

JOURNAL OF SCHOOL HEALTH EDUCATION

(Published April and August Each Year)

VOLUME 6 NOS 1&2 1999 (ISSN 1117-9929)

Editorial Board

- | | | |
|----|-------------------------|-----------------|
| 1. | ©.A Moronkola (Ph.D) - | Editor-In-Chief |
| 2. | B.O. Ogundele (Ph.D) - | Member |
| 3. | F.O. Oshiname (M.PH) - | Member |
| 4. | A.J. Ajuwon (M.PH) - | Member |
| 5. | F.A. Okanlawon (M.Sc) - | Member |

Editorial Advisers/Consultants

1. C.O. Udoh, Professor of Health Education
Department of Human Kinetics and Health Education,
University of Ibadan, Ibadan
2. J.A. Ajala, Professor of Health Education
Department of Human Kinetics and Health Education
University of Ibadan, Ibadan
3. J.D. Adeniyi, Professor of Public Health Education
Department of Preventive and Social Medicine
College of Medicine
University of Ibadan, Ibadan
4. I.O Akinyele, Professor of Nutrition,
Department of Human Nutrition,
University of Ibadan, Ibadan
5. A.K. Fajana, Associate Professor and Consultant,
(Health Education)
Department of Community Health and Nutrition
Faculty of Health Sciences,
Obafemi Awolowo University, Ile-Ife
6. S.A. Gbadero, FMAC Paed.)
Consultant Pediatrician and Medical Superintendent
Baptist Medical Centre, Ogbomoso.

EDITORIAL

The Journal of School Health Education has in this edition come out with articles bothering on issues of environmental health education, street children sex education as well as few other health science or general education related articles. We wish to use this medium to appeal to all to see that HEALTH inform of health Science and health education are taught as teaching subjects in our primary and secondary institutions. A look at the SSS WAEC syllabus on Health Science reveal that our societal problems relating to adolescents sexual immorality, drug misuse and abhorrent poor environmental sanitation habits will be greatly reduced if students offer health science/health education in schools.

Health instruction will directly influence students to have positive health attitudes and practices. They will also serve as agents to diffuse health information to their families and the communities at large. This means that government will spend less on health care services for the people.

We also wish to seek for the cooperation of scholars to send us good articles to be considered for publication.

O.A. Moronkola Ph.D
1999
Editor In-Chief

UNIVERSITY OF IBADAN LIBRARY

TABLE OF CONTENTS

		PAGE
i.	Editorial Boards Members And Advisers/Consultants	i
ii.	Editorial	ii
iii.	Authors and Their Articles	iii
1.	Oladimeji Oladepo -African Regional Health Education Centre, - College Of Medicine, University Of Ibadan-Environmental Health Education Within The Context Of Primary Health Care	1
2.	O.A. Moronkola & P.U. Odigie - Department of Human Kinetics And Health Education, University Of Ibadan, Ibadan-Correlates Of-Incidence of Street Children In Mushin Local Government Areas of Lagos State	7
3.	O.A. Aboderin, - Department of Chemistry, The Polytechnic, Ibadan - Levels Of Dietary Nitrates In Seven Green Nigerian Vegetables Leaves	5
4.	M.O. Oyetade, A.O. Aremu & J.E. Aire - Department of Guidance and Counselling, University Of Ibadan, Ibadan - Effect Of Marital Status, Education And Religious Background On Psycho-Educational Perceptions Of Teachers Towards Introduction Of Sex Education	9
5.	E. Enwereji - College of Medicine, Abia State University, Uturu - The Relative Comparison Of the Effectiveness Of Psychotherapy And Pharmacotherapy In The Treatment Of Women With Reproductive Problems	6
6.	M.B. Okunade; O.A Aboderin; & V.J. A. Odepidan -Department Of Chemistry, The Polytechnic, Ibadan - The Physico-Chemical And Bacteriological Assessment Of Water Sold By Quacks In Major Markets And Motor-Park In Ibadan Metropolis	11
7.	O.A. Olajide - Department of Physical and Health Education Federal College Of Education, Yola - Health Education: A Key Factor For Healthful Living In The Society	1
8.	O.E. Abdullahi - Department of Educational Foundations University Of Ilorin, Kwara State, Nigeria. - Influence Of Sex, Level Of Study And Religious Belief On the Perception Of Stress Among Nigerian Undergraduate Students	8
9.	D.O. Moronkola - Department of Chemistry, The Polytechnic Ibadan. - Chemical Pollutants: A Threat To Healthful Living	38

UNIVERSITY OF IBADAN LIBRARY

Dr. E. ADENIKE ENWERE
INST. OF EDUCATION
U.I.

iii

10.	E. A. Emeke - Institute Of Education, University Of Ibadan- Global View of Activities of UNICEF On Child Survival Protection And Development	..	..	..	63
11.	M.O. Mgbor - Department of Physical & Health Education University Of Benin - Coaching Objectives Expressed As Important By Coaches In Nigeria Universities	..	..	..	74
12.	J.O. Osiki & B.O. Soka - Department of Guidance and Counselling University Of Ibadan, Ibadan - Indiscriminate Sexual Intercourse Among Adolescents: Its Health And Psychopathological Problems	..	..	..	80
13.	Olufemi Mapaderun - St. Andrew's College of Education, Oyo - A Survey of Verbal and Non-Verbal Interactions In Secondary School Biology Classes	..	..	..	88
14.	T.W. Yoloye & A.O. Adepoju - Institute of Education University Of Ibadan -An Evaluation Of The Attitude Of Students, Teachers, Parents And Religious Leaders To The Teaching Of Sex Education In Secondary Schools	..	..	..	94

UNIVERSITY OF IBADAN LIBRARY

GLOBAL VIEW OF ACTIVITIES OF UNICEF ON CHILD SURVIVAL, PROTECTION AND DEVELOPMENT

By

E. Adenike Emeke
Institute of Education
University of Ibadan

ABSTRACT

United Nations Children Education Fund (UNICEF) has involved itself in a number of programmes. This paper, however, focuses mainly on those programmes directly related to child survival, namely: Health, Nutrition, Water and Environmental Sanitation (WES). The issues of child labour, abandoned children and children with disabilities are the focus when discussing UNICEF's activities in the area of child protection. Education is touched on as a direct correlate of UNICEF's involvement in child development. Since the paper is taking a global view of UNICEF's activities, it does not concentrate on any country per se. Focus on any particular country, be it Nigeria or any other one will be necessary if country programmes and activities were being discussed. Though the paper points out clearly that UNICEF has achieved quite a lot of successes in the paper's programmes of focus in many countries, the paper concluded by calling on UNICEF not to rest on its oars since there is still a lot more that can be achieved; and also that country governments, NGOs and other well meaning individuals should join hands with UNICEF to protect and develop the child, thereby seeing to his survival.

INTRODUCTION

United Nations Children Education Fund (UNICEF) as the only United Nations agency devoted exclusively to children is also the leading UN agency helping governments of member countries implement the convention of the right of the child through transforming country programmes into dynamic forces for the right of all children.

UNICEF's successes which stretch back over more than 50 years of service to children across the world and for over two decades to children in Nigeria. Child survival, protection and development rates have doubled since the Organisation was founded in 1946, due largely to UNICEF's three pronged cluster strategies of:

1. The use of simple low cost techniques, the involvement of communities and a determination to put children first.
2. Management Excellence Programme where costs are cut, operations are streamlined, and decision-making is devolved to the over 130 field offices present worldwide; and
3. Working in collaboration with sister organisations, country governments, Non-governmental Organizations (NGOs) and the civil society to create a common development assistance framework.

...s interest and success story in the survival, protection and development of the child is firmly, and in its unalloyed belief that the child does have rights, and in this regard, UNICEF remains a champion of the Convention of the Right of the Child adopted by the UN General Assembly on 20th Nov, 1989. Since that time UNICEF has progressively looked into aspects of the future of children, making it abundantly clear that much of the future can be seen in how we care for our children today; that though tomorrow's world may be influenced by science and technology, but more than anything else, it is already taking shape in the bodies and minds of today's children.

CHILD SURVIVAL

Though survival of the child is implied in almost each of the 54 Articles of the Convention of the Rights of the Child, but Article 6 in its two subsections focuses specifically on Child Survival. In summary, the Article states that every child has the inherent right to life and the State has an obligation to ensure the child's survival and protection.

The OAU Charter on the Rights and Welfare of the Child also reiterates the UN's Charter in its own Article V. While retaining the two subsections in the UN Article 6, the OAU Charter adds on a third subsection where it states that :

"A Death sentence shall not be pronounced for Crimes committed by children".

It is clear that the essence of this third subsection touches the heart of child survival, for it is a child who is alive that can survive. And knowing fully well that children can be manipulated and lured into crimes as a result of their cognitive immaturity, concessions--- the type made in Article V, subsection 3--- must be made for them.

As mentioned earlier in discussing child survival, the indices we shall focus on are Health, Nutrition as well as Water and Environmental Sanitation.

A HEALTH

Health is a key element of UNICEF assisted programmes, with child survival at the forefront. In fact, the largest programme sector by expenditure that UNICEF has is Child Health.

Access to health care facilities is one guarantee of a child's survival. No matter how common or rare a child's health problem may be, there should be easy access to the type of health care that is required. In many of the world's nations, rural communities are cut-off and even access to public transport is difficult. Many children have died from preventable ailments like diarrhoea, and from vaccine - preventable diseases like polio. It is in the regard of helping promote the survival of the child through adequate health care that UNICEF's concern is laudable. The UNICEF championed and assisted Bamako Initiative that was launched in 1987 by African Ministers of Health which has since been adopted widely throughout West and Central Africa. This Initiative represents a series of policy reforms aimed at revitalizing health care services at the grassroots levels under this Initiative, a number of communities are being provided with affordable drug scheme. Some of these communities are also co-managing the health care delivery system, thus providing for greater sustainability. UNICEF helped supply Bamako Centres in Benin, Equatorial Guinea, the Gambia, Ghana, Mali, Mauritania and Togo with Vitamin A and iron supplements for children and women. Through this action, preventive health care in those countries has been boosted.

Evaluation studies initiated by UNICEF have shown that the Bamako Initiative is berriden with problem and UNICEF is working with governments, donors, agencies and communities to overcome some of these problems.

Let us take a look at some specific health activities UNICEF has been involved in globally.

(i) Immunization

This is a big subset of Health that UNICEF has been involved in many countries. In Nigeria for example, in the late 1980s, the UNICEF-assisted Expanded Programme on Immunization (EPI) was 80% successful. The success was however short-lived, for the gains were lost by the mid 1990s. Between 1995 and 1996, there was however substantial expansion in immunization. The rate rose from 17% in 1995 to 49.1% in 1996 for most of the antigens. In July 1996 the EPI metamorphosed into the National Programme on Immunization in conformity with UNICEF's terminology in the other countries of the world. This programme is to stem the high tide of death resulting from the six childhood killer diseases. The target goal of immunization is 90% by the year 2000, and UNICEF is assisting and encouraging all affected States in the Federation to achieve this target for all children under five years of age. Since the launching of the NPI, a large number of children in the southern zone have been immunized. Without immunization, the survival of Nigerias children is at great risk.

In Sri Lanka, agreement to stop hostilities to National Immunization Days made possible the immunization of 1.5 million children in that country in 1997. Between 1996 and 1997 in India, UNICEF, in collaboration with other bodies achieved the immunization of 128 million children against polio. The outbreak of whooping cough (pertussis) in a remote district in Guatemala in Nov 1997 caused a death of 30 children. To protect some 22,000 children under age 5 not vaccinated against pertussis, and several other diseases, the government launched an emergency campaign. UNICEF provided essential drugs and supported a door to door effort to educate families about immunization. Consequently, immunization levels of diphtheria, tetanus, pertussis and polio were raised from 70% to 90% of targeted groups in affected areas. In addition, UNICEF and the government planned an extensive school-based vaccination campaign that took off at the beginning of the year 1998.

The region comprising of Central and Eastern Europe, Commonwealth of Independent States and Baltic States continue to enjoy high immunization coverage after a period of decline. Since 1995, the UNICEF has been working with World Health Organization (WHO), and other partners to contain endemic polio in 16 of this regions countries, and diphtheria in all 15 Newly Independent States. These efforts have resulted in a drop in the number of cases of the two diseases. For example, diphtheria affected districts dropped from 373 in 1990 to 6 in 1997, and for polio, the decline was from 105 affected districts to 1.

The governments of Kazakhstan and Turkmenistan signed a Vaccine Independent Initiative with UNICEF in 1994. The Government of Japan consented to allocate progressively large amounts of hard currency resources to National Vaccine Supplier with a view to achieving full national responsibilities for those suppliers by the year 2000. In the East Asia and Pacific region comprising of such countries - like Thailand, Indonesia, the Philippines and Cambodia, high immunization levels were sustained, and the number of polio cases had declined to just 22—a sign that eradication of this debilitating disease is fast approaching. This sign I must say is not becoming a reality for only Japan, but indeed for all regions where UNICEFs immunization programme is on course.

(ii) Natural Disasters, Malaria and Cholera Epidemic

Natural disasters continue to heap sufferings on millions of people. Weather systems bring drought or unleash torrential rains that devastate harvest in several countries. For example, in Somalia and China, floodwaters endangered several hundred of thousands of people as homes, roads and bridges were swept away. UNICEF responded within 24 hours of the declaration of these areas as emergency areas, and assumed management of an inter-agency team. Chlorine was distributed to treat water sources and drugs were provided health centers.

A choking haze from forest fires touched over 300,000 hectares of land, affecting over 100 million people in Indonesia, Philippines, Singapore and Thailand, consequently posing a particular hazard

UNICEF made special efforts to protect children with respiratory problems by ordering particle-filtering masks from Copenhagen.

In the Democratic Peoples Republic of Korea, the worst drought in the country's history resulted in 1997 in massive crop failure and severe food shortage. This crisis placed 80,000 infants and young children at risk and another 80,000 in immediate danger of dying from starvation and disease. UNICEF in collaboration with other sister organisations like the World Food Programme airlifted to Korea, about 150 metric tons of high-energy milk, supplementary food, medicines and feeding equipments. In Sierra-Leone, while the war lasted, UNICEF maintained the supply of essential drugs to 120 primary health centres, thereby preventing the outbreak of cholera which is another epidemic UNICEF had had to cope with in the area of health. In Kenya, Mozambique, Somalia, Uganda and the United Republic of Tanzania, flooding towards the end of the year 1997 created the Region's worst cholera epidemic in decades. UNICEF working with the World Health Organisation, assisted National Cholera Task Forces by providing emergency medical supplies, and by spreading awareness on how to prevent, treat and manage the disease.

Malaria which is often regarded, as a minor ailment should in fact be taken seriously, for it remains a major killer of children and adults in sub-Saharan Africa, where the anopheles mosquito-carrier of the malaria parasite *plasmodium falciparum*- abounds. The intensity with which malaria kills in developing parts of the world has not abated. In Nigeria for example, the Federal Ministry of Health (FMOH) in its 1991-93 data on prominent diseases, revealed that in 1992, malaria claimed more than 67 times the number of lives lost to typhoid fever. Although both ailments were under better control in the subsequent year 1993, malaria still killed more than 80 times the number of those that died of the dreaded typhoid fever. Malaria mutates like the AIDS virus, and new strains resistant to existing drugs are constantly emerging. Indeed, there is always a selection of new drugs on the Chemist shelves, as the old ones become ineffective. As gory as the picture may seem, UNICEF has not given up helping in various ways to combat this ailment that kills a number of children and others. It continues to help in the supply of drugs at affordable prices, promotes campaign on hygienic environmental sanitation which if actually followed can eradicate the ecological habitat of the anopheles mosquito! In Benin, Ghana, Mali and Togo, UNICEF supplied hospitals and health facilities with bed nets impregnated with mosquito repellants. Demand for the net is high and even in poor communities; health centres have been able to sell enough nets to recover costs.

(iii) Maternal Health and HIV/AIDS

Very pertinent to the issue of child survival are the issues of Maternal Health and HIV/AIDS. Maternal mortality can leave many infants either without mothers who will take care of them and ensure their survival, or make it impossible for the infants to even survive the period of pregnancy and childbirth. To combat the high maternal mortality prevalence in many countries, UNICEF has come with the idea of Safe Motherhood Initiative, implementing this by working with Ministries of Health in member countries to develop major National Safe Motherhood programmes. These programmes emphasize community-based services for childbirth and postnatal care. Medical records have shown that pregnancy is particularly dangerous to certain groups of women i.e. very young women, older women, women with more than four children, and women with existing health problems. If all high risk pregnancies were prevented; maternal mortality which remains as high as 1,000/10,000 lives in many developing countries could be reduced by up to 225%. UNICEF continues to strive to put in place action programmes that can help achieve this high maternal mortality decline.

In Mali where every woman enters pregnancy with a 1-in-24 chance of dying from causes related to pregnancy and childbirth, UNICEF assisted community-based services have greatly improved care of women. It has also helped cut from one full day to just between 2-8 hours - the time it takes for referral of a complicated case from a local centre to the district hospital. In Burkina Faso, China, Latin

America and the Caribbean, UNICEF - assisted projects that provide training and emergency supplies have been highly successful in making progress towards achieving the 1990 World Summit goals to reduce maternal mortality. In Indonesia where an average of 60 women per day still die from pregnancy related causes, UNICEF assisted a Mother - Friendly Communities Initiative, which sensitized local communities to problems that can arise in childbirth. In addition, programmes were established to provide emergency care to women facing high-risk pregnancies.

HIV/AIDS is another scourge militating against child survival. This scourge is more than just another disease. It is a fundamental development challenge- complicated by issues of poverty, inequality, culture and sexuality in various ways, thus making its containment a hydra-headed task that might not be accomplished until we all imbibe a culture of sexual discipline. In Cambodia and Thailand where transmission of HIV/AIDS from mother to child is increasing, UNICEF is playing a leading role to improve confidential counselling and to provide other support for affected women, children and other family members. In this regard, UNICEF launched a Young People's Development Programme to promote youth - friendly clinics, and HIV/AIDS preventing projects in schools and health centres. In the Russian Federation, UNICEF helped bring together all crucial partners in HIV/AIDS prevention to plan a project involving education, information and communication. In Croatia UNICEF worked with its partners to initiate education and awareness- raising activities in which 6,000 adolescents took part. Actions that enhance the ability of women and young people to control their sexual relationships have been advocated and these it is hoped should facilitate the containment of STDs and AIDS.

(iv) Primary Health Care (PHC)

If health care does not get to the grassroot level, there really cannot be said to be health care. The realization explains to a large extent UNICEF's interest and involvement in the Primary Health Care in many nations of the world. In Nigeria, primary health care services reached an estimated million women of reproductive age in 1997.

As part of its PHC efforts, UNICEF tries to make parents at home, care givers at day-care centres and other pre-school centres aware of simple measures to combat certain health procedure, for example, death from diarrhoea diseases. Recent studies have shown that many parents and care givers either remain unaware of the simple and inexpensive oral dehydration therapy (ORT) in children suffering from diarrhoea, or just fail to use it. In Bangladesh where ORT was only recently introduced, only 45% of the population used the therapy, despite the fact that 95% know about it. To promote ORT use, UNICEF and Government of the Netherlands supported the launch of the National Campaign in which 50,000 health workers spread ORT message in village demonstrations. UNICEF continues to accelerate effort needed to increase awareness and the use of ORT.

Another of UNICEF's activity, which can be subsumed under PHC, is the Health Insurance Scheme in nations that is not yet operating the Scheme. UNICEF's contribution cannot be overlooked in the overall effort to get Nigeria operate the National Health Insurance Scheme (NHIS). The Scheme when fully operational will cater for all Nigerians, including children and improve the state of medical services, as well as reduce the excessive pressure on government health services. It is gratifying to note that the Health Scheme recently launched by the Federal Government is already operative in pilot 8 States, namely Lagos, Ogun, Borno, Kaduna, Rivers, Enugu, Kano, Plateau, and F.C.T. One of its major objectives is to ensure that every Nigerian can obtain the type of treatment he/she could need, and accelerate the drive toward adequate health care for all.

Bolivia's National Children programme introduced with UNICEF's support in 1996 is providing poor families with free accesses to health care for children under 5 and for women during pregnancy and childbirth. Within 18 months of its introduction demand for maternal services doubled while treatment of pneumonia with UNICEF supplied drugs increased by 50%.

It can safely be concluded that the care that sick children receive at home and in health facilities determines their survival, rate of recovery and future health. Part of this future health is contained in nutrition.

B. NUTRITION

UNICEF came into the field of nutrition in children more because nutrition is not being carried out properly. What is seen and had to be contended with is malnutrition. Malnutrition is not, as many think, a simple matter of whether a child who eats enough to satisfy immediate hunger can still be malnourished. A lot of the world's global toll on mal-nutrition is not mainly a consequence of famines, wars and other catastrophes as is widely thought. In fact such events are responsible for only a tiny part of the worldwide malnutrition crisis. Child malnutrition is not confined to the developing world. In some industrialized countries, widening income disparity coupled with reductions in social protection are having worrying effects on the nutritional well being of children. Malnutrition has long been recognized as a consequence of poverty and it is increasingly getting clear that it is also a cause. Deeply entrenched poverty defines the lives of the vast majority of the world's children, and this has led to the pitiable condition of numerous children. Half of South Asia's children are malnourished. In Africa, one out of every three children suffers from malnutrition. Malnourished children are much more likely to die as a result of common childhood diseases than those who are adequately nourished. Research indicates a link between malnutrition in early life - including the period of foetal growth - and the development later in life of such chronic conditions like coronary heart disease, diabetes, and high blood pressure. There are three other major consequences of malnutrition namely:

- (i) Stunting a condition where a child's height is below average for his age. It is reliably estimated that globally 226 million children are stunted. Stunting is particularly dangerous for women, as stunted women are more likely to experience obstructed labour, and are thus at greater risk of dying while giving birth. Stunting has also been linked to impaired intellectual development.
- (ii) Wasting a situation where there is advancement in height without corresponding increase in weight. Some 67 million children are estimated to be wasted.
- (iii) Underweight which refers to children being below average weight for their age. About 183 million children are underweight. In one study carried out by UNICEF and reported in A The States of the World Children 1998, children who were severely underweight were found to be two to eight times more likely to die within the following year as children of normal weight for their age. If a child is even mildly underweight, the mortality rate is increased.

WHO estimated that malnutrition was associated with over half of all child deaths that occurred in developing countries in 1995. In all the mentioned three consequences of malnutrition as well as other consequences, rural areas are worse affected than urban areas and this is another reason why UNICEF has been very concerned with the issue of malnutrition. Many of the efforts have been focused on improving deficiencies of iron, iodine and vitamin A, a micro-nutrient that helps children fight off infection and reduce the severity of disease. To help ensure adequate vitamin A in the diet, UNICEF gave technical advice to private companies that fortify sugar and other foods in several countries notably Kenya, Malawi, Namibia, South Africa and Zambia. In Sri Lanka, UNICEF provided 500,000 nutrition leaflets, 500,000 handbills on iodine deficiency disorders (IDD) 7,000 iodine testing kits and 350,000 growth monitoring charts. In Bhutan the public support for the UNICEF- assisted national IDD, control programme has contributed significantly to the decline of goitre rate from 64.5%. In Bosnia, Herzegovina, Bulgaria, Croatia, the Czech Republic and Poland, virtually all salt has been

iodized as a result of recent efforts spearheaded by UNICEF. Iron deficiency anemia is also widespread, and affects

Approximately one-third of mothers and children. Anaemia is a debilitating disease, characterized by excessive fatigue. It compromises the overall health of its victims and consequently reduces a child's capacity to develop at school. In this regard, in Central Asia Republic and in other countries, UNICEF launched programmes that promote education, research, food fortification and iron supplementation for children, adolescents and women.

Breast-feeding is another campaign UNICEF is spearheading, haven found its very great value. Breast milk is the best, and promoting exclusive breast-feeding is one of the low cost, high impact strategies of improving nutrition among children. In Nigeria, major breakthrough has been recorded with the total number of designated Baby Friendly Centres now 803 nationwide.

The devastation of malnutrition is hard to overstate, but so is the countervailing power of good nutrition. Not only is good nutrition the key to the healthy development of individuals, families and societies, but there is also growing reason to believe that improving the nutrition of women and children will contribute to overcoming some of the greatest health challenges facing the world. Stronger children grow into stronger, more productive adults. Well-nourished girls grow into women who face fewer risks during pregnancy and childbearing, and whose children set out on a firmer development path, physically and mentally. And history shows that societies that meet women's and children's needs also lift their capacities for greater social and economic progress. It is hoped that UNICEF, Governments, NGOs, families and other relevant individuals will keep fighting for the cause of good nutrition with all available weapons. One of these weapons is environmental sanitation.

C. WATER AND ENVIRONMENTAL SANITATION

An essential element in good child health, and by inference, child survival, is access to potable water and good environmental sanitation. The lack of access to the above two, coupled with the unhygienic handling of food as well as the unhygienic condition in and around homes, which cause more childhood diarrhea, have significant implications for the spread of infectious diseases. Researchers believe that children living in unsanitary conditions may suffer from a fairly constant low level challenge to their immune systems that impairs their growth.

As for sanitary waste disposal the world is actually losing ground, with the rate of coverage falling in both urban and rural areas. Only 18% of rural dwellers had access to adequate sanitation services at the end of 1994, and overall, some 2.9 billion people lack access to adequate sanitation. In areas where poor sanitation increases the rate of guinea worm disease, UNICEF assists in setting up and managing sanitation facilities (sanitation centres), as well as facilitate, promote and install low-cost household latrines (known as San plat). In Nigeria for example, more than 6,000 community members, 35% women, received training in sanitation, hygiene education, hand pump installation, community mobilization and common management of sanitation facilities. UNICEF also backed latrine installation and hygiene education in schools serving 25, 000 children. This positive step in the area of sanitation will definitely promote and sustain the survival of the child. In Mali, UNICEF assisted on multi-agency effort focusing on teaching hygiene awareness in schools and via radio, and this helped reduce the number of guinea worm cases from 2,138 in 1996 to 1,006 a year later. More than half of the population in the West and Central African region is without safe water or adequate sanitation, and there is a very high prevalence of guinea worm infection. UNICEF through its integrated approach has succeeded in reducing the number of guinea worm cases from 3 million in 1986 to 30,000 a decade later.

Water can be described as life itself. About 80% of the total mass of an average human being is made up of water, and about 2/3 of the earth is covered with water. Eating, drinking, washing etc are everyday tasks for life survival that are water-based. There is thus the need for a large supply of

water. But unfortunately, potable water is a scarce commodity in many developing nations, Nigeria inclusive. In Nigeria for example, UNICEF has been supporting cooperation projects for the supply of potable water. In cooperation with the Federal Government, UNICEF has completed 60% of the projected number of borehole, giving priority to guinea worm endemic regions. UNICEF has budgeted \$15 million (N330, 000,000) to improve water supply in Nigeria up to the year 2001.

In many countries where access to safe potable water is a problem, the struggle for water is a hardship normally shouldered by the children of the household. This impact very seriously on child survival.

In rounding up the discussion on the role of water and environmental sanitation (WES) on child survival, it must be emphasized that environmental protection is everyone's job. The earth is one country. Everyone should ensure the effective protection of the environment by setting standards in effluence discharge, air and water quality, and to protect against the importation of hazardous waste. This will be one of the measures through which child protection - the theme of our next subsection can be assisted.

CHILD PROTECTION

At the heart of the child protection are issues of child labour, protection against child abuse and torture as well as administration of juvenile justice. Both the United Nations and the OAU Charters on the Rights of the Child make it categorically clear that every child should be protected from all forms of economic exploitation, all forms of torture or inhuman treatment, and no capital punishment shall be inflicted upon a child. One potent variant of economic exploitation is that popularly referred to as child labour.

Child Labour

This refers to any type of paid, unpaid or exploitative work which places the interest of the beneficiary well above those of the child, and is detrimental to the physical, mental, social, educational or moral development of the child, is found to be in high prevalence in many developing nations. Child labour, which must be discouraged, occurs mainly in the semi-formal and informal sectors. As a result of the provision in the Labour Codes of many countries, it is found that the organized private sector and large business organizations tend not to have juvenile employees. The scenario in Nigeria where children are found as bus conductors, newspaper vendors, pilots to beggars, load carriers, hawkers at markets and motor parks, is the case in many nations of the developing world. In some nations, children's involvement is even more gruesome. For example around 6,600 children, some as young as six years, served in Liberia's armies during the seven year period while the war lasted. Uprooted from their communities, these impressionable young people were abused, beaten, or forced to witness or commit unspeakable acts of violence until peace returned to that country in 1997.

Many children between 12 and 17 years old are in the A hidden workshop, serving as apprentices at mechanic garages, weaving centres and vulcanizing workshops; some are serving as domestic aids in homes and hotels. In many of these places, the children are exploited, paid very meager stipends and treated with inhumane overtures. It has been estimated that over 250 million children are today at work worldwide. The about 80 million working African children constitute 32% of this number, and there could be a surge to over 100 million by the year 2015 if very positive steps are not taken, since there appears to be an increasing number of impoverished people and inadequate economic growth on the continent. A recent ILO report estimated that 41% of African children between the ages of 5 and 14 years are labourers. For Nigeria, the percentage of child labourers ranges between 20%-30% of the children population. (ILO, 1998).

What is to be done about this relatively large number of children who are being exploited, who are not protected, who are denied opportunity to a decent education, and whose personality attributes like self concept and self esteem are being impaired? It is gratifying to note that UNICEF has not been a passive onlooker. UNICEF views the children caught in the web as Children in Especially Difficult Circumstances (CEDs). Under its CEDs Initiative, UNICEF cooperated with ILO, the Save the Children-Fund Alliance and Child Workers of Asia to organize a 3-day children's forum prior to a Regional Conference on the Most Intolerable Form of Child Labour in the East Asia and the Pacific Region. In Vietnam UNICEF and the Government embarked on development of a plan of action to protect children from sexual exploitation, drug abuse and child labour. In addition, the National Assembly reviewed the issue of sexual abuse and exploitation of children. With positive advocacy efforts from UNICEF, Indonesia enacted a new Juvenile Justice law and a new Labour Law with special protection for children.

In Vila, the capital of Vanuatu, UNICEF's support enabled youths to interview more than 1000 of their peers who are living on the streets, about personal and social issues. In Nigeria, UNICEF sponsored studies on child labour as well as advocacy so that the government can take positive steps on that aspect of the Convention on the Right of the Child. Children trapped in the work force are not the only children that need protection; probably of more serious concern is the set of children focused on below.

Abandoned Children and Children with Disabilities

Child abandonment, though more prevalent in the developing countries is not restricted therein. While a major factor like poverty may be a predisposing factor to child abandonment in a developing nation, garbage heaps and dumping grounds of the unwanted.

Children with disabilities need protection. Article 23 of the UN Charter, and Article 13 of the OAU Charter emphasized on the protection necessary for children with disabilities, who may be internally retarded, physically disabled, deaf or hard of hearing, or with sight disorder. These children face a hostile environment. They are often neglected and are looked down upon.

There is definitely a need to take care of the abandoned, abused and disabled children. Again, UNICEF has been doing some work to help these categories of children. For example, in Romania, where the abandonment of children remains widespread UNICEF organized a conference in May, 1998, that brought together professionals and workers from 11 countries to discuss ways to protect the rights of children living in settings outside their homes.

Children [20 in number] in Romania's residential units participated in the conference, and they helped implemented the children's recommendations in six of Romania's residential units. In many countries, UNICEF in 1997 and 1998 worked with governments to establish foster care and adoption alternatives to abandoned and abused children. UNICEF also worked with NGOs to strengthen families to care for their children in time of crisis. Of importance is also UNICEF's supply of very needed and relevant equipments like Braille machines, wheelchairs etc to children with physical disabilities, while psychological support through counselling was provided for children with learning disabilities.

UNICEF believes very strongly in the development of the child, which is indexed very primly by the type and quality of education a child receives. We shall now turn to the lost portion of this paper that focuses on child development.

CHILD DEVELOPMENT

ation

The discussion on child development is situated centrally within the ambit of education. Thus, the efforts of UNICEF to see to the access to and improvement of education and educational opportunities will form the focus of discussion in the section.

The right to education is central to the long-term development and prospects of any child. Each child should be able to learn how to be a useful member of society, develop his innate abilities and also give respect to others, and benefit from adequate housing.

Education is the key through which the child and indeed any individual can open the door to the realization and achievement of life goals and ambitions. Education is basic to the child's achievement of all the rights contained in the Charters of the Rights of the Child. Many children are not in school in many rural communities. Many children are dropping out of school in many countries as a result of various reasons. The education of the girl-child is yet to attain an optimal level, and even male dropout is getting more on the increase in many communities due to economic reasons. Many schools are not ideal for learning as a result of physical environment, which are not only aesthetically unattractive, but also intellectually unstimulating. Many schools lack basic amenities like chairs, tables and even chalkboards in some cases. The dearth of textbooks and reference materials is yet another problem facing education in many of the developing countries.

The goal of achieving education for all by the year 2000 remains elusive in many countries but 1997 saw some advances. In Nigeria and Uganda, enrolment was increased. In Uganda the enrolment which doubled was partly a result of the government's waiver of school fees for up to four children per family. The Girls Education Initiative sponsored by UNICEF and launched in 19 African countries is helping to close up the gap between the number of girls and boys in school. In Angola communities created 50 mini B schools which benefited over 5000 children from pre B primary to the fourth grade.

The State paid teachers salaries, while UNICEF assisted with teacher training and with educational materials. Also in 1997, UNICEF addressed the girls out of B of B school by building schools closer to communities. UNICEF funded the establishment of 45 non-formal education centres and trained 120 community teachers. This and other steps increased the proportion of girls in school from 32% in 1995/96 to 36% in 1996/97. Similar girl B child enrolment increase was achieved in Cape Verde, Chad, Mauritania, Nigeria, Vietnam, Cambodia and Lao People's Democratic Republic.

Many countries through UNICEF's support have launched early childhood programme so those young ones can receive early healthy psychosocial development along with their rapid physical development. In Brazil, UNICEF's support for the No Child Out of School Campaign is helping bring 2.7 million working children into primary schools. Disadvantaged children in rural areas where school quality has suffered from shrinking resources were helped through UNICEF's efforts in Romania, Turkey and the former Yugoslav Republic of Macedonia.

CONCLUSION

UNICEF has definitely brought smiles to the faces of many children of the world. It has renewed the lives of many women and families through its various and numerous programmes. The overall developmental history of many countries will never be complete without reference to the many supports that UNICEF has given to the governments, NGOs, private sectors and the civil society. However, UNICEF is yet to complete the unfinished business of the 1990s. That business includes prevention of deaths of 585,000 women yearly from complications of pregnancy and childbirth; educating 140 million school age children who are still out of school, 60% of whom are girls; helping the large proportion of the 250 million working children trapped in dangerous and exploitative labour; providing safe waste disposal for 2.96 million people, half of whom are children at risk of death

because of inadequate sanitation and finally preventing the nearly 7 million child deaths that occur yearly as a consequence of malnutrition.

UNICEF cannot complete the above business alone. Governments, NGOs, the civil society and indeed every individual must have their hands on deck. Child survival, protection and development must be at the heart of all programmes for the next millennium.

BIBLIOGRAPHY

Federal Government of Nigeria and UNICEF (1999). Nigeria: Working Together For Children and Women. Lagos, Nigeria.

Federal Office of Statistics and UNICEF (1997). The Progress of Nigeria Children. Lagos, Nigeria.

UNICEF (1998). The State of the World's Children. Oxford University Press, Nigeria.

UNICEF (1998). UNICEF Annual Report, New York, NY 10017, U.S.A.

United Nations (1989). Convention on The Rights of The Child.

UNIVERSITY OF IBADAN LIBRARY