

MILLENNIUM GOAL # 4

Reduce Child Mortality.

Each year 3.3 million babies – or maybe even more – are stillborn, more than 4 million die within 28 days of coming into the world, and a further 6.6 million young children die before their fifth birthday.

Source: [WHO World Health Report 2005](#)

The Goals

- 1 Eradicate extreme poverty and hunger
- 2 Achieve universal primary education
- 3 Promote gender equality and empower women
- 4 Reduce child mortality
- 5 Improve maternal health
- 6 Combat HIV/AIDS, malaria and other diseases
- 7 Ensure environmental sustainability
- 8 Develop a global partnership for development

Acute respiratory infections account for 20% of child deaths in developing countries. In West Africa, only one-fifth of the children with respiratory infections receive care.

Source: www.cyberschoolbus.un.org/mdgs

Although the number of children who died from diarrhoea decreased in the 1990's, it continues to be a major cause of child mortality.

Source: www.cyberschoolbus.un.org/mdgs

The problem :

More than 10 million children die each year in the developing world from preventable illnesses. Mortality rates for children under five dropped by 15 percent since 1990, but the rates remain high in developing countries.

In developing countries, one child in 10 dies before its fifth birthday, compared with 1 in 143 in high-income countries.

The main illnesses affecting child mortality are HIV/AIDS, malaria, diarrhoea and acute respiratory infections.

The Sisters of Notre Dame, St. Julie Hospital, Ngidinga

The Sisters of Notre Dame have been engaged in the fight against maternal mortality in the region of Ngidinga for nearly 80 years. St. Julie Hospital, Ngidinga, and its network of health centers serve a population of 80,000 people in the west of Congo-Kinshasa. The Sisters describe their work:

At St. Julie Hospital we are actively engaged in the struggle against maternal mortality.

Every week we organize the "Prenatal Consultation" or CPN. This consists of detecting all the causes that can impede the good evolution of pregnancy and the high risks that could cause the death of the mother or the infant.

In the course of these activities, we administer a variety of medications to all pregnant women with whom we consult.

We look for and treat sexually transmitted diseases, such as gonorrhea and syphilis. Pregnant women are tested for HIV. If the woman is sero-positive, we can administer a retrovirus to the woman and child in order to prevent the transmission of the illness to the child.

The education of the future mother is also important. We address subjects such as the normal development of pregnancy and warning signs, hygiene for pregnant women, good nutrition.

When the woman reaches term, she comes to the hospital or to a health center to give birth. Trained and competent personnel will assist her. We also train midwives able to assist women who give birth in the village. These women form a link between the village and the health centers.

One month after childbirth, we consult with the women to follow the state of health of the mothers and the babies. At that time, we can give vitamin A to the mother in order to strengthen the immunity of her breastfeeding child.

The Sisters. of Notre Dame, St. Ambrose Health Center, Kisenso, Kinshasa

The St. Ambrose Health Center is located in a very poor neighborhood of the city of Kinshasa. The Sisters of Notre Dame have worked at this center for 10 years. Here they explain how they work to fight against infant mortality.

In our neighborhood, we organize consultations for all children who are less than five years old. Monthly weigh-ins allow us to follow the growth of each child in order to identify growth problems in time. Here growth problems are linked above all to nutrition, malaria, and intestinal parasites.

At the time of the consultations we give anti-malaria medicine and encourage the use of mosquito nets permeated with insecticide. We also regularly give medication to kill intestinal parasites. We give each child a dose of vitamin A twice a year, which helps resistance to infections.

For malnourished infants, we teach the mother how to prepare balanced, healthy meals using local foods.

Another very important activity is vaccination. From birth, the children are vaccinated against tuberculosis. Later they are vaccinated against polio, whooping cough, measles, and hepatitis. Without vaccination, many of the children died of measles. After we began vaccinating the children, the situation improved greatly.

Some Facts...

About 29,000 children under the age of five – 21 each minute – die every day, mainly from preventable causes.

More than 70 per cent of almost 11 million child deaths every year are attributable to six causes: diarrhoea, malaria, neonatal infection, pneumonia, preterm delivery, or lack of oxygen at birth.

These deaths occur mainly in the developing world. An Ethiopian child is 30 times more likely to die by his or her fifth birthday than a child in Western Europe. Among deaths in children, south-central Asia has the highest number of neonatal deaths, while sub-Saharan Africa has the highest rates. Two-thirds of deaths occur in just 10 countries.

And the majority are preventable. Some of the deaths occur from illnesses like measles, malaria or tetanus. Others result indirectly from marginalization, conflict and HIV/AIDS. Malnutrition and the lack of safe water and sanitation contribute to half of all these children's deaths.

But disease isn't inevitable, nor do children with these diseases need to die. Research and experience show that six million of the almost 11 million children who die each year could be saved by low-tech, evidence-based, cost-effective measures such as vaccines, antibiotics, micronutrient supplementation, insecticide-treated bed nets and improved family care and breastfeeding practices

Source: UNICEF

What needs to be done?

- Access to obstetrical care needs to be expanded.
- Distribute vitamin supplements in countries without functioning health care systems.
- Access to clean water and sanitation is needed to further reduce occurrences of diarrhoea.
- Distribute insecticide-treated nets to families in area at high risk for malaria and make sure the nets are re-treated each year.
- Increase the number of health care providers in underserved populations, particularly in rural areas.

Source: www.cyberschoolbus.un.org/mdgs

SCRIPTURE

Matthew *Chapter 18:1-5*

At that time the disciples approached Jesus and said, "Who is the greatest in the kingdom of heaven?" He called a child over, placed it in their midst, and said, "Amen, I say to you, unless you turn and become like children, you will not enter the kingdom of heaven. Whoever humbles himself like this child is the greatest in the kingdom of heaven. And whoever receives one child such as this in my name receives me."

Mark *Chapter 10:13-16*

And people were bringing children to him that he might touch them, but the disciples rebuked them. When Jesus saw this he became indignant and said to them, "Let the children come to me; do not prevent them, for the kingdom of God belongs to such as these. Amen, I say to you, whoever does not accept the kingdom of God like a child will not enter it." Then he embraced them and blessed them, placing his hands on them.

www.nccbuscc.org/nab/bible/index.htm

CATHOLIC SOCIAL TEACHING

45. "If a brother or a sister be naked", says Saint James; "if they lack their daily nourishment, and one of you says to them: 'Go in peace, be warmed and be filled', without giving them what is necessary for the body, what good does it do?"[48] Today no one can be ignorant any longer of the fact that in whole continents countless men and women are ravished by hunger, countless numbers of children are undernourished, so that many of them die in infancy, while the physical growth and mental development of many others are retarded and as a result whole regions are condemned to the most depressing despondency.

(Source: *Popularum Progressio*)

Resources

Popularum Progressio, available at
www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_26031967_populorum_en.html

The World Health Organisation www.who.int/topics/child_health

UNICEF www.unicef.org/mdg/childmortality.html

The United Nations www.millenniumcampaign.org

Suggested Prayer Related to Goal Four: Reduce Child Mortality

While they were there [Bethlehem], the time came for her to have her child, and she gave birth to her firstborn son. She wrapped him in swaddling clothes and laid him in a manger, because there was no room for them in the inn. Luke 2:6-7

Reflection: I will spend some time contemplating Jesus as an infant. Then I will move on to Jesus at the age of twelve, and Jesus in his adulthood. I will let my heart express my prayer.

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When Herod realized that he had been deceived by the magi, he became furious. He ordered the massacre of all the boys in Bethlehem and its vicinity two years old and under, in accordance with the time he had ascertained from the magi. Then was fulfilled what had been said through Jeremiah the prophet:

“A voice was heard in Ramah,
sobbing and loud lamentation;
Rachel weeping for her children,
and she would not be consoled,
since they were no more.” Matt 2: 16-18

Reflection: I will review the information about child mortality in this module on Goal 4: Reduce Child Mortality. Who is responsible for the death of these millions of children? Is there something I can do? What will it cost in time and energy? Do I want companions in this effort? Where will I find them? I will let my heart express my prayer.

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A man names Jairus, an official of the synagogue, came forward. He fell at the feet of Jesus and begged him to come to his house, because he had an only daughter, about twelve years old, and she was dying. As he went, the crowds almost crushed him. . . .Someone from the synagogue official’s house arrived and said, “Your daughter is dead; do not trouble the teacher any longer.” On hearing this, Jesus answered him, “Do not be afraid; just have faith and she will be saved.” When he arrived at the house he allowed no one to enter with him except Peter and John and James, and the child’s father and mother. All were weeping and mourning for her, when he said, “Do not weep any longer, for she is not dead, but sleeping”. . . .But he took her by the hand and called to her, “Child arise!” Her breath returned and she immediately arose. He then directed that she should be given something to eat. Luke 8: 41-42, 49-52, 54-55.

Reflection: The evangelists portray Jesus’ concern for children, including this twelve year old girl and her parents, the son of the widow of Naim, the mothers and children who were being shooed away by his disciples. I will think of my own relationship to children over the years, and let my heart speak, and listen.

Questions for Reflection and Conversation

Goal 4: Reduce child mortality

1. What emotions do you experience as you read in this module statistics about child mortality? Do you have a constructive way to deal with these emotions? Does your way lead to some constructive action? Alone, or with others?
2. Were you aware of the work of Sisters of Notre Dame at St. Julie Hospital, Ngidinga, and St. Ambrose Health Center, Kisenso, Kinshasa, before you read this module? Are you moved to share this information with others?
3. After reading the facts provided by UNICEF in this module are you moved to deeper appreciation for agencies like Catholic Relief Services that develop health and nutrition programs for women and children in many countries? See www.crs.org for information on the CRS's community health projects in many countries.