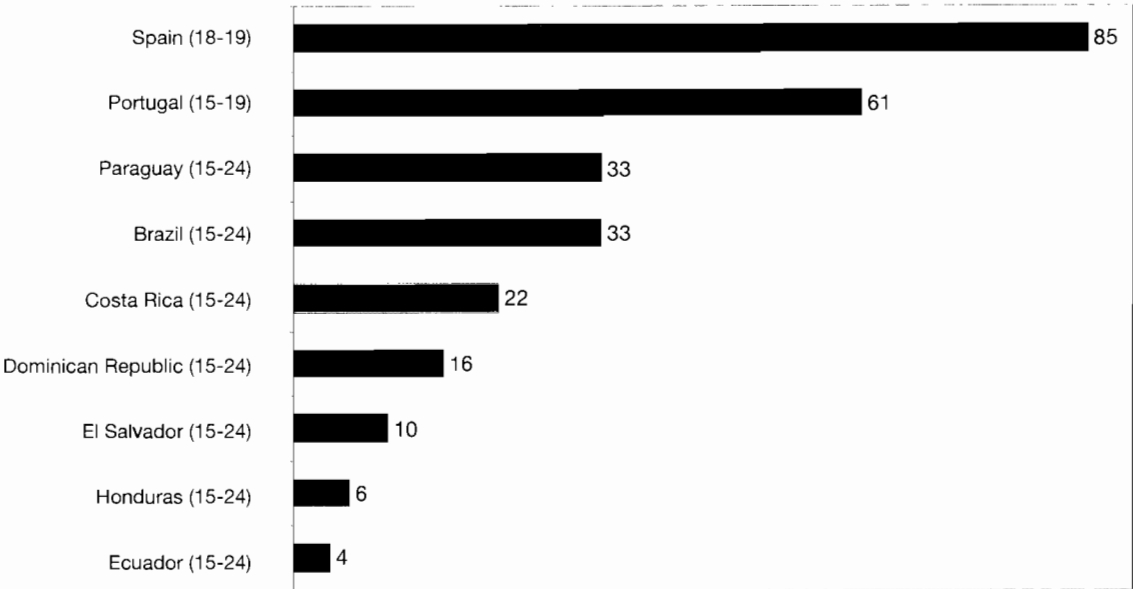
This adolescent fertility is a source of concern for a number of reasons. On the one hand, because of the negative consequences that it entails for adolescent parents, and above all the mothers: it encourages young people to drop out of school significantly reduces the time

Figure III.7
PERCENTAGE OF ADOLESCENTS PREGNANT IN THE MID-1980s AND 1990s



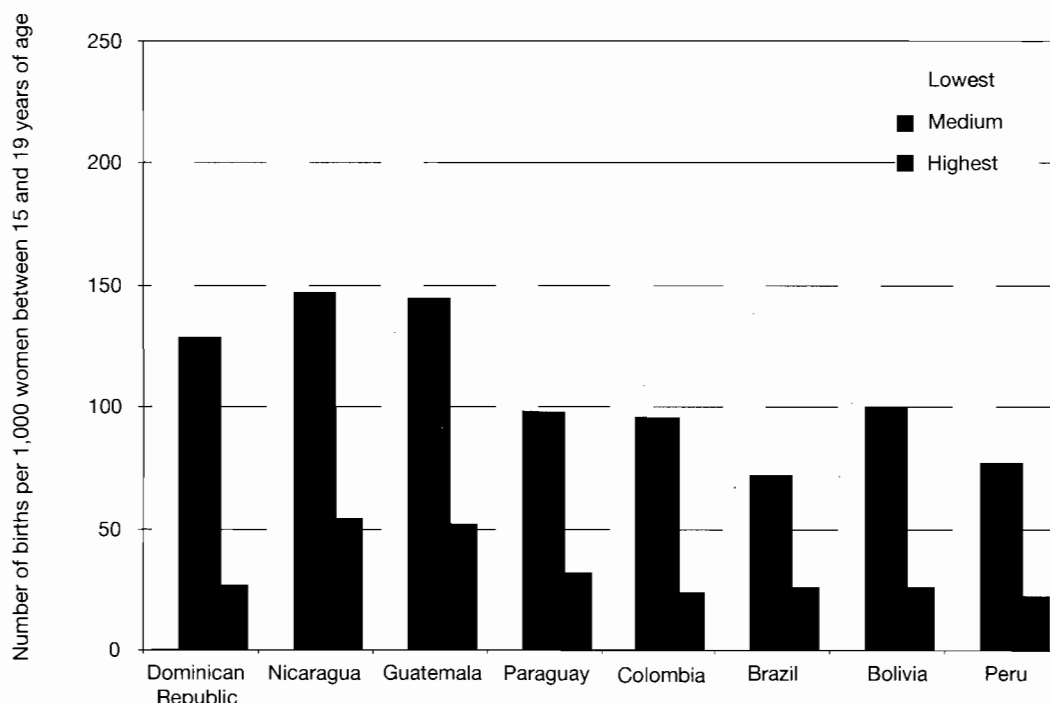
Source: Demographic and Health Surveys (<http://www.measuredhs.com/>).

Figure III.8
PERCENTAGE OF YOUNG WOMEN WHO USED CONTRACEPTIVES
IN THEIR FIRST SEXUAL RELATIONSHIP



Source: United Nations Economic Commission for Europe (ECE), *Fertility and Family Services in Countries of the ECE Region*, Geneva (several years); Centro Paraguayo de Estudios de Población (CEPED); United States Agency for International Development (USAID).

Figure III.9
**SPECIFIC RATE OF ADOLESCENT FERTILITY (BETWEEN 15 AND 19
 YEARS OF AGE), BY QUINTILES, IN SELECTED COUNTRIES, 1990/1998**



Source: Pan-American Health Organization (PAHO), on the basis of World Bank, *Poverty Inequality Project*, Washington, D.C., 2000.

available for formative activities, encourages early and detrimental entry into the labour market, involves health risks (especially if the pregnancy is very early, i.e., before the age of 18), and leads to fragile unions. There are also negative consequences for the children of such adolescent parents, due first of all to the physical immaturity of the mother's body but also associated with the lower psycho-social maturity for bringing up children, the greater risk of ending up as a single-parent family, and in many cases a high risk of suffering the privations of poverty. Finally, for society, adolescent pregnancy means greater health expenditure, loss of human resources, and strengthening of the mechanisms for the intergenerational reproduction of poverty.

Various studies have made it increasingly clear that high-risk social and sexual behaviour is more likely among those who initiate their sexual activities at an early stage in life. Girls and boys have different expectations about sexual relations, sexual coercion and seduction; girls

still approach these with double standards, and many boys are still socialized in such a way that they adopt a predatory attitude to unmarried women (UNFPA, 1999a). The absence of proper socialization in one sphere of life is associated with risks in other spheres: the over-early establishment of a social identity divorced from the standards of responsible social behaviour tends to aggravate problems and increase the threats and risks against health and well-being. In this respect, a source of particular concern is the estimates that half of all Ibero-American women have their first sexual relationship before the age of 20 and almost a third have it before they are 17. In the case of boys, their sexual initiation is even earlier, as almost half of them initiate their sexual life before they are 17 (CELADE, 2000).

This early initiation of sexual life is all the more disturbing when its harmful effects are linked with social dynamics which, as analysed in another section, tend to reproduce inequality and poverty. There is conclusive

evidence that the poorest women initiate their sexual life, enter into unions and have their first child at much earlier ages than those from high socio-economic segments, so that the levels of adolescent motherhood are significantly higher among poor girls. Indeed, early motherhood is strongly concentrated in the lower-income strata, as shown by the fact that 80% of adolescent mothers in urban areas and 70% in rural areas belong to the poorest 50% of households. In the poorest quartile, over 35% of the women had their first child before they were 20, whereas in the top quartile the rate is no more than 10%. The differences are even more pronounced if we look at the educational level of women: of those who did not complete their primary education, almost half were adolescent mothers, compared with only 7% among women who completed their secondary education (ECLAC, 1998). Figure III.9 clearly shows how, in a representative set of countries of the region, the adolescent fertility rate is closely linked with the socio-economic level of the families: the greater their poverty, the higher the fertility rate.

Adolescents are wide open to the risks involved in early initiation of sexual life in a context of high vulnerability. For a start, they generally have little accurate and useful information on sexuality, the functioning of the male and female reproductive tracts, and sexually transmitted diseases. There are of course enormous differences both between and within countries, and sometimes they are better informed on some subjects, but some more specific studies reveal that even on these subjects they display enormous gaps in their knowledge as soon as one goes into a little more detail. A typical case is that of the knowledge of contraceptive means, which at first sight would appear to be very extensive among adolescents, but greater prodding reveals a great deal of ignorance or misconceptions and a low level of use.

Consequently, problems such as those relating to sexually transmitted diseases usually affect adolescents with particular severity: for example, every year 15% of adolescents between 15 and 19 catch trichomoniasis, chlamydia, gonorrhea or syphilis (Camacho, 2000).

8. The AIDS problem

In Latin America, 1,660,000 persons have contracted HIV/AIDS so far, of whom approximately 37,600 are children between 0 and 14 years of age. In general, Latin America displays some differences as regards the evolution of the epidemic and has lower rates of infection than other regions, although there is an upward trend. The percentages of the population which have contracted this disease are considerably higher in the Caribbean than in Latin America (UNICEF, 2001).

According to the figures of the Joint United Nations Programme on HIV/AIDS (UNAIDS), this scourge affects adolescents to a much more marked degree: half the new cases are among adolescents between 15 and 24, and the average age of new cases has gone down from 32 in 1983 to 25 in 1992. It is estimated that out of the total number of males infected, 29% in Brazil and 31% in Honduras are between 10 and 19 years of age, while in the Dominican Republic, Guatemala, Haiti, Honduras and Panama over 1% of the population between 15 and 24 years of age is seropositive.

The available information indicates that, in spite of the many efforts made, there is great ignorance of this matter in a number of countries of the region, especially as regards preventive measures. Yet again, the level of ignorance -and hence the risk- is highest among poor adolescents: for example, two out of every three poor adolescents in Guatemala "had never heard of AIDS", whereas less than 5% of adolescents in the top stratum were in this position. The unequal access to education and information services on this subject is reflected in the low level of knowledge among adolescents about AIDS and its prevention, and this situation is even worse among women in some excluded groups in Iberoamerica. In Bolivia, Guatemala and Peru, for example, fewer than half of indigenous women under 20 had heard about AIDS, in contrast with national averages of over 70%. A study made in Guatemala revealed that in 1995 only 2% of indigenous adolescents had heard of condoms, which is particularly disturbing because Guatemala is one of the countries of the region where the HIV epidemic is spreading most rapidly (PAHO/WHO, 2000c).³

3 A newly-born child whose mother is seropositive has a 1 in 7 chance of contracting the virus through the mother's milk.

9. Early pregnancy and unwanted pregnancy

The problems of adolescent sexuality are not limited to the risk of catching sexually transmitted diseases but also include problems regarding the development of one's own identity and, in many cases, unplanned and unwanted procreation in circumstances which may be unfavourable for the couples concerned and, above all, for the children born to them. Studies show that in the great majority of cases adolescents have their first sexual experiences with other adolescents. For reasons which have already been referred to, however, these experiences tend to be lived and understood in very different ways by the girls and boys involved. The girls tend to expect an ongoing stable relationship, but the boys' expectations are often very different, and there is little opportunity or encouragement for mutual communication and agreement. Preset gender roles promote male domination and discourage self-assertion by the girls. Many young women, whether married or not, find it difficult to negotiate safer sex relations and the use of contraceptives because of their low self-esteem and social status. Their powerlessness also makes them vulnerable to sexual abuse, including incest and rape.

One of the results of these over-early and unequal relations is unwanted or untimely adolescent pregnancy. A number of studies report that in the Ibero-American countries between 44% and 76% of all pregnancies of unmarried young women are unwanted. These pregnancies are a problem which adversely affects the integral development of these young mothers and also affects the development of their community, and it is the main reason why they see health services. The burden of this problem on society may be better gauged when it is considered that half the female population of the region will have a child while they are between 15 and 19; every year adolescent mothers give birth to a total of 2 million children; and in most of the Ibero-American countries 15% to 25% of all births correspond to adolescent mothers. In the mid-1990s, the percentage of adolescent mothers who already had two or more children by the age of 19 ranged between 6.4% in Colombia, 8.9% in Bolivia, 11.7% in the Dominican Republic and 14.4% in Guatemala. It is estimated that 4 out of every 10 pregnancies end in abortion, which is illegal

in most of the countries of the region, and this considerably increases the maternal mortality risk (PAHO/WHO, 2000a, p. 9).

These unplanned or unwanted births are a heavy burden for all concerned. For adolescent mothers, they usually earn the disapproval of society and the girls' families, and they impose over-early and distressing economic responsibilities on these child-mothers. They can lead to undesired or untimely marriages or force the girls to leave school or college. Studies made in Chile, Mexico and other countries indicate that adolescent mothers will have more children than those who start a family later and that only in very few cases will the fathers of their children take on or share the role of head of family or provide monetary or other support (UNFPA, 1999a, p. 28).

In many cases the situation becomes even more tragic, because early pregnancy has become one of the main causes of death of Ibero-American female adolescents. Indeed, their risk of dying from pregnancy-related causes is 50 times greater than for a female adolescent in the United States. Giving birth is much more dangerous for girls under 18 than for fully-grown adult women, and it is also more dangerous for their children, who have a greater likelihood of falling sick or dying at a very early age. Girls between 10 and 14 years old are five times more likely to die in pregnancy or childbirth than women between 20 and 24. Access to obstetric services can help, but the combination of immature bodies, poverty, lack of education and lack of access to medical services are factors that greatly increase the risks. Moreover, when a mother dies during pregnancy or childbirth, the physical and psychological health of the child, if it survives, is seriously compromised for long periods and often for the rest of its life (UNFPA, 1999b).

There are four sets of actions which are of decisive importance for reducing maternal mortality: reduction of adolescent pregnancies, proper nutrition of the expectant mother, supervision of the pregnancy by specialized personnel (including timely immunization) and attention during childbirth in establishments of the health system.

Box III.4

UNOPEC: AN ALTERNATIVE EDUCATIONAL SYSTEM FOR ADOLESCENT MOTHERS AND THOSE EXPECTING A CHILD

The Operational Unit for Education and Training (UNOPEC, in Spanish) is a pilot initiative being carried out in Chile which is designed to help solve one of the main problems deriving from adolescent pregnancy: dropping out of school. It is an alternative educational model operating in a school which has a crèche and day-care centre and is served by teachers with special training in sex education.

Data provided by the Ministry of Education and the Centre for Reproductive Medicine and the Integral Development of the Adolescent (CEMERA, in Spanish) of the University of Chile indicate that of the 13,500 schoolgirls who become pregnant each year in Chile, only 15% continue their studies after giving birth and an even smaller proportion (7%) are still studying three years later, which greatly reduces their possibilities of ensuring their future well-being and that of their children.

The studies also reveal that adolescents who drop out of school are more likely to become pregnant again and register higher rates of induced abortion than those who stay in the school system. There are also risk factors affecting the children of adolescent mothers with low levels of education: they have poorer indicators of growth and development, and they are more subject to illnesses that require hospitalization and to accidents in the home.

In the light of the cultural and biological causes, as well as those associated with the school system itself, that make pregnant adolescents drop out of school, CEMERA decided to develop an alternative system of education and day training which would enable pregnant adolescents and adolescent mothers to continue

their studies. The specific objectives of the UNOPEC project are:

- i) to keep these adolescents in the school system, in an establishment whose programmes are approved by the Ministry of Education and which include regular secondary education and training courses;
- ii) to maintain the ties between the student mothers and their children through the installation in the establishment of a crèche and a day care centre which make it possible to combine school activities with those typical of a mother;
- iii) to promote functional study programmes which take special account of the problems of adolescence, through participative systems of education which include the family;
- iv) to provide integrated education and health services for the adolescent students;
- v) to help indirectly to prevent clandestine abortions and child abandonment and ill-treatment; and
- vi) to evaluate the economic feasibility of the proposed model and the possibilities of putting it into practice on a national scale.

The global evaluation of the UNOPEC school showed that the average level of attendance by the girls enrolled in it was 65% in 1995, and 72% of the girls completed their studies

successfully. The total number of students enrolled was 185, and it was estimated that a total enrollment of 250 was needed in order to make the experiment self-supporting. The evaluation showed that this alternative educational model had the following advantages, among others:

- it is flexible: it offers vocational training facilities as well as the possibility of completing basic and secondary education;
- it is equitable: it mainly receives adolescents from the middle and lower strata in which early pregnancy is more frequent, and it is partially financed with State resources, through the regular channels, and contributions from the students themselves, according to their economic capacity;
- it is integral: the teachers are trained in sex education and it provides health assistance for the mothers and their children;
- it is non-discriminatory: it serves adolescent mothers, adolescent and adult pregnant and non-pregnant women, and it offers educational facilities for male adolescents who are already fathers.

This model is considered to offer promising possibilities for tackling a problem which cannot be solved in the short term: that of pregnancy among adolescent schoolgirls who drop out of school not only because of the rejection they encounter in the regular educational system but also because of biological factors typical of pregnancy, maternity and the development of the baby and the consequences of the psychological, family and social impact of an unexpected pregnancy at an early age.

10. Child labour in Ibero-America: its magnitude and causes

Child labour has many causes and gives rise to many negative consequences for the children themselves, their families and the societies of the Ibero-American countries. It is not a new phenomenon: what is relatively new is the political determination to eliminate it. It is an indicator of poverty, but it is also a reflection of the shortcomings and limitations of national and regional policies. There are countries with very limited economic resources which nevertheless have very low levels of child labour, and there are also countries which have high or medium levels of development yet register a significant level of child participation in the labour market.

In 1996 the ILO made estimates of the number of children who are economically active in the region and in the world. Altogether, 250 million minors aged between 10 and 14 are working in the world. Of these, at least 120 million work full time, while the rest combine their work with their studies. Africa has the highest rate of child labour, 41%, compared with 22% in Asia and 17% in Latin America. Using household surveys as the source of information, it is calculated that 7.6 million boys and girls between 10 and 14 years of age are working in Iberoamerica.

Children in the region start work at an earlier age, however, especially in rural areas. Furthermore, some children work exclusively on domestic tasks, sometimes to the exclusion of their education. Taking both these types of activities, the number of workers under 15 years of age may be estimated at some 20 million. If we add to this figure the number of adolescents between 15 and 18 who work, the total comes to over 30 million working minors (ILO-IPEC, 2000).

Rural areas and the marginal areas of cities are the places where most child and adolescent workers are to be found. At least 50% of such labour is in peasant communities. In general, most working minors are in agricultural activities, in the urban informal sector and in

domestic work, with only a few (some 10%) working in the formal sector of the economy.⁴ Insofar as the formal and informal sectors are linked up with each other, however, this leads to the indirect use of cheap labour in different levels of the production system.

Working days exceed the limits fixed in national legislation, even those applicable to adults. Estimates for the region made by the ILO's IPEC programme indicate that the working week for children is around 46 hours, which is not much different from the working week for adults.

The income they receive for their work is low. According to ILO data, 90% of children between 10 and 14 years of age have incomes equal to or less than the legal minimum wage. Moreover, 50% of child workers in the region do not receive any income at all and come under the category of unpaid family workers.⁵

Although they are in the minority, there is a segment of child workers whose situation is particularly serious: those who work in harmful or dangerous occupations. In Brazil, for example, there are children and adolescents who work cutting sugar cane, with a serious risk of being mutilated. In the Andean countries there are many children who work in artisanal gold mining and are exposed to contamination with mercury, among other dangers. In Guatemala, there are children engaged in the production of fireworks, with all the risks involved in handling gunpowder.

The extensive use of domestic work observed in most of the countries of the region undoubtedly affects children adversely, as they are caught up in a never-ending circle of onerous tasks which sometimes amount to virtual slavery. Moreover, cases have been observed where large numbers of children are engaged in scavenging garbage in the big cities of Iberoamerica, living in subhuman conditions.

4 Estimates from country studies and national censuses (ILO-IPEC, 2000).

5 Regional Information System on Child Labour (SIRTI, in Spanish) (ILO-IPEC, 1999).

Table III.5
ESTIMATED FIGURES FOR CHILD LABOUR IN LATIN AMERICA

COUNTRY	TOTAL POPULATION BETWEEN 10 AND 14 YEARS OF AGE	ECONOMICALLY ACTIVE POPULATION AGED BETWEEN 10 AND 14	PERCENTAGE
ARGENTINA	3 197 582	214 238	6.70
BOLIVIA	386 222	54 549	14.10
BRAZIL	17 588 115	3 599 747	20.50
CHILE ^{''}	755 227	14 914	2.00
COLOMBIA ^{''}	2 327 823	367 796	15.80
COSTA RICA [*]	203 893	26 009	12.80
ECUADOR	1 391 433	420 663	30.20
EL SALVADOR	661 176	85 516	12.90
GUATEMALA	1 325 725	316 061	23.80
HAITI	847 706	158 182	18.66
HONDURAS	778 714	88 264	11.30
MEXICO	10 934 134	1 233 353	11.30
NICARAGUA	575 137	42 310	7.35
PANAMA	278 631	12 603	4.50
PARAGUAY	602 417	49 097	8.15
PERU ^{''}	4 928 899	801 033	16.20
DOMINICAN REPUBLIC	871 144	42 302	4.80
URUGUAY	253 846	5 780	2.08
VENEZUELA	3 205 592	80 781	2.52
TOTAL	51 113 416	7 613 198	14.90

Source: Household surveys and population censuses.

^{*} Total child population and economically active child population calculated on the basis of the 12-14 age group.

^{''} Total child population and economically active child population calculated on the basis of the 6-14 age group.

High rates of child participation have been observed in commercial sex exploitation, whether along the lines of "sexual tourism" or straightforward urban prostitution. The existence of this criminal violation -in the legal sense of the term- of children's rights has been verified in Brazil, Colombia, Paraguay and the Dominican Republic, and there is evidence of it occurring on an even larger scale.

Child labour has a number of consequences. Firstly, it heightens inequalities still further, militating against the exercise of the most fundamental human rights of children and adolescents. From the psychological point of view, it has been observed that child workers tend to grow up too fast, and when labour is in violent environments, as in the cities, it tends to give rise to aggressive forms of conduct.

The WHO has warned of the serious consequences of child labour with regard to health and physical

development: burns, inhalation of toxic substances, contamination with mercury and pesticides, cuts and infections, respiratory diseases, deformations of the spinal column or traffic accidents are everyday occurrences among children who work.

In the area of education, labour is one of the factors affecting absenteeism and poor scholastic performance. According to ECLAC estimates, out of all the children between 12 and 17 who work in the cities, only 25% go to school regularly. In rural areas the situation is even worse, because only 15% of the children and adolescents in that age group are enrolled in school. Furthermore, this group of working minors has an educational lag of an average of two years compared with those who do not work. In the long term, this means that during their adult life persons who worked when they were minors will receive 20% less income than those who completed the primary and secondary educational cycles.

To sum up, child labour represents a limitation on the exercise of human rights and a heavy mortgage on the future socio-economic development of the countries. Social exclusion and the loss of skilled human capital affect the bases of their democratic systems. This means that the authentic construction of representative, pluralistic and open political systems requires the reduction of these inequalities and the promotion of a model giving real equality of opportunities from childhood on, so that culture should be conceived as the structural framework in which citizens are identified as both subjects and actors in their own development. For all these reasons, child labour is a key problem for which the countries, social interlocutors and international agencies should seek an urgent solution.

The reasons for child participation in the labour market may be placed in three main groups: one concerns the global economic situation of the region, another the social perceptions and cultural patterns which prevail, and the third the national and regional capabilities (from the point of view of policy formulation and the legal and normative framework) which exist for tackling the problem.

In the first place, children work because their family income is not sufficient to cover the basic needs of the household. This is a clear consequence of the disparity between prices and wages and the high and growing rates of unemployment caused by the restructuring of the countries' economies. In some cases (Central America, Colombia, Ecuador, Peru or Venezuela) unusually severe natural disasters have made it necessary to review national priorities in order to ensure reconstruction, to the detriment of social investment directly aimed at reducing child labour.

Not all families put their children in the labour market, however, even though they may all be equally poor. In percentage terms, only a small proportion of them use child labour as a survival strategy. The second group of causes of child labour is connected with the positive perception that some sectors have of labour as a means for preparing their children for adult life. This perception is based, on the one hand, on the idea that the education children receive does not seem to provide them with proper job skills and, on the other, on specific cultural patterns. Some ethnic groups see child labour as a means of socialization of minors which they consider gives them greater social value. These cultural factors are of key importance for understanding the size and depth of child labour, which cannot be explained solely by economic reasons or poverty.

The third group of problems is connected with the fact that the Ibero-American countries have not yet fully incorporated the objective of eliminating child labour as a priority item in their social policies. This, in turn, is a consequence of a number of structural weaknesses connected with the need for training and coordination, the existence of gaps or contradictions in the laws, difficulties in the control or inspection of working conditions, ignorance of other forms of action, and the absence of precise and reliable information on the magnitude of child labour. These limitations are reflected in various areas:

The marginal position of child labour in social policies. The social policies of the Ibero-American countries (the fight against poverty, promotion of employment, training for work, social allowances, scholarships, etc.) do not usually include among the eligibility requirements of beneficiary families the obligation to send their under-age children to school. If, as the Constitutions of all the Ibero-American countries claim, basic education is compulsory, then the absence of this requirement from their social policies is not only a problem but is even in contradiction of the prevailing laws.

National and regional inability to define a specific policy for the elimination of child labour. The dispersion of responsibilities with regard to child labour is one of the fundamental problems when establishing national policies. Child labour is not something which belongs only to the field of labour and thus comes within the purview of ministries of labour or employers' and workers' associations. Other institutions such as parliaments and ministries of economic affairs, planning, the family, human development, education and health also have specific areas of competence and budgetary resources which directly affect policies on children in general and child labour in particular. An extraordinary effort of coordination at the institutional level is therefore called for in order to ensure some degree of efficacy.

Another factor which must be taken into account is the high rate of institutional rotation which takes place in some Ibero-American countries and which markedly affects the much-needed stability and continuity of activities. As regards the national commissions for the elimination of child labour which have been set up, although it is true that they have indeed been formally established in almost all the countries, they are nevertheless basically of an advisory nature and do not have earmarked budgetary resources which will ensure their future viability.

The absence of specific regional and national goals for reducing the percentage of child labour conditions and limits the countries' responsibility for carrying out concrete activities in this field. Obviously, this problem is related with the shortcomings in terms of statistics referred to below and with the need to develop operative and binding plans of action.

There are also other concrete problems which hinder the design of policies for the progressive elimination of child labour:

The gaps and contradictions in the law. The minimum ages for starting work do not coincide with the ages for compulsory education; sometimes ILO Convention No. 138 has been ratified, yet the minimum age in the codes on minors is less than 14; categories of work considered as dangerous or harmful are not defined in labour legislation; or penal codes fail to lay down types of offences or the corresponding punishments with regard to the exploitation or forced labour of minors.

Impossibility of proper control or inspection of working conditions. Under the law, labour inspectors do not act in the case of informal economic activities, which are currently the prevalent form of job creation. This

means that most of the dangerous or harmful occupations, in which many children work, are outside the control systems. There are two main reasons for this: on the one hand, the technical and human shortcomings of the inspection systems, and on the other, the informal nature of the sectors in which most child labour takes place.⁶ Among other things, this informal character gives rise to problems connected with the traditional exclusion of this population from the social benefits or allowances associated with formal-sector employment.

Ignorance of alternative methods of action. A frequently observed problem is the lack of specialization of public bodies and NGOs in the development of forms of action for eliminating child labour. Except for those developed by the IPEC programme, there are practically no concrete, specific methodologies in any of the countries for eliminating this type of labour.

The absence of precise and reliable information on the problem. The official statistics do not reflect the real magnitude of child labour. This is due to the insufficient technical and financial capacity of the national statistical institutes and ministries of labour for developing specialized instruments on this phenomenon. There is also no adequate measurement methodology.

11. Progress made in the field of child labour in the last decade

Little or nothing was known about the phenomenon of child labour at the beginning of the 1990s. Except for Brazil, whose national programme began in 1992, most of the countries only began their activities in this field from 1996 on, with technical assistance from the ILO-IPEC programme. Since then, however, substantial initiatives have been taken at different levels, aided by the active participation of different public institutions, social organizations, and other international agencies. The most significant progress has been made in the following fields:

Mobilization and incorporation of this item on the regional agenda. Various actions have been taken since 1996 which have made it possible to include this issue in meetings and fora of a regional nature such as:

- Meetings on children and social policy in the Americas (Chile, 1996; Peru, 1998; Kingston, 2000)
- Ministerial-level Tripartite Ibero-American Meeting on the Elimination of Child Labour (Cartagena de Indias, 1997)

⁶ According to the ILO, in 1990 the informal sector in the region employed 44% of the economically active population, and in 1998 this figure had risen to 48%. Six out of every ten new urban jobs generated in that period belong to this sector, which grew by 3.9% per year compared with the increase of only 2.9% in total employment.

- Nineteenth Regional Meeting of the ILO in the Americas (Lima, 1999)
- Meetings of Subgroup 10 (Labour matters, employment and social security) of MERCOSUR (Argentina, 1998; Paraguay, 1999; Uruguay, 2000)
- Meeting of Central American Ministers of Labour (San José, 1999)
- Joint Meeting of Ministers of Labour of MERCOSUR and of the Andean Community of Nations (Santa Cruz de la Sierra, 2000)
- Second Ibero-American Conference of High-level Officials Responsible for Matters Concerning Children and Adolescents (Panama, 2000)
- Tenth Ibero-American Summit of Heads of State and Government (Panama, 2000)

All these meetings included the question of child labour in their final declarations, urging the countries to ratify ILO Conventions Nos. 138 and 182, to establish national coordination arrangements, and to define specific plans regarding social policies.

Activities have also been carried out to mobilize trade union support, with organizations such as the International Confederation of Free Trade Unions (ICFTU), the Inter-American Regional Organization of Workers (ORIT) and the Latin American Workers' Confederation (CLAT). This has resulted in the organization and holding of two regional summits on child labour attended by trade unions (São Paulo, 1995 and Santa Cruz de la Sierra, 1998) and employers (Santa Cruz, 1998), and in addition agreements have been established with employers' organizations such as the National Manufacturers' Association of Colombia (ANDI), the Confederation of Private Enterprises of Bolivia (CEPB), the Costa Rican Union of Chambers and Associations of Private Enterprise (UCCAEP) and the Honduran Council of Private Enterprise (COEP), as well as with the coffee-growing sector in Central America and the Dominican Republic. At the level of civil society, some 100 NGOs of the region have formed networks to carry out actions to promote greater awareness and direct intervention with respect to child labour.

Development of institutions dealing with child labour. So far, 17 countries have signed memoranda of understanding with the ILO, reflected in the establishment of national committees to combat child labour. These committees are made up of over 300 public institutions (ministries of labour, education, health, social affairs, etc.) and representatives of employers, workers and NGOs.

Significant progress has been made in the development of national plans of action in Bolivia, Colombia, Costa Rica, Guatemala, Honduras and Nicaragua.

Special mention should be made of the adoption of a Subregional Plan on child labour by MERCOSUR which is scheduled to come into effect in the 2001-2003 period. In this plan, the MERCOSUR countries have established a common framework on child labour in the areas of statistics, rules and regulations, labour inspection, public policies and the creation of a network of national observation centres to measure the evolution of child labour in the countries.

The normative framework. Previously, the legislation on child labour in Iberoamerica was scattered and piecemeal. Now, however, practically all the countries of the region have fixed the minimum age for starting work at 14 or 15, or 18 in the case of harmful or dangerous occupations. Convention No. 138 of the ILO, which regulates the minimum age for starting work, has been ratified on a massive scale, while in the case of Convention No. 182, on the elimination of the worst forms of child labour, in a little over one year since this instrument was approved 11 countries of the region have already ratified it and the rest are discussing it in parliament.

At the same time, processes of harmonization of legislation in the fields of labour, education, health, penal matters and ministerial or municipal rules and regulations are under way. It can therefore be said that Iberoamerica now has a system of regulations on child labour which is duly ratified and in keeping with the parameters of the international rules in this field.

With regard to labour inspection, however, it has not been possible to make much progress, mainly because of the lack of specific regulations and the inability of the inspection systems to act with respect to informal labour activities, in which most child labour is employed.

In Central America, methods of self-regulation and control of child labour in the coffee-growing areas are being applied. In the Dominican Republic, the Ministry of Labour is applying a stringent system of inspection regarding child labour in the sugar cane plantations. In Colombia, enterprises such as the Empresa Nacional Minera Ltda. (MINERCOL) and the Asociación Colombiana de Exportadores de Flores (ASOCOLFLORES) are keeping watch to ensure that

child labour is not used in gold mining, coal mining and the production of flowers for export. In Paraguay, the Ministry of Justice and Labour has come to an agreement with supermarket owners not to use child labour under 14, while in the Paraguay-Brazil border region (Ciudad del Este), action is being undertaken to coordinate the judicial and police systems of both countries to prevent the exploitation of children and adolescents for commercial sex.

Improvement of systems of statistics on child labour.

The lack of reliable data is a serious hindrance to the establishment of effective policies against child labour. Various initiatives are being taken in the region to obtain qualitatively and quantitatively adequate information:

- Ten countries have prepared national reports on the child labour situation: Bolivia, Chile, Colombia, Costa Rica, Dominican Republic, El

Salvador, Guatemala, Nicaragua, Paraguay and Peru. Brazil has prepared a national-scale diagnostic map of child labour.

- Specific diagnostic studies (baselines) are being prepared for the identification of children working in high-risk occupational sectors: firework manufacture, domestic service, brickworks, artisanal gold mining, agriculture, markets, and exploitation of children for commercial sex.
- Since 1998, specific modules on child labour have been included in the household censuses of the Central American countries, Colombia and Ecuador as part of the ILO's Statistical Information and Monitoring Programme on Child Labour (SIMPOC).
- Finally, the IPEC programme includes a regional information system on child labour, consisting of an Ibero-American network of research centres, NGOs and universities.

Table III.6

SITUATION OF THE LATIN AMERICAN COUNTRIES IN TERMS OF THE COMMITMENTS AIMED AT ELIMINATING CHILD LABOUR

Country	Memorandum of understanding ^a	Committee established ^b	Ages between which education is compulsory	Minimum age for starting work	Ratification of ILO Conventions ^c	
					C 138	C 182
Argentina	X	X	6-14	14	X	X
Bolivia	X	X	6-13	14	X	
Brazil	X	X	7-14	16	X	X
Chile	X	X	6-13	15	X	X
Colombia		X	6-12	14	X	Pending
Costa Rica	X	X	6-15	15	X	X
Ecuador	X	X	6-14	14	X	X
El Salvador	X	X	7-15	12-14	X	X
Guatemala	X		7-14	14	X	X
Honduras	X	X	7-13	14	X	X
Nicaragua	X	X	7-12	14	X	X
Panama	X	X	6-15	14-15	X	X
Paraguay	X	X	7-12	15	Starting	X
Peru	X	X	6-16	12	Not ratified	
Dominican Republic	X	X	7-14	14	X	X
Uruguay	X	X	6-14	15	X	X
Venezuela	X	X	5-15	14	X	

Source: International Labour Organisation (ILO)-International Programme for the Elimination of Child Labour (IPEC).

^a Countries which have signed a memorandum of understanding with the ILO.

^b Countries which have set up national committees.

^c Countries which have signed Conventions Nos. 138 and 182.

Initiatives for direct intervention. It has been observed that traditional programmes aimed at protecting children, especially those designed to help child workers, suffer from having a methodology based on integral intervention, so that they have only a limited impact and are not very sustainable.

It has been possible, however, with the technical and financial support of the IPEC programme, to carry out different programmes aimed at high-risk sectors in practically all countries of the region. This has made it possible to cover 50,000 working minors and 20,000 needy families who have received educational, health, nutrition and income-generation services. The most

noteworthy progress has been in the development of demonstration models in specific sectors, which are gradually being incorporated in the public policies of the countries.

A large number of interventions are also being developed at the micro and larger scale with the aim of eliminating child labour, especially in its most extreme forms. Other agencies, such as UNICEF, the IDB or the European Union (EU), are also carrying out specific activities through programmes in conjunction with social-sector ministries which make it possible to carry out programmes of attention and protection for working minors through agreements with local NGOs.

12. Main lines for the gradual elimination of the exploitation of child workers

Any future agenda for the achievement of this objective in Iberoamerica should contain at least the following fundamental items:

- adaptation and adjustment of the normative framework
- establish of effective systems of inspection and control
- improvement of statistics and systematic recording of experiences
- focussing of public programmes and policies on the objective of eliminating child labour.

Once formal institutions have been fully established through the creation of tripartite national commissions, in practically all countries of the region the strategy for the coming years needs to focus on obtaining concrete political, technical and financial commitments. In this context, national plans of action for the next decade should include the following components:

- measures to ensure the availability of adequate statistics
- establishment and expansion of labour inspection systems
- adaptation of legislation and rules
- strengthening of the social agents
- incorporation of the subject of child labour in social policies
- establishment of an observation centre on national policies.

To sum up, notable progress has been made in the establishment of a system of institutions, in gaining a knowledge of the real situation, and in the adaptation of laws and rules, thanks to the intensive mobilization process carried out with regard to child labour, especially in the last five years. More intensive focussing of public programmes on the objective of eliminating child labour is still required, however, with sustained investment in public education being linked with a strategy to generate income or economic options for the families of child workers.

13. Participation by children and adolescents

Children and adolescents are the members of the population who, day by day, learn and reproduce social values and practices which are subsequently reflected in family life, in the rest of society, and in forms of coexistence.

Children and adolescents often live in settings marked by violence, uncertainty and social relations far removed from democratic coexistence. It is common for adolescents to mistrust the institutions of the State and to disdain participation in public affairs. The Convention on the Rights of the Child opens up a space for the promotion among children, and especially among adolescents, of appreciation of the values of cooperation and solidarity and concern for matters affecting the collective interests.

On the other hand, adolescence is a stage in the life cycle which is of crucial importance for breaking away from traditional power schemes, especially those between men and women; this is therefore a stage which opens up an opportunity for both sexes to grow up in an atmosphere of constructive dialogue. Differences and conflicts should not lead adolescents to widen the gaps in their relations, but on the contrary should bring them closer to a new form of relationship marked by a desire for mutual knowledge and understanding.

In view of the foregoing, the Convention places special emphasis on the right of children and adolescents to participation, attaching great importance to it as a fundamental prerequisite for the application of the Convention itself. The right to participation is one of the four general principles identified by the Committee on the Rights of the Child as fundamental values, together with non-discrimination, the higher interests of the child, survival and development.

Not all forms of participation are always and in all cases positive and desirable. Although article 12 of the

Convention does not give children and adolescents the right to take decisions without due consideration of their consequences, nor does it open up the way for them to act in ways which are detrimental to the rights of their parents, it does introduce a radical change in the traditional position that the views and interests of children and adolescents should not be taken into account or heard.

That article recognizes:

- the right of all children and adolescents to express their views, orally or by other means
- the right of children to express themselves freely
- the right to be heard in all matters that concern them
- the right for their views to be given due weight in accordance with their age and maturity.

When speaking of the participation of adolescents a distinction must be made between

- social spaces: spaces in the everyday life of adolescents (family, school, young people's associations, sporting, artistic, ecological groups, etc.)
- institutional spaces: spaces for learning adult forms of participation, especially participation in political and public life (political, legal and State institutions).

The institutional spaces must not and cannot take the place of social spaces, although there can be valuable feedback between them. Thus, drug abuse or the use of violence can be discussed, but not settled, in a youth parliament or elections for it. Conflicts must be settled and channelled where they originate: in the family, school, society, and all the everyday spaces for interaction with the adult world. In particular, the family and the school must be made the prime settings for adolescent participation and every effort must be made to ensure that they become increasingly inclusive spaces.

14. Violence and the right to coexistence in the family

Violence is one of the most serious and generalized problems affecting children and adolescents in Ibero-America. It is exercised by parents, guardians, other children or young people, teachers or other adults, the police or regular or irregular forces which are in conflict, and the State itself. Although such violence, in all its many forms, affects the minds, bodies and quality of life of the children who suffer it, it is a phenomenon which has often been tolerated or even condoned by society and often heightened by the mass media.

In the region, 28.7% of the deaths by homicide affect children and adolescents between the ages of 10 and 19. Brazil, Colombia, El Salvador and Venezuela are the countries with the highest homicide rates among males between 15 and 24, and these rates are on the increase (PAHO, 1998).

In a number of countries of the region such as Colombia, El Salvador, Guatemala, Mexico, Nicaragua and Peru, internecine armed conflicts and social and political violence have led to the fragmentation of communities and families, leaving in their wake a large number of young people without any idea where they are going or any clear opportunities for their future. In a number of countries, political violence has given rise to juvenile gangs and other organized forms of juvenile delinquency.

Recent studies estimate that every year at least 6 million persons under 18 are victims of severe physical aggression, and 85,000 of them die as a result of intra-family violence. The studies which have been made show that sexual abuse begins as early as 5 years of age and significantly increases between the ages of 5 and 9. Data from different countries coincide in showing that between 70% and 80% of the victims are girls; in half the cases their attackers live with the victims, and in three-quarters

of the cases they are direct relations of the children they abuse.

Abuse of power favours these frequent episodes of violence and sexual, emotional and physical abuse within families, which open the way for the children involved to abandon their homes and establish early links with life on the street, commercial sex, and other scourges such as labour exploitation and the consumption of drugs. A study on sexually exploited girls made by UNICEF in the Central American countries revealed that 47% of the girls interviewed had been victims of rape, ill-treatment and abuse in their homes.

National institutions acknowledge that the problem of commercial sexual exploitation has got worse: there is a whole network of people who benefit economically from this, including pimps, "clients", taxi drivers and owners of hotels and bars. Most of the children and adolescents who are sexually exploited come from very poor families, and most of them are victims of sexual abuse by close relatives or other acquaintances. It is also common for them to have been in school only for a very few years and to have repeatedly entered and left "child protection" institutions, public or private (UNICEF-Costa Rica, 1999).

The commercial sexual exploitation of children and adolescents in Latin America and the Caribbean has increased as a result of recent advances in the fields of information technology and communications, including video cameras and the Internet, which have aided substantially in the rise in child pornography; at the same time, faster and easier means of transport and the greater mobility of persons have led to an increase in the trafficking and sale of children and other evils such as sexual tourism and sexual exploitation of children and young people.

Box III.5

DOMESTIC VIOLENCE: THE ACTIVITIES OF THE COMMISSION FOR WOMEN'S RIGHTS AND EQUALITY (CIDM) IN PORTUGAL**Domestic violence: a form of violation of human rights**

The phenomenon of domestic violence belongs to the social and psychological sphere. It has its roots in the deepest recesses of the mental structures of individuals, but it is also rooted in the ideas, values and myths on which society is built. In this phenomenon, the individual subconscious joins and interlinks with the collective subconscious. We cannot ignore the fact that violence is the original principle of human life and that its sway makes societies possible. This is where rights come in. Legal norms have two essential functions: to give a name to acts and forms of behaviour and to fix limits and prohibitions in respect of them.

In recent times some progress has been made, especially in the legal field, in respect of the way this veritable scourge of society should be approached. Laws are no use if they are not applied, however. The State has a fundamental role to play in this respect: neither the policy of not interfering in private matters nor traditional values and customs can be invoked as excuses for impeding measures to combat domestic violence.

It is important to keep on studying the reasons for intra-family violence and its contexts and mechanisms, in spite of the difficulties caused by the lack of data due to the failure to record or denounce many situations and cases of violence.

On 8 March 1998, the Ministry of the Interior of Portugal laid down that the police and the National Guard should begin the automatic registration of all

complaints of domestic violence made by the population, thus creating a first national indicator of domestic and intra-family violence.

The available official statistics do not reflect this indicator for earlier years. The statistics of the judicial system provided by the Department of Studies and Planning of the Ministry of Justice are broken down by gender of the criminal and the victim, but not by the degree of family relationship between them.

The data in respect of the offence of "ill-treatment or oppression (exploitation) of minors, subordinates or between spouses" do not identify the nature of the victim. According to the weekly official data of the Ministry of Justice, nearly six million women are victims of crimes against life. It should also be recalled that many cases of intra-family violence are not officially denounced.

Integral and integrated treatment of the question of violence is of fundamental importance, with "integrated" being understood as the coordination of the activities of governmental and non-governmental agencies in this field, with the establishment of dividing lines and areas of competence in order to make the most rational use of the always scarce human and financial resources available.

The CIDM has offices in Lisbon and Oporto to provide information and support to women who are victims of violence, and they also answer consultations in this field by letter or telephone. Whether the attention is given by letter, by telephone or in

person, the aim is to give the information needed in simple and straightforward language.

The services available from the CIDM aim to provide action-oriented information, and the publications designed to publicize the law use correct but "decoded" language in order to be understandable by the population as a whole. For this reason, the information/sensitization sessions held must take into account the particular nature of the public to which they are directed (schools, grassroots organizations, teachers, churches, security forces, health workers, lawyers, journalists, etc.).

The National Plan Against Domestic Violence, approved in Resolution No. 55/99 of the Council of Ministers on 15 June, is currently being evaluated and applied in its various fields of action.

Legal measures: Through its Legal Affairs Division, the CIDM will be able to collaborate in the study of specific measures and propose:

- an active role for non-governmental organizations that provide support for victims
- a law on police functions
- regulation of the use and carrying of arms
- a review of the situation of immigrants.

Sensitization and information policies:

- sensitization activities in associations, schools, etc., along the lines CIDM has practiced for years

- use of the mass media (nationwide and local)
- a publicity campaign in collaboration with the Foundation for Youth, as well as an independent campaign by CIDM

Training policies: Traditional training activities by CIDM include: development of a model which can be adapted to different types of public (the police, doctors and health workers, judges and lawyers, social workers and psychologists, professors and

teachers, kindergarten staff, religious instruction staff and persons working in the mass media, for whom CIDM will prepare dossiers on specific topics, systematically send articles to the press and regional radio stations, establish links with schools of journalism, etc.).

Local links: Establishment and further development of links with the information centres set up under the "TRAMPOLIM" ("Springboard") project.

Reception centres: Refuges or safe houses: preparation of trainers for the

national network, training of staff, legal support for victims.

Collaboration in the formulation of a permanent system for collecting, compiling and processing information.

Execution of studies: For example, on the social costs of violence, the role of the health systems and measures to combat violence against children, young people and women, for submission to DAFNE.

Source: Commission for Women's Rights and Equality (CIDM): a body coming under the Office of the President of the Council of Ministers which is responsible for studying matters connected with intra-family violence, especially against children.

15. The right to live in peace, and the violence caused by armed conflicts

Although in the 1990s the situation in the Ibero-American countries with respect to armed conflicts has generally been less dramatic, such conflicts are far from having disappeared, and they continue to have a disastrous effect on the population, social life and the economy of the countries suffering from them. The wars between insurgent groups, paramilitary forces and the regular armed forces have not only left large number of dead and wounded but have also dragged thousands of children into the fighting, destroyed families, intensified poverty, forced thousands of people to flee within their own countries or to foreign countries in search of refuge, and left indelible physical and psychological sequels, especially among the children and adolescents affected.

War violates all the rights of children: the rights to life, to education, to health and nutrition, to hold religious

beliefs, not to take part in violence, and to the harmonious development as persons. Armed conflicts have their own values, principles, rules, meaning and actors, which make up the world into which many children are born and, if they survive, the environment in which they grow up and develop. War perverts personal and family relationships, contaminating them with its twisted values and violence. War legitimizes death and disavows the right to life. In addition to its obvious physical impact, there is the psychological and moral impact that it has on children: the fear, pain and anguish it causes them.

In the Ibero-American countries, most of the recent conflicts have taken place within States -Colombia, El Salvador, Guatemala, Mexico, Nicaragua, Peru and Spain- setting fellow-citizens against each other and dragging in families and children, who have no option but to live in this

environment of violence. As a result of this, many children who have grown up in a state of war come to consider it as a permanent way of life; alone, without parents, frightened and frustrated, many end up by accepting armed conflict - the only way of life they know- and adopting violence as a means for asserting their identity, opening up the way ahead for them and attaining their objectives in life. Many other persons have seen flight to nearby countries -such as Costa Rica, Ecuador, Honduras and Mexico- as the only way to escape from this and find peace.

The magnitude of the internal and external population movements caused by wars is really impressive. In the case of Colombia, almost 400,000 families, with over a million children, were forcibly displaced between 1985 and 1999. In 1999, these forcible displacements affected 270,000 persons, over 175,000 of whom were under 18 (CODHES-UNICEF, 2000).

In Guatemala, it is calculated that approximately a million persons have had to move within the country as a

result of the conflict, and many others have had to migrate to neighbouring countries such as Belize, Costa Rica, Honduras and Mexico. In Mexico, for example, although the official figure for refugees was 46,000 persons, half of them minors, it is estimated that in reality there were between 75,000 and 150,000 unregistered refugees scattered over the territory of Mexico, and although the peace agreements secured the end of the systematic violence of past decades, it has not been possible to reverse these displacements or their consequences.

In countries where the peace processes have progressed further, problems typical of a post-war society remain. In El Salvador and Nicaragua, for example, one of the most acute problems is that of juvenile gangs made up of the large number of ex-soldiers and ex-guerrilleros who have not been able to re-enter civilian life successfully and who have both a culture of violence and a good part of the arms that kept on circulating freely after the peace agreements.

Box III.6 CHILDREN OF WAR

One of the countries which has been ground down by armed conflict is Colombia, where thousands of innocent lives have been lost in the war; the massacres in different parts of the country have drawn no distinctions of age or sex, and the guerrilla and paramilitary groups have ruthlessly slaughtered whole families, with main victims, as always being women and children. According to a study made by the Office of the Defender of the People with the aid of UNICEF and the Friedrich Ebert Foundation of Colombia (FESCOL), as many as 80% of the members of these irregular armed forces are children and adolescents, which is even justified by those responsible on the grounds that these young people are particularly

valuable as cannon-fodder: "The younger they are, the better. These kids are really daring and the right stuff for war". The testimonies of 120 children directly or indirectly involved in the conflict reveal that these children are even used for high-risk tasks such as the manufacture and subsequent laying of home-made mines. Of the children interviewed, 18% had killed at least one person in their life, 78% had seen corpses and mutilated bodies, 25% had seen people being kidnapped, and 13% had actually taken part in kidnappings, while 18% had seen people being tortured -although they claim they did not take part- and 40% had fired shots against someone one or more times. One of the minors interviewed said

that on the warfront where he served the young people were given gunpowder mixed with milk to drink "so that you feel like killing anyone who crosses your path". When asked why they had joined the guerrilla, 86% said they had joined voluntarily, while 14% said they had been forced to do so. In the case of 17% of the young people interviewed, they said they were fascinated with the idea of being guerrilleros. A similar proportion said they had joined because of poverty, and a further 8% joined the guerrilla due to personal problems: romantic problems, a desire for revenge, or fear. Absolutely all of the minors interviewed said that they had joined the guerrilla for reasons which had nothing to do with politics.

Source: Taken from the Agreement between the United Nations Children's Fund (UNICEF), the Friedrich Ebert Foundation of Colombia (FESCOL) and the Office of the Defender of the People, *Impacto de los conflictos armados en la infancia*, Bogotá, D.C., 1996.

16. Migration

The migration of children and adolescents is a collective phenomenon -they migrate with their families- due to economic causes such as the search for work. Typical examples are the emigration across the Nicaragua-Costa Rica and Mexico-United States borders. More recently, there has been a certain amount of such migration across the Peru-Chile border.

Migration is also due to politico-military reasons - mostly of an internal nature- such as the forced displacement currently taking place in Colombia as a result of the intensification of the armed conflict. Between 1985 and 1999, some 1,600,000 people were obliged to move in this way, over a million of whom (around 70%) were minors. Every hour, 20 young people under 18 years of age have to move in Colombia. The great majority of these displaced persons do not manage to find social, economic or cultural stability through their migration. This is why displaced children are more vulnerable to exploitation as workers and to all kinds of activities aimed at making ends meet in the big cities, including violence as already described.

In Spain, many immigrants -the majority from North Africa- live in areas around the cities marked by the insufficiency or total absence of public services. They have only limited access to education, health attention

and employment, and most of them are living in a situation tantamount to the violation of their human rights.

They are also usually kept on the sidelines of the labour market and are often concentrated in sectors where the economic activity is devoid of legal, health and safety protection. The women and children face particularly serious difficulties, and there are more and more cases of prostitution and exploitation for pornography.

With regard to minors, in most cases they are abandoned by illegal emigration "agents" in transit countries or the country of destination, after their families have paid large sums of money for the "agents'" help. Although they are themselves victims, they are arrested, expelled or deported. Girls and women without proper papers are often raped or subjected to other forms of sexual violence while they are in custody, and these crimes are rarely reported. The children are affected by the atmosphere of living "underground" or against the law, which is sometimes due to ignorance and in other cases due to the excessive slowness of the authorities. If the State forces a child's parents to leave the country, the child is denied the right to grow up as a national of that State, even if he or she has been born in that country and the authorities extend that right to all the other children born within the country's territory.

17. The right to true juvenile penal justice

As in the case of the rest of the population, specialized justice for children and adolescents must cover two levels: those of the victims and the persons responsible for offences.

In the case of the former, it is a question of legally establishing the right of children and adolescents to have access to justice and the corresponding mechanisms for ensuring fulfillment of the guarantees of due process, both for the adoption of measures to protect rights which have

been violated or threatened and for legal action to secure the restoration of rights which have been infringed. This right includes access to a system of specialized justice for children and adolescents which can hear complaints, investigate and punish violations or failures to observe their human rights, extending all the way from family, penal and labour courts to the highest courts in the land.

In the case of the latter -those responsible for offences- it is a question of establishing a specialized system of

Box III.7
IMMIGRANT CHILDREN IN SPAIN

The absence of exact data on the number of immigrant minors currently in Spain is the first problem encountered when seeking to determine their situation and outline policies to ensure respect for their rights. These are clearly recognized in law No. 1/96, on legal protection for minors, article 1 of which clearly lays down that the provisions of the law apply to "all persons under 18 years of age who are on Spanish territory", so that they are applicable to all foreign minors on that territory, regardless of whether their legal situation is in order or they have entered the country in an irregular manner.

In spite of the lack of reliable information, all the associations and bodies working with such minors coincide in reporting that there is a substantial contingent of foreign children with the following characteristics:

- they are from the Maghreb (usually Moroccans)
- they are males
- they lived in precarious conditions back in their own country
- they left their country in order to find work that would enable them to send money home
- they had lived for a time in a city (usually in Morocco), waiting for the right moment to travel to Spain

- they arrived in Spain by irregular means (as stowaways or in small boats)
- they may either be in Spain for the first time, or they may have returned after having been returned to their country by the relevant child protection services.

Although this profile cannot be applied to all the foreign children living in Spain, the number coinciding with this description is beginning to be significant.

Analysis of the legal regulations applicable to foreign children in Spain reveals the inadequacy of the provisions on this group. The rights laid down for these minors in the legislation currently applicable at the national and international level are not fully ensured because of the absence of detailed and effective procedures to guarantee their exercise. The references to these matters in the laws and regulations, as well as being few in number and too general, are scattered over various different laws and establish clear cases of discrimination according to the immigrant's country of origin. Thus, both for adults and for minors, there are two types of residence permits for foreigners: those issued under the European Community rules, which are mostly granted to persons coming from the European Union and whose

holders do not need to apply for a work permit; and those issued under the general rules, which can be applied for by persons not eligible for obtaining the first type of permit. Holders of this non-Community permit -who include children from African countries, Eastern Europe and two-thirds of the South American countries- do not have such clear legal rights as those who do hold European Community permits.

Quite apart from foreign children who have whatever type of residence permit, however, there is an increasingly large group of immigrant minors, whose exact number is not known at present, who are in an irregular situation because they do not have the necessary papers. The failure to ensure the rights of these children - reflected in their lack of health attention, access to education, protection in the event of abandonment, etc.- together with the concern over the growing number of foreign minors who have entered Spain as stowaways or passengers on illegal small boats, calls for urgent action by the public authorities in this field through the promotion of initiatives, programmes and projects for integral attention for immigrant minors and the provision of material and economic support for organizations, associations, NGOs and other bodies working directly with this highly vulnerable minority.

justice which is independent of the penal system for adults in both the trial and punishment phases. Juvenile penal justice is a system of justice which recognizes both the responsibility of adolescents for the commission of presumed criminal acts and their constitutional guarantees, since it incorporates both the fundamental rights given to adults in penal matters and the special rights corresponding to young people who are growing up.

During the 1990s, all the Ibero-American countries have ratified the Convention on the Rights of the Child, but most of them have not fully adapted their penal laws to the provisions of that Convention, and a number of those which have done so have suspended their entry into force (Guatemala and Panama), are putting the public system of application of punishments into effect with varying degrees of difficulty (Bolivia, Dominican Republic, Nicaragua), or are trying to create specialized forms of jurisdiction. In this respect, the legal systems of Brazil, Costa Rica, El Salvador, Nicaragua, Panama and Venezuela, and soon also Chile, represent some of the most advanced and comprehensive sets of laws in the world. The challenge now is the effective application of these rules, which will call for thorough transformation

of the existing institutions and the formulation of public policies which will make these rights recognized by law a reality.

In some of the countries where most progress has been made in this conception of juvenile penal justice, some positive effects can already be noted. In Costa Rica, for example, one year after the entry into force of the Juvenile Penal Justice Law, an evaluation made under the auspices of UNICEF, the United Nations Latin American Institute for the Prevention of Crime and the Treatment of Offenders (ILANUD) and the Judicial Academy of the Supreme Court of Justice showed that there had been a rapid and drastic reduction in the number of young people under 18 deprived of their liberty. Out of an average of 140 minors who had been in that position in previous years, one year after the entry into operation of this law the figure had gone down to only 30. The particular situations are very varied, however, and in all cases there are open debates in which concern over crime and citizen security is weighed against concern for the rights of young people who have fallen foul of the law and their proper reintegration into society.

Table III.7
LIMITATIONS ON THE PENAL RESPONSIBILITY OF YOUNG PEOPLE

Country	
Argentina	Young people under 16 cannot be punished. Those under 18 cannot be punished for offences punishable with prison terms of not more than two years, with fines or loss of civil rights
Bolivia	The law currently provides for the penal responsibility of persons over 16; the proposed law on the Penal Code for Minors raises this to 18
Brazil	Children and adolescents between 12 and 18 are tried under the judicial system for minors, in accordance with its special legislation
Chile	Persons under 16 cannot be charged under any circumstances; between the ages of 16 and 18, their penal responsibility depends on whether they are found to be aware of the gravity of their actions or not
Colombia	Children and adolescents between 12 and 18 years of age can be tried under the judicial system for minors
Costa Rica	Children and adolescents between 12 and 18 years of age can be tried under the judicial system for minors
Ecuador	Children and adolescents between 12 and 18 years of age can be tried under the judicial system for minors
Guatemala	Children and adolescents between 12 and 18 years of age can be tried under the judicial system for minors
Honduras	Children under 12 cannot be charged. Between 12 and 18, they receive the benefit of the special judicial system for minors
Peru	Children and adolescents between 12 and 18 years of age can be tried under the judicial system for minors
Uruguay	Young people under 18 cannot be charged and are subject to the measures of protection laid down in the Children's Code.

Source: United Nations Children's Fund (UNICEF), on the basis of documents of the countries.

Box III.8

THE NEED TO ESTABLISH AN IBEROAMERICAN OBSERVATION CENTRE ON THE DEVELOPMENT OF CHILDREN, ADOLESCENTS AND YOUTH

Because of its special field of activity, the Ibero-American Youth Organization (OIJ) has collected and organized a considerable amount of information on the situation of Ibero-American youth. This information refers both to the situation of young people and to public policies in the field of youth (programmes, normative frameworks, State institutions). The OIJ also has a general overview of the operation of public policies for youth in the region, thanks to the recent evaluation of the Regional Programme of Action for the Development of Youth in Latin America (PRADJAL), carried out between 1995 and the year 2000. As a result of these efforts, the OIJ has identified shortcomings in the information on adolescence: most of it is discontinuous or incomplete, displays uneven levels of quality according to its source or country of origin, provides few comparable indicators, and suffers from shortcomings in respect of its circulation and timeliness, among other problems. Moreover, the information on the adolescent population is subsumed in the reports on children (0-13 years of age) or on youth (15-29 years of age), failing to make any explicit analysis of the "adolescence" category, which strictly speaking refers to young people between 14 and 18.

In spite of their importance in demographic terms, the situation of adolescents of both sexes is marked not only by the complexities typical of their stage in life but also by the social exclusion, poverty and violations of human rights that many of them suffer. This situation calls for redoubled efforts to strengthen the role of the institutions and support systems for adolescents which exist at the international, regional, national and local levels, for which purpose

both financial resources and an adequate supply of good-quality information, which does not exist at present, are needed.

One way of attaining this objective is through the establishment of a Latin American observation centre on the development of children, adolescents and youth, which would provide the international, national and local bodies responsible for promoting initiatives in favour of these three social groups with timely, reliable, verifiable, comparable and exchangeable information for the effective planning, design, management, execution and evaluation of the actions to be taken, in order to obtain the results and impact required by the magnitude of the current challenges. This observation centre should be based on a form of action centered on inter-agency coordination, with a master plan which would allow it to operate through a network, especially among international agencies concerned with the situation of these social groups, in order to pursue lines of action such as the following:

- Development of an Ibero-American system of specific, comparable indicators on children, adolescents and youth
- Periodic diagnostic studies of the situation of children, adolescents and youth
- Follow-up, analysis and formulation of initiatives on public policies for children, adolescents and youth
- Information and communication on the situation of children, adolescents and youth in Iberoamerica and the progress, weaknesses and innovations observable in the field of public policy

- Expansion of the capacity of institutions to take action for the creation, use and dissemination of information connected with the Ibero-American system of indicators on children, adolescents and youth.

Some of the products that could be expected from such an observation centre include:

- Periodic reports on the situation of children, adolescents and youth in Iberoamerica
- Periodic reports on the fulfillment of goals and initiatives deriving from international agreements and treaties on children, adolescents and youth in Ibero-America
- Support for official and non-official bodies connected with the fulfillment of international commitments deriving from the international agreements and treaties in force in the Ibero-American region (training, strengthening of institutions, development of systems of information and mass communication).

Such an observation centre could provide material for the design of higher-quality public policies with a greater impact, thus helping substantially to improve the conditions for overcoming the deficit in terms of citizenship which is particularly evident in the Latin American region and to advance progressively towards the goal of securing integral citizenship for all Ibero-Americans from the earliest age and without any exclusions.

Section IV

The socio-economic environment and its impact on the living conditions of children and adolescents¹

1. The insufficiency of economic growth

This section summarizes the most salient features of the socio-economic environment which has conditioned the development of the Iberoamerican countries and its impact on the living conditions of children and adolescents in the region, highlighting the limitations due to the sluggish economic growth and high levels of social inequality characterizing those countries. These factors hinder or impede the total fulfillment of the rights of the child, since they are reflected in the inability of broad strata of the population to satisfy their basic needs with the income generated by the households they live in and in the shortage of public resources for social investment. Mention is also made of the insufficiency of economic development and its growing volatility, the high and persistent inequality of income distribution, and the channels for the intergenerational reproduction of poverty and inequality.

During the 1990s the performance of economic growth in the region displayed serious shortcomings. GDP growth rates were moderate or low, averaging only 3.2% per year

between 1990 and 1999.² This rate of growth is below the historical performance of the region (5.5% per year between 1945 and 1980) and far below the level of 6%

¹ This section is based to a significant extent on ECLAC, 1998; ECLAC, 1999 and ECLAC, 2000b.

² This figure corresponds to a simple average of the annual growth rates of the 21 Ibero-American countries. The weighted average was 2.9%.

per year which ECLAC considers to be necessary in order to tackle the technological and social lags and reduce poverty. Most of the countries continued to evolve in a context of vulnerability due to the fact that macroeconomic balance has increasingly depended on high current account deficits, often financed with volatile forms of capital, as reflected in short cycles of expansion and adjustment in line with the behaviour of that capital.³ In addition, there is the fragility of the productive and financial systems and the various international crises which have adversely affected the economies and caused high costs for the public finances. This insufficiency of growth has been at once the cause and the effect of the low coefficients of saving and investment. In many countries these coefficients have not yet recovered the levels they had before the 1980s debt crisis.

Furthermore, the intensity of the economic restructuring process has exacerbated the structural heterogeneity typical of the productive systems of the region. There has been a widening in the differences in productivity between the large enterprises, which lead the region's modernization processes, and the broad and varied range of comparatively backward activities which account for the bulk of employment. This has tended to consolidate the main factors giving rise to inequalities in income, by widening the domestic gaps in labour productivity and income within and between sectors. These trends affect the economic growth capacity itself, because they limit the links between the different sectors of production and the spread of technical progress, as well as the beneficial effects of exports on the economy as a whole.

These features of the recent development of most of the countries of the region come on top of the considerable historical buildup of social lags which have negative consequences in three inter-related fields: employment, poverty and social exclusion. The sluggishness of economic growth and the inability to keep it up over time have been reflected in the feeble evolution of the labour market. There has been little or no generation of productive jobs, a slow rate of improvement in labour productivity, and low wages. In the 1990s, most of the employment generated was in the informal sector: according to ECLAC estimates, 69 out of every 100 new jobs created between 1990 and 1997 were in that sector,

which accounts for 47% of the employed persons in urban areas of the countries. This explains the current stagnation of levels of productivity, the low wage levels and the lack of social protection affecting the bulk of those with jobs.

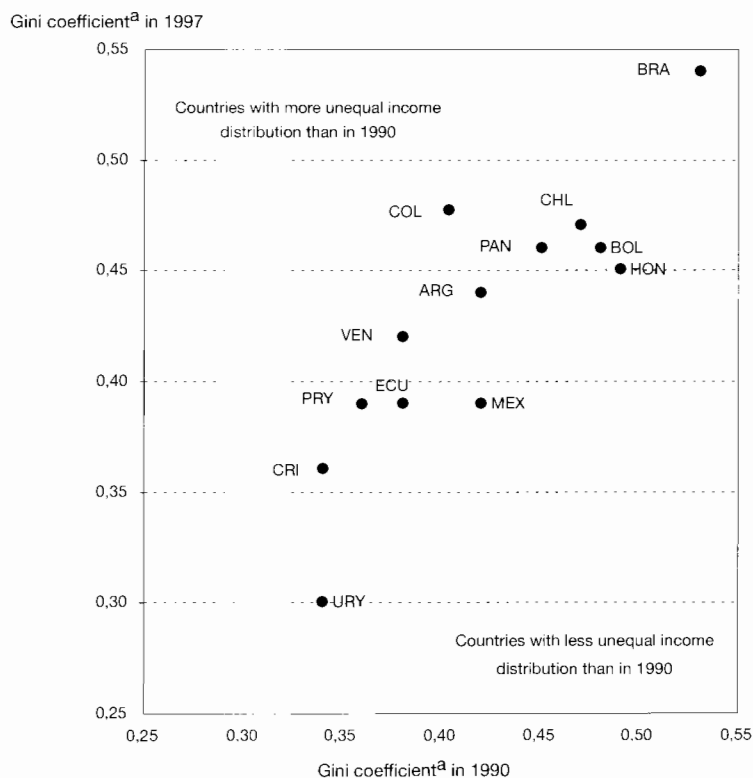
With regard to labour income, the trends have been uneven. In some countries, average wage levels continue to be below those of 1980, whereas in others they have grown, but more slowly than the per capita product. Towards the end of the 1990s, in 13 out of 18 Latin American countries the real minimum wage was below that of 1980. On average, informal sector workers receive wages that are only half of those received by employees of formal sector establishments, and generally speaking they have grown more slowly than the latter, thus further accentuating the inequality in labour income. This greater inequality has also been heightened by the appreciable increase in the wage differential between highly skilled and less skilled workers.⁴ These are the main factors behind the persistent inequality in personal and family income distribution, which is the highest of any region in the world and has tended to remain at high levels during the past decade, even in countries which have attained high economic growth rates.

The expectations that the recovery in levels of production or the initiation of a new period of growth would make it possible to stop the deterioration in income distribution which occurred in the 1980s have not been realized; rigidity to change and the deterioration of income distribution in times of crisis have been the most outstanding features in this respect since the late 1970s. Indeed, the distribution trends observed in the 1990s, at least up to the period before the Asian crisis, were marked primarily by the capacity of the richest decile to secure increases in income. In 8 out of 13 countries this group increased its share in urban income, and in three countries the share of the poorest 40% went down still further. As a result, the disparities between the average household income of the two groups became still greater, as reflected in the reduced participation of the middle and lower strata, which obtained a much smaller share of the increase in national income than households in the richest 10%. The low incomes of broad strata of the population, together with inequitable income distribution, explain the high levels of absolute poverty in the region.

3 An idea of the growing volatility of economic growth in the region may be gained by comparing the coefficients of variability of annual GDP growth rates: this coefficient was 0.71 for the 1990-1997 period and 1.1 for the period from 1990 to 1999.

4 The average gap between the income of professionals and technicians and that of workers in low-productivity sectors in urban areas widened by 28% between 1990 and 1997 (ECLAC, 2000b).

Figure IV.1
**EVOLUTION OF INEQUALITY OF URBAN
 INCOME DISTRIBUTION, 1990-1997**



Source: ECLAC, on the basis of tabulations of household surveys of the respective countries.

^a Calculated on the basis of the distribution of households by per capita income, by deciles.

The modest reduction in the percentage of households in a state of poverty and the increase in the absolute number of persons in that situation during the past decade, together with the deterioration or lack of any improvement in income distribution, have coincided in the region with the rapid expansion in access to communication media, which has tended to raise and level consumer expectations. Young people in urban areas, in particular,

are exposed to information and stimuli about new and varied goods and services which become symbols of social mobility to which most of them do not have access. Against this background, there has been a consolidation of situations of absolute poverty affecting children and adolescents in particular.

2. The magnitude and recent evolution of poverty among children and adolescents

Absolute poverty, and especially its extreme form (indigence), reflect the insufficiency of resources of households, which means that they are unable to satisfy the most basic needs of all their members. Analysis of the way the magnitude and severity of poverty have evolved⁵ makes it possible to draw up a balance-sheet of the changes in the living conditions of children and adolescents in the 1990s -and hence the degree of fulfillment of their rights- and to establish a picture of their present situation in the region. This is all the more important not only because changes in poverty reflect the socio-economic evolution of countries but also because the amount of poverty prevailing in them largely determines the opportunities in life and the access to well-being of children and adolescents when they become adults.

Some progress was made during the decade (1990-1999) in dealing with poverty in the region as a whole, as reflected in a reduction in its incidence and severity. The figures for 19 Latin American countries indicate that the percentage of homes living in a state of poverty went down from 41% in 1990 to 35% in 1999. This latter figure is similar to that reached in 1980, so that the improvements in terms of poverty were only sufficient to bring it back to the level it registered before the debt crisis. Poverty also went down at the personal level over the same period,⁶ from 48% in 1990 to 43% in 1999. This progress was associated with the economic growth of some countries, the increase in employment (mostly in the informal sector, which benefited the lower-income strata

relatively more), the reduction of inflation (especially in the countries which managed to contain hyperinflation), and the greater social expenditure made possible by the expansion of public income. These factors had more effect on income and poverty in urban areas than in rural ones. Thus, whereas in the former areas the percentage of persons in a state of poverty went down by four percentage points (from 41% in 1990 to 37% in 1999), in the latter areas -which account for around 30% of the region's population- the reduction was by only two percentage points, from 65% to 63%.

Poverty went down much less among households where there are children and adolescents, and its evolution failed to obviate an increase in the number of children and adolescents living in that condition. Of the total of 208.2 million persons living in poverty in the year 1999,⁷ 112.4 million were under 20 years of age. Of these, some 35 million were in the most vulnerable group: children under 6. Thus, **as the twenty-first century begins, over half the children and adolescents in the region are poor, and over half of the total number of poor persons in the region are children and adolescents.**

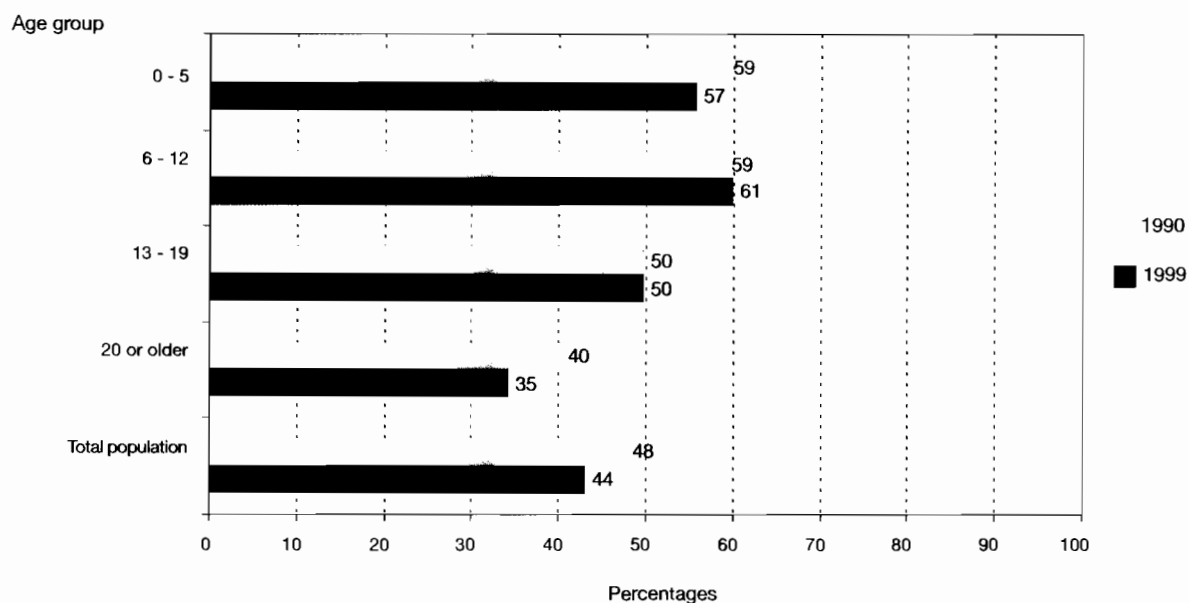
Except in Paraguay, in all the Latin American countries analysed the reduction in urban poverty among children under six was significantly less than for the population as a whole, while in the countries where overall poverty increased or did not go down, the situation of households with children deteriorated more than the rest.

5 The magnitude or incidence of poverty refers to the proportion of the total population living in households with an income below the poverty line, while its severity refers to the extent by which the income of poor households is below the minimum level of consumption established by that line.

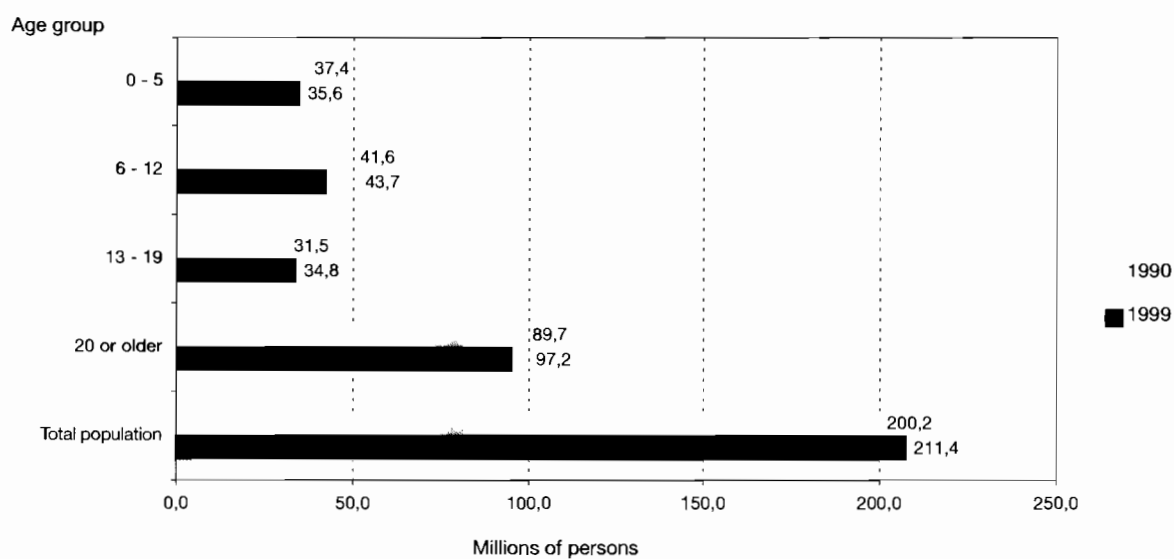
6 The measurements of absolute poverty made by ECLAC are by the income method. This is based on the quantitative determination of the monetary and non-monetary resources of households, which are compared with the value of a basket of essential goods and services needed to satisfy the basic needs of their members. The extent to which those needs are satisfied depends, among other factors, on the way family resources are distributed among the members of the household. The condition of poverty is therefore, strictly speaking, a characteristic of the household and not necessarily of each of the persons living in it. Under this system, saying that a person is poor simply means that that person is living in a household which is in a state of poverty. Naturally, the greater the gap between the household income and the poverty line, the more likely it is that all its members will be affected by this situation.

7 No estimates are available for the magnitude of absolute poverty in Spain and Portugal.

Figure IV.2
LATIN AMERICA (19 COUNTRIES): INCIDENCE OF POVERTY^a
BY AGE GROUPS, 1990 - 1999 - 2000^b
 (Percentages)



LATIN AMERICA (19 COUNTRIES): NUMBER OF PERSONS IN A
STATE OF POVERTY, BY AGE GROUPS, 1990 - 1999 - 2000^b
 (Millions)

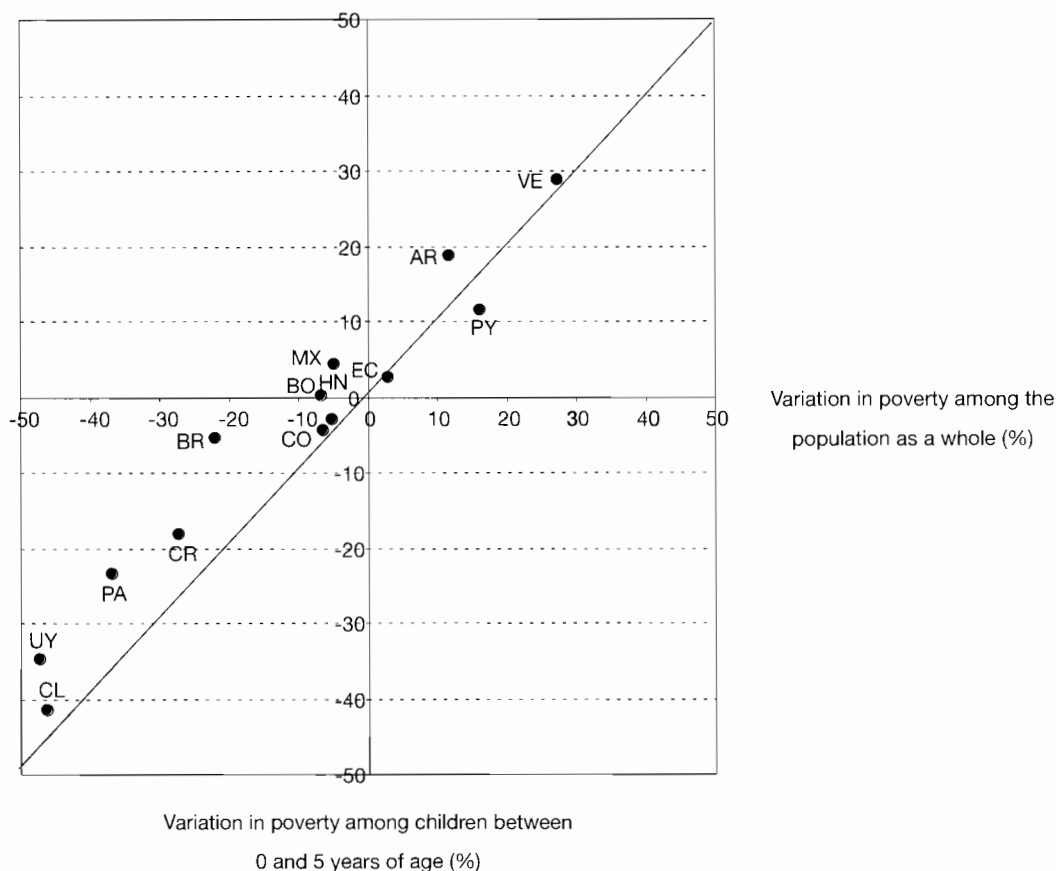


Source: ECLAC estimates based on special tabulations of household surveys of the respective countries.

^a Percentage of persons living in households with an income below the poverty line. Includes indigent or extremely poor persons.

^b Preliminary figures. Estimates based on data from the ECLAC Population Division-Latin American Demographic Centre (CELADE) and the evolution of macroeconomic indicators of the countries.

Figure IV.3
**PERCENTAGE VARIATION IN POVERTY AMONG THE
 POPULATION AS A WHOLE AND AMONG CHILDREN UNDER SIX**
 (Urban areas, 1990-1999)



Source: ECLAC, on the basis of special tabulations of household surveys of the respective countries.

This shows, first of all, that the child and adolescent population continues to be the sector most affected by poverty and indigence, and secondly, that if there are no public policies aimed at raising the income of the most vulnerable households, and especially those with children, the increase in per capita income and the other factors accompanying economic growth benefit these households least of all, especially when they have children under six, while in situations of contraction or crisis they are the hardest hit.

Nor did school-age children (between 6 and 12 years of age) witness any improvement in their living conditions: the incidence of poverty in this age group increased from 59% to 61% between 1990 and 1999, and the number of these children in a state of poverty rose from 41.6 million to 43.7 million in the 19 Latin American countries included in the estimations. Poverty among adolescents between 13 and 19 years of age remained practically unchanged, at 50%, and their high weight in the population of the region meant that the absolute number of them in a state of poverty rose from 31.5 million in 1990 to 34.8 million in 1999.

3. **The intergenerational transmission of poverty and of opportunities for well-being**

The high inequality of income distribution and the present levels of poverty registered in the region exist side by side with a marked concentration of educational capital and physical and financial assets which, along with other factors of a demographic and socio-economic nature, give rise to very marked differences between the levels of well-being of low- and high-income households. The common feature of these factors is their high degree of intergenerational transmissibility, which is one of the central elements in the high and persistent poverty and economic inequality observed and the persistent failure to fulfill the rights of the poor. These factors mutually strengthen each other to keep children and adolescents from low-income households in an underprivileged situation when they become adults, while giving those who come from higher-income households a high probability of maintaining their place in the income distribution scale. This is what gives a hereditary character to the relative location of persons in terms of future income distribution.

If we look at the components of family income and the characteristics of the households in the different income distribution deciles, we see that labour income represents about 80% of total household income, mainly depending on the number of persons in each household who have jobs and their educational level.

As may be seen from table IV.1, the level of labour income is closely related to the average number of year of schooling of the persons employed: the higher the educational level, the greater the probability of obtaining better-paid employment. Moreover, the income inequalities that exist before a person retires tend to be prolonged in the stage after retirement, because the possibilities of obtaining income in that stage (income from transfers) and its amount depend to a large extent on the type of occupation the retiree had during the period of activity and, ultimately, on his or her level of education. Finally, the income from wealth received by households

from dividends, shares in profits, interest and rents from the ownership of fixed and financial assets are significantly greater at the apex of the distribution pyramid, and indeed some of these items are concentrated almost exclusively in the richest 20% of the population. Although they are not so significant in comparison with labour income, they are significant in terms of the intergenerational transmission of inequalities, because wealth can be inherited. The situation with regard to wealth strengthens the possibilities that those with more and better education will find good jobs, thus generating a force of great inertia which ensures that the children from the highest-income households will have a position similar to that of their parents in the distribution pyramid.

At all events, educational capital -the number of years of schooling completed and the quality and relevance of the education received- is the main factor which affects future opportunities for material and non-material well-being and determines the range of present and future opportunities and hence the relative position of each person and that person's family in the income distribution scale. The profile of the occupations most often open to young people with different levels of educational capital (see table IV.2) shows how far their possibilities of well-being depend on the educational and socio-economic situation of their households of origin.⁸

The inheritable nature of education is the main condition determining the transmission of opportunities for well-being in societies where educational capital is, apart from wealth (which is naturally concentrated in the high-income strata), the main asset of the population. This means that the amount and quality of education that young people can obtain depends to a large extent on factors that they themselves cannot change: the educational level of their parents and the economic resources of their household of origin.

8 Inequalities in terms of the quality of education are also transmitted, however, and this influences the higher or lower position of persons within a given occupation. This is because the social stratum of the family also determines its family contacts and the social network to which its members have access. This is reflected in the differences in the incomes obtained by young people of different social origin within a given occupational group, and this too increases the differences in their possibilities of having access to well-being.

The link between accumulated educational capital, occupation and income is not the only means by which differences in opportunities and relative positions in terms of income are transmitted from one generation to another, however. The insufficiency of the economic resources of households activates other phenomena which weaken or reduce the education possibilities of young people and the related opportunities. Insufficiency of resources and a poor educational climate of the household of origin foment child labour and increase the likelihood of adolescent motherhood. Both these phenomena limit the educational possibilities of children and adolescents, and this is reflected in lower-income jobs during their active life.

In spite of the expansion of education in the region, in recent decades the educational inequalities between young people from different social strata have not been reduced. At present, only about 20% of young people whose parents did not complete their primary education manage to complete the secondary cycle,⁹ whereas the proportion rises to over 60% among the children of parents with at least 10 years' schooling. At the beginning of the 1980s, although the levels were lower there were similar difference between these proportions (see table IV.2). Consequently, the opportunities for well-being of young people of the present generation depend to a large extent on the inequalities in the distribution of education which existed in the previous generation. This is reflected in a high degree of rigidity of the structure of society, insofar as the low educational level attained by many people impedes their main, and in most cases only, channel of mobility.

9 The transmission of educational inequalities from parents to children is seen to be a particularly important factor when analysis is centered on the possibilities of completing the secondary cycle, for this represents the educational capital that will provide a high probability of steering clear of poverty. Reaching this level of education gives an over 80% possibility of obtaining a level of income that will keep the recipient out of poverty during his or her active life. Income rises rapidly when extra years of completed education are added to this minimum level, but the story is very different when it is not attained.

Box IV.1

THE MOST VULNERABLE HOUSEHOLDS ARE THOSE WITH THE HIGHEST PROPORTION OF CHILDREN

In both urban and rural areas, the lowest-income households account for a high proportion of the total number of children. In six countries of the region with different levels of poverty and at different stages in the demographic transition process, not less than 25% of the total number of children under 6 live in households forming part of the poorest quintile of the population, whereas in the richest quintile this proportion is around 15%. Albeit to a smaller extent, similar

differences are observed with regard to children between 6 and 12 years of age (see table below). It is interesting to note that it is in the countries with the lowest levels of poverty, which are at the most advanced stage of the demographic transition and where children represent a smaller proportion of the total population (Uruguay, for example), that poverty affects the child population most severely in relative terms. In contrast, countries which are at a less advanced

stage in that transition (Bolivia and Honduras, for example) display higher levels of poverty, yet the child population is less concentrated in the lowest strata of the income distribution pyramid. In the two countries in question, poverty among children under 6 is 1.23 and 1.13 times greater than for the population as a whole, but in Uruguay this ratio rises to 2.3.

DISTRIBUTION OF TOTAL NUMBER OF CHILDREN AND CHARACTERISTICS OF URBAN HOUSEHOLDS, BY INCOME DISTRIBUTION STRATA (Selected countries, 1997)

Income strata ^a		Average number of children between 0 and 5 ^b		Average number of children between 6 and 12 ^b		Average size of household	Average number of economically active persons	Ratio of children under 13 to number of economically active persons
Bolivia	Bottom quintile	1.3	(26.7)	1.6	(25.4)	5.9	1.7	2.0
	Top quintile	0.7	(14.2)	1.0	(16.3)	4.9	2.2	0.9
	Average	1.0		1.3		5.3	2.0	1.4
Brazil	Bottom quintile	1.2	(28.4)	1.3	(26.3)	5.7	1.8	1.7
	Top quintile	0.6	(14.6)	0.9	(17.1)	4.3	2.0	0.9
	Average	0.8		1.0		4.9	2.0	1.1
Chile	Bottom quintile	1.0	(24.7)	1.1	(23.4)	5.0	1.3	1.8
	Top quintile	0.7	(17.9)	0.9	(18.1)	4.3	2.0	0.9
	Average	0.8		0.9		4.7	1.7	1.2
Colombia	Bottom quintile	1.0	(25.4)	1.3	(25.9)	5.4	1.7	1.6
	Top quintile	0.7	(16.4)	0.8	(16.0)	4.3	2.2	0.8
	Average	0.8		1.0		4.9	2.0	1.1
Honduras	Bottom quintile	1.3	(25.3)	1.7	(26.8)	6.1	1.8	2.0
	Top quintile	0.8	(15.0)	1.0	(15.5)	4.8	2.2	1.0
	Average	1.0		1.2		5.5	2.1	1.4
Uruguay	Bottom quintile	1.2	(30.9)	1.3	(25.8)	5.6	1.8	1.6
	Top quintile	0.6	(15.6)	0.9	(17.6)	4.0	2.0	0.9
	Average	0.8		1.0		4.7	2.0	1.1

Source: ECLAC, on the basis of special tabulations of household surveys of the respective countries.

^a Correspond to poorest 20% and richest 20% of households.

^b Figures in parentheses indicate the percentage of children in each quintile as a proportion of the total number of children in that age group.

Table IV.1
**LATIN AMERICA:^a HOUSEHOLD INCOME COMPONENTS AND
 MAJOR FACTORS IN THEIR GENERATION**
 (Urban Areas)

Deciles ^b	Level and percentage composition of per capita household income						Average number of years of schooling of the employed persons	Average labour income per employed person ^c	Average number of employed persons in household		
	Per capita household income		Per capita labour income		Per capita capital income						
	P.L. ^c	%	P.L. ^c	%	P.L. ^c	%					
Decile 1	0.43	100.0	0.35	81.6	0.02	5.8	0.05	12.6	6.1	1.5	1.4
Decile 2	0.79	100.0	0.65	82.4	0.05	5.9	0.09	11.6	7.0	2.2	1.5
Decile 3	1.05	100.0	0.87	82.8	0.06	5.8	0.12	11.4	7.6	2.6	1.6
Decile 4	1.34	100.0	1.11	83.4	0.08	6.0	0.14	10.6	8.0	3.0	1.7
Decile 5	1.66	100.0	1.39	83.4	0.10	5.9	0.18	10.7	8.5	3.4	1.8
Decile 6	2.06	100.0	1.71	82.9	0.13	6.2	0.22	10.8	9.2	3.8	1.9
Decile 7	2.57	100.0	2.12	82.6	0.17	6.5	0.28	11.0	9.6	4.5	1.9
Decile 8	3.40	100.0	2.80	82.3	0.23	6.9	0.37	10.8	10.6	5.6	1.9
Decile 9	4.80	100.0	3.91	81.3	0.38	7.9	0.52	10.8	11.7	7.5	1.8
Decile 10	11.76	100.0	9.16	77.9	1.54	13.1	1.06	9.0	13.5	16.3	1.8
Total	2.55	100.0	2.06	80.8	0.22	8.8	0.26	10.3	9.3	5.1	1.7

Source: ECLAC, on the basis of special tabulations of household surveys of the respective countries.

^a Simple average of 12 countries around 1997: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Honduras, Mexico, Panama, Paraguay, Uruguay and Venezuela.

^b Deciles of per capita household income distribution.

^c In multiples of poverty lines (P.L.) of the respective countries.

Table IV.2
LATIN AMERICA: OCCUPATIONAL CATEGORY AND AVERAGE INCOMES^a OF YOUNG PEOPLE,^b BY LEVEL OF EDUCATION

Number of years of education completed	Occupational category					
	Total	Professional, technical and management staff		Administrative staff, salesmen and assistants		Operatives, workers, apprentices, watchmen, domestic servants and agricultural workers
	%	Average income ^a	%	Average income ^a	%	Average income ^a
Urban areas						
Total	100.0	(3.4)	15.4	(5.6)	32.1	(3.3)
0 - 8	100.0	(2.5)	2.0	...	15.6	(2.6)
9 - 11	100.0	(3.4)	11.5	...	44.7	(2.4)
12 or more	100.0	(5.2)	48.8	(6.4)	40.9	(2.9)
					10.3	...
Rural areas						
Total	100.0	(3.2)	7.1	(6.2)	9.8	(3.6)
0 - 8	100.0	(2.8)	1.8	...	4.9	(3.1)
9 - 11	100.0	(3.9)	15.8	...	24.5	(4.9)
12 or more	100.0	(7.5)	53.6	(8.2)	28.9	(7.5)
					17.5	...

Source: ECLAC, *Social Panorama of Latin America, 1997* (LC/G.1982-P), Santiago, Chile, 1998, chapter IV, tables IV.3.1 and IV.3.2. United Nations publication, Sales No. E.98.II.G.3.

^a Expressed in numbers of poverty lines per capita. The figures are given in parentheses.

^b Includes young people from 20 to 29 years of age who work 20 or more hours per week.

Section V

Social investment and the cost of lost opportunities

1. The insufficiency of social expenditure in Ibero-America

The economic growth registered during most of the past decade could not halt the increase in the number of children and adolescents in a state of poverty in the Ibero-American countries, although that growth did have a positive effect in securing a relative reduction in poverty in a number of them. Today, as the twenty-first century dawns, over half the children and adolescents of Ibero-America are poor, and over half the total number of poor in the region are children or adolescents. This poverty is even greater when one considers that the disparities in access to the basic social services mainly affect the poorest strata of the population, which, although they have greater lacks and needs, receive fewer services, and when they do receive them they are of lower quality. As in the case of the poverty indicators and the various indicators of the quality of life, those on social expenditure display enormous variations between the different Ibero-American countries, as may be seen from figure V.1.

Both the limitations and the possibilities of this varying social expenditure may be clearly seen from the results of a recent study on this subject carried out for a representative set of Ibero-American countries by several

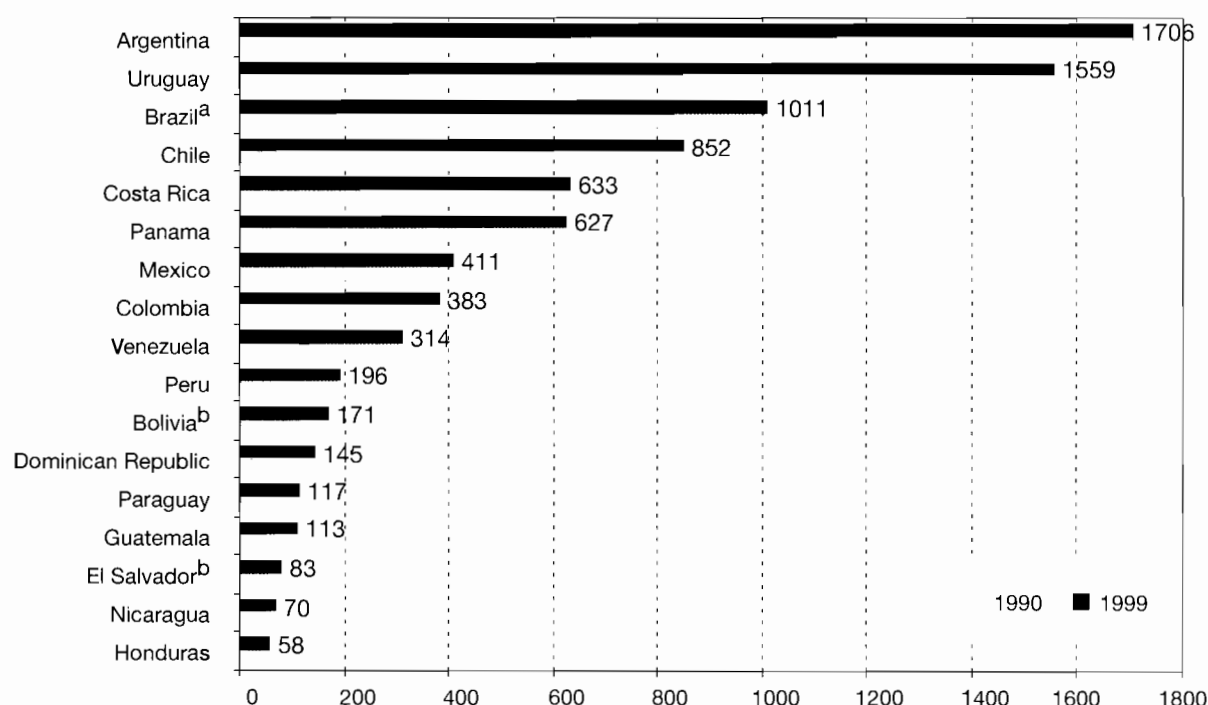
United Nations agencies.¹ For the years 1994-1996, this group of countries registered average per capita public social expenditure of US\$ 233 per year (in 1996 dollars), but there were significant differences between countries,

¹ Ganuza, León and Sauma (1999). The study refers to the cases of Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Nicaragua and Peru (as well as Belize and Jamaica), and analyses both social expenditure (or more exactly social investment) and the resources spent on education, health (including birth control, reproductive health and food and nutrition programmes), drinking water supply (and basic sanitation), housing (only housing subsidy programmes and public programmes in support of the sector), social assistance and social security.

because while the expenditure of some did not even reach US\$ 100, in a few countries it exceeded US\$ 500. Even so, as may be seen from table V.1, although there had been a significant drop in public social expenditure in the 1980s, during the 1990s there was an improvement in terms of both per capita spending and in its level of

priority: that is to say, in both the proportion of GDP and the proportion of total public expenditure devoted to social expenditure. In fact, in 8 of the 13 countries covered by the study, average per capita social expenditure in 1994-1996 was the highest in the entire period studied (Ganuza, León and Sauma, 1999, p. 30).

Figure V.1
PER CAPITA PUBLIC SOCIAL EXPENDITURE (PSE), 1990 AND 1999
(In 1997 dollars)



Source: ECLAC Social Development Division, social expenditure data base.

^a The latest figure corresponds to 1998.

^b The initial figures correspond to 1995 in the case of Bolivia and to 1994 in that of El Salvador.

The level of priority of social expenditure in these countries fell on average from 9.2% to 8% of GDP in the 1980s, but later recovered to 9.6%, albeit with big differences between countries, since in some of them it continued to be below the initial level. When public social expenditure is compared with the human poverty index, two groups of countries are clearly seen to exist: those with low social expenditure and high indexes of poverty,

and those with higher levels of social expenditure and lower levels of poverty. There is also a direct relation between per capita social expenditure and the human development index (HDI). The same is true when expenditure on basic social services is compared with levels of poverty: the group of countries with higher per capita expenditure on basic social services is the group with lower levels of poverty, and vice versa.²

2 In the case of Brazil, a higher degree of disaggregation would be needed in order to make such an assertion.

Table V.1
**PUBLIC SOCIAL EXPENDITURE IN DOLLARS PER CAPITA
 AND AS A PERCENTAGE OF THE GROSS DOMESTIC PRODUCT (GDP)**
 (In 1996 dollars)

	Social expenditure in dollars per capita			Social expenditure as % of GDP		
	1980-1981	1990-1991	1994-1996	1980-1981	1990-1991	1994-1996
Average	204	173	233	9.2	8.0	9.6
Bolivia	52	52	91	6.0	6.0	9.8
Brazil	445	428	547	9.7	9.4	11.2
Chile	540	477	651	16.9	13.8	14.4
Colombia	131	149	284	7.6	7.9	13.3
Costa Rica	454	426	521	18.6	17.7	19.6
Ecuador	174	126	119	11.2	8.3	7.8
El Salvador	111	44	60	6.5	4.1	3.6
Guatemala	47	47	61	3.3	3.3	3.9
Nicaragua	89	56	61	12.3	11.5	13.4
Peru	130	51	88	3.8	2.2	3.3
Dominican Republic	71	52	85	4.9	3.7	5.4

Source: Enrique Ganuza, Arturo León and Pable Sauma (comps.), *Gasto público en servicios sociales básicos en América Latina y el Caribe: análisis desde la perspectiva de la Iniciativa 20/20 (LC/R.1933)*, Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 1999, p. 31.

As regards the progressiveness of expenditure during the 1990s, the most progressive sector was health, followed by education. Expenditure on social security was the most regressive (ECLAC, 1999). At all events, even a slightly regressive structure of expenditure nevertheless has a substantial redistributive effect, since income distribution is generally more regressive than expenditure. It should be recalled that the effect of social programmes on the absolute incomes of the poorest households is significant, regardless of their degree of progressiveness. Consequently, proper management of social expenditure offers extensive possibilities for improving the situation of the poorest groups and income distribution. Increased efficacy and efficiency of social expenditure depends not only on the amount spent but also on its sectoral and intra-sectoral distribution. These aspects are directly related with the management, application, monitoring and evaluation of the expenditure.³

The insufficiency of the effort made by the Ibero-American countries as regards social expenditure can clearly be seen from international comparisons. While the Ibero-American countries devoted averages of 3.9% and 2.9% of GDP to investment in education and health, respectively, in the 1990s the Organization for Economic Cooperation and Development (OECD) countries devoted 5.1% of their GDP to investment in education and 6.4% to investment in health. Not only is the relative social investment effort of the Ibero-American countries smaller than that of the more advanced countries, but it is also based on a much lower level of GDP, so that the differences in terms of social investment per inhabitant are even greater. In education, for example, approximate estimates indicate that the highest-income countries are investing some US\$ 1,400 per inhabitant, compared with some US\$ 140 in the case of the countries of the region.⁴

³ In this sense, the 20/20 Initiative and the margins of reallocation that could be freed up to finance basic social programmes are particularly important from the point of view of poverty and equity.

⁴ In order to calculate the net effective difference it would be necessary to take account of the differences in both cost and quality, but even so the magnitude of the differences is staggering (World Bank, 2001, tables 1-6).

Box V.1

LITTLE INVESTMENTS THAT SAVE CHILDREN'S LIVES

Three out of every four deaths occurring before one year of age are caused either by dehydration resulting from diarrhoea or by an acute respiratory infection. Almost all deaths caused by diarrhoeal dehydration

could be prevented by the prompt oral administration of rehydration salts, which cost US\$ 0.08 per package. Most deaths caused by respiratory infections would not occur if the individuals in question were not malnour-

ished and if they had access to basic medical care. The above, together with pre- and post-natal care, constitute a front-line set of low-cost measures that would greatly reduce the number of preventable deaths.

Cost (in US\$)	Examples of low-cost investments
0.08	One packet of oral rehydration salts to combat dehydration due to acute diarrhea
0.07	Three capsules of vitamin A, which are sufficient to protect a child for one year from blindness and other health problems caused by the lack of this vitamin
1.23	One fetal stethoscope for carrying out basic checks on pregnant women
5.00	One plastic latrine with drainpipe to provide basic sanitation for one family
15.00	Average cost of the vaccines, syringes and needles, refrigeration facilities, training and wages of health personnel needed to immunize a child against the six main childhood diseases
15.50	One thermally insulated container for keeping 500 doses of vaccines cool
150.00	One hand-operated pump, piping and fittings for a well to provide 50 families with water

Source: United Nations Children's Fund (UNICEF), "Facts and figures" newsletter, 1997.

Even in terms of basic social services, and despite the efforts made in the last decade, the investment being made in the majority of the Ibero-American countries is not sufficient to reach the levels of coverage and quality needed to break the vicious circle of the intergenerational reproduction of poverty. These basic social services cover activities corresponding to basic education and primary health care, including reproductive health, nutritional programmes, drinking water supply and sanitation, and the corresponding institutional capacity. It is estimated that that group of Ibero-American countries devoted a total of approximately US\$ 59 per inhabitant per year to basic social services, of which US\$ 38 went to basic education and US\$ 21 to basic health and sanitation.⁵

The extra resources needed to ensure universal coverage of basic social services in the Ibero-American countries would amount on average to almost US\$ 30 per capita per year, and satisfying those needs would involve an increase in expenditure on those services equivalent, on average, to 8% of total expenditure, or 2.5% of the GDP of those countries. While the effort this would require is by no means negligible, this is not an amount that is beyond the reach of the Ibero-American societies either. This would naturally call for a greater national effort in those countries where the disparities are greatest and social investment has historically been less. This may be seen from the fact that, at the national level, the global average of US\$ 30 per capita breaks down into additional expenditure levels ranging from only US\$ 6 in Costa Rica to as much as US\$ 49 in Nicaragua.

5 Ganuza, León and Sauma, p. 37 (the calculations do not include Belize and Jamaica).

2. Towards recovery of lost opportunities

The fact that poverty affects the child population of Ibero-America to a greater extent and more severely, and that it is that same population which suffers the greatest shortcomings in terms of access to basic social services, while dramatic enough in itself, is even more serious when we realize that these living conditions of children and young people are also the main channel for the intergenerational reproduction of poverty. Obviously, the future of the Ibero-American societies cannot be better than the present situation of their children, so it should be equally obvious that the inability to deal with the basic needs of these children and young people now is a sure way of mortgaging their future and that of society as a whole.

Clearly -as international experience confirms- economic growth *can* be a vital element for the reduction of poverty, since it provides a greater supply of goods and services which -if suitable channels of income distribution and social integration exist- can be used to improve the living conditions of the least privileged members of society, especially children living in a state of poverty and their families. The evidence makes it equally clear, however, that growth alone is not enough: something which is just as important as the amount or rate of economic growth, if not more so, is the *quality* of that growth: its capacity to generate systematic increases in productivity and to accompany those increases with equally systematic improvements in the income and living conditions of the whole population, with particular emphasis on reduction of the existing disparities.

Only a change in production patterns based on the deliberate and systematic incorporation of technical progress will make possible -and indeed demand- increasingly productive and well-paid use of the labour force, which is in turn the main mechanism by which the broad masses can contribute to development and share in its fruits. In the present conditions in which Ibero-America is facing the challenges of globalization, a proper setting for a sustainable competitiveness strategy must lay down the rules and incentives needed in order to ensure that the improvements are continuous and cumulative and that they form part of an ongoing process of raising productivity.

An economic policy which merely ensures macroeconomic stability and growth is not sufficient for this. It also requires an income distribution policy consistent with the objectives of reducing poverty and a social policy which also ensures that the whole population have access to education, health, housing and environmental sanitation services, since these form the foundation both for the quality of life of workers and their families and for their productive capacity. On the one hand, this means that social investment to combat child poverty is not only justified for ethical and social reasons, but also for reasons of simple economic efficiency: it is the most efficient way of checking poverty and the most profitable investment from the point of view of productivity and growth. On the other hand, it also means that social investment is not only justified on the grounds of efficiency, but is also essential for fundamental ethical reasons, because in the existing conditions of inequality the effective fulfillment of the rights of the child depends on such investment.

This coincidence between the criteria of efficiency and those of rights and equity has been clearly recognized in a recent World Bank publication entitled precisely *The Quality of Growth*. Recognizing that growth alone does not solve social problems such as persistent poverty, or the growing environmental problems affecting the world, this document affirms that not only sound economic policies and growth-promoting institutions are needed, but also better and more equitable opportunities for education and employment, better health and nutrition, a cleaner and more sustainable natural environment, an impartial legal and judicial system, greater civil and political liberties, trustworthy and transparent institutions, and freedom to accede to a rich and diverse cultural life. This, it says, is important not only for economic but also for ethical reasons: "equitable access to education and health services is one of the basic human rights to which all are entitled" (Thomas and others, 2000).

The possibilities for advancing rapidly and systematically in this direction are not very favourable, however, as may be seen from the shortcomings prevailing in the region which have been analysed in the course of the present document. The magnitude of the resources

needed for social investment amply exceed what it has traditionally been considered *reasonable* to spend on social programmes in the majority of the Iberoamerican countries, and although the resources devoted to social expenditure or investment have been slowly increasing over the last ten years, they are still inadequate when compared with the levels of social investment in countries which have accepted the challenge of developing to the full both the social and the productive potential of their inhabitants.

Indeed, recognition of these insufficiencies was the keynote of the Third Iberoamerican Meeting of Ministers of the Economy and Finance, held in Panama on 7 and 8 September 2000, at which insufficient social investment was identified as one of the main bottlenecks holding up the development of the Iberoamerican countries:

Although the levels of social expenditure represent large amounts of money, they continue to be insufficient for meeting the demands and needs of the population, and even more so for forming a true social investment designed to generate the human capital needed for the type of growth and economic development we desire. Putting off social investment policies which expand and strengthen human capital is not just a failing in terms of ethics, but an economic error which deprives society of its main resource for adapting to the rapid incorporation of technical progress in production processes. Social investment today is a key element for building the society we will be living in tomorrow.

In the view of the Ministers of the Economy and Finance, this problem is particularly serious in the present context, in which the Iberoamerican countries are facing not only the challenges of globalization and competitiveness but also those arising from their own need to achieve sustainable human development. According to the Ministers, social investment will be called upon to play a vital role in developing the human and social capital needed to achieve genuine competitiveness, centered on the more productive and adequately remunerated use of the human resources of those countries:

this is particularly important with respect to our children and adolescents, who are the fundamental base for this human capital and are the first generation that will be living in a globalized world

in which knowledge and lifetime learning have become the leading conditions for competitiveness.

After these preambular statements, the Ministers note that the need to identify the social profitability of investment options is a leading challenge. In order to ensure that the most important priorities prevail in the allocation of expenditure, the Iberoamerican governments and societies must have adequate and timely information on the true long-term social costs and benefits of the various options for the allocation of public resources, so that, when budgetary decisions must be taken on social investment, the real opportunity cost of those decisions can be taken into account. Countries must have a clear idea of what they are really forgoing when they fail to allocate the necessary funds for building the human and social capital on which the development they desire depends. They must not only know the expected effect - the present value- of the expenditure and investments they are making, but also -and above all- know the impact that could be expected from the investments they are *not* making and which are being postponed.

Indeed, one of the main reasons why the Iberoamerican countries have deficits and marked shortcomings in basic social services is the lack of adequate, timely and trustworthy information about the true impact of those shortcomings on well-being and economic growth. When this information is not available, there is a tendency to underestimate the urgency and level of priority of such investments, as compared with items of expenditure for which the decision-makers do have a better estimate of their importance and a clearer quantification of their economic profitability.

Only by full and rigorous identification of the economic and social profitability of the different investment options will it be possible -as the Declaration recommends- to effectively establish the true order of priority of the resources the Iberoamerican societies allocate to public investment, and especially social investment. This would likewise be a valuable way of ensuring that social expenditure does indeed become a real social investment which not only helps to improve the quality of life of the inhabitants of the Iberoamerican community -a worthy enough aim in itself- but also ensures the sustainability of that human development by giving real substance to a type of economic growth whose competitiveness resides, as we have already said, not in the poverty but in the growing productivity and remuneration of the human resources of those countries.

In view of the lack of systematic studies which could make possible such evaluation at the present time, what could be done is to use the existing literature and partial studies in order to bring out the general thrust and probable

order of magnitude of this problem and gain a clearer idea of the social and political as well as the economic significance of social investment.

3. The economic importance of early child development

Investments to promote the early development of children are justified, in the first place, from the point of view of the children's rights, since tolerating the truncated development of a child when that could be avoided obviously violates a fundamental human right. They are also justified on the grounds of equity and social justice, since the negative impacts of a difficult environment are cumulative, and children who live in such environments are quickly and progressively retarded in their development. If these reasons were not enough to make countries understand the true cost of the opportunities lost in this way, however, there are also solid economic arguments in favour of such investments. It has been clearly shown that preventive programmes can bring savings by reducing the need for costly curative health attention, improving the efficacy of educational systems, lowering rates of dropping out and repeating grades in school, and reducing the incidence of juvenile delinquency, drug and alcohol abuse, and other forms of harmful social behaviour (Landers, 1991, p. 2).

It is well known that the human brain is particularly vulnerable to structural deficits during the critical period of rapid cerebral growth extending from the middle of the period of gestation up to the early preschool years. When these processes take place in mothers or babies with nutritional deficiencies, this affects the biosynthetic capabilities characterizing the evolution of the brain in these stages, provoking irreparable damage because no new neurons are generated after this period. These deficiencies result in various distortions in the development of the brain and nervous system which reduce cognitive and conductual capacity and magnify the adverse effects of socio-economic privations suffered during the child's development.

The impacts of malnutrition on the development of children can therefore be dramatic. In studies of small children it has been found that iron deficiency -even if

there is no protein energy deficit- is associated with lower performance in mental and motor development tests, as well as with accentuated timidity and fear, greater distraction or lack of attention, and a lower social response capacity. The most serious feature is that these deficits can persist even after the iron deficiency has been treated. It is also known that, even before deficits detectable by anthropometric measurements occur, protein malnutrition reduces children's activity for exploring and even for playing, as well as the motivation and excitement typical of their age, and makes them more apathetic and irritable. While this is serious enough in itself, it is even more so when it is seen as a link in a perverse chain, because unlike healthy children, who have sufficient energy to demand attention, children suffering from malnutrition are incapable of eliciting suitable responses from those looking after them, who also have all kinds of additional problems. The stage is thus set for the reproduction of the poverty cycle (Landers, 1991, p. 4).

The experience of the Iberoamerican countries shows that the negative consequences of poverty on the development of children are very serious. Children suffer the privations of poverty more completely and intensely, and these privations have irreversible effects on their development. Poor children are more often exposed to a complex combination of risk factors: sickness, malnutrition, family stress, little and low-quality education, inadequate social services, a dangerous environment in which they are highly vulnerable, and a discouraging and menacing social environment. These effects do not only afflict the children, however. For society as a whole, the costs may be measured in terms of loss of life or a heavy burden of sickness, dropping out and repeating grades in school, unemployment or employment in low-productivity jobs, delinquency and other forms of antisocial conduct, the intergenerational reproduction of poverty, and weak social cohesion.

As a result of all this, for a long time emphasis was placed on analysing the deficiencies in children's development due to poverty. More recent studies, however, have found that even in a context of poverty children nevertheless have opportunities for their development, if they have a *sense of identity* and self-esteem and if they are capable of self-management and self-control. In turn, these children elicit more positive responses from their environment, which thus stimulates and supports them more than in the case of those who do not manage to develop their self-esteem and sense of identity. It is clear from these and other studies that while nutritional intervention is very necessary, it is not of itself sufficient for treating children suffering from early malnutrition. The same is true of medical treatments. Recovery from the effects of early malnutrition and poverty demands approaches which combine nutritional and medical elements with child development elements which stimulate the intellectual and social capabilities, creativeness and initiative of small children.

On the basis of a detailed analysis of early child development programmes, Jacques van der Gaag and Jee-Peng Tan show that these programmes have a level of profitability much higher than the "hard" investments usually financed by governments and financial agencies. In particular, they studied the Bolivian Integral Child Development Programme (PIDI, in Spanish) and find that, solely on the basis of the benefits due to the increases in future productivity, the benefit/cost ratio of this programme is between 1.38 and 2.07. If the value of the services provided and the imputed value of the effect in reducing fertility are added to this, then the benefit/cost ratio rises to between 2.38 and 3.06. This compares very favourably with the infrastructure projects usually promoted in developing countries, which generally have benefit/cost ratios of around 1.5 (Van der Gaag and Tan, 2001).

4. The importance of investments in education

As long ago as in the *Social Panorama of Latin America, 1994*, ECLAC had already identified the importance that social investment, and especially investment in education, could have for tackling the problems of poverty afflicting the region. On the basis of a study of wage-earners in the most important 20-year period in their working life (between the ages of 35 and 54), it was observed that, even in the early 1990s, ten or more years' schooling were needed in order to have acceptable possibilities of securing well-being and having a good chance of steering clear of poverty. This means that, for the children and young people who are now at school, having a good chance of obtaining future well-being means, at the very least, completing the secondary cycle (ECLAC, 1994, p. 101).

The importance of enabling the young people of today to achieve higher levels of education in order to obtain sufficiently high levels of future income to keep their

families out of poverty is made clearer if the profitability of this investment in education is analysed in terms of that future income. A study made by ECLAC for the *Social Panorama, 1995* shows that in Iberoamerica the average cost of giving a student three more years' primary or secondary education is equivalent to the cost of taking out a loan whose repayment over a period of ten years would mean monthly payments of between US\$ 3 and US\$ 19. According to that study, for urban wage-earners in the region between 35 and 54 years of age, three more years of primary education would increase their monthly income by between US\$ 24 and US\$ 72, while three more years of secondary education would increase it by between US\$ 42 and US\$ 132. This means that the additional income generated by those extra three years of primary or secondary education would amount to six or even eight times more than the corresponding cost. The results for completing a full secondary education are even more striking, because in comparison with adults having only

nine years' schooling, those with full secondary education receive wages which are between US\$ 78 and US\$ 132 higher: almost ten times the monthly payments that would be needed to repay the cost of the corresponding investment in education in ten years.

It is not only important that there should be sufficient investment in education, however: it must also be timely. Once the opportunity of educating the population at the corresponding ages has been allowed to pass, the cost of making up for that lag through compensatory educational programmes is much higher than it would have cost to avoid this, for compensatory educational programmes for adults have costs that are 1.5 to 5 times higher than those corresponding to four years of secondary education.

The economic irrationality of not assuming the present cost of these investments in education can also be seen from an analysis of the impact of child labour on access to educational opportunities and the economic cost of that impact. It is estimated that in the Iberoamerican countries, boys and youths between 13 and 17 years of age who work have 1 to 2 years less schooling than those who do not work, while in the case of girls the differences are between 0.5 and 1.5 years. These boys and girls will end up having an educational deficit of over 2 years' schooling compared with young people who enter the labour market between the ages of 18 and 24, as they should. According to this study, those two years less of education will result on average in 20% less monthly income over the course of those persons' working lives. The pointlessness of this situation could hardly be more obvious: the amount of income children and adolescents who enter the labour market early lose when they are adults is between four and six times the amount they would have forgone if, instead of working, they had devoted themselves full-time to obtaining two more years' schooling (ECLAC, 1995, pp. 49-51).

The most recent studies show without the slightest doubt that education plays a fundamental role in increasing productivity. In the case of the United States, it is estimated that "the changing education of the labour force over the last fifty years accounts for a significant proportion of the total productivity growth: possibly as much as a third" (Griliches, 2000, p. 41). Even these measurements do not tell the whole story, however, as they do not manage to identify or measure the indirect effect (externalities) of education on productivity through the accumulation of knowledge, research and development, and the learning processes at the workplace and in everyday life.

Similar results have been obtained for the OECD countries (Temple, 2000). These results show substantial gains for workers with a level of education above the basic level, which in those countries means having something more than secondary education. Workers who did not manage to complete their secondary education tend to earn between 10% and 40% less than those who did complete it. In general, men without adequate education suffer slightly smaller disadvantages than women. For both sexes, however, university education gives a significant advantage: the income gap between those with higher education and those who only completed the secondary cycle is greater than the gap between those who have a secondary education and those who do not. For women between 30 and 44 years of age, the gains from having a university education range from 20% in Italy to 110% in the United Kingdom, while for men they range from 32% in Switzerland to 80% in France (Centre for International Research and Innovation, 1999). In fact, the global estimates of the effect of knowledge in terms of productivity made for the OECD countries tend to coincide with those already mentioned for the United States: "typically, between one-fifth and one-third of the variations in income are attributable to the combined effect of education, literacy (in a broad sense) and experience acquired in the labour market" France (Centre for International Research and Innovation, p. 59).

Important though educational level is, however, a factor which is equally or even more important is the effective access of the whole population to education. Not only is it important to increase the average amount of education provided, but it is also vital to improve the equity of investment in education, since, as the existing studies show, the dispersion or inequality of education has a clear negative impact on per capita income, and the greater the dispersion, the greater that negative effect is (López, Thomas and Wang, 1998). Once again, rights and efficiency seem to work in the same direction, because "if the capabilities of the population are normally distributed, then a biased distribution of educational opportunities will represent great losses of well-being" (López, Thomas and Wang, p. 3).

Analysing the Gini inequality coefficient for education in a sample of 85 countries over the 1960-1990 period and correcting per capita GDP growth to take account of differences in purchasing power, the authors find that inequity in education is negatively associated with per capita GDP growth, while educational achievement measured in number of years of schooling is positively associated with such growth (taking into account the initial

income levels). This study also finds that there is a negative relation between the Gini coefficient for education and the average number of years of schooling, which means that there is a significant feedback between the amount and distribution of education: countries with higher levels of educational achievement are more likely to register better levels of equity in education, and vice versa. Unfortunately, although inequalities in educational achievement have been going down over these three decades in the majority of the countries studied, those in which these disparities have got worse are almost all Iberoamerican nations, as in the cases of Colombia, Costa Rica, Peru and Venezuela.

The results of these studies tend to confirm that the economic profitability of education compares favourably with all other types of investment. Even so, these comparisons only reflect part -and probably only a small part- of the importance of education and knowledge for the well-being and development of societies, since they do not take account of the social effects or externalities deriving from higher levels of education and knowledge, such as those regarding the level of public health, indexes of violence and crime, quality of the environment, family relations and parenthood, political participation and social cohesion, which also have a significant effect on economic well-being and productivity.

5. The economic importance of health

There can be no doubt that health plays a vital role in economic development. Although the studies seeking to quantify this relationship, which moreover operates in both directions, are very limited and recent, we do know that the rates of survival or life expectancy are powerful means of predicting income levels or subsequent growth rates. The studies indicate that the level of health has a strong effect on growth. In the case of the Iberoamerican countries, a close relationship has been detected between life expectancy and the GDP growth rate, so that an increase of one year in life expectancy will give a 1% increase in GDP 15 years later (WHO, 2000, p. 9).

This repercussion of health investments on economic growth appears to be particularly great in the case of the poorest countries. This does not mean, of course, that health is not important for countries with higher levels of income, where it is the high level of health already reached, rather than possible improvements in it, which is of fundamental importance for maintaining an adequate supply of skilled labour, a key element in production. It does mean, however, that improvements in the level of health are even more important for the poorer countries.

In the case of Peru, there are studies which confirm the positive and significant effect of health on the level of productivity, so that public and private investment in health must be considered as an important means for

raising household income, especially in rural areas, where the relative rates of return on health are even higher. It is estimated that one day less of sick leave per month increases the wages of the female population by 3.4% in urban areas and 6.4% in rural ones, while in the case of men the increases are 4.7% and 10.4% in rural and urban areas, respectively (Cortez, 1999).

In Colombia, a clear positive relation has been observed between health indicators and income levels. When controlled for age, education, sector of employment, gender and geographical location, an increase of 50% in the average number of days during which an individual was sick or unable to carry on his or her normal activities during the previous month meant a reduction in labour income of 11% for urban men, 8% for urban women, 13% for rural men, and 7% for rural women (Ribero, 1999).

Finally, mention must be made of the lost opportunities connected with the cost of combating the social consequences of exclusion and poverty. In particular, the Iberoamerican societies are facing a serious problem in terms of the cost that phenomena such as domestic and social violence represent for economic growth. According to a recent study (Buvinic, Morrison and Shifter, 1999), child abuse and ill-treatment affect children's performance in school, with a corresponding impact on their future

productivity and the yield of investments in education. Moreover, women who are victims of domestic violence are less productive at work, which represents not only a direct loss for national production but also an indirect loss, since less productive women tend to earn lower

wages and this, in turn, means lower expenditure on consumption and a consequently lower level of aggregate demand. Violence also has high costs in terms of erosion of social capital. The study in question gives the following typology of the socio-economic costs of violence:

Table V.2
TYPOLOGY OF THE SOCIO-ECONOMIC COSTS OF VIOLENCE

Direct costs: Value of goods and services used in the prevention and treatment of violence	<ul style="list-style-type: none">• Health system• Police• Criminal justice system• Housing• Social services
Non-monetary costs: Pain and suffering caused by violence	<ul style="list-style-type: none">• Higher morbidity• Higher mortality due to homicides and suicides• Alcohol and drug abuse• Depressive disorders
Economic multiplier effects: Macroeconomic impacts on the labour market and intergenerational productivity	<ul style="list-style-type: none">• Lower labour market participation by women• Lower productivity at work• Lower income• Higher absenteeism• Intergenerational impact on productivity: educational performance• Lower capacity for saving and investment• Capital flight
Social multiplier effects: Impacts on interpersonal relations and the quality of life	<ul style="list-style-type: none">• Intergenerational transmission of poverty• Lower quality of life• Erosion of social capital• Less participation in democratic processes

Source: M. Buvinic, A. Morrison and M. Shifter, “La violencia en América Latina y el Caribe: Un marco de referencia para la acción”, Inter-American Development Bank (IDB), 1999.

Although there are no systematic studies for the region, a recent study made in Mexico City found that domestic violence was the third largest cause of Loss of Years of Healthy Life (AVISA, in Spanish) for women, after diabetes and perinatal problems. Violence committed by the woman’s partner and other forms of abuse against women were an even greater source of such loss than

traffic accidents, birth defects, rheumatoid arthritis, osteoporosis, cardiovascular problems, cerebrovascular problems and pneumonia. There is also evidence that women who suffer domestic violence receive significantly lower remuneration than those who do not: a study made in Managua showed that women who suffer severe violence earn only 57% as much as women who do not,

and the losses for this cause are equivalent to 1.6% of GDP, while according to a study made in Santiago, Chile, the percentage loss there is 39% and the losses are equivalent to 2% of GDP. With regard to the impact of child abuse, a study made in Chile found that children

who said they had suffered serious abuse did considerably worse in school than children who did not suffer abuse, and the abused children had unsatisfactory interpersonal relations not only with their parents but also with other children.

6. When ethics and efficiency coincide

All the evidence tends to indicate that, as the Ministers of the Economy and Finance said at their recent Iberoamerican Meeting, the resources which the Iberoamerican countries are not spending today to satisfy the demands and needs of the human capital needed for the type of growth and economic development they desire, are resources whose withdrawal will affect the construction of the society that those countries want to be tomorrow.

To the extent that significant disparities exist in access to basic social services; to the extent that the present inequalities in access to opportunities for developing the human capital of different segments of the population are allowed to persist, then to that same extent the countries will not only be reproducing ethically questionable situations but will also be giving rise to a clearly inefficient pattern of distribution, allocation and use of the resources those countries possess for furthering their well-being and development.

This is particularly true with regard to the opportunities which are taken away from the majority of Iberoamerican children and adolescents. As we have already seen, over half the children of those countries live in conditions of poverty, and what is even worse,

they form over half of all the poor of the region. Their families' incomes and living conditions are not sufficient to ensure them the basic opportunities for their growth and development, and the material and institutional resources that the Iberoamerican societies provide for those children continue to be insufficient and inadequate for giving them effective access to opportunities so that they break out of the vicious circle of the intergenerational reproduction of poverty.

Failing to make these investments that could reverse this vicious circle of poverty is ethically unacceptable, politically dangerous, and absurd from the point of view of economic efficiency. This should be all the more obvious in an increasingly globalized world in which access to knowledge is a more and more basic condition for competitiveness and economic success. These shortcomings and insufficiencies which restrict the present horizons of over half the children in Iberoamerica are also insufficiencies which militate against the development of those societies themselves. In this context, satisfying the rights of children and adolescents should be seen as the best road to a type of growth which no longer depends on the poverty of the human resources of the region but on their growing productivity and proper remuneration.

Section VI

Conclusions and main areas of action

1. General conclusions

This section summarizes the main conclusions emerging from the study and outlines the main areas of action in which the Ibero-American governments' efforts should be concentrated in order to advance resolutely towards full respect for the rights of children and adolescents in the region.

Examination of the progress made in favour of children in Ibero-America shows that, in view of the progress made in recent years towards fuller respect for the rights of children and adolescents, it should be possible to achieve full and total respect for those rights within a reasonable length of time: sooner than would be deduced from mere extrapolation of the tendencies registered in past decades.

In order to do this, it will be necessary to reaffirm the commitment to fulfill those rights completely, taking measures to deal with the shortcomings which result in the unnecessary death and morbidity of children and adolescents, insufficient and inadequate education, and unacceptable living conditions, which prevent them from taking their proper place in active life and from living as full citizens and lead to the transmission of inequality and poverty to the next generation.

In order to ensure these advances it is necessary to reduce the disparities between the countries of the region, as well as the persistent socio-economic, territorial, ethnic and gender-related inequalities which are present to a greater or lesser extent in all of them. This latter objective can only be achieved if the problems are tackled from the earliest age and throughout the life cycle.

All this means significantly increasing the resources devoted by governments and international aid to social investment in children and to the improvement of the policies and programmes in this field, raising the performance of public action with a view to attaining higher degrees of inter-sectoral coordination.

Finally, well-calibrated goals with regard to children and adolescents must be set for the coming decade which take account of the present situation of the countries and

explicitly incorporate the objective of reducing the lags and inequalities mentioned above.

These conclusions are based on the following considerations:

1. Fulfilling the rights of children and adolescents is the best and surest road to a form of growth without poverty which depends primarily on their growing productivity and adequate remuneration. Poverty, which affects the child population of Iberoamerica proportionately greater and more severely, is the main channel whereby inequalities are reproduced from one generation to the next. Deactivating the mechanisms for the reproduction of poverty calls for social investment policies which expand and strengthen human capital.
2. Adequate and timely information is needed in order to determine the social profitability of the investment options open to Ibero-American governments and societies. The extra resources needed for such investment in order to ensure universal coverage of the basic social services amount to around US\$ 30 per capita per year, which is equivalent to an increase of the order of 8% in the total public budget, or around 2.5% of GDP. This amount is by no means negligible, but it is not beyond the reach of the Iberoamerican societies either.
3. The Ibero-American countries which guarantee the right to life most fully are not necessarily those with the greatest accumulation of wealth or those which have attained high per capita incomes, but rather those which have collectively assumed a commitment to protect life.
4. The development of a judicial system in keeping with the Convention on the Rights of the Child (CRC) is a process which is under way but whose institutional expression is still far from offering the coverage and quality needed to protect children and adolescents. The national and international legal and organizational mechanisms for its application and supervision therefore need to be strengthened.
5. As their educational capital is the main asset of most of the population, and as it, in its turn, conditions the transmission of opportunities for well-being between generations, investments in education should continue to have high priority on government agendas.
6. This is because resources designed to provide the population with timely access to relevant and high-quality education are a highly profitable investment from both the economic and social point of view. Such investment furthers the cultural and social development of children and adolescents and complements the investments made in other areas, such as health education and sex education, while at the same time helping to improve the educational climate of households and their capacity for socialization.
7. As long as basic education does not have universal coverage among the lower-income strata, emphasis should be placed on the aspects of quality and equity, by giving greater educational opportunities to children and adolescents from the middle and lower strata. This means ensuring the continuity of the educational process, improving the internal efficiency of the system -by reducing the rates of late entry and repetition of grades- and applying policies designed to increase secondary education and reduce dropping out in that cycle.
8. The possibility that young people can complete their secondary education raises the systemic competitiveness of society as a whole, that is to say, its capacity to derive added value mainly from the incorporation of technical progress and the intensive use of information and knowledge.
9. Participation by children and adolescents is one of the fundamental rights recognized in the CRC, since it furthers the formation of values and the structuring of social relations, including those between the sexes. Children and adolescents should be given social and institutional spaces, and the family and school should be made the leading settings for learning democracy, participation and respect. So far, the needs and rights of adolescents have not gained sufficient visibility in public policies and on the agendas of governments.

2. Main areas of action

A. The need to combine a rights-based approach with the establishment of goals and critical paths which will permit the necessary accountability and aid in the effective fulfillment of children's and adolescents' rights

The adoption of the CRC as the main point of reference for dealing with the satisfaction of children's rights means applying an approach in which they are explicitly recognized as subjects of law who enjoy a variety of rights and liberties needed to ensure their integral protection and fuller participation in society.

This conception goes beyond the approach taken by traditional sectoral child welfare policies, in which the child is seen as an object of protection and a passive recipient of discretionary measures generally combining the approaches typical of assistance from above, charity, philanthropy and social control.

Putting the rights-based approach into effect calls for legislative reforms to bring national laws in line with the precepts of the Convention; the formulation of public policies which integrally cover all the needs involved in the development of children and young people; and institutional reforms to do away with inequalities among children not included in services offered on the market, so that the excluded minors receive the benefit of assistance measures and social investment. In this sense, the rights-based approach fits in with the efforts to integrate development, equity and citizenship.

Countries must advance resolutely towards the goal of full respect for children's rights in line with their own particular characteristics. In this effort they have the support of certain international mechanisms, among which the fixing of goals is an operational instrument of great importance. In order to do this, it is necessary to have suitable indicators for measuring and gauging the progress, stagnation or setbacks registered in respect of the various rights contemplated in the CRC and grouped in the following areas: survival, development, protection and participation. On the basis of the experience gained during the last decade in the ten-year follow-up of the degree of fulfillment of the goals contained in the Plan of Action adopted at the 1990 World Summit for Children, the Iberoamerican countries should continue their efforts

to develop the most suitable set of indicators for determining more exactly the progress made towards full respect for the rights of the child.

The establishment of goals to be attained in respect of the various rights of the child, and the respective critical paths for attaining them, makes it possible to deal systematically with the formulation and financing of the programmes required in order to advance in this direction. The goals facilitate the development of responsible and democratic forms of governance, insofar as they clearly set forth objectives whose degree of fulfillment helps to establish effective accountability and to evaluate the application of public policies. The establishment of regional goals, for its part, makes it possible to carry out comparative analyses between the Iberoamerican countries, which is of fundamental importance for directing international cooperation to the nations with acute deficits in specific areas.

B. The need to give priority to the objective of drastically reducing socio-economic, geographical, gender-related and ethnic inequalities within countries, because these are an essential and pervasive feature of the phenomena affecting children and adolescents, as well as the main mechanism for the intergenerational transmission of those inequalities

The agencies of the United Nations System, especially UNICEF, have given their most unstinting support to the governments of the region in the follow-up and evaluation of the goals in favour of children adopted at the Summit. The examination of the progress made in the attainment of those goals in Iberoamerica, described in section I, reveals significant achievements, although there have been varying degrees of progress in the different areas and between countries. The global evaluation given in section II, however, reveals that less progress was made in terms of reducing the inequalities between and within countries in a region which continues to register the highest degrees of inequality of all the regions of the world.

These inequalities are reflected in the fact that, in general, the average level registered by the indicators for

differentiated by countries and to follow up the achievement of more ambitious goals by the countries with the biggest shortcomings. The goal of reducing mortality among infants and children under 5 by at least one-third, suggested in *A World Fit for Children* (United Nations, 2001, p. 7) should be examined in the light of the actual situation of the Iberoamerican countries in this respect. The arguments are all too well known: apart from the obvious pressing ethical reasons, resources invested in the reduction of infant mortality are more "profitable" when they are aimed at eliminating the causes of death at an early age in the countries where the rate of such deaths is highest, because in those countries a higher proportion of the deaths are due to causes which could be avoided at relatively lower cost.

This criterion, which is particularly valid with regard to the main goals of the Summit and the countries with the biggest deficits, should also guide the allocation of national public resources and those provided by international aid for social investment in countries which have less serious shortcomings but which are seriously affected by the "new" problems which are arising in the region. To continue with the example of infant mortality: the countries with the lowest rates should continue to reduce them, but since obviously a larger proportion of the deaths will be due to causes that are more costly to prevent, they will require growing amounts of resources because the phenomena that still persist are increasingly difficult and costly to overcome, as they are in "hard" areas of action. For example: giving the rural population or people living in remote areas access to drinking water supply and basic sanitation once most of the problem has been overcome in urban areas is more complex and costly; the very fact of solving (even partially) phenomena affecting children means that other problems which demand greater investments become more visible and pressing. These newly emerging problems have both "soft" (associated with stages where rapid progress can be made with relatively low investments) and "hard" components (stages where progress is slower and more costly). With regard to nutrition, for example, the fact of having overcome the most serious forms of malnutrition of children under 5 has now switched attention to problems of faulty nutrition, obesity and dietetic imbalances (bulimia or anorexia), or the achievement of universal access to primary education has brought to the fore the more complex problems of the quality and equity of basic education and the need to reduce dropping out in the secondary cycle.

Both the advances made and the lags and disparities which still exist combine to form a set of problems in

areas of higher visibility which call for novel, integral treatment that -from the point of view of rights- rules out the adoption of sectoral, fragmentary and welfare-based approaches and requires instead the formulation of policies capable of tackling these problems in a comprehensive manner. In this respect, the following considerations must be kept in mind:

- i) survival continues to be a challenge for the Iberoamerican countries, so that the progress already made in terms of the reduction of illnesses must be continued;
- ii) there is growing evidence of the importance of early development for the present and future quality of life of individuals, which will redound in a lower incidence of health problems and will also have significant repercussions in terms of the building of human and social capital for society;
- iii) in the field of sexual and reproductive health, young people should have a family and social environment which facilitates and promotes the complex maturing process they are going through, furthering their self-assertion and sense of identity. Female adolescents need special support, but young men need to approach their sexual and social maturity in a manner more in keeping with the values of equality of the sexes;
- iv) the quality of the environment and the relations of the individual and of society with the environment are of renewed importance and have crucial effects in terms of reducing the vulnerability of children and adolescents;
- v) the family is of fundamental importance for the survival, well-being and development of children and adolescents, in both material and affective terms;
- vi) children and their families also need public policies and investments capable of giving and expanding access to opportunities, which, as we have seen, forms part of the fundamental definition of well-being and ensures that the children of today will not only benefit from social development but will also be able to make a significant contribution to it;
- vii) it is necessary to see beyond the idea of specifically delimited forms of support, since only through a coherent set of economic and social policies will it be possible to reverse the process of the intergenerational reproduction of poverty and successfully tackle some of the worst forms that such poverty assumes for

progress made, and their calibration in the light of the actual situation of the countries were decisive factors in motivating the governments and agencies involved, and have resulted in the growing mobilization of national and international actors in favour of the objectives set. The quantitative goals established have provided standardized criteria for analysing the progress made by the countries. In the coming decade, new goals will be fixed and others will be incorporated in order to tackle the new problems which are emerging.

Social information must become one of the basic facts of political life, so that the societies of Iberoamerica have the information and background material they need to follow up economic and social policies from a standpoint which attaches importance not only to the traditional financial variables but also to those concerning the quality of life of the population, and especially the well-being of children and adolescents. The success of this process of evaluation of the achievements and degree of fulfillment in respect of children's rights depends to a crucial extent on the completeness, quality and timeliness of the information available. So far, despite the progress made in the field of information, serious shortcomings still persist:

- i) there are gaps in the information on key aspects such as the breakdown of infant mortality by causes, which is increasingly necessary for reducing the number of deaths and continuing to advance towards the objective of reducing avoidable deaths in this group;
- ii) there are also gaps regarding new topics and dimensions which are assuming increasing importance (child and adolescent labour, quality of education and measurement of inequalities therein, etc.). In this respect, it is necessary to make efforts in two fields: establishing or defining valid and reliable indicators, and allocating resources for collecting primary

information and systematically organizing that which already exists;

- iii) furthermore, great inconsistencies in the information are often detected when different primary or secondary sources are used. This occurs even in the case of such a key indicator as infant mortality. By no means insignificant discrepancies have been detected, for example, between the rates published by different international agencies which form part of data bases that are continuously maintained and periodically updated and published;
- iv) in the case of the measurements of many phenomena, the indicators are published with considerable delay or without clearly specifying the period they refer to, which makes it impossible in many cases to carry out a proper follow-up of the goal in question. It is by no means rare for some of the indicators for the different countries to give two observations whose reference periods overlap (for example, 1980-1990 and 1985-1995).

All the foregoing makes it essential to increase the efforts, allocate greater resources and coordinate activities already under way in order to substantially improve the systems of information and capabilities of the countries to compile, systematically organize and evaluate the quality of the information in all aspects. These efforts should naturally be concentrated on the relatively least developed countries of the region, since it is precisely these countries which most require an ongoing and detailed follow-up of the progress made towards the goals in favour of children. One example of this is the need to establish an Iberoamerican observation centre on the development of children, adolescents and young people (see box III.8).

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Statistical appendix

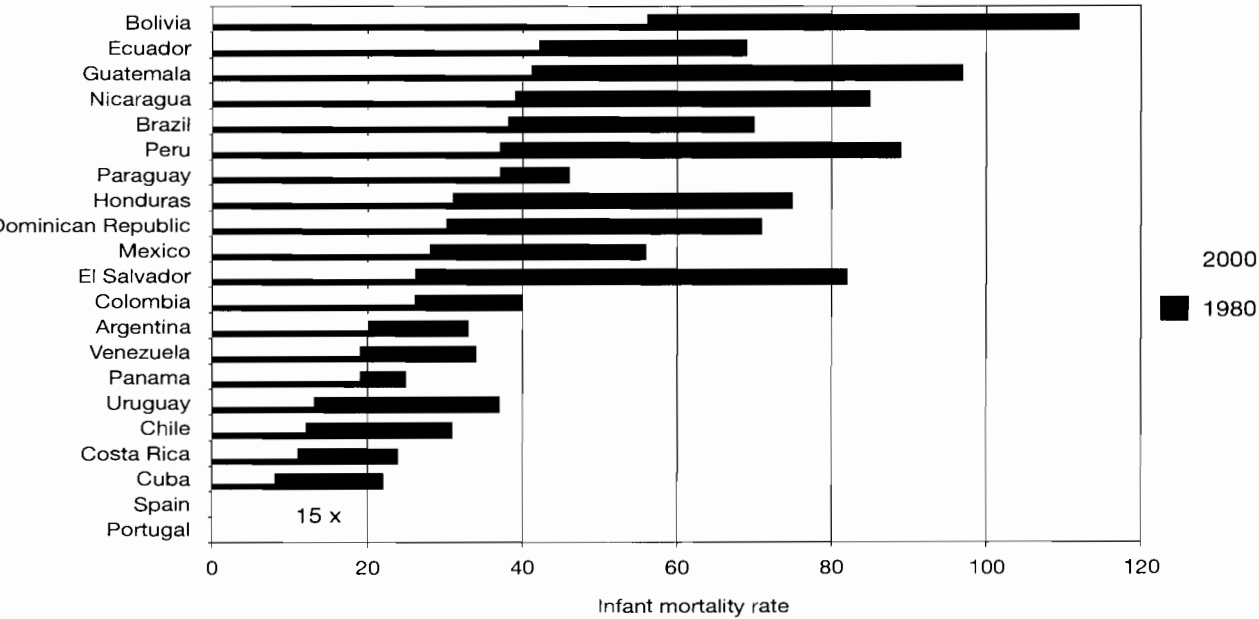


Note:

The following symbols are used in the tables in this Statistical Appendix:

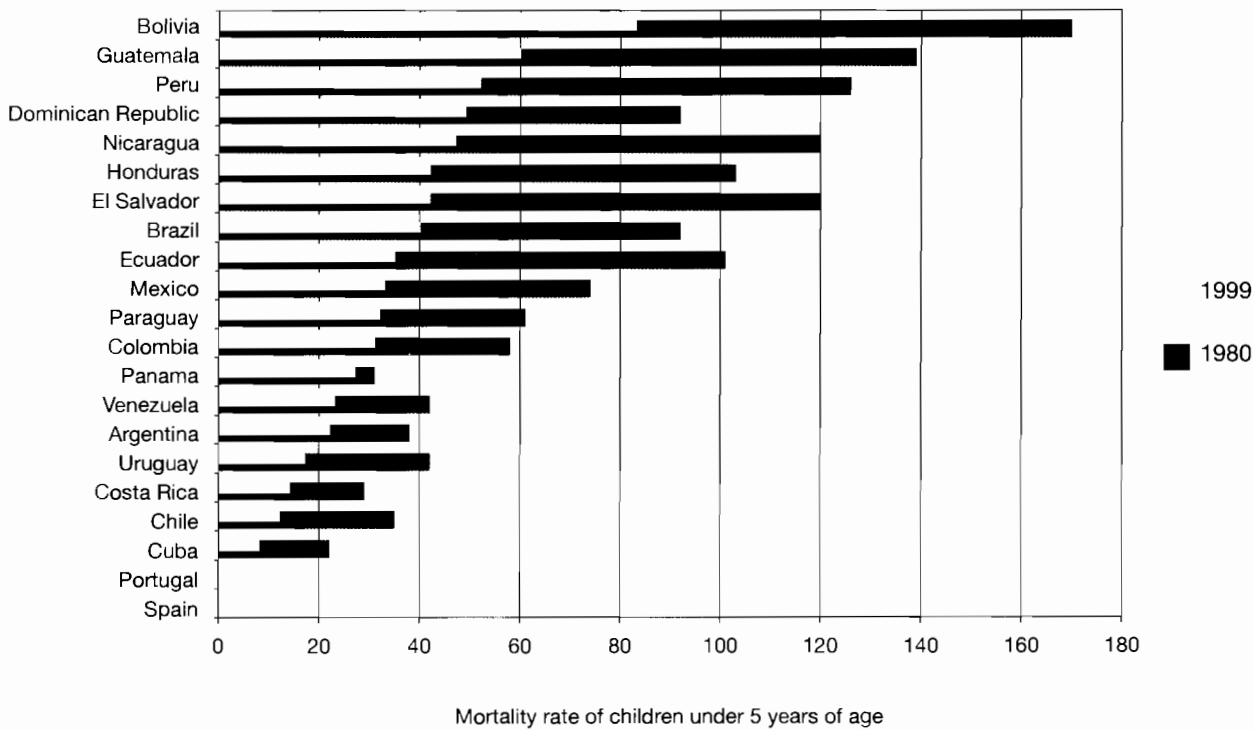
- Three dots (...) indicate that data are not available or are not separately reported.
- A point within parentheses (.) indicates that the amount of the unit specified is less than 1.
- A minus sign (-) indicates a deficit or decrease, unless otherwise specified.
- A point (.) is used to indicate decimals.
- A slash (/) between figures representing years (e.g., 1990/1992) indicates that the information corresponds to one of the years in the range.
- A hyphen between figures representing years (e.g., 1990-2000) indicates a comparison between the information for the first and last year.
- "Dollars" means United States dollars, unless otherwise specified.
- The individual figures and percentages in tables do not always add up exactly to the corresponding totals, because of rounding.
- The countries in these tables are listed in Spanish alphabetical order.

Figure 1
REDUCTION IN INFANT MORTALITY, 1980-2000



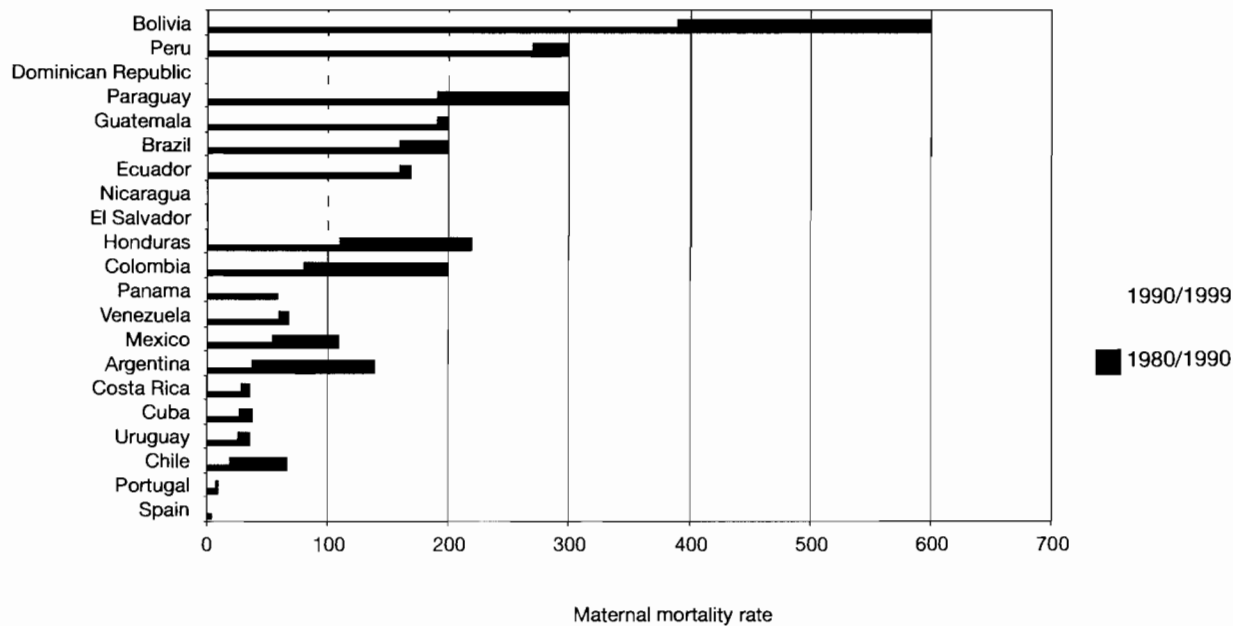
Source: PAHO/WHO (Pan-American Health Organization/World Health Organization), "Special Program for Health Analysis (SHA)" (<http://165.158.1.110/english/sha/>); data for 1980: United Nations Children's Fund (UNICEF).

Figure 3
REDUCTION OF MORTALITY AMONG CHILDREN UNDER 5 YEARS OF AGE, 1980-1999



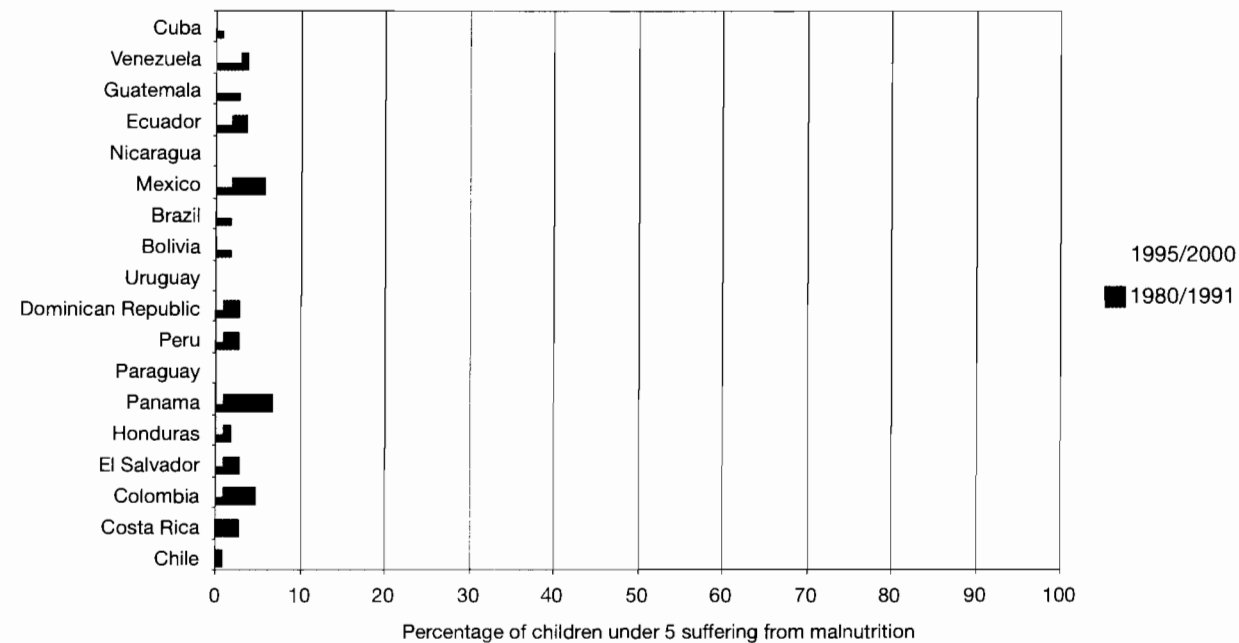
Source: United Nations Children's Fund (UNICEF), The State of the World's Children, 2001. Early childhood, New York, 2001. United Nations publication, Sales No. S.01.XX.1, and data for 1980.

Figure 5
ACHIEVEMENTS IN REDUCING MATERNAL MORTALITY, 1980/1990-1990/1999



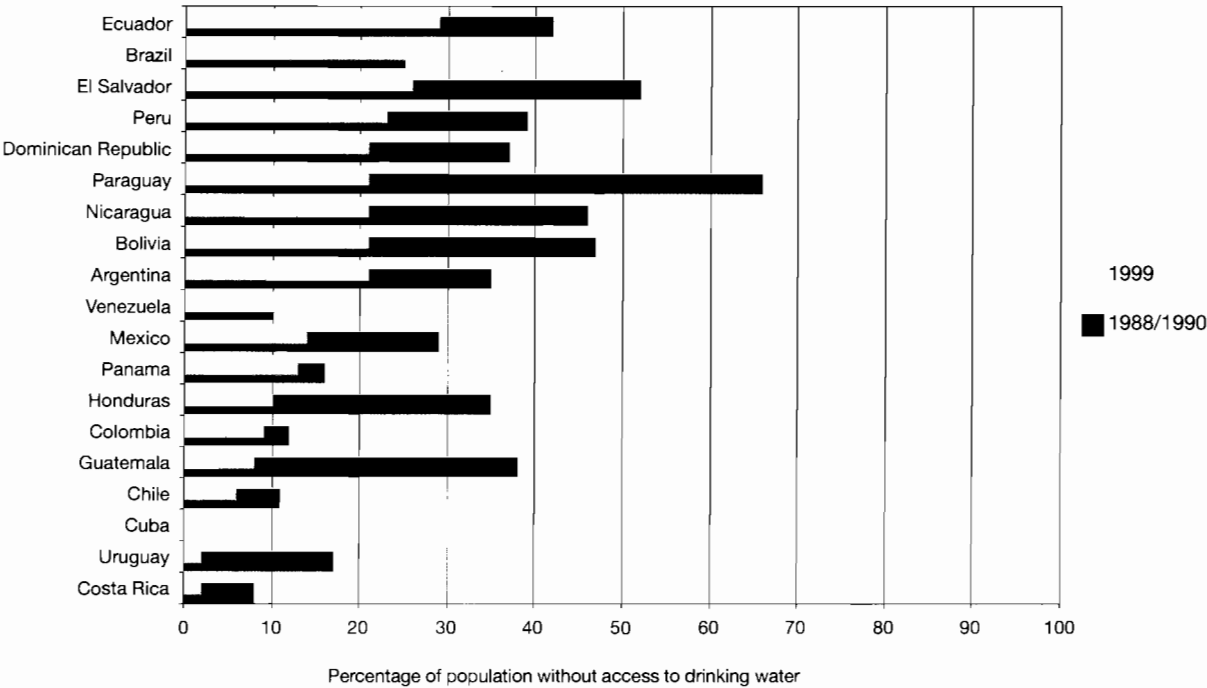
Source: United Nations Children's Fund (UNICEF), The State of the World's Children, 1992, New York, 1992, and The State of the World's Children, 2001. Early childhood, New York, 2001. United Nations publication, Sales No. S.01.XX.1.

Figure 7
**ACHIEVEMENTS IN REDUCING MALNUTRITION AMONG
CHILDREN UNDER 5 YEARS OF AGE, 1980/1991-1995/2000**
(Moderate to severe emaciation)



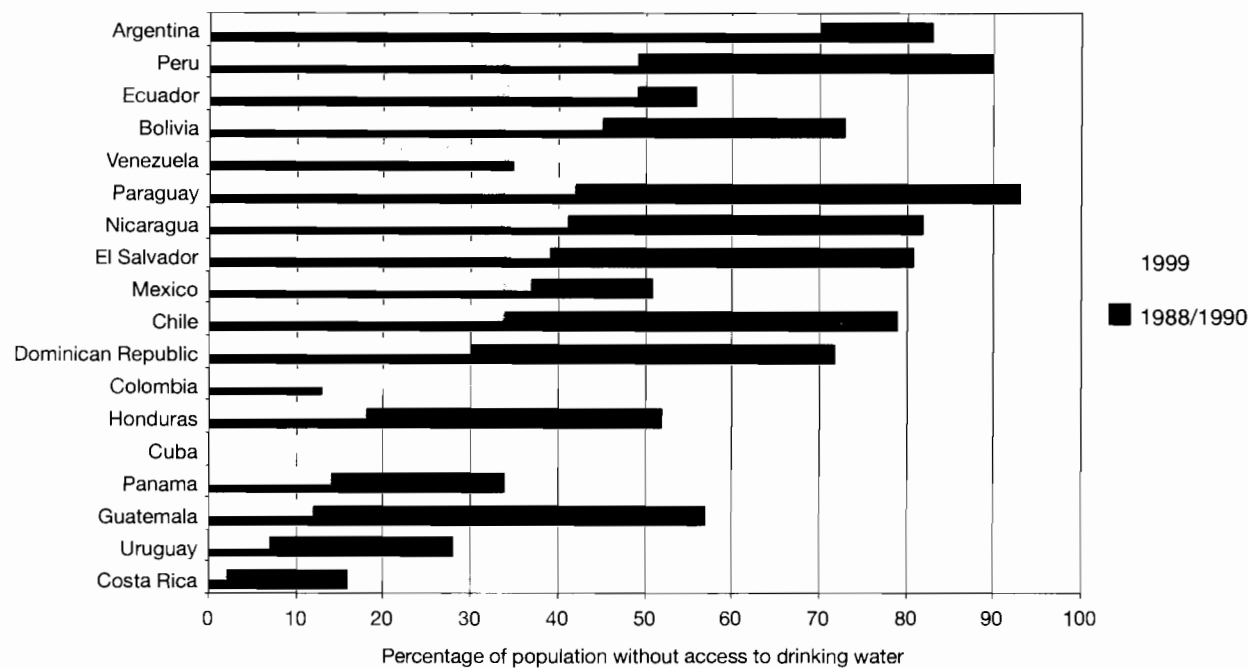
Source: United Nations Children's Fund (UNICEF), The State of the World's Children, 1993, New York, 1993, and The State of the World's Children, 2001. Early childhood, New York, 2001. United Nations publication, Sales No. S.01.XX.1.

Figure 9
**ACHIEVEMENTS IN INCREASING ACCESS OF THE
POPULATION TO DRINKING WATER, 1988/1990-1999**
(National total)



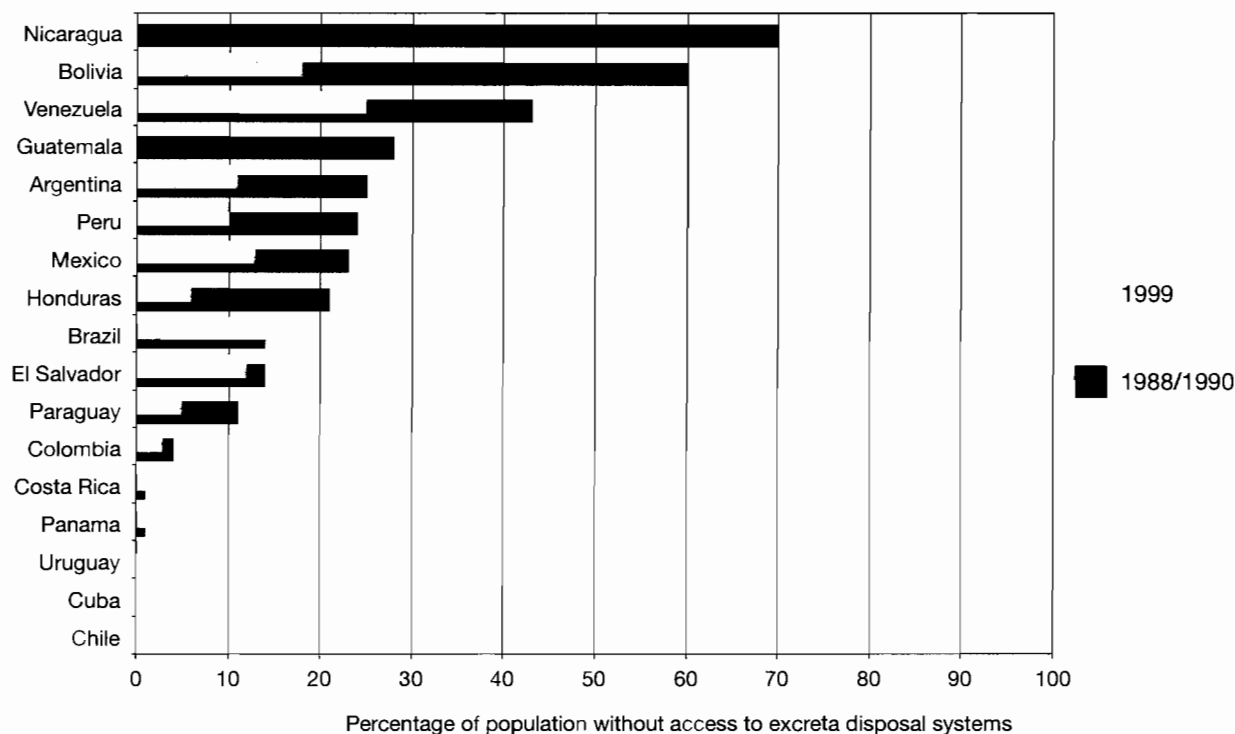
Source: United Nations Children's Fund (UNICEF), The State of the World's Children, 1993, New York, 1993, and The State of the World's Children, 2001. Early childhood, New York, 2001. United Nations publication, Sales No. S.01.XX.1.

Figure 11
**ACHIEVEMENTS IN INCREASING ACCESS OF THE
POPULATION TO DRINKING WATER, 1988/1990-1999**
(Rural areas)



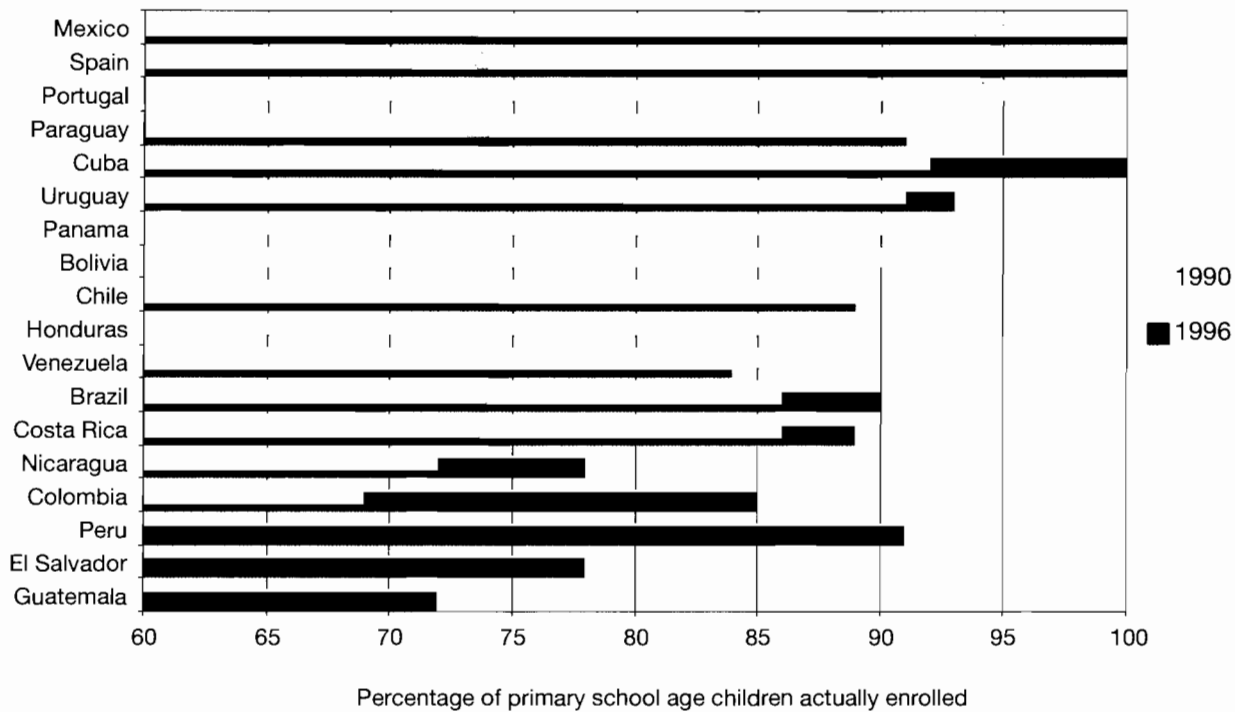
Source: United Nations Children's Fund (UNICEF), The State of the World's Children, 1993, New York, 1993, and The State of the World's Children, 2001. Early childhood, New York, 2001. United Nations publication, Sales No. S.01.XX.1.

Figure 13
**ACHIEVEMENTS IN INCREASING ACCESS OF THE
POPULATION TO SANITARY MEANS OF EXCRETA DISPOSAL, 1988/1990-1999**
(Urban areas)



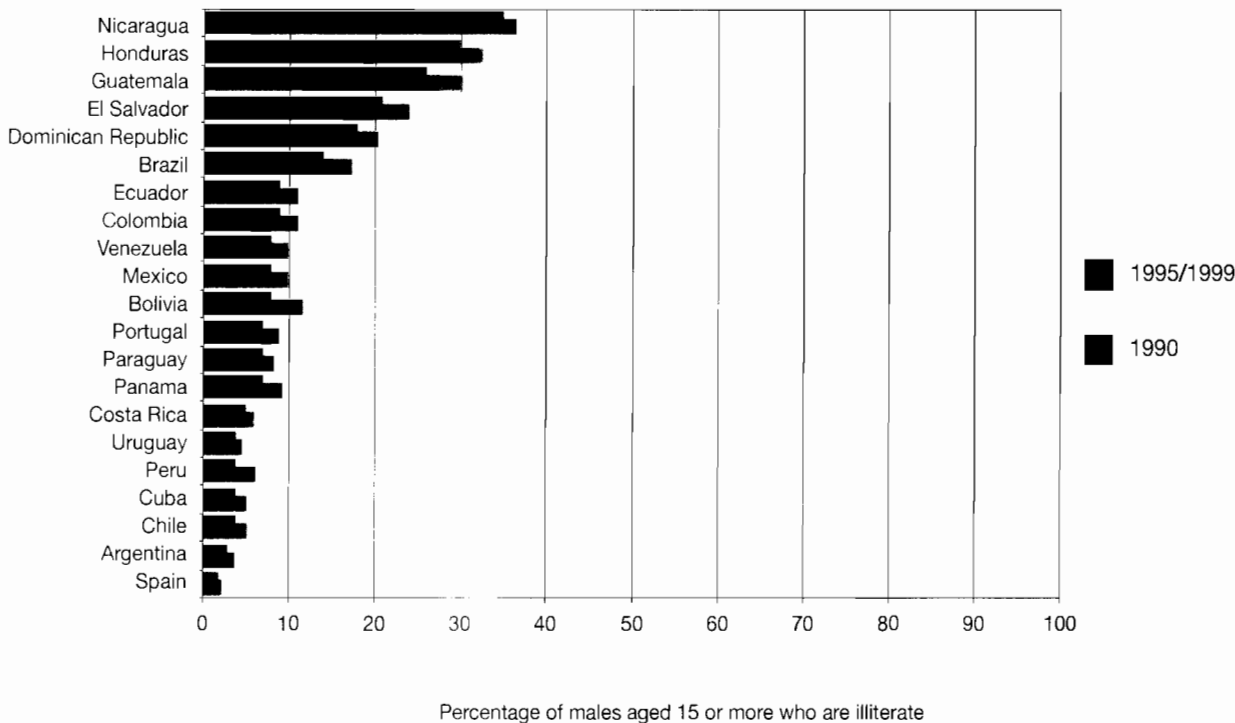
Source: United Nations Children's Fund (UNICEF), *The State of the World's Children*, 1993, New York, 1993, and *The State of the World's Children*, 2001. Early childhood, New York, 2001. United Nations publication, Sales No. S.01.XX.1.

Figure 15
**ACHIEVEMENTS IN THE PROVISION OF UNIVERSAL ACCESS
TO BASIC EDUCATION, 1990 - 1996**



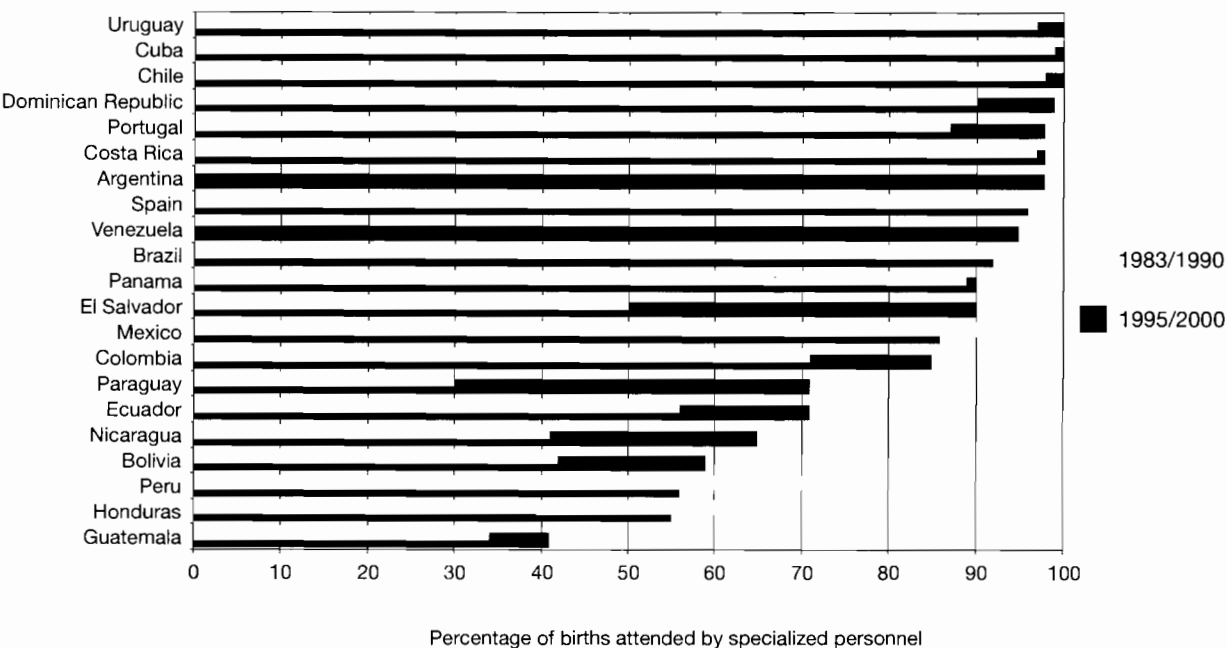
Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), "World Education Indicators", World Education Report, 2000, Paris, 2000, appendices 2 and 3.

Figure 17
**ACHIEVEMENTS IN TERMS OF REDUCTION OF
MALE ADULT ILLITERACY, 1990 -1995/1999**



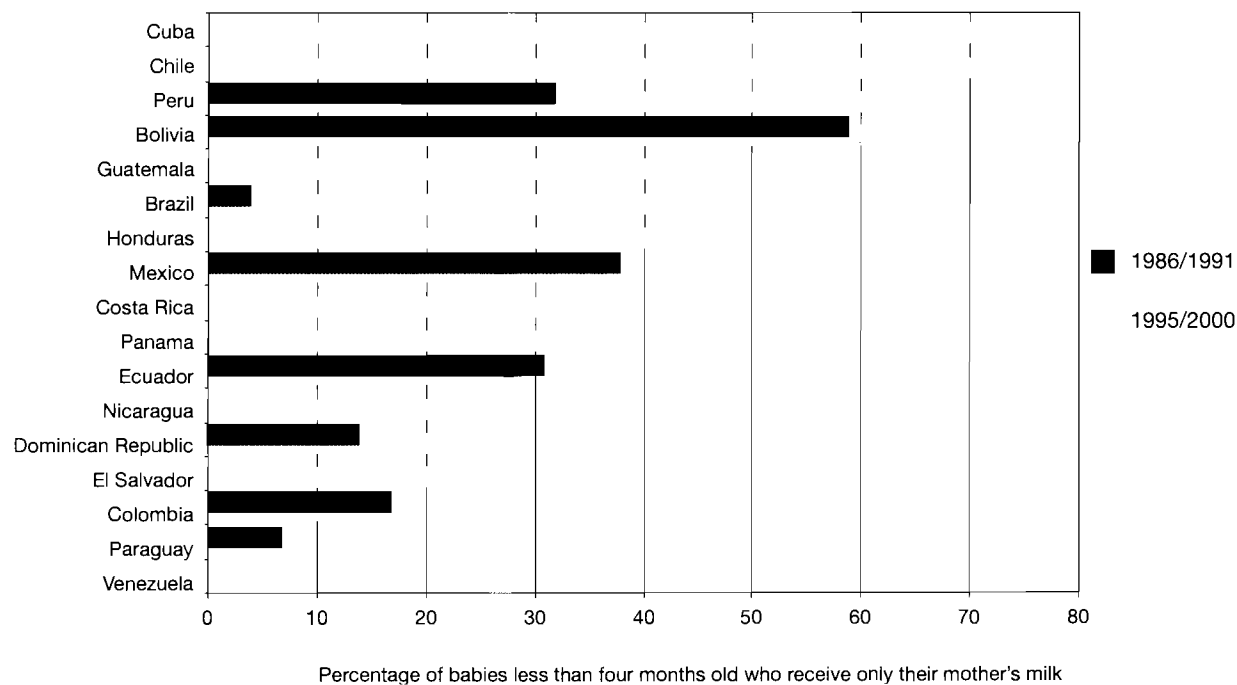
Source: United Nations Children's Fund (UNICEF), The State of the World's Children, 2001. Early childhood, New York, 2001. United Nations publication, Sales No. S.01.XX.1.

Figure 19
ACHIEVEMENTS IN TERMS OF SPECIALIZED ATTENTION
IN CHILDBIRTH, 1983/1990 -1995/2000



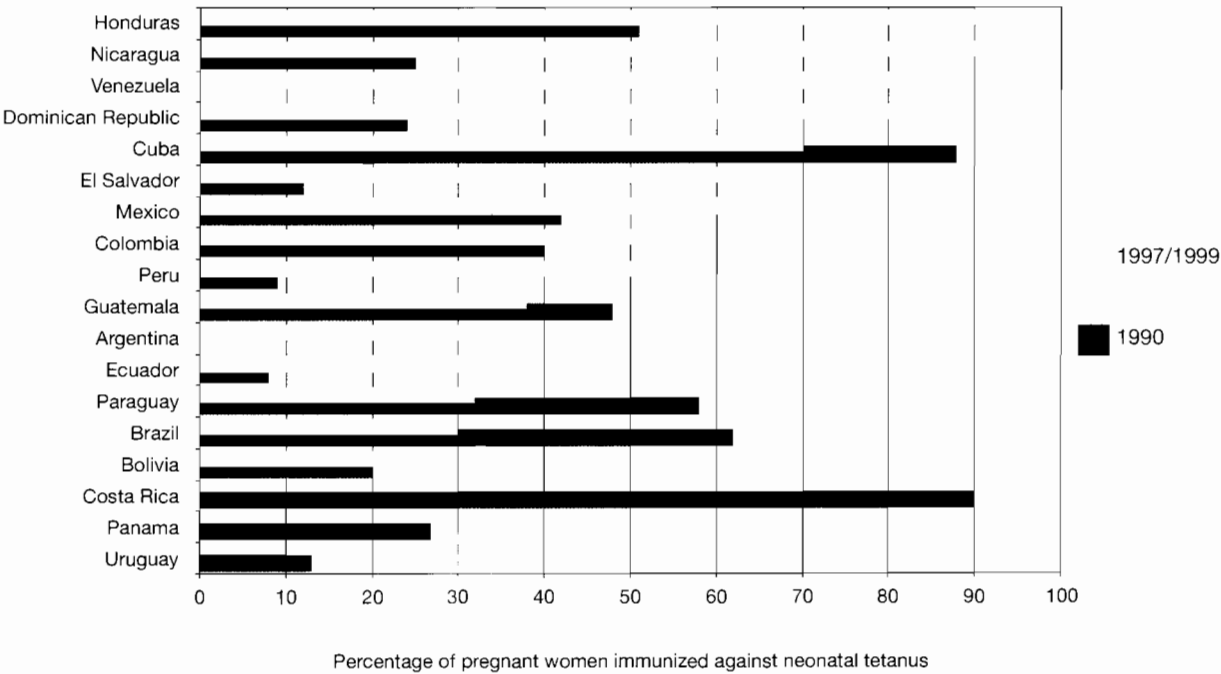
Source: United Nations Children’s Fund (UNICEF), The State of the World’s Children, 1992, New York, 1992, and The State of the World’s Children, 2001. Early childhood, New York, 2001. United Nations publication, Sales No. S.01.XX.1.

Figure 21
ACHIEVEMENTS IN TERMS OF EXCLUSIVE BREAST FEEDING, 1986/1991-1995/2000



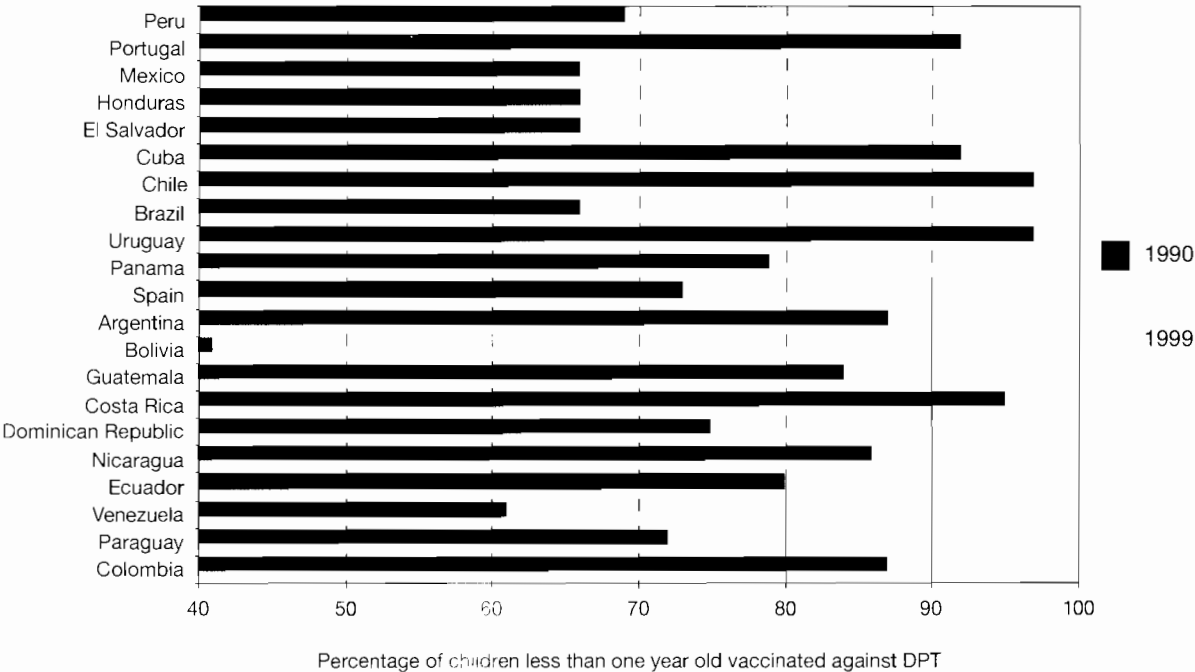
Source: United Nations Children's Fund (UNICEF), *The State of the World's Children*, 1993, New York, 1993, and *The State of the World's Children*, 2001. Early childhood, New York, 2001. United Nations publication, Sales No. S.01.XX.1.

Figure 23
**ACHIEVEMENTS IN TERMS OF IMMUNIZATION
AGAINST NEONATAL TETANUS, 1990 -1997/1999**



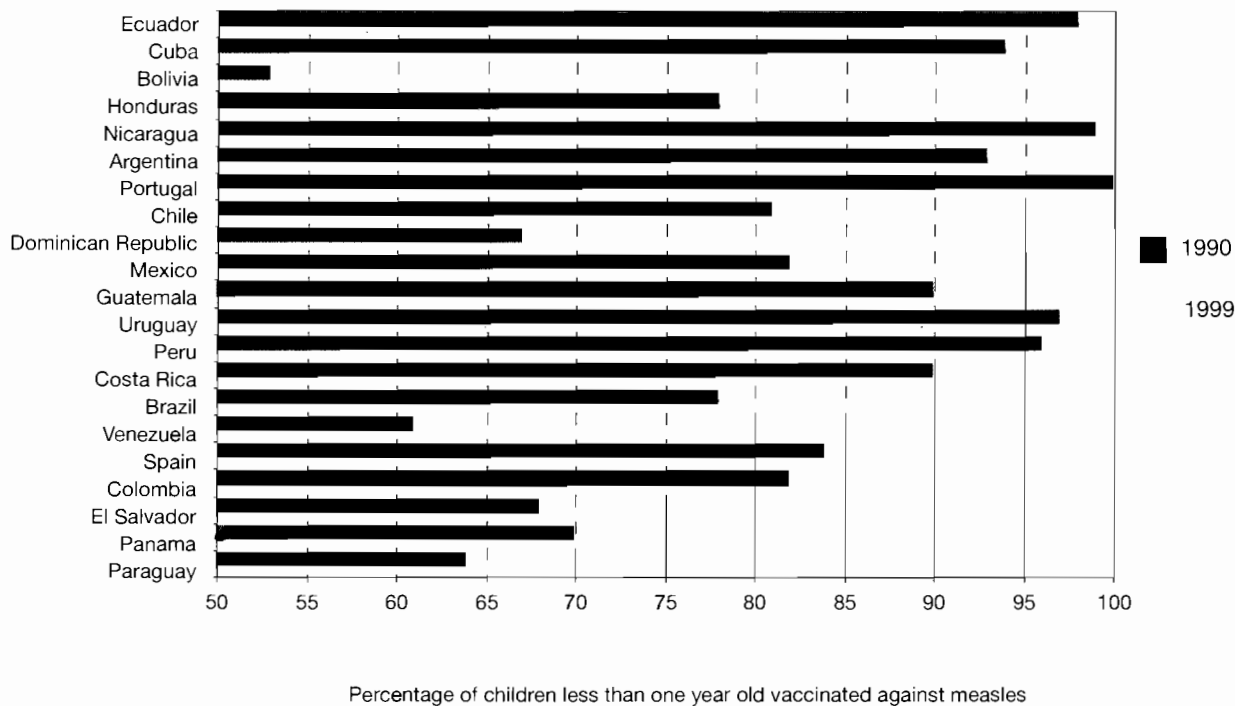
Source: United Nations Children's Fund (UNICEF), The State of the World's Children, 1992, New York, 1992, and The State of the World's Children, 2001. Early childhood, New York, 2001. United Nations publication, Sales No. S.01.XX.1.

Figure 25
**ACHIEVEMENTS IN TERMS OF IMMUNIZATION AGAINST
DPT (diphtheria, pertussis or whooping cough, and tetanus), 1990 - 1999**



Source: PAHO/WHO (Pan-American Health Organization/World Health Organization), on the basis of country reports, and United Nations Children's Fund (UNICEF), The State of the World's Children, 1992, New York, 1992, and The State of the World's Children, 2001. Early childhood, New York, 2001. United Nations publication, Sales No. S.01.XX.1.

Figure 27
ACHIEVEMENTS IN TERMS OF IMMUNIZATION
AGAINST MEASLES, 1990 - 1999



Source: PAHO/WHO (Pan-American Health Organization/World Health Organization), on the basis of country reports, and United Nations Children's Fund (UNICEF), *The State of the World's Children*, 1992, New York, 1992, and *The State of the World's Children*, 2001. Early childhood, New York, 2001. United Nations publication, Sales No. S.01.XX.1.

Table 2
ACHIEVEMENTS IN THE REDUCTION OF MORTALITY AMONG CHILDREN UNDER 5 YEARS OF AGE^a

Country	Mortality rate among children under 5		Percentage reduction 1990/1999	Projected mortality rate for the year 2000	WSC goal for the year 2000 ^b
	1980	1990			
Argentina	38	28	21	21	18
Bolivia	170	122	32	80	70 *
Brazil	92	60	33	38	40
Chile	35	20	40	11	13
Colombia	58	35	11	31	23
Costa Rica	29	16	13	14	11
Cuba	22	13	38	8	9
Ecuador	101	57	39	33	38
El Salvador	120	60	30	40	40
Spain	...	9	33	6	6
Guatemala	139	82	27	58	54
Honduras	103	61	31	40	40
Mexico	74	46	28	32	30
Nicaragua	120	66	29	45	44
Panama	31	34	21	26	22
Paraguay	61	37	14	31	24
Peru	126	75	31	50	50
Portugal	...	15	60	5	10
Dominican Republic	92	65	25	47	43
Uruguay	42	24	29	16	16
Venezuela	42	27	15	23	18
Simple average	79	45	28	31	30

Source: Mortality rate for children under 5: United Nations Children's Fund (UNICEF), *The State of the World's Children, 2001. Early Childhood*, New York, 2001. United Nations publication, Sales No. E.01.XX.1, and data for 1980.

^a Number of deaths of children under 5 per 1,000 live births.

^b World Summit for Children (WSC): the goal set was the reduction of mortality among children under 5 by one-third, or to 70 per 1,000 live births, whichever is lower. The asterisk (*) indicates a goal of 70 per 1,000.

Table 4.A
ACHIEVEMENTS IN THE REDUCTION OF MALNUTRITION AMONG CHILDREN UNDER 5 YEARS OF AGE^a

Country	Moderate to severe weight deficiency (%)		Percentage reduction over the period	WSC goal for the year 2000 ^b
	1980/1991	1995/2000		
Argentina	...	2	...	...
Bolivia	13	10	23.1	7
Brazil	7	6	14.3	4
Chile	3	1	66.7	2
Colombia	10	8	20.0	5
Costa Rica	6	5	16.7	3
Cuba	...	6	...	...
Ecuador	17	17 ^c	0	9
El Salvador	...	12	...	...
Spain	...	...	...	...
Guatemala	34 ^c	24	29.4	17
Honduras	21	25	-19.0	11
Mexico	14	8	42.9	7
Nicaragua	11	12	-9.1	6
Panama	16	7	56.3	8
Paraguay	4	5	-25.0	2
Peru	13 ^c	8	38.5	7
Portugal	...	...	...	...
Dominican Republic	13 ^c	6	53.8	7
Uruguay	7 ^c	5	28.6	4
Venezuela	16 ^c	5 ^c	68.8	8
Simple average	13	9	29.3	6

Source: Weight deficiency: United Nations Children's Fund (UNICEF), *The State of the World's Children, 1993*, New York, 1993, and *The State of the World's Children, 2001. Early Childhood*, New York, 2001. United Nations publication, Sales No. E.01.XX.1.

^a Percentage of children under 5 years of age whose weight-for-age is 2 or more standard deviations below the average for a reference population. The indicator used here is moderate and severe weight deficiency.

^b World Summit for Children (WSC): the goal set was the reduction of moderate and severe malnutrition among children under 5 by half.

^c The data refer to years or periods other than those specified in the column heading, to non-standard definitions, or to only part of the country.

Table 4.C

ACHIEVEMENTS IN THE REDUCTION OF MALNUTRITION AMONG CHILDREN UNDER 5 YEARS OF AGE^a

Country	Moderate to severe shortness of stature (age 24-59 months)		Percentage reduction over the period	WSC goal for the year 2000 ^b
	1980/1991	1995/2000		
Argentina	...	...	...	...
Bolivia	51 ^c	26	49.0	26
Brazil	15 ^c	11	26.7	8
Chile	10 ^c	2	80.0	5
Colombia	18	15	16.7	9
Costa Rica	8	6	25.0	4
Cuba	...	...	...	...
Ecuador	39	34 ^c	12.8	20
El Salvador	36	23	36.1	18
Spain	...	...	...	...
Guatemala	68 ^c	46	32.4	34
Honduras	34 ^c	39	-14.7	17
Mexico	22 ^c	18	18.2	11
Nicaragua	22	25	-13.6	11
Panama	24	14	41.7	12
Paraguay	17	11	35.3	9
Peru	43	26	39.5	22
Portugal	...	...	...	...
Dominican Republic	26 ^c	11	57.7	13
Uruguay	16 ^c	8	50.0	8
Venezuela	17 ^c	13 ^c	23.5	9
Simple average	29	19	32.3	14

Source: Shortness of stature: United Nations Children's Fund (UNICEF), *The State of the World's Children, 1993*, New York, 1993, and *The State of the World's Children, 2001. Early Childhood*, New York, 2001. United Nations publication, Sales No. E.01.XX.1.

^a Percentage of children under 5 years of age whose height-for-age is 2 or more standard deviations below the average for a reference population. The indicator used here is moderate and severe shortness of stature.

^b World Summit for Children (WSC): the goal set was the reduction of moderate and severe malnutrition among children under 5 by half.

^c The data refer to years or periods other than those specified in the column heading, to non-standard definitions, or to only part of the country.

Table 6
ACHIEVEMENTS IN INCREASING ACCESS OF THE POPULATION TO SANITARY MEANS OF EXCRETA DISPOSAL^a

Country	Percentage of population without access to sanitation			Percentage reduction			Population without access			WSC goal for		
	1988/1990			1988-1990/1999			(projection for the year 2000)			the year 2000 ^b		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Argentina	31	25	65	15	11	52	14	10	51	26	21	54
Bolivia	73	60	87	34	18	53	31	16	60	61	50	72
Brazil	36	14	99	28	19	68	27	20	65	30	12	82
Chile	15	0	96	3	2	7	3	...	5	12	0	80
Colombia	30	4	87	15	3	49	14	3	46	25	3	72
Costa Rica	6	1	11	4	2	5	4	2	5	5	1	9
Cuba	...	...	...	5	4	9	...	...	...	...	...	...
Ecuador	43	...	...	36	...	...	35	...	...	36	...	...
El Salvador	42	14	64	17	12	22	16	12	20	35	12	53
Spain	...	...	...	...	...	...	...	...	...	...	...	...
Guatemala	41	28	48	33 ^c	...	...	32	...	...	34	23	40
Honduras	42	21	58	23	6	43	22	5	42	35	17	48
Mexico	42	23	87	27	13	68	26	12	66	35	19	72
Nicaragua	73	70	84	69 ^c	...	...	69	...	...	61	58	70
Panama	19	1	39	6	1	13	5	1	12	16	1	32
Paraguay	14	11	17	5	5	5	5	5	4	12	9	14
Peru	41	24	80	24	10	60	23	9	58	34	20	66
Portugal	...	...	...	...	...	...	...	...	...	...	...	...
Dominican Republic	34 ^c	...	...	22 ^c	...	...	21	...	...	28	...	...
Uruguay	...	...	...	5	4	11	...	...	...	...	...	...
Venezuela	49	43	95	26	25	31	24	24	28	41	36	79
Simple average	37	23	68	21	9	34	20	8	31	31	19	56

Source: Population without access to sanitation: United Nations Children's Fund (UNICEF), *The State of the World's Children, 1993*, New York, 1993, and *The State of the World's Children, 2001. Early Childhood*, New York, 2001. United Nations publication, Sales No. E.01.XX.1.

^a Proportion of the population possessing, within the dwelling or plot where they live, a toilet connected to the sewerage system, a public or private flush toilet, an improved latrine, or a traditional latrine.

^b World Summit for Children (WSC): universal access to sanitary means of excreta disposal. The goal set for the region was the reduction of the population without access by 17%.

^c The figures used were those given in World Bank, *World Development Report 2000-2001. Attacking Poverty*.

Table 8
ACHIEVEMENTS IN TERMS OF BASIC EDUCATION^a

Country	Percentage of primary school students who reach 5th grade			Percentage increase over the period	WSC goal for the year
	1988	1990/1995	1995/1999	1988/1995-1999	2000 ^b
Argentina	...	..	94	...	80
Bolivia	50	60	47	-6	80
Brazil	22 ^c	71	71	223	80
Chile	77	100	100	30	80
Colombia	56	73	59	5	80
Costa Rica	77	88	89	16	80
Cuba	88	100	95	8	80
Ecuador	63	85	72	14	80
El Salvador	27	77	77	185	80
Spain	94	98	98 ^c	4	80
Guatemala	36	50	51	42	80
Honduras	43	60	58	35	80
Mexico	70	84	85	21	80
Nicaragua	29	54	51	76	80
Panama	79	82	82 ^c	4	80
Paraguay	57	71	71	25	80
Peru	70 ^c	...	87	24	80
Portugal	...	...	97	...	80
Rep. Dominicana	33	24	58 ^c	76	80
Uruguay	93	98	98	5	80
Venezuela	70	89	89	27	80
Simple average	60	76	78	30	80

Source: Percentage of primary school students who reach 5th grade: United Nations Children's Fund (UNICEF), *The State of the World's Children, 1993*, New York, 1993, *The State of the World's Children, 2000*, New York, 2000, and *The State of the World's Children, 2001. Early Childhood*, New York, 2001. United Nations publication, Sales No. E.01.XX.1 and data for 1980.

^a Percentage of children entering the first grade of primary education who complete the fifth grade.

^b World Summit for Children (WSC): the goal set was that at least 80% of school-age children should complete their primary education.

^c The data refer to years or periods other than those specified in the column heading, to non-standard definitions, or to only part of the country.

Table 10
ACHIEVEMENTS IN INCREASING SPECIALIZED ATTENTION DURING CHILDBIRTH^a

Country	Incidence of anemia among women (1997)		Prenatal checks by trained personnel (percentage)		Percentage of births attended by specialized personnel		Variation over the period 1983/1990 - 1995/2000
	Pregnant	Not pregnant	1995-1999	1983/1990	1995/2000	1983/1990 - 1995/2000	
Argentina	...	...	96	...	98	...	...
Bolivia	...	...	87	42	59	40.5	40.5
Brazil	...	...	50	95	92	-3.2	-3.2
Chile	20	8	98	98	100	2.0	2.0
Colombia	40	23	83	71	85	19.7	19.7
Costa Rica	28	19	70	97	98	1.0	1.0
Cuba	...	...	97	99	100	1.0	1.0
Ecuador	...	...	81	56	71	26.8	26.8
El Salvador	...	...	69	50 ^a	90	80.0	80.0
Spain	...	...	...	96	96 ^a	0.0	0.0
Guatemala	40	35	49	34	41	20.6	20.6
Honduras	...	...	84	66	55	-16.7	-16.7
Mexico	21	14	...	94	86	-8.5	-8.5
Nicaragua	...	...	82	41 ^a	65	58.5	58.5
Panama	39	29	94	89	90	1.1	1.1
Paraguay	...	...	72	30	71	136.7	136.7
Peru	53	36	67	78 ^a	56	-28.2	-28.2
Portugal	...	...	...	87 ^a	98 ^a	12.6	12.6
Dominican Republic	...	...	98	90	99	10.0	10.0
Uruguay	24	8	92	97 ^a	100	3.1	3.1
Venezuela	...	...	26	...	95	...	...
Simple average	33	22	7	74	83	12.0	12.0

Source: Incidence of anemia among women: Ministry for Women's Affairs and Human Development/United Nations Children's Fund (PROMUDEH/UNICEF), *Informe Regional de la Américas sobre los avances hacia las metas de la Cumbre Mundial en favor de la Infancia y los acuerdos regionales 1990-2000*, Lima, 2000. Prenatal checks: PAHO/WHO (Pan-American Health Organization), *Situación de salud en las Américas. Indicadores básicos, 2000*, Washington, D.C., 2000. Births attended by specialized personnel: United Nations Children's Fund (UNICEF), *The State of the World's Children, 1992*, New York, 1992, and *The State of the World's Children, 2001. Early Childhood*, New York, 2001. United Nations publication, Sales No. E.01.XX.1.

^a The data refer to years or periods other than those specified in the column heading, to non-standard definitions, or to only part of the country.

Table 12
ACHIEVEMENTS IN PROMOTING EXCLUSIVE BREAST FEEDING^a

Country	Percentage of exclusive breast feeding		Percentage increase over the period	WSC goal for the year 2000 ^b
	1986/1991	1995/2000		
Argentina	...	...	...	100
Bolivia	59	61	3	100
Brazil	4	42	950	100
Chile	...	74	...	100
Colombia	17	16	-6	100
Costa Rica	...	35 ^c	...	100
Cuba	...	76	...	100
Ecuador	31	29 ^c	-6	100
El Salvador	...	21	...	100
Spain	...	...	...	100
Guatemala	...	47	...	100
Honduras	...	42	...	100
Mexico	38	38 ^c	0	100
Nicaragua	...	29	...	100
Panama	...	32	...	100
Paraguay	7	7	0	100
Peru	32	63	97	100
Portugal	...	...	...	100
Dominican Republic	14	25	79	100
Uruguay	...	...	...	100
Venezuela	...	7	...	100
Simple average	25	38	50	100

Source: Percentage of exclusive breast feeding: United Nations Children's Fund (UNICEF), *The State of the World's Children, 1993*, New York, 1993, and *The State of the World's Children, 2001. Early Childhood*, New York, 2001. United Nations publication, Sales No. E.01.XX.1.

^a Percentage of children under four months of age who receive no food or liquid other than their mother's milk.

^b World Summit for Children (WSC): the goal set was to induce all women to use exclusive breast feeding.

^c The data refer to years or periods other than those specified in the column heading, to non-standard definitions, or to only part of the country.

Table 14
ACHIEVEMENTS IN TERMS OF VACCINATION COVERAGE^a

Country	Vaccination of pregnant women against neonatal tetanus	Percentage of fully immunized one-year-old children						Percentage increase over the period in immunization against:				WSC goal for the year 2000 ^b				
		1990						1999								
		TBC	DPT	Polio	Measles	TBC	DPT	Polio	Measles	Neonatal tetanus	TBC		DPT	Polio	Measles	
Argentina	...	36	99	87	90	93	99	88	91	97	...	0	1	1	4	90
Bolivia	20	27	48	41	50	53	95	87	89	99	35	98	112	78	87	90
Brazil	62	30	79	66	92	78	99	94	98	89	-52	25	42	7	14	90
Chile	...	...	94	97	97	81	94	94	95	95	...	0	-3	-2	17	90
Colombia	40	57 ^c	95	87	93	82	79	73	75	76	43	-17	-16	-19	-7	90
Costa Rica	90	...	92	95	95	90	89	86	84	89	...	-3	-9	-12	-1	90
Cuba	88	70	98	92	94	94	99	94	96	99	-20	1	2	2	5	90
Ecuador	8	34	75	80	80	98	99	80	70	99	325	32	0	-13	1	90
El Salvador	12	70	62	66	74	68	72	94	93	75	483	16	42	26	10	90
Spain	...	...	...	73 ^c	73 ^c	84 ^c	...	88 ^c	81 ^c	78 ^c	...	...	21	11	-7	90
Guatemala	48	38	71	84	87	90	91	86	86	93	-21	28	2	-1	3	90
Honduras	51	100	70	66	96	78	93	95	95	98	96	33	44	-1	26	90
Mexico	42	67	84	66	87	82	99	96	96	94	60	18	45	10	15	90
Nicaragua	25	100	97	86	86	99	99	83	93	97	300	2	-3	8	-2	90
Panama	27	...	90	79	76	70	99	92	96	73	...	10	16	26	4	90
Paraguay	58	32	83	72	73	64	87	77	74	70	-45	5	7	1	9	90
Peru	9	57	68	69	90	96	97	99	96	92	533	43	43	7	-4	90
Portugal	...	...	87	92	92	100 ^c	88 ^c	97 ^c	96 ^c	96 ^c	...	1	5	4	-4	90
Dominican Republic	24	86	100	75	77	67	90	83	84	94	258	-10	11	9	40	90
Uruguay	13	...	99	97	97	97	99	93	93	92	...	0	-4	-4	-5	90
Venezuela	...	88	74	61	71	61	96	79	82	79	...	30	30	15	30	90
Simple average	39	59	83	78	84	82	93	88	89	89	54	12	14	5	9	90

Source: Immunization against neonatal tetanus: United Nations Children's Fund (UNICEF), *The State of the World's Children, 1992*, New York, 1992, and *The State of the World's Children, 2001*. Early Childhood, New York, 2001. United Nations publication, Sales No. E.01.XX.1. Figures on children with full immunization: PAHO/WHO (Pan-American Health Organization/World Health Organization), on the basis of country reports, and United Nations Children's Fund (UNICEF), *The State of the World's Children, 1992*, New York, 1992, and *The State of the World's Children, 2001*. Early Childhood, New York, 2001. United Nations publication, Sales No. E.01.XX.1.

^a Percentage of pregnant women immunized against neonatal tetanus and percentage of children under one year of age vaccinated against tuberculosis (TBC), diphtheria, pertussis and tetanus (DPT), poliomyelitis and measles.

^b World Summit for Children (WSC): the goal set was to keep up a high level of coverage (at least 90% of children under one year of age for the year 2000) of vaccination against diphtheria, whooping cough, tetanus, measles, poliomyelitis and tuberculosis, and of vaccination of women of child-bearing age against tetanus.

^c The data refer to years or periods other than those specified in the column heading, to non-standard definitions, or to only part of the country.

Table 16
INCOME DISTRIBUTION (HOUSEHOLDS)

Country	Gini coefficient ^a				Share of income in 1989/1991				Share of income in 1988/1999			
	1989/1991		1998/1999		Poorest 40%		Richest 10%		Poorest 40%		Richest 10%	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Percentages												
Argentina ^b	0.42	...	0.43	...	14.9	...	34.8	...	15.4	...	37.0	...
Bolivia	0.48	...	0.42	0.55	12.1	...	38.2	...	15.2	6.9	32.7	38.3
Brazil	0.53	0.46	0.54	0.46	10.3	14.5	41.8	38.2	10.6	14.0	45.7	40.2
Chile	0.47	0.49	0.47	0.40	13.4	13.8	39.2	45.1	13.3	16.9	39.1	40.5
Colombia	...	...	0.48	0.44	...	...	...	...	12.6	13.6	38.8	35.5
Costa Rica	0.35	0.35	0.38	0.39	17.8	17.6	24.6	24.5	16.2	15.8	27.2	28.2
Cuba	...	...	...	...	...	...	...	...	...	...	...	...
Ecuador	0.38	...	0.47	...	17.1	...	30.5	...	14.1	...	36.6	...
El Salvador	...	...	0.39	0.37	...	...	...	...	16.3	15.6	29.2	25.9
Spain	...	...	...	...	...	...	...	...	...	...	...	...
Guatemala	0.48	0.43	0.44	0.44	12.1	14.4	37.9	35.1	14.7	15.2	37.5	37.9
Honduras	0.49	0.47	0.43	0.44	12.2	13.1	38.9	37.4	14.6	13.9	33.8	33.0
Mexico	0.42	0.35	0.41	0.38	16.0	18.7	36.9	27.4	17.2	18.0	34.8	31.5
Nicaragua	...	...	0.48	0.49	...	...	...	...	12.3	10.8	39.1	37.3
Panama	0.45	0.43	0.44	0.43	13.3	15.0	34.2	35.6	14.2	16.2	35.1	37.8
Paraguay ^c	0.36	...	0.40	0.45	18.6	...	28.9	...	16.5	15.1	32.8	39.4
Peru	...	...	...	...	...	...	...	...	...	...	...	...
Portugal	...	...	...	...	...	...	...	...	...	...	...	...
Dominican Republic ^d	...	...	0.43	0.39	...	...	...	...	14.8	16.5	35.5	32.6
Uruguay	0.35	...	0.31	...	20.1	...	31.2	...	21.6	...	27.0	...
Venezuela ^e	0.38	0.32	0.42	...	16.8	19.8	28.4	23.8	14.6	...	31.4	...

Source: ECLAC, *Social Panorama of Latin America, 1999-2000* (LC/G.20688-P), Santiago, Chile, 2000. United Nations publication, Sales No. E.00.II.G.18.

^a Calculated on the distribution of per capita household income by deciles.

^b Greater Buenos Aires.

^c Asunción.

^d Last figures correspond to 1997.

^e 1999 figures correspond to total for whole country.

Table 18
INCIDENCE OF POVERTY (INDIVIDUALS)

Country	Incidence of poverty in urban areas (percentage)						Incidence of poverty in rural areas (percentage)					
	In 1989/1991			In 1998/1999			In 1989/1991			In 1998/1999		
	Whole population	0 - 5 years	6 - 12 years	13 - 19 years	Whole population	0 - 5 years	6 - 12 years	13 - 19 years	Whole population	0 - 5 years	6 - 12 years	13 - 19 years
Argentina ^a	21.2	33.4	32.5	23.9	23.7	39.6	39.7	29.8	...	...	...	...
Bolivia	52.1	60.4	58.8	50.9	48.7	60.5	59.5	52.9	...	...	...	...
Brazil	42.1	54.0	53.4	45.9	32.9	51.1	46.7	38.0	62.2	73.8	73.1	62.3
Chile	38.2	51.9	51.6	44.4	20.6	30.3	29.5	25.6	39.3	54.4	55.2	42.0
Colombia	52.0	65.8	65.4	56.0	50.6	64.5	63.7	55.2	60.4	70.8	68.5	59.0
Costa Rica	24.8	33.0	32.5	27.3	18.1	27.0	25.4	20.6	27.3	34.8	37.0	25.8
Cuba	...	...	...	...	...	...	...	...	...	...	...	...
Ecuador	61.8	70.8	71.8	65.1	63.6	72.6	73.6	67.0	...	...	...	...
El Salvador	...	...	...	...	38.7	48.2	49.2	40.6	...	...	...	...
Spain	...	...	...	...	...	...	...	...	...	...	...	...
Guatemala	...	...	...	...	46.0	54.8	57.1	46.4	...	...	...	...
Honduras	69.8	77.3	80.0	69.9	71.7	79.7	79.3	74.5	88.0	91.0	91.6	88.1
Mexico	41.7	48.4	54.1	45.4	39.7	50.4	50.2	42.5	56.6	64.8	64.8	56.2
Nicaragua	...	...	...	...	64.0	73.4	71.0	66.0	...	...	...	...
Panama	40.8	53.4	53.7	46.7	25.8	40.9	40.9	31.2	57.1	68.9	70.7	60.3
Paraguay ^b	42.2	55.0	50.5	45.9	49.0	61.3	60.5	52.1	...	...	...	...
Peru	...	...	...	...	...	...	...	...	...	...	...	...
Portugal	...	...	...	...	...	...	...	...	...	...	...	...
Dominican Republic ^c	...	...	...	...	35.6	44.5	46.9	38.3	...	...	...	...
Uruguay	17.8	34.0	31.7	24.2	9.4	22.2	18.4	12.7	...	...	...	...
Venezuela ^d	38.8	47.9	49.8	42.3	49.4	61.7	61.2	52.6	46.5	56.6	57.8	46.2

Source: ECLAC, *Social Panorama of Latin America, 1999-2000* (LC/G.2068-P), Santiago, Chile, 2000. United Nations publication, Sales No.E.00.II.G.18.

^a Greater Buenos Aires, except for 1999, when the figures correspond to the total for all urban areas.

^b Asunción, except for 1999, when the figures correspond to the total for all urban areas.

^c The last figures correspond to 1997.

^d The 1999 figures correspond to the total for the whole country.

Table 20
PUBLIC SOCIAL EXPENDITURE (HEALTH)

Country	Public social expenditure (PSE) on health*								
	Per capita expenditure in 1997 dollars			As a percentage of gross domestic product (GDP)			As a percentage of total public expenditure (TPE)		
	1990-1991	1996-1997	1999-2000	1990-1991	1996-1997	1999-2000	1990-1991	1996-1997	1999-2000
Argentina	271	358	385	4.0	4.5	4.8	13.9	14.8	14.3
Bolivia ^a	...	34	33	...	3.3	3.2	...	12.6	11.2
Brazil ^b	162	183	187	3.7	3.8	3.9	9.9	11.6	11.2
Chile	70	127	148	2.1	2.5	2.8	9.6	11.7	11.6
Colombia ^a	23	86	101	1.2	3.2	4.1	4.2	8.9	9.2
Costa Rica ^a	150	160	188	5.0	4.8	4.9	12.3	11.8	12.6
Cuba	...	...	...	...	...	...	...	...	...
Ecuador	...	...	...	...	...	...	...	...	...
El Salvador ^a	...	25	29	...	1.3	1.5	...	8.9	9.6
Spain	...	...	...	...	...	...	5.5	5.8	...
Guatemala	14	16	25	0.9	1.0	1.4	8.1	9.5	10.3
Honduras ^{b,c}	19	18	15	2.6	2.3	1.9	12.0	11.1	9.4
Mexico	118	90	101	2.9	2.2	2.2	18.6	13.2	14.1
Nicaragua	20	18	25	4.6	4.1	5.5	15.0	14.0	15.4
Panama ^a	164	210	226	6.1	6.7	6.9	13.3	12.3	15.3
Paraguay ^d	5	22	16	0.3	1.2	0.9	3.8	7.1	6.0
Peru ^{d,e}	15	32	39	0.7	1.2	1.3	6.2	6.5	6.9
Portugal	...	...	...	...	...	...	...	...	...
Dominican Republic	14	24	37	1.0	1.3	1.7	8.6	8.9	10.2
Uruguay ^b	154	222	185	2.9	3.4	2.7	10.8	11.4	...
Venezuela	57	42	50	1.5	1.1	1.4	5.8	4.7	5.7

Source: ECLAC Social Development Division, social expenditure database.

* Figures are simple averages for the two-year periods in question.

^a Last figure corresponds to 1999.

^b Last figure corresponds to 1998.

^c PSE/TPE ratio is an estimate.

^d Last figure corresponds to year 2000.

^e First figure corresponds to 1991.

Table 22
PUBLIC SOCIAL EXPENDITURE ON BASIC SOCIAL SERVICES

Country	Per capita public expenditure on basic social services				
	Total	As a percentage of gross domestic product (GDP)	Basic education	Basic health	Drinking water supply
Average 1994-1996 (in 1996 dollars)					
Argentina	...	...	...	...	...
Bolivia	40	4.3	22	13	5
Brazil	132	2.7	89	34	8
Chile	98	2.2	83	14	1
Colombia	101	4.7	58	38	6
Costa Rica	103	3.9	62	39	2
Cuba	...	...	...	...	...
Ecuador	53	3.5	37	15	1
El Salvador	30	1.8	20	10	(.)
Spain	...	...	...	...	...
Guatemala	19	1.2	13	6	...
Honduras	...	...	...	...	...
Mexico	...	...	...	...	...
Nicaragua	18	3.9	8	9	(.)
Panama	...	...	...	...	...
Paraguay	...	...	...	...	...
Peru	39	1.4	8	30	2
Portugal	...	...	...	...	...
Dominican Republic	19	1.2	14	6	(.)
Uruguay	...	...	...	...	...
Venezuela	...	...	...	...	...

Source: Enrique Ganuza, Arturo León and Pablo Sauma (comps.), Gasto público en servicios sociales básicos en América Latina y el Caribe: análisis desde la perspectiva de la Iniciativa 20/20 (LC/R.1993), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 1999.

(.) means less than 1 dollar per capita.