

Child health and social development

The latest data from the Brazilian Ministry of Health on infant and preschool-age mortality in the country paint an optimistic picture: between 1990 and 2007, there was a considerable—perhaps even surprising—change. Compared with 1990, mortality among children aged under 12 months fell from 49 to 20 per 1000 live births and, among children aged under five years, dropped from 58 to 22 per 1000.

These differences reveal another important fact: Brazil is responding very positively to the commitments and goals established by the United Nations in terms of the health of our children. In the course of 17 years, we have not only exceeded the quantitative objects agreed in international accords, but also attained levels that few nations with the same socio-economic circumstances can boast. By way of illustration, between 1990 and 2007, countries worldwide brought down their infant mortality rates from 63 to 46 per thousand live births, while, for those aged under five years, the figure fell from 91 to 67.

Two points should be stressed when analyzing these results. In the first place, there is the epidemiological significance of the new situation. There can be no doubt that a focus on sector strategies, considering the more important causes of sickness and death among children, in addition to the factors involving promotion, specific protection and recovery that should form a programmatic part of the strategy, has played an important part in giving rise to the latest results. This action at sector level was evidently enabled by the mediation of public authorities or by way of corporate or individual health-service contracts. There have also been changes in the way people think, feel and act, which have established a new health culture among the population at large. These factors explain most of the progress made in terms of infant mortality in recent years in Brazil.

However, beyond the epidemiological viewpoint of the health sector itself, the importance of these statistics on human development in general should also be pointed out. This represents not only a new outlook, but a whole new paradigm shift towards a more humanistic perspective that is under way, as has been observed by important contemporary philosophers and social scientists.

Symbolically, it is very important that levels of health are keeping step with economic growth. In the case of Brazil, in the wake of the so-called “economic miracle” of 1965-1975, when GDP grew at a pace comparable to that of Japan’s, the country plunged into two lost decades (1980/2000), and growth continued to slow until 2004. GDP thus remained virtually static for 25 years in all. Curiously, during the period of “miraculous” economic growth in Brazil, social indicators, seen in terms of inequality, such as the Gini index, malnutrition (30 to 40% of children stunted) and persistently high rates for infant and preschool-aged mortality, and death during childbirth, were signs that the great strides made by the economy were not having an impact on the overall fabric of society, which remained a source of sickness and death for the greater portion of the population. Paradoxically, while the economy was in the doldrums for almost 25 years, health indicators began to improve, so that, in the thirty years between 1975 and 2005, there were startling changes in the figures for mortality and morbidity. These have been associated with the so-called epidemiological transition: the passage from a model characteristic of a backward nation to a health profile befitting a more developed country.

This is not to suggest the bizarre hypothesis that the Brazilian experience over the past three decades provides evidence of an inverse correlation between economic growth and improvements in levels of health. What the Brazilian case does teach us is that the economic indicators, expressed in terms of GDP, should not a priori be considered a variable of fundamental strategic importance for human development. In fact, the expression “human development” represents a new point of reference, which combines economic, social, political, cultural, ecological, participatory and ethical progress. This is the new understanding that underpins the guidelines and parameters of a collective life according to which ethics as necessary as economics and pervades all other areas, and where health is not only a means, but also an end.

It is in this context that the new child health indicators in Brazil should be understood, as a possible and probable indication that, in spite of the lack-luster performance of the country’s economy, the statistics are highly encouraging and signal that the set of factors that determines the living standards of the population (and thus the processes of health and disease) are being brought into a more favorable configuration. These are therefore qualitative changes that are under way, giving a new direction to and reordering the structure of forces that operate within society and their function. This means reducing inequalities, providing benefits for the

whole of society, and moving towards the desired degree of equity in terms of rights and duties in a mutually participatory, ethically healthy society.

Children naturally are thankful for this. And they expect more from governments, society at large, and their parents—in short, from all of us.

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