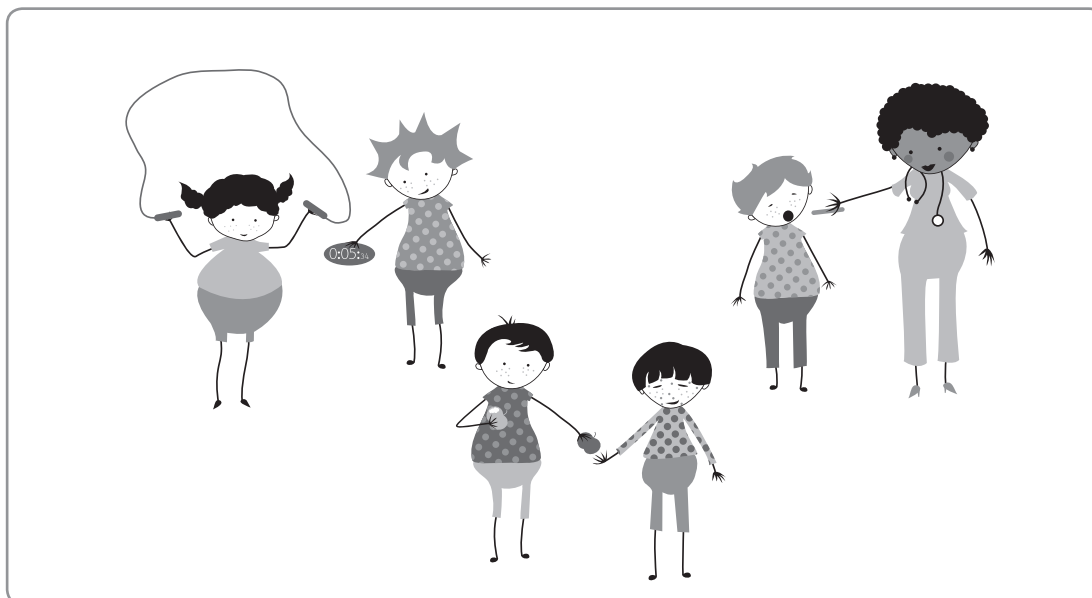


8. HEALTH AND WELFARE

"Health is also an economic and political issue."



Health is a fundamental human right. The right to health includes equal access for all members of society to health care, medicine, healthy food, clean water, sanitation social services and mental health services. The right to health is fundamentally interrelated to other human rights, including the right to social security, the right to rest and leisure and especially to the right to an adequate standard of living. On the one hand, human rights violations can have serious health consequences (e.g. harmful traditional practises, trafficking, torture and inhuman and degrading treatment, violence). On the other hand, steps to respect, protect and fulfil human rights have a positive effect on people's health (e.g. freedom from discrimination, an adequate standard of living, education).

Health is also an economic and political issue, for inequality and poverty lie at the root of sickness and disease. According to a 2005 World Health Report, extreme poverty is the primary cause of death worldwide.¹ Thus, the goals set in the report, which address poverty in all its forms, are designed to break the existing vicious cycle of poverty and ill health.²

QUESTION: *To what extent does discrimination and poverty affect the health of the children you work with?*

Children are entitled to special protection to ensure that they benefit from these rights at this crucial period of their development. Protecting children's right to good health includes preventive care and health education, as well as rehabilitation and protection from abuse and exploitation.

Health issues for European Children

Several health issues challenge the human rights and well-being of European children and youth:

Communicable Diseases

Children need protection from diseases of all kinds. This protection starts with maternal and child healthcare, good nutrition and immunization. Other priorities include tuberculosis control, combat-



ing the spread of diseases resistance to anti-biotic, addressing emerging diseases and health education. Children who are victims of sexual exploitation may contract AIDS or other sexually transmitted diseases.

Mental health

Health is not purely a physical and medical issue. Between 10% and 20% of adolescents in the European Region are estimated to have one or more mental or behavioural problem³. The mental health disorders of children and adolescents seriously interfere with the way they think, feel and act. While mental disabilities may be born with a child, they also can result from negative life experiences. Children suffering from neglect, witnessing day-to-day family conflicts or experiencing physical or psychological violence, discrimination or bullying in school often also suffer from low self-esteem and show poor result in school. In developed countries the most common mental disorders are: disturbances of attention, anxiety disorder, depression, eating disorders (anorexia and bulimia), self-harm, drug or alcohol abuse, violence, depression or even suicide. About 4% of 12-17 year olds and 9% of 18 year olds suffer from depression, making it one of the most prevalent disorders with wide-ranging consequences⁴. In most cases children with psycho-social disabilities need some kind of psychological treatment, but their educators can also help a lot. Specific attention, inclusion and a supportive educational environment can help them in developing their problem solving and social capacities.

Obesity

Being overweight is the most common childhood disorder in the Europe: about 20% of all children are overweight, and of these a third are obese. In several countries of Western Europe, obesity rose from around 10% in the early 1980s to around 20% by the end of the 1990s. Somewhat lower rates are to be found in central and eastern European countries.⁵

One of the greatest public health challenges of the twenty-first century, obesity has particular dangers for children. In several areas in southern Europe, one child in three is overweight. Predictions are that by 2010 one child in ten, or ten percent of the total population, will be obese for a total of fifteen million obese children and adolescents. Obese children have a much greater risk of developing Type 2 diabetes, suffering from hypertension, having difficulty sleeping and developing psychosocial problems. Moreover most obese children remain obese into adulthood and develop more serious diseases that ultimately undermine their quality of life and life expectancy.

Recognizing that obesity is a major public health threat, the WHO Regional Office for Europe has designated it a priority area for work in the coming years. A ministerial conference in 2006 sought to raise both awareness of the problem in the Region and political commitment to counteracting it.⁶

To counteract obesity, children need daily physical exercise and healthy diets that include fruits, vegetables and grains and avoid meat, fats and sugar.

Alcohol, Drugs and Tobacco

The recent rise in alcohol consumption by young people at increasingly younger ages is a worrying trend in many European Member States, with almost 30% of 15 year olds reporting regular drinking.⁷ Alcohol is associated with the deaths of 55,000 young people in the European region each year, with one in four deaths of young European men aged 15-29 attributable to alcohol.

Smoking rates are still high in most European countries. More children are smoking and at earlier ages. Some 80% of adult smokers started before the age of eighteen, and statistics show that weekly smokers comprise 11-57% of boys and 12-67% of girls aged fifteen, with most of them smoking daily. Whereas more boys than girls smoke at age fifteen in Eastern Europe, the reverse holds true in northern and western parts of the region.⁸



More than 50% of all children are exposed to secondary smoke both in the home and other indoor environments such as vehicles, school and other public places. Children's exposure to smoking is directly related to severe respiratory health problems such as asthma and reduced lung functioning, which may start in infancy and may persist throughout life. Some 80% of adult smokers started before the age of 18 and statistics show that in certain countries the proportion of 15 year olds who smoke at least once a week is as high as for 57% of boys (in Eastern Europe) and 67% for girls (mainly in the northern and western parts of Europe).⁹

A growing 'normalization' or 'banalization' of drug and alcohol use seems to be influencing the attitudes and consumption patterns. Research shows a tendency toward a wider tolerance and even approval of intoxication among European young people.¹⁰

Disability and special needs

The term disability covers a wide range on conditions, from moderate to severe impairments that are self-evident (e.g. blindness, deafness, mental retardation, inability to walk). 'Special needs', which refers to milder conditions that may not be readily apparent or even identified until a child reaches school age, include learning disabilities and some related behavioural disorders. An estimated 20% of the world's population is affected by disability directly or indirectly as family members and caregivers.

Over long period of history children with disabilities have been hidden away from society by being placed in large institutions. However, attitudes and policies are shifting to recognize that children with disabilities are best served by living with their own families, receiving support in the community and going to mainstream schools with all the other children. It is a question of treating disabled children in the same way as all other children so that they can grow up as part of the family and develop trusting relationships with their parents and siblings, relatives and friends.

In the past children with disabilities were regarded as in need of 'fixing', a 'medical model' that focuses on what a the child cannot do and tries to compensate with a range of treatments. However, such an approach fails to acknowledge that like all children, disabled children are active, emotional and personal little human beings, with their own individual abilities and personality and who need to be part of the family and the wider society. Thus, they should have the same opportunities to engage in family and community life, as any other child and to develop to their full potential.

Certainly many children with disabilities require extensive and lifelong medical treatment and substantive learning support, to which every child has a right. However, the overall health of a disabled child includes emotional and psychological as well as physical health. Their families need services that enable them to care for their disabled child in everyday family life.

However, attitudes toward disability are slow to change. On the one hand, a recent UNICEF report showed that the number of children identified as disabled in Central and Eastern Europe had risen three-fold since the early 1990s, indicating greater recognition and admission of disability – not a huge rise in the number of people with disabilities. In spite of this growing recognition 'specialised education' is still the prevailing and general policy approach in this region.¹¹ Specific support measures for children with disabilities may be very relevant and well justified. Unfortunately, in Eastern Europe 'special education' sometimes is misused and leads to segregation.

See also the discussion of discrimination against people with disabilities in *Theme 3, Discrimination*, p. 224.

QUESTION: *Do the children you work with have access to good health care? If not, how does it affect their lives and development? What needs to happen to ensure that they enjoy this fundamental human right?*



Health education

The ultimate aim of health education is to bring about positive attitudes and practises. Children can understand that they are responsible for their health conditions as individuals and member of their families and the wider communities. With better health they can improve their lives and the lives of others. Effective health education provides children with learning experiences that encourage understanding, positive attitudes and lifelong healthy practises related to critical health issues. These include emotional health and a positive self-image; respect and care for the human body; physical fitness; awareness of harmful addictions like alcohol, tobacco and drug use; positive nutrition, and safe sexual relationships. Sex education is of key importance for teenagers, helping them to develop healthy body awareness and be safe from unwanted pregnancy, sexually transmitted diseases and sexual violence. Peer training is especially appropriate and valuable in health education. The availability of various sports facilities for everyone in schools and the community is a major factor in encouraging children to care for their health throughout their lives. Inclusive and supportive education can provide effective help for children suffering from mental health disorders.

Relevant human rights instruments

Council of Europe

The **European Social Charter** (revised) refers to health extensively in Article 11, which ensures that everyone has the right to benefit from any measures enabling them to enjoy the highest possible standard of health attainable. Article 13 states that “Anyone without adequate resources has the right to social and medical assistance”.

United Nations

Health is a fundamental human right recognized in the Universal Declaration of Human Rights Article 25.1, which relates health to an adequate standard of living:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

The same article also recognizes the entitlement of children to “special care and assistance”. This right is further developed in several international human rights instruments such as Article 12 of the **International Covenant on Economic, Social and Cultural Rights** (ICESCR).

The **Convention on the Rights of the Child** (CRC) details a child’s rights to health from many different perspectives.

- Article 3, which establishes the principle of the child’s best interest, specifically mentions health and safety in regard to institutions, services and facilities responsible for the care of children.
- Article 13, which states a child’s right to “to seek, receive and impart information and ideas of all kinds”, has been interpreted by some as including the right to health education, including information about reproduction and sexuality.
- Article 17 recognizes the important role and responsibility of the mass media in promoting children’s physical and mental health.
- Article 23, which addresses the rights of children with disabilities, emphasizes the importance of access to health care, preventive measures and social integration for both the physical and mental health of the child.



- Article 24 is the most definitive statement of a child's right to health and the state's obligation to provide it. It affirms

...the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

Article 24 also recognizes the essential factors that contribute to health such as nutritious food, clean drinking water and a wholesome natural environment. It stresses the importance of health education for both children and their parents.

The **Convention on the Elimination of All Forms of Discrimination Against Women** (CEDAW) recognizes in Article 12 that women and girls have different health needs from men and boys, especially in the area of reproductive health.

Although the **Convention on the Rights of People with Disabilities** (CRPD) creates no new rights, it emphasizes and elaborates on the disabled child's right not only to physical health care but also to reasonable accommodation, participation and education as essential to the child's development and well-being.

..... **Useful resources**

- *Atlas of Health in Europe*: World Health Organization, 2003: www.euro.who.int/document/E79876.pdf
- *Children and Adolescents' Health in Europe*, Fact Sheet EURO/02/03: World Health Organization, 2003: www.euro.who.int/document/mediacentre/fs0203e.pdf
- *Children's Health and Environment: Developing National Action Plans*, Fourth Ministerial Conference on Environment and Health, Budapest, 2004: www.euro.who.int/document/eehc/ebakdoc07.pdf
- *Children and Disability in Transition in CEE/CIS*: UNICEF Innocenti Research Centre, Florence, 2004: www.unicef.org/protection/index_28534.html
- *The European Health Report 2005: Public health action for healthier children and populations*: World Health Organization, 2005: www.euro.who.int/document/e87325.pdf
- *European Strategy for Child and Adolescent Health and Development*: World Health Organization, 2005: www.euro.who.int/document/E87710.pdf
- *The Right To Health*: World Health Organization, 2002: www.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=15&codcch=474
- *10 Things You Need to Know about Obesity: Diet and physical activity for health*: WHO European Ministerial Conference on Counteracting Obesity, 2006: www.euro.who.int/Document/NUT/ObesityConf_10things_Eng.pdf

..... **Useful Websites**

- Child and adolescent health and development: www.euro.who.int/childhealthdev
- European Health for All Database: www.euro.who.int/hfadb
- European Network of Health Promoting Schools: www.euro.who.int/enhps
- Trends in Europe and North America: www.unecce.org/stats/trend/register.htm#ch6



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References

- 1 *The World Health Report 2005*: World Health Organisation.
- 2 Ibid.
- 3 European Forum on Social Cohesion for Mental Well-being among Adolescents, World Health Organisation, Regional Office for Europe: www.euro.who.int/PressRoom/pressnotes/20071002_1
- 4 Ibid.
- 5 *The European Health Report 2005*, World Health Organisation, p. 75.
- 6 *Ten Things You Need to Know about Obesity: Diet and physical activity for health*: World Health Organisation European Ministerial Conference on Counteracting Obesity, 2006.
- 7 *The European Health Report 2005*, World Health Organisation, p. 82.
- 8 *The World Health Report 2005*: World Health Organisation.
- 9 *The European Health Report 2005*, World Health Organisation, p. 82.
- 10 Ibid
- 11 *Children and Disability in Transition in CEE/CIS*: UNICEF Innocenti Research Centre, 2004, p.2.

