

# THE ROLL OF THE DICE

## COMMENTARY: THE 6 BILLIONTH BABY



# The roll of the dice

By Carol Bellamy

***During this final year of the 20th century, a child will be born, bringing the world's population to 6 billion. What lies ahead for this 6 billionth baby, no one can say. But for the majority of babies, the risks are high and the odds daunting. Half the world's poor are children. Early death from preventable disease, illiteracy or traumatic conflict often awaits them. For the 6 billionth child and for all children, the odds can and should be better.***

**S**omewhere on the planet this year, a mother will give birth to a very special child.

All babies are special, of course – and in that sense, the child will be no different from the 130 million other new lives that start in 1999, on the very doorstep of the millennium. But this baby's birth will mark the instant that the world's human population reaches 6 billion.

No one knows when or where the baby will arrive. It could be a girl or a boy, the child of a millionaire or – far more likely – the child of a family living on less than a dollar a day. But regardless of where the infant draws its first breath, it will be endowed with the same fundamental human rights as any other child – to life, to protection, to education, to health care, to an adequate standard of living and more.

There is a catch, however. The child's chances of enjoying these birthrights, and of fulfilling his or her potential, will depend on where this baby is born and to whom – and whether it is a girl or a boy.

The odds are not in the child's favour.

## **Facing the odds**

In fact, the 6 billionth baby has less than 1 chance in 10 of being born into relative prosperity, as a member of the majority in an industrialized country or of the wealthy minority in a developing one. On the other hand, the child has 3 chances in 10 of being born into extreme poverty – and 4 in 10 of being only marginally better off.

Half the world's poor are children, and more babies are being born into poverty now than ever before. Never in history have we seen such numbers.

Far less likely, the roll of the dice will bring the baby into a universe almost unimaginably rich in resources. Her horizons will stretch as wide as the world itself. At the flick of a switch, energy accumulated over eons in the earth's crust will provide the child with an extraordinary array of services and conveniences.

With the tap of a computer key, the accumulated knowledge of the world's libraries can be at her fingertips. At a very young age, she will be able to exchange messages, play games and make friends with children thousands of miles away.

Meanwhile, advances in medical science are rapidly increasing the prospects for human longevity. If present trends continue, it is estimated that some 70,000 children who are born in the United States in the first year of the 21st century will be around to see the dawning of the 22nd.

But along with technological advances and material prosperity, it is possible that social isolation and emotional insecurity may lie in her future. Divorce rates are increasing, overwork blights family life, human contact shrinks and the young, increasingly alienated, are treated more as consumers than as children.

At least this 6 billionth child, if born in the developing world, will probably not be isolated or lack human contact. In the village or shanty town most likely

to be home, there will be plenty of children to play with, and plenty of relatives and neighbours to take an interest. The child will also, in most cases, be brought up in a religion that will provide spiritual strength.

Yet, while this life may be rich in people, it will be desperately poor in material resources. Energy is likely to be scarce – and if the 6 billionth child is a girl, she will most likely have to trudge miles a day to collect fuel.

And if the child gets and retains a place in class, her school may lack sufficient pencils, let alone books, for her to use.

With half the children of Africa already suffering from illness caused by unsafe drinking water, poor sanitation and a degraded environment, it is almost certain that constant bouts of preventable diseases will sap the child's overall health. His physical and mental development are likely to be stunted by malnutrition, making it unlikely that the 6 billionth child will ever reach his full potential – in fact he may have a shorter lifespan ahead of him than 1999 global standards suggest. A baby born in Malawi or Uganda, for example, is likely to live only half as long as one born in Singapore or Sweden. And reaching her fifth birthday is far from a certainty: One child in three born in countries such as Niger or Sierra Leone, for example, perishes before that milestone.

# THE ROLL OF THE DICE

## COMMENTARY: THE 6 BILLIONTH BABY

The 6 billionth child will also find himself in a world where the gap between rich and poor has never been so wide. The richest one fifth of humanity has 82 times the income of the poorest fifth – and consumes 86 per cent of the world's resources.

### The material gap

These gaps do not just exist among nations, but also within them: The disparities cleave countries, even cities. A child born in an urban shanty town in Bangladesh is twice as likely to die before his first birthday as is an infant born elsewhere in the city. In many developing countries, the children of the relatively well-off benefit from publicly supported secondary and university education, while the poor lack even primary schools.

And huge disparities exist within industrialized countries as well. In Australia and the United Kingdom, for example, the richest one fifth have 10 times the wealth of the poorest.

Despite such inequities, if this child were assured of attaining her rights, she might be ready to take her chances regardless of where she was born. Unfortunately, there is no such guarantee, especially for most poor children. The vital statistics of the destitution they face are no less appalling for all their familiarity.

Every year, nearly 12 million children under the age of five die needlessly, mainly from a handful of easily preventable childhood diseases.

More than half of all South Asian children of this age are severely or moderately underweight, while nearly half of all under-ones in sub-Saharan Africa are not immunized against common killer diseases.

Worldwide, 130 million children of primary school age – mostly girls – are not in the classroom, and thus denied the chance of a better future, while

millions attend schools where little learning actually takes place.

One quarter of children in developing countries who start school cannot stay long enough to ensure lasting literacy. And 250 million are being robbed of their childhood because they are trapped in child labour.

The 6 billionth child will be particularly disadvantaged if she is born into a minority ethnic group – a category that includes two thirds of the poorest children in the United States, for example. In Peru, indigenous people are one-and-a-half times more likely to be poor and almost three times more likely to be *extremely* poor than non-indigenous people.

### The gender gap

If the baby is a girl, she will also be worse off than a boy born almost anywhere.

She may receive less than her brother when food is scarce, and she will be less likely to start school. If she is put in school, she will have a greater chance

than her brother of being taken out, either to save her family the cost of schooling or because she is needed to work at home.

Like 2 million other girls each year, the 6 billionth child may

---

*If the baby is a girl,  
she will be worse off  
than a boy born  
almost anywhere.*

---

suffer the pain and humiliation of genital mutilation. Or, as in some cultures, she will be brought up to believe that she does not belong at home but to the family of some as yet unknown husband. Married off in her early teens, she will probably be pregnant before her body is fully ready to carry a child, becoming a mother before she is a woman.

The results can be devastating. More than half of all women in Africa and about a third in Latin America give birth in their

teens, and they are twice as likely as adults to die in childbirth – and their children are more likely to be born underweight.

### From mother to child

In fact, the 6 billionth baby's future may well be written in his mother's and grandmother's pasts, for the consequences of deprivation are handed down through the generations like a hereditary disease.

Low birthweight is a clear example, a sensitive indicator of the health of both mother and baby, and one of the prime signs of a troubled life ahead for a child. About one in every five babies in developing countries starts life at less than 2.5 kg, mainly because of the mother's poor nutritional status. A low-birthweight baby is more likely to die in infancy or early childhood. If the infant survives, he is likely to suffer more illnesses, to be malnourished, to fail to reach his physical and intellectual potential and to have long-term disabilities. Increasing evidence



Only about 10 per cent of today's children – those among the majority in industrialized countries or wealthy minorities in developing countries – have a chance to grow up with computers at their fingertips. Two boys view a computer at the World Summit for Social Development, held in Copenhagen.

UNICEF/95-0040/Mass

shows that a low-birthweight child will be prone to diabetes, hypertension and heart disease in adulthood.

Nearly 4 in every 10 children under the age of five in developing countries are stunted, their stature a symbol of their diminished potential. Because their capacity for learning is also reduced, they do less well at school, and later in life their productivity and earnings are

---

*Anything that improves the prospects for children's well-being improves the prospects for the world.*

---

generally lower than those of their better-nourished peers. And, like all malnourished children, they are more susceptible to disease.

Malnutrition makes children more likely to fall ill, and illness deepens their malnutrition; hunger and disease feed off each other in a constant downward spiral. The wreckage of ruined lives and wasted bodies represents a denial of human rights as abhorrent as torture – and a devastating handicap for a country's economic development.

Still another unexpected assault may await the 6 billionth baby: She may well lose her mother at birth. Every minute, a woman somewhere dies from pregnancy-related causes or in childbirth – almost 600,000 a year. Nearly all of these deaths occur in developing countries. More than 1 million children are orphaned in this way each year, and they are more likely to die within a few years than those whose mothers survive.

As with all children, much of



*Half the world's poor are children, and more babies are being born into poverty than ever before. In Cambodia, where the GNP per capita is less than \$1 a day, a girl carries her baby sibling.*

the 6 billionth baby's future will be decided by the time he is two years old, the age by which his physical and mental development will have been largely set in accordance with a range of factors, including the quality of food, health care and stimulation he receives.

Much will depend on whether the child is breastfed, because exclusive breastfeeding for the first six months greatly enhances a child's prospects of surviving and thriving, and speeds cognitive development.

The 6 billionth baby's future will also be much brighter if her mother has received some educa-

tion. The child will be less likely to die in infancy, will grow up healthier and better fed and will be more likely to start and to stay in school. Indeed, increased schooling for girls sends benefits cascading through societies and economies. As more girls are educated, and for longer periods, their confidence and empowerment will rise, and infant mortality and population growth will fall – all of this a boon to life expectancy and overall economic growth.

In short, anything that improves the prospects for children's well-being improves the prospects for the world.

Child rights are better recognized today than ever before, as evidenced by the nearly universal embrace of the Convention on the Rights of the Child, which has been ratified by every country in the world save two. And child rights and concerns are now higher on many public agendas than ever before.

By acting now, as a matter of urgency, to secure these rights, we can all help improve the odds for the 6 billionth baby – and *all* the rest of the world's children.

But the clock is ticking. Before we know it, some 12 years from now, the dice will roll again for the 7 billionth baby. ■

# THE ROLL OF THE DICE

## LEAGUE TABLE: THE CHILD RISK MEASURE

**T**his child risk measure is a new, and admittedly unfinished, idea, sparked by some of the issues presented in the essay on the birth of the world's 6 billionth child. The measure's merits and failings were scrutinized and debated during its preparation. It does not, for instance, incorporate a number of important risks that children face in industrialized countries – such as latchkey loneliness or alienation – because indicators do not exist for them. But despite its weaknesses, UNICEF puts this measure forward in order to launch an idea and a discussion. The world could well benefit from an improved approach to measuring children's welfare, one that reflects new knowledge about how children develop and that captures some of the most important new hazards children face. This attempt is offered as a step in that direction.

### Measuring children's risks

For all children, entering this world entails risks, with the chance of full and healthful development dependent on a range of factors and sometimes, it seems, fate. The child risk measure (CRM) at right is an attempt to capture in numbers some of the risks a child faces until the age of 18. In this index, higher numbers represent greater risk. Using this gauge, a child faces the highest risk, an average of 61, in sub-Saharan Africa. A child in Europe faces the lowest, at 6.

The CRM, still a work in progress, was designed as a composite of five factors which have great impact on a child's well-being. The three developmental factors are under-five mortality, moderate or severe underweight and primary schooling. The other two are the likelihood of risk from armed conflict and from HIV/AIDS, increasingly important influences on a child's rights and well-being.

Conflict affects children of all ages directly, putting them in immediate danger, and indirectly, by depriving them of health care, education or even food. Where adult HIV/AIDS prevalence rates are high, children are at risk not just of acquiring the infection from their mothers, but also of suffering the loss of one or both parents, depriving that child of protection and support.

A number of factors that adversely affect adolescent development, such as child labour, sexual exploitation and lack of family support, do not form a part of this composite. This is due to a lack of data in many countries on these issues.



SUB-SAHARAN AFRICA

Angola	96
Sierra Leone	95
Somalia	92
Ethiopia	85
Guinea-Bissau	80
Niger	80
Congo, Dem. Rep.	76
Burundi	74
Eritrea	74
Liberia	74
Rwanda	70
Guinea	69
Chad	67
Mali	64
Mozambique	63
Central African Rep.	62
► Regional average	61
Burkina Faso	60
Nigeria	59
Zambia	58
Uganda	57
Malawi	55
Tanzania	53
Congo	51
Côte d'Ivoire	51
Madagascar	49
Zimbabwe	48
Cameroon	47
Kenya	46
Lesotho	46
Togo	46
Benin	45
Mauritania	45
Botswana	42
Namibia	42
Senegal	38
Ghana	36
Gambia	35
Gabon	32
South Africa	25
Mauritius	11



MIDDLE EAST AND NORTH AFRICA

Sudan	59
Yemen	49
Iraq	39
Algeria	26
► Regional average	24
Kuwait	24
Saudi Arabia	24
Egypt	21
Morocco	21
Lebanon	18
Iran	17
Oman	17
U. Arab Emirates	16
Turkey	15
Syria	13
Jordan	11
Tunisia	8
Libya	6
Israel	No data

The child risk measure (CRM) is based on the following five indicators:

**U5MR** – under-five mortality rate in 1997;

**UNDWT** – per cent of children moderately or severely underweight (period 1987–98);

**NAPSCH** – per cent of primary school age children not attending school (period 1987–97);

**CONFLICT** – security rating derived for 1998 from UNICEF Security Advisory;

**HIVAIDS** – HIV/AIDS prevalence rate for 15- to 49-year-olds, in 1997.



CENTRAL ASIA

Afghanistan	94
► Regional average	41
Georgia	27
Azerbaijan	24
Uzbekistan	23
Turkmenistan	21
Kyrgyzstan	13
Kazakhstan	12
Armenia	No data
Tajikistan	No data



EAST/SOUTH ASIA AND PACIFIC

Cambodia	60
Papua New Guinea	55
Korea, Dem.	50
Pakistan	49
Bangladesh	47
Bhutan	46
India	45
Myanmar	44
Nepal	44
Lao PDR	42
Sri Lanka	39
Indonesia	34
► Regional average	31
Viet Nam	31
Mongolia	25
Philippines	24
Thailand	22
Malaysia	14
China	13
Korea, Rep.	5
Australia	<5
Japan	<5
New Zealand	<5
Singapore	<5

Note: < = less than.



AMERICAS

Haiti	47
Guatemala	33
El Salvador	22
Nicaragua	22
Bolivia	21
Peru	19
Honduras	18
Colombia	16
Dominican Rep.	16
Venezuela	16
Ecuador	13
Mexico	11
► Regional average	10
Trinidad/Tobago	10
Panama	9
Brazil	8
Chile	8
Jamaica	8
Paraguay	8
Cuba	6
Uruguay	6
Argentina	5
Canada	<5
Costa Rica	<5
United States	<5



EUROPE

Yugoslavia	29
Albania	17
Belarus	11
Russian Fed.	11
TFYR Macedonia*	11
Croatia	10
Estonia	10
Czech Rep.	8
Latvia	8
Bulgaria	7
► Regional average	6
Greece	6
Romania	6
Austria	<5
Belgium	<5
Denmark	<5
Finland	<5
France	<5
Germany	<5
Hungary	<5
Ireland	<5
Italy	<5
Netherlands	<5
Norway	<5
Poland	<5
Portugal	<5
Slovenia	<5
Spain	<5
Sweden	<5
Switzerland	<5
United Kingdom	<5
Bosnia/Herzegovina	No data
Lithuania	No data
Moldova, Rep.	No data
Slovakia	No data
Ukraine	No data

\*The former Yugoslav Republic of Macedonia, subsequently referred to as TFYR Macedonia.

Source: UNICEF.



## The child risk measure

Indicators are transformed to a 0 to 100 scale before calculation of the CRM according to the following equation:

$$CRM = (U5MR + UNDWT + NAPSCH)/3 + CONFLICT/4 + HIVAIDS/4$$

The CRM is limited by availability of data. But it is also affected by the quality and timeliness of data. Taking the Congo as an example, its U5MR is a projection based on 1974 census data. If its current under-five mortality were in actuality the same as its neighbour, the Democratic Republic of the Congo, its CRM would change from 51 to 65.

The measure's composition is an important – and perhaps controversial – factor. If, for example, child mortality had

been given twice the weight of the other two development indicators, the largest changes in the CRM would be found in the Democratic People's Republic of Korea (from 50 to 36), Sierra Leone (95 to 103) and Sri Lanka (39 to 31). All other countries would change by 6 points or less, with most countries changing by only 1 point or less.

Differences of 5 points or less between countries' risk measures are not considered significant. For this reason, coun-

tries with CRM values of less than 5 have been noted as '<5' in the league table.

Child mortality, underweight and primary schooling indicators, measured in the recent past, are strongly related to their values now and in the near future, provided that violent upheavals – such as armed conflict and the AIDS epidemic – do not occur. With the inclusion of the last two factors, the CRM more fully reflects child risk both now and over the next few years.

### Rural/urban nutrition gaps identified

The prevalence of stunting or low height for age is consistently higher in rural areas than urban areas, according to data from 68 developing countries. Rates of stunting among rural children in these countries are, on average, more than 1.5 times higher than among urban children. In 36 countries, rural rates are from 1.5 to 4.3 times more than urban rates.

The rural/urban gap is greatest in China, followed by Viet Nam, Kazakhstan and Peru; 6 of the 12 countries with the highest rural/urban stunting disparities are in Latin America and the Caribbean.

These findings spotlight the urgent need to address these disparities

and to ensure that all children's and women's right to adequate nutrition is fulfilled.

Stunting is a critical indicator of child malnutrition, and malnutrition plays a major role in more than half of all child deaths in developing countries.

Stunting often begins in the womb as a result of maternal malnutrition, which also leads to low-weight births. Low-birthweight babies are much more likely to die in the first month of life than babies of normal weight, and those who survive are likely to be stunted for the rest of their lives.

Long-term reduction in dietary intake and repeated episodes of illness cause stunting, and these are most damaging during the first two years of life. Since the brain is the most rapidly growing organ at this time, children who are stunted may also suffer reduced cognitive development and learning ability. In the Philippines, for example, children stunted before six months of age scored significantly lower on intelligence tests at 8 and 11 years of age than children who were not



Stunting's impact: Two 12-year-olds in Bangladesh. The line on the wall shows the normal height for that age.

stunted. Stunting is also associated with diminished work capacity and increased risk of degenerative diseases in adulthood.

Women who are stunted are more likely to experience obstructed labour and face a greater risk of dying in childbirth. If they live, they will more likely give birth to low-birthweight infants, continuing the

impact of stunting over generations.

The rural/urban disparities are of particular concern because, overall, rates of stunting in the developing world have declined.

Nearly half of under-fives in developing countries were moderately or severely stunted during the 1980s; during the 1990s, the rate has declined to 38%, although seven countries have national rates of 50% or more: Afghanistan, Angola, Bangladesh, Cambodia, Guatemala, India and Pakistan.

While there is no single formula for improving nutrition, certain elements are essential. Eliminating discrimination against women and girls is vital, including ensuring access to education for girls. Sustained national economic growth is associated with improved nutrition, though not a necessary condition for it.

In countries such as Oman and Tanzania, the 'triple A' approach has helped rural communities assess nutritional problems, analyse their causes and initiate actions to improve nutrition. Targeted investment in basic social services can also help reduce disparities.

#### Differences in stunting

	Percentage of children under five who are stunted		Rural/urban ratio
	Rural %	Urban %	
China	39	9	<b>4.3</b>
Viet Nam	47	15	<b>3.1</b>
Kazakhstan	22	8	<b>2.8</b>
Peru	40	16	<b>2.5</b>
Brazil	19	8	<b>2.4</b>
Morocco	28	13	<b>2.2</b>
Paraguay	22	10	<b>2.2</b>
Tunisia	33	15	<b>2.2</b>
Dominican Rep.	15	7	<b>2.1</b>
Iran	25	12	<b>2.1</b>
Nicaragua	33	16	<b>2.1</b>
Bolivia	38	19	<b>2.0</b>
Congo, Dem. Rep.	52	28	<b>1.9</b>
Côte d'Ivoire	29	15	<b>1.9</b>
Ghana	30	16	<b>1.9</b>
Cameroon	30	17	<b>1.8</b>
Azerbaijan	29	17	<b>1.7</b>
Guinea	33	20	<b>1.7</b>
South Africa	27	16	<b>1.7</b>
Sri Lanka	19	11	<b>1.7</b>
Sudan	39	23	<b>1.7</b>
Turkey	27	16	<b>1.7</b>
Uganda	40	23	<b>1.7</b>
Botswana	34	21	<b>1.6</b>
Burkina Faso	31	19	<b>1.6</b>
El Salvador	28	17	<b>1.6</b>
Guatemala	57	35	<b>1.6</b>
Niger	42	27	<b>1.6</b>
Colombia	19	13	<b>1.5</b>
Haiti	35	24	<b>1.5</b>
Honduras	46	30	<b>1.5</b>
Malawi	50	34	<b>1.5</b>
Mali	33	22	<b>1.5</b>
Senegal	26	17	<b>1.5</b>
Yemen	44	29	<b>1.5</b>
Zambia	49	33	<b>1.5</b>

Sources: DHS, MICS and other national surveys, 1990-98.

### Fertility rates falling worldwide

Fertility rates – the average number of live births per woman during her childbearing years – have been falling steeply around the world, a trend promising improved well-being among women and children.

A global review shows that in 33 countries, rates have been at least halved since 1970. In China, the Democratic People's Republic of Korea, Kuwait, Mongolia, Thailand and Tunisia, rates have declined by 60% or more. In Thailand, where the decline was the greatest, a woman had, on average, 5.6 children in 1970, but only 1.8 children in 1997.

Among industrialized countries, Ireland's fall in fertility was the largest, to 1.9 children in 1997, down from 3.9 in 1970. Italy and Spain have the lowest rates in the world, each with 1.2 children in 1997.

In this decade alone, fertility rates in 12 countries have fallen by an average of one or more children per woman. The biggest drop has been in Iran, where women now have 2 fewer children, on average, than in 1990. Fertility remains high, however, in 19 countries

where women have, on average, 6 or more children; in Somalia, Uganda and Yemen, the average is more than 7 children.

#### Declines in the '90s

	Average number of births per woman 1990	Average number of births per woman 1997	Decrease by one child or more 1990-97
Iran	4.9	2.9	-2.0
Syria	5.7	4.1	-1.6
Kenya	6.1	4.6	-1.5
Mongolia	4.1	2.7	-1.4
Bangladesh	4.3	3.1	-1.2
Côte d'Ivoire	6.3	5.2	-1.1
Libya	4.9	3.8	-1.1
Oman	7.0	5.9	-1.1
Viet Nam	3.8	2.7	-1.1
Zimbabwe	5.0	3.9	-1.1
Haiti	5.4	4.4	-1.0
Tunisia	3.6	2.6	-1.0

Source: UN Population Division, *World Population Prospects: The 1998 Revision*, New York, 1998.

## Exclusive breastfeeding gains\*

More infants are gaining the irreplaceable benefits of exclusive breastfeeding during their first four months, according to data from 35 developing countries. Rates have increased in the 21 countries listed. Iran achieved the highest average annual increase in breastfeeding, 6 percentage points, followed by Brazil and Zambia. Breastfeeding rates have declined in Colombia, Jordan, Kenya, Kyrgyzstan, Morocco and Tunisia.

Breastfeeding gains stem from initiatives to publicize the benefits to both mother and child and to prohibit the advertising and promotion of breastmilk substitutes, feeding bottles and teats. Information activities, the training of health professionals and promotion of government policies on breastfeeding benefits have all played a role. In many countries, the Baby-Friendly Hospital Initiative – which aims to bring maternity ward practices into line with the ‘Ten Steps to Successful Breastfeeding’ drawn up by UNICEF and WHO – has proved effective. The number of hospitals worldwide implementing the initiative has risen from 900 in 1994 to nearly 15,000 today.

UNICEF and WHO emphasize that most babies do not need anything but breastmilk for the first six months. Breastmilk is the ideal nourishment, and breastfeeding saves the lives of 1.5 million infants each year, preventing commonly fatal diarrhoeal dehydration, respiratory infections and other ailments.

Women urgently need voluntary and confidential testing and counselling services to help deal with the cruel dilemma of HIV/AIDS as it relates to breastfeeding. Baby-Friendly Hospitals are an appropriate place, particularly in sub-Saharan Africa, to offer this support.

\*Please refer to box on ‘HIV and infant feeding’, page 25.



A Lebanese mother breastfeeds her newborn.

### Breastfeeding on the rise

	Survey dates	% exclusively* breastfed at most recent survey	Percentage pt. increase per year
Iran	'95 & '97	66	6
Brazil	'86 & '96	42	4
Zambia	'92 & '96	27	4
Burkina Faso	'93 & '96	12	3
Egypt	'91 & '96	53	3
Madagascar	'92 & '97	61	3
Malawi	'92 & '95	11	3
Nicaragua	'92 & '98	30	3
Peru	'86 & '96	63	3
Philippines	'93 & '98	47	3
Ghana	'88 & '95	19	2
Sri Lanka	'87 & '93	24	2
Tanzania	'92 & '96	41	2
Yemen	'92 & '97	25	2
Cameroon	'91 & '98	15	1
Dominican Rep.	'86 & '96	25	1
Indonesia	'87 & '97	53	1
Mali	'87 & '96	13	1
Senegal	'86 & '97	16	1
Togo	'88 & '98	15	1
Zimbabwe	'89 & '94	16	1

\*Babies up to 4 months.

Sources: DHS, MICS and other national surveys.

## No place for children

Some 300,000 children and young people are estimated to be involved in wars at present, killing and dying for causes that they may barely understand. The actual numbers and age range of these children are unknown since such data is either not kept or

not disclosed by the governments or armed groups in conflict situations. What is clear is that, despite the large and growing body of opinion that combat is no place for children of any age, children continue to be sacrificed in this way.

Some data do exist on a far less horrific but nevertheless disturbing phenomenon related to youth involvement in the military. Surveys show that young volunteers below the age of 18 are accepted into the state armed forces or paramilitary groups in at least 62 countries. The data, even though limited, show that some form of military training or service for children is quite widely accepted.

The Convention on the Rights of the Child, which defines a child as a person below the age of 18, makes an exception for military service, citing 15 as the minimum permissible age. However, the Convention goes on to recommend that those States that do permit children below 18 to serve should make it a priority to recruit those closer to 18.

Now, an Optional Protocol to the Convention on the Rights of the Child, proposed by the Committee on the Rights of the Child, is being drafted to raise the minimum age of military service from 15 to 18 years.

Having 15 as the minimum age of recruitment not only exposes children to the horrors of war but also jeopardizes those younger than 15, particularly in countries where birth registration – and thus official proof of age – is not universal.

### Official minimums

Ages of child recruitment into state forces

<b>Age 15</b> Iraq Japan* Lao PDR**	Dominican Rep.* El Salvador Germany*** Iran**** Mauritania Mexico Peru United Kingdom	Croatia Estonia** Finland France Germany Honduras India Indonesia Ireland Israel Italy Jordan Korea, Rep. Libya	Luxembourg Netherlands New Zealand Nicaragua Norway Portugal Qatar Rwanda United States Yugoslavia
<b>Age 16</b> Bangladesh Belgium Bhutan Burundi Canada Chile Colombia Cuba**	<b>Age 17</b> Australia Austria Bolivia* Brazil		

### Unofficial minimums

Ages at which children have been reliably reported as serving in state or pro-state forces

<b>Age 8</b> Sierra Leone*****	<b>Age 13</b> Uganda	<b>Age 15</b> Congo***** Congo, Dem. Rep. Paraguay Rwanda	<b>Age 17</b> Algeria***** Sudan***** Togo Zambia
<b>Age 12</b> Chad Liberia*****	<b>Age 14</b> Angola** Burundi Somalia	<b>Age 16</b> Ethiopia	

Note: In both lists, children are volunteers unless otherwise indicated. Lists are not comprehensive.

\* Military school.

\*\* Border guards.

\*\*\*\*\* Paramilitary.

\*\* Conscripts.

\*\*\*\* Youth organization.

Sources: Coalition to Stop the Use of Child Soldiers, May 1999; UNICEF, unpublished data, December 1998.