CHILD POVERTY IN SOUTH AMERICA: REFLECTIONS ON ITS MAGNITUDE, AND THE BASIC–NEED DEVELOPMENTAL APPROACH[1]

A RETROSPECT ON THE INTERNATIONAL YEAR OF THE CHILD

Ernesto Pollitt[2]

Human Nutrition Center, The University of Texas
Houston, Texas, USA

SUMMARY

Extreme economic poverty in children with its adverse consequences on their mental and physical growth is becoming an increasing concern of governments in South America. There is now a search for effective intervention strategies to alleviate these problems as they are also a bottleneck for national development. Some of these programs are likely to be defined as fitting within the general theoretical framework of the basic-need approach to development. This paper postulates that intervention programs (e.g., nutrition, health and education) directed to economically deprived children will

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2 Professor of Nutrition and Behavioral Sciences, The University of Texas Health Science Center at Houston, School of Public Health, Post Office Box 20186, Houston, Texas 77025, USA.

not be successful and are not representative of the basic-needs approach unless they also attend to the broader economic and social needs of families and communities. Although child-directed programs have proven to be moderately successful they do not eliminate the mental and physical growth differences between children determined by economic inequality.

INTRODUCTION

In 1979, the International Year of the Child, most countries in Latin America witnessed activities which focused on various aspects of the lives of infants, children and adolescents in the Continent. Some activities dealt with the creativity, artistic productivity, and the intrinsic capabilities of the young child, and were cause for enjoyment and optimism. Others focused on the extreme economic impoverishment which most Latin American children face. Although data were limited, they did not preclude critical and objective analyses of the magnitude of poverty, its effects on child development, and its serious implications for the economic and social progress of these countries.

Many of these analyses were instigated by International Organizations, such as UNICEF, the International Institute of the Child, or the Economic Commission for Latin America (ECLA), as well as by funding agencies such as the Ford Foundation. In May, 1979, in conjunction with their Executive Council meeting, UNICEF called a special meeting of representatives of the governments in Latin America and the Caribbean to analyze critically the situation of the rural and poor urban child in the Region. UNICEF also commissioned (1) an exhaustive compilation of data on the social, health, nutritional and economic conditions of children in South and Central America, and in Mexico. In December, the Economic Commission for Latin America and other UN organizations convened a meeting of experts to assess the magnitude and severity of poverty as it related to children in the Continent, and to discuss viable policies available to governments (2). In order to identify successful strategies, the Ford Foundation commissioned the preparation of a document (3) on the various types of intervention programs in operation in both South and Central America.

It was apparent in some of these meetings that governments in the Region are becoming increasingly concerned with the problem of widespread poverty, with its impact on the health and growth of children, and with its implications for national develop-

ment. Accordingly, they are also cognizant of the need for effective intervention strategies, and trying to measure the degree of fitness between these strategies and their overall models of economic development. In this paper I attempt to give a bird's eye view of the nature and magnitude of poverty among children in South America, and to comment briefly on some of the issues raised regarding intervention strategies: particularly as they relate to the basic-need approach to development (4-6).

Analysis of the age breakdown of the Latin American population shows that it is substantially comprised of very young people (Table 1). Almost 42o/o of the population falls between 0 and 14 years of age. This is slightly below Africa where 44.2o/o of the population fall in this age range, but it is significantly above North America (25.5o/o) and Europe (23.9o/o) (7). A more detailed breakdown by countries shows, however, large demographic differences between countries in the Continent (Table 2). For instance, the five-year-old or younger population, as per cent of the total population of some countries, almost doubles that of others. Data from 1975 show that in Uruguay the 0 to 5-year-olds represent only 11.6o/o of the population, whereas in Bolivia it is 20.5o/o, and in Ecuador, 20.4o/o. In absolute terms, the range is from about 300,000 in Uruguay to about 21 million in Brazil (7). These demographic differences are particularly meaningful when we see that they go hand-in-hand with the economic development and magnitude of the poverty of these countries.

TABLE 1

COMPOSITION OF POPULATIONS BY AGE GROUPS IN DIFFERENT WORLD REGIONS

Region	Age (per cent)		
	0-14	15-64	>65
Africa	44.2	52.9	2.9
North America	25.5	64.3	10.2
East Asia	32.7	61.6	5.8
Europe	23.9	63.8	12.3
Latin American and the Caribbean	41.8	54.3	3.9
Total	36.0	58.3	5.7

Source: (7).

TABLE 2

POPULATION: FIVE–YEAR OLD AND YOUNG; 1975–2000
(In millions)

Country	1975	Per cent	2000	Per cent	Difference	Per cent variation
Argentina	3.0	(12.0)	3.3	(10.0)	0.23	7.5
Bolivia	1.0	(20.5)	1.7	(18.4)	0.70	70.1
Brazil	20.9	(19.0)	34.2	(16.1)	13.26	63.5
Colombia	4.2	(17.7)	6.2	(14.5)	1.95	46.1
Chile	1.4	(13.8)	1.7	(11.2)	0.27	19.1
Ecuador	1.4	(20.4)	2.6	(17.9)	1.20	85.1
Panama	0.3	(18.5)	0.4	(13.2)	0.06	20.3
Paraguay	0.5	(20.4)	0.9	(17.1)	0.36	66.6
Peru	3.0	(19.4)	4.8	(16.3)	1.79	59.6
Uruguay	0.3	(11.6)	0.4	(10.7)	0.04	12.3
Venezuela	2.4	(18.8)	3.7	(14.6)	0.36	56.8

Source: (10).

ECLA has advanced a definition of absolute poverty based on the amount of money *per capita* required to purchase the goods which are necessary to satisfy basic nutritional needs (8, 9). Using this criterion, they have estimated for many Latin American countries the percentage of households below poverty line. In Figure 1, large differences between countries can be appreciated. Argentina and Chile are considerably better-off than many other countries; in their cases, less than 20% of the households fall within the poverty group. Conversely, in countries like Peru, over 50%. of their households fall below the poverty line. If these economic data are related to the number of young children in the countries a clear positive covariation is observed. Argentina and Chile, with the smallest relative number of young children, also have the smallest number of households below the poverty line. On the other hand, Peru is one of the countries which has both the greatest number of households in poverty and the largest number of preschool children (10).

Based on the 1975 UN Demographic Yearbook, I have cal-

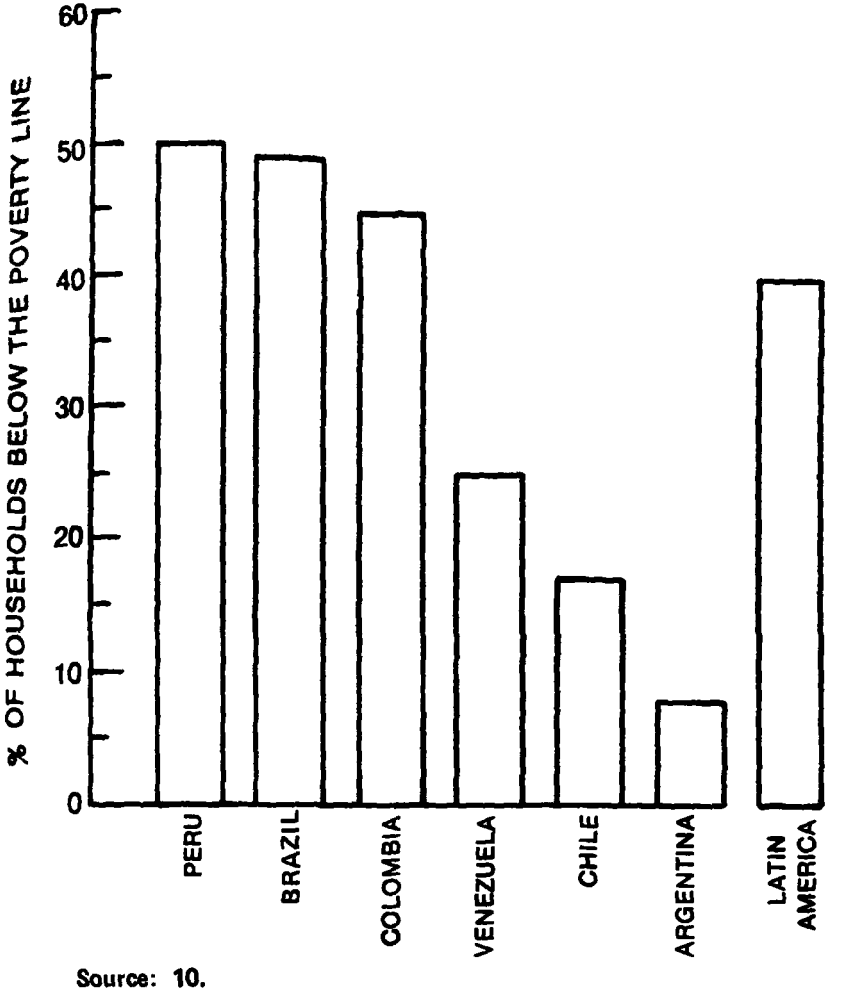

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FIGURE 1

Per cent of households below poverty line in six South American countries

culated the relationship that exists between the countries' gross national product (GNP) and their infant and preschool population (0-6 years old). Restricting the analysis to South American countries, and with an $N = 10$, there is a coefficient of correlation of

−0.61 (Kendall tau). These data further illuminate the covariations previously established between economical and demographic indicators, that is, countries which are economically better-off and that have comparatively low levels of inequality (11) also have a relatively small number of preschoolers to attend to. Conversely, those countries with the most serious economic problems, and with high degrees of *internal inequality*, face serious problems in the number of children for which they have to care.

In order to estimate the magnitude of the problem I have also calculated, from United Nations data, the percentage of 0-to-4-year-old children, from the total within this age category, who fall below two arbitrary criteria for absolute poverty (Table 3). If we use 75 dollars *per capita per anuum* as the cut-off point, we find that in Brazil, Colombia, Ecuador and Peru over 20% of all children will not be able to attend to their basic needs.

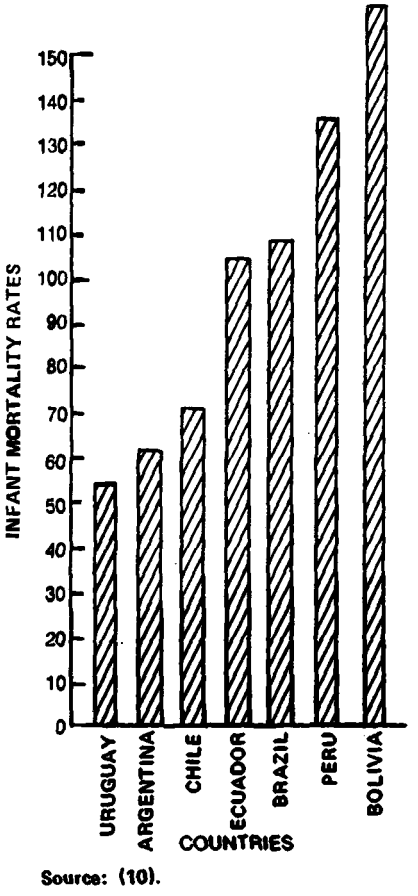
TABLE 3

ESTIMATIONS OF POPULATION (IN THOUSANDS) OF CHILDREN (0-4 years old) BELOW POVERTY LINE FOR 1980

Country	Estimated population (1980)	Population below $50		Population below $75	
Argentina	2,925	0	0	0	0
Bolivia	1,038	Data not available			
Brazil	19,805	2,772	(14 %)	3,961	(20 %)
Colombia	5,670	873	(15.4%)	1,530	(27 %)
Chile	1,605	0	0	0	0
Ecuador	1,542	570	(37 %)	902	(58.5%)
Paraguay	650	Data not available			
Peru	3,095	584	(18.9%)	789	(25.5%)
Uruguay	318	0	0	0	0
Venezuela	2,532	0	0	0	0

Source: (11).

Figure 2 gives infant mortality rates for seven South American countries (10). If the focus is on these data and on the data in Table 2, it can be seen that the three countries with the lowest



Source: (10).

FIGURE 2

Infant mortality rates for seven South American countries

mortality rates also have the smallest number of young children. Moreover, two of them (data not available for Uruguay) have less than 20% of their total households below the poverty line. Conversely, Peru, where more than 45% of the population is below the poverty line, and Bolivia, for which poverty data are not available, are among the countries with the greatest number of young children. Brazil is an interesting case. It has a relatively

high number of young children and of households below the poverty line, yet its infant mortality rate falls within 80 to 110 live births per 1,000.

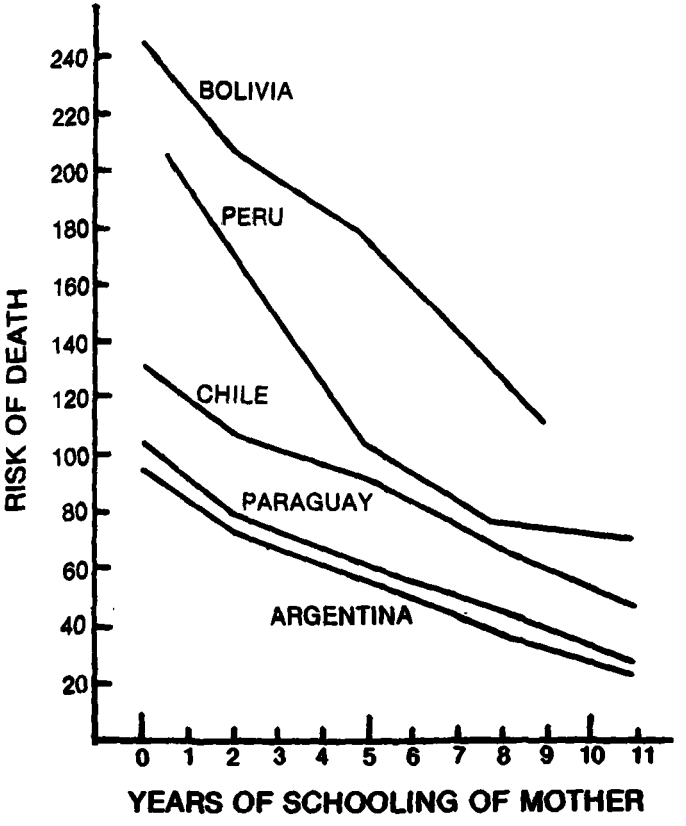
Large differences exist in the demographic composition and economic characteristics of the South American countries. Thus, generalizations from one country to another are unwarranted. Moreover, even the nature of the correlations between social and health or nutrition indicators vary as a function of the economic conditions and degree of development of the countries in question.

Figure 3 presents the risk of death between birth and two years of age in terms of years of schooling of the mother (12). It can be seen that whereas the relationships between illiteracy, or low levels of education, and mortality vary significantly between countries, there are few between-country differences in the case of the offspring of mothers with 10 years of education or more. Excluding Bolivia we see that in the case of illiterate women, mortality in the 0-to-2 category varies from about 90 in Argentina to about 200 in Peru. Thus, there is an approximate difference of 110 cases per 1,000 live births. In contrast, in the case of the offspring of women with 11 years of schooling, the difference between these two countries is much smaller. In Peru it is about 90, while in Argentina it is close to 40 per 1,000 live births.

The dramatic picture outlined in the data presented is darkened further when we look at nutrition indicators. UNICEF has estimated that in 1970 there were nearly 29 million undernourished children, and about 2/5 of them had II or III degree malnutrition (10). The number will probably drop in 1980; but, it is still around 24 million and a half, with about 7 million preschoolers having II or III degree malnutrition.

In summary, South American countries like Brazil, Bolivia, Colombia, Ecuador and Peru face a poverty problem of enormous magnitude, one which should represent a major concern for public health and social policy. It is not surprising, therefore, that many governments have expressed their concerns in the forums presented during the International Year of the Child.

A few years ago it may have been expected that the magnitude of such problems would gradually decrease with economic development and industrialization. An argument in support of this contention would have been the correlations observed between GNP, age breakdown of the populations, and households below poverty level. Today, however, such a contention has to be



Source: (12).

FIGURE 3

Risk of death between birth and two years of age as a function of years of schooling of mother in five South American countries

rejected. We now know that the so-called "trickle down" process of the economic growth approach has not and does not work, at least within the Latin American context. Evidence exists from many countries in the Region that, in general, the most impoverished groups do not benefit from economic growth. In fact, the distance between the haves- and have-nots often increases with the dynamics of economic booms (13).

A development model, recently advocated by agencies of the United Nations and other international organizations, which may be an alternative to the economic growth model, is the basic-need approach to development (4-6). In terms of implementation this approach still means different things to different people, but there is agreement on its objectives. A first set of targets refers to meeting the food, shelter, and clothing needs of all members of a population. A second set refers to availability of basic public services such as health, sanitation, the provision of safe drinking water, education, transport, and some cultural facilities.

A premise of the basic need approach as a developmental strategy is that its yield of production must be projected onto the future. Such yield depends upon an effective satisfaction of the established needs of the poverty groups. Investments on inefficient poverty programs will represent consumption of resources without any pay-off in the present or in the future (14).

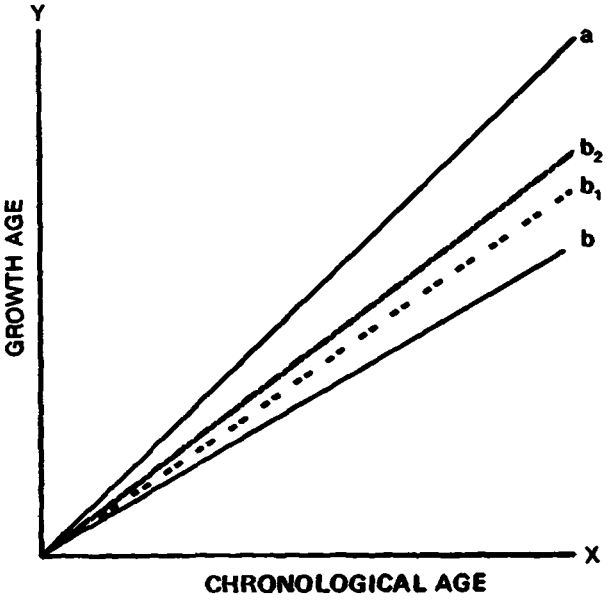
Early childhood intervention programs to meet basic nutrition, health and education needs of infants and young children living in impoverished environments may be placed within the context of a basic need developmental model. Commitment to this approach may be claimed in those circumstances where a redistributive policy is implemented; for intance, where taxation is used to cover the costs of intervention programs oriented to impoverished children. Colombia (e.g., Law 27, later changed to Law 7) and Chile (e.g., Integrated Attention to Children of Extreme Poverty) are examples of countries where government efforts have been made recently to construct an apparent new administrative infrastructure to build programs that meet the nutrition, health and education needs of poor infants and young children (for a detailed discussion of the Colombian and other national programs, see ref. 3).

I would argue, however, that isolated development of intervention programs (i.e., Chile and Colombian examples) on behalf of infants and children –even if they are oriented to the poorest of the poor– does not represent a basic-need approach to development, nor is it likely to be successful. This is particularly true if the focus is on psychological or mental development, but it is also likely to be true in the case of health and nutrition efforts. To focus on selected basic needs of infants and children, without attending to the general context in which these needs are exhibited, is an over-simplification of a complex social and economic problem. This selectivity is representative of a *reductionist* approach

which, in the long run, is unlikely to benefit either children or their families. By attending to the child's needs, independent of the causal dynamics that create them, an illusion may be created which will be devoid of the political complexity in which it is involved. In fact it may be a political smoke screen for the maintenance of social and economic inequality. The condition of a poor and malnourished child in a Latin American country is not determined by an agent, or an immediate antecedent. By the same token, it cannot be explained by a multifactorial analysis of its immediate social and familiar environment. Such a condition is causally related to the dynamics of the social and economic organization of the society in which the child lives. More specifically, high mortality rates, high mortality rates, high morbidity, second and third degree malnutrition, lack of potable water, illiteracy and poor housing, among others, depend on a political and social order which determine the distribution of economic resources. Likewise, this order creates family and community conditions that also have adverse effects over the child.

Evidence now available on the effects of monofocal (e.g. nutrition supplementation) or multifocal (e.g. nutrition, health and education) intervention programs on malnourished and economically impoverished children in Latin America shows that they do have beneficial effects on their mental development and physical growth (3). These effects, moreover, vary directly as a function of the number of intervention inputs. In most, if not all experiences, however, the effects are not of sufficient magnitude to equalize the developmental course of the economically impoverished children and of those children whose families' share of the economic goods of the society is inequitably high. Figure 4 is a simplified theoretical model for these growth courses. Axis x and y represent time and growth (either mental or physical), respectively. Function a represents a so-called expected growth which would be equivalent to the growth pattern of a healthy well nourished child, reared in an environment that stimulates learning. Function b represents the growth of a malnourished and economically impoverished child. Functions b_1 and b_2 represent the growth of this same deprived child exposed to two different intervention experiences. In both instances the slope of the function has changed as compared to the b function; yet, the distance between function a and b_1 or b_2 still continues to increase with time.

It should be apparent to the reader that the model in Figure 4 is an oversimplified version of a very complex problem. The



AXIS X REPRESENTS THE CHRONOLOGIC AGE OF THE CHILD BEGINNING AT BIRTH. Y STANDS FOR EITHER THE MENTAL OR THE PHYSICAL (I.E. HEIGHT) AGE.
FUNCTION a REPRESENTS THE EXPECTED OR "STANDARD" GROWTH CURVE GENERALLY FOLLOWED BY MIDDLE OR UPPER-MIDDLE CLASS CHILDREN. b STANDS FOR THE CURVE OF A MALNOURISHED CHILD LIVING IN AN ECONOMICALLY IMPOVERISHED ENVIRONMENT; b_1 REPRESENTS THE GROWTH COURSE OF A CHILD WITH A HISTORY OF MALNUTRITION EXPOSED IN EARLY LIFE TO A MONOFOCAL (E.G. NUTRITION) INTERVENTION PROGRAM; b_2 IS THE CURVE FOR A CHILD EXPOSED TO A MULTIFOCAL PROGRAM (E.G. HEALTH NUTRITION AND EDUCATION AFTER A HISTORY OF MALNUTRITION.

FIGURE 4

Theoretical growth curves for standard children and malnourished children exposed to intervention programs

shapes of curves b, b_1 and b_2, will vary as a function of the severity, timing and duration of the deprivation, and of the timing and duration of the intervention(s). Moreover, there is no evidence to support a contention that the physical growth and mental development of a malnourished child exposed to a rehabilitation program will follow the same course. In fact, the existing

evidence suggests that they will not. Yet, despite all these limitations the model does successfully convey the idea that the growth course of a healthy, and of a poor and malnourished child will not overlap even if the latter is exposed to multifocal intervention programs.

The biomedical and public health implications of what I am arguing should be apparent. Large investments focusing exclusively on feeding pregnant women, infants and young children, on promoting breast feeding, on immunization, on oral rehydration, or on establishing the functional consequences of a deficient calorie intake may have some advantages to the poor (15). Nevertheless, they do not come close to the solution of their major health problems. Moreover, there is always the danger that the implementation of these programs may represent a deviation from the road that has to be followed to face head-on the origins and the real solutions of poverty in children. These assertions do not in any way belittle the merits of those physicians, nurses, nutritionists, public health workers and other professionals committed to alleviate the living conditions of the poor. What I am emphasizing is that programs on behalf of children must be conceived and implemented as the basic-need approach advocates –within the context of a much broader intervention paradigm.

Interventions on behalf of children in developing countries –as they are now taking place in South America (3)– to fit within the scope of the basic-need approach to development requires that the needs of all members of the family and community where these children grow are also met. Otherwise the success of intervention efforts will be jeopardized. Gains from early childhood intervention (mono or multifocal) are at risk of loss when the intervention stops and the child returns to an economically and socially impoverished environment.

I personally believe that the International Year of the Child was a profitable one in the Latin American context. This is the first time in my experience that there have been in-depth discussions on the magnitude of poverty among children and its impact on their development, not only among a few professionals, but among many of them coming from different backgrounds and interests. Yet we need much more than a year to *begin* doing what needs to be done.

RESUMEN

LA POBREZA EN LA NIÑEZ EN AMERICA DEL SUR: REFLEXIONES SOBRE SU MAGNITUD, Y EL ENFOQUE BASICO—NECESIDAD DEL DESARROLLO. MIRADA RETROSPECTIVA DEL AÑO INTERNACIONAL DEL NIÑO

La extrema pobreza económica en niños, con las consecuencias adversas que ello ejerce en su crecimiento físico y desarrollo mental, es motivo de creciente preocupación de los gobiernos sudamericanos. Hoy día se aprecia gran interés por la búsqueda de estrategias de intervención efectivas para solucionar estos problemas, ya que también constituyen un grave impedimento para el desarrollo nacional. Algunos de estos programas podrían juzgarse apropiados dentro del marco teórico general que implica el enfoque básico-necesidad del desarrollo.

El presente artículo postula que los programas de intervención (por ejemplo, de nutrición, salud y educación) dirigidos a niños con privaciones económicas no tendrán éxito y no son representativos del enfoque básico-necesidad, a menos que también consideren las necesidades económicas y sociales de las familias y de las comunidades. Aun cuando los programas orientados a la niñez han tenido éxito moderado, éstos no han eliminado las diferencias de desarrollo físico y mental existentes entre los niños, diferencias que están condicionadas por la desigualdad económica.

BIBLIOGRAPHY

1. UNICEF/CEPAL. **Situación de la Infancia en América Latina y el Caribe.** No. 40.319, 1980 Santiago, Chile.
2. CEPAL, Simposio Regional: **La Pobreza Crítica en la Niñez, diciembre, 1979.** Santiago, Chile, Ref. No. 79-12-3098.
3. Pollitt, E. **Early Intervention Programs for Poor and Malnourished Children in Latin America.** New York, Praeger, 1980 (In press).
4. Lisk, F. Conventional development strategies and basic-needs fulfillment. **International Labour Review, 115:** 175-190, 1977.
5. Dell, S. Basic needs or comprehensive development: should the UNDP have a development strategy? **World Development, 7:** 291-308, 1979.
6. Streeten, P. The distinctive features of a basic needs approach to development. **International Development Review, 19:** 8-16, 1977.
7. Galofré, F. Pobreza y los primeros años de la niñez. Situación en América Latina y el Caribe. Santiago, Chile (CEPAL/Proyecto .1/79).

8. Piñera, S. Definición, medición y análisis de la pobreza: aspectos conceptuales y metodológicos. Santiago, Chile, CEPAL/Proyecto .1/3. 1979.
9. Molina, S. y S. Piñera. La pobreza en América Latina: situación, evolución y orientaciones de políticas. Santiago, Chile, CEPAL. Proyecto .1/1. 1979.
10. UNICEF/CEPAL. Indicators on the situation of children in Latin America and the Caribbean. Santiago, Chile, No. 49.318. 1979.
11. Ahluwalia, M. S. Income inequality: some dimensions of the problem. In: Chevery, H., Ahluawlia, M. S., Bell, C. L. C., Duloy, J. H. and Jolly, R. **Redistribution with Growth.** Published for World Bank, London, Oxford University Press, 1975.
12. Behm, H. Demographic growth and health needs in Latin America. **Internat. J. Health Services, 9:** 77-85, 1979.
13. Piñera, S. ¿Se benefician los pobres del crecimiento económico? Santiago, Chile, CEPAL/06.1. 1978.
14. Streeten, P.P. Basic needs: premises and promises. J. Policy Modelling, 1: 139-142, 1979.
15. Keusch, G. T. Homing in on interventions in the malnutrition-infection complex. **Am. J. Clin. Nutr., 33:** 727-729, 1980.