Vol. 5, No. 3 (Summer 2024)

Pages: 220 - 226

• p-ISSN: 2791-0237

• DOI: 10.55737/qjss.301697523



• e-ISSN: 2791-0202



SOCIAL SCIENCES

United Nations Goals for Child Welfare in Pakistan: An Analysis of Midpoint Agenda

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Abstract: The primary objective of this study was to examine Pakistan's child welfare policies and programs in light of the United Nations' goals for 2030. The study aims to examine Pakistan's performance in child-related SDGs (Sustainable Development Goals) and to compare it to its neighbors, Sri Lanka, Bangladesh, and India. As a 'Quant-Qual Cross-sectional Study,' the researchers reviewed a number of secondary data sources available through their websites. Along with these many sources of quantitative data, the researchers also obtained qualitative information (e.g., child policies, programs, legislation, plans of action, etc.). It was a halfway evaluation, named the "Midpoint Agenda," of what is to be achieved by 2030. The Midpoint Agenda was analyzed in May 2024, nearly halfway through the UN goals set in 2015. The analysis of data leads us to the conclusion that child welfare in Pakistan remains at a residual level after 77 years. The welfare personnel's justified attitude has made it clear that Pakistan's residual welfare is the result of insufficient public investment and poor governance. Urgent attention is also required to overhaul all child welfare programs and instruments.

Key Words: Sustainable Development Goals (SDGs), Residual Welfare Model, Child Welfare, Midpoint Agenda, United Nations Child-related SDGs, Child Poverty, Child Health, Child Education

Introduction

Welfare and care of the deserted and orphaned children were the only responsibilities of the religious institutions as far as the systems of remote societies were concerned. The system continued for centuries until the present age when this responsibility was assigned to the welfare institutions.

"Child welfare" refers to the recent development that has replaced traditional childcare with modern daycare. Child welfare encompasses social, economic, and health initiatives of public and private welfare agencies that ensure and safeguard the well-being of all children in their physical, intellectual, and emotional development. It also goes beyond the care of deprived, neglected, abandoned, sick, disabled, or disruptive behavior and delinquent children (Friedlander, 1968).

As previously stated, the care of orphaned and abandoned children was inextricably linked to the wellbeing of other sections of the society, such as the elderly, widows, youth, and disabled etc. The modern age felt the need for specific services for a specific group of society. This gave rise to the concept of 'child welfare (word web, 2022). Therefore, a special set of arrangements and enlisted services constituted the child welfare system (Britannica, 2024). This system was boundless. States around the globe devised their peculiar child welfare systems, and a commonality existed everywhere in such a way that parameters of child welfare are more or less similar everywhere. The very basis of similarity are two measures: child health and child education. It's because of the fact that these two needs (or rights) determine the life of an individual irrespective of age.

The United Nations wanted to ensure the provision of the above rights. As a result, in 1989, it devised principles based on the aforementioned two rights and their auxiliary rights, which it labeled the "United

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[•] To Cite: Anwar, A., Aamir, R. U. H., & Basit, M. I. (2024). United Nations Goals for Child Welfare in Pakistan: An Analysis of Midpoint Agenda. *Qlantic Journal of Social Sciences*, 5(3), 220–226. https://doi.org/10.55737/qjss.301697523

Nations Convention on the Rights of the Child" (UNCRC or CRC). The UNCRC stresses children's rights in broad terms, which include rights to survival, protection, development, and participation. These rights are essential to their well-being and are best portrayed in the Sustainable Development Goals (SDGs) for children established by the UN.

In this study, we will evaluate the state of child welfare in Pakistan through these SDGs. There are seventeen agreed-upon goals covering almost all aspects of the human life of the people living anywhere in the world (as shown in Annexure-I). Although all seventeen goals, up to a certain limit, cover different aspects of child development and well-being, three of them (namely Goals 01, 03, and 04) are strongly associated with the children. This article measures the results of Pakistan's child welfare initiatives and makes a cross-border comparison with India, Bangladesh, and Sri Lanka.

Methodology

Before 2000, countries claimed superior welfare systems, but no evidence existed to challenge these claims. In 2000, the United Nations established the Millennium Development Goals (MDGs) as standards for welfare and development, with eight goals for underdeveloped countries. These goals were later renamed the Sustainable Development Goals (SDGs) and set to be achieved by 2030, with 2023 marking the halfway point. The current study focuses on child welfare in Pakistan, using the Human Development Index (HDI) and SDG indicators. In order to evaluate child welfare in Pakistan, the Human Development Index (HDI) was utilized to create indices employing SDGs 01, 03, and 04 in accordance with statistical methodology. The most general formula used to create indexes was:

Index = 1/2(Value of Item No.1+Value of Item No.2)

To determine past developments, the researcher established thresholds based on the UNICEF performance assessment standards, which are as follows:

Table 1

Range	0.000-0.2000	0.2001-0.4000	0.4001-0.6000	0.6001-0.8000	0.8001-1.0000
Performance	Very Weak	Weak	Average	Strong	Very Strong

Source: https://data.unicef.org/sdgs/country/pak/#cri

The four neighboring countries, Bangladesh, India, Pakistan, and Sri Lanka, share common sociocultural needs and problems, reflecting the unique cultures of the world. The Sustainable Development Goals (SDGs) serve as a benchmark for societal development. Furthermore, the political environments of these four countries, although not identical, are similar in one way or another. Researchers used the United Nations Asia Pacific SDG Report 2024 to scale child welfare and development in four countries despite their political environments being similar. Though the goals revolve around sustainable development, they have an inherent connection to human rights in general and children's rights in particular. Children are influenced by all of the SDGs, including poverty (Goal 1), hunger (Goal 2), health (Goal 3), education (Goal 4), gender equality (Goal 5), climate change (Goal 13), and violence against children (Goal 16.2) (Children Rights and the SDGs, 2023).

The seventeen goals overall contribute to child development, but three are directly tied to it, with the following underlying indicators:

Table 2

Goals	Indicators
Goal:01: Child Poverty	1.1.1: Children living in households in extreme poverty (%)
Goal.of. Child Poverty	1.2.1: Children below the national poverty line (%)
Goal:03: Child Health	3.2.1: Under-five mortality rate (death per 1,000 live births)
Goal:03: Cillia Health	3.2.2: Neonatal mortality rate (death per 1,000 live births)
Goal:04: Child Education	4.1.2: Completion rate in Primary education (%)
Goai.04. Cillid Education	4.1.2: Completion rate in Secondary education (%)

Source: State of World's Children At http://www.unicef.org/sowc2023/



Analysis

SDG1: End Poverty Universally In All Its Forms

The goal at hand has to deal with child poverty. Target 1.1, which states that "by 2030, all people worldwide shall live in extreme poverty," defined as those who make less than \$1.25 per day, and Target 1.2, which states that "by 2030, at least half of all men, women, and children of all ages shall live in poverty in all of its dimensions, in accordance with national definitions," are related to this goal.

Child Poverty Index (CPI): Therefore, the following are the underlying indicators of child poverty:

• 1.2.1 Children under the national poverty line (%) and 1.1.1 Children living in households with extreme poverty (%). We will assess this goal using a self-constructed metric called the Child Poverty metric (CPI), which uses these two indicators.

Before we start the process of building the index, let's clarify these indicators.

- i. Children living in households in extreme poverty (%): Child well-being and development depend upon the economic resources of the family from where the child hails (UNDP, 2023). It is a commonly observed phenomenon that babies born to rich families are healthier and happier than those born to otherwise. The most recent values of this indicator are 12 percent for India, which is the highest in the region, 06 for Pakistan, and 05 for Bangladesh, the least in the region. It can easily be determined through these findings that more Indian children are facing extreme poverty than two of its neighbors, i.e., Bangladesh and Pakistan, whereas Sri Lanka has a very low value for this indicator, which is 2.
- ii. Children below the national poverty line (%): The indicator exhibits overall poverty in the country. The higher the value of this indicator, the more poor people there are in the country and vice versa. No exception to the above, Sri Lanka has the lowest percentage (i.e., 2%) of children living below the national poverty line, and Bangladesh has the most (i.e.24%), whereas India and Pakistan are equally at 22 percent.

The formula for the calculation of the Child Poverty Index(CPI) is given below:

CPI = 1/2(CEP + CBP)

CEP is Children in Extreme Poverty(%), and CBP is Children Under the Poverty line.

According to UNICEF (2023), Pakistan is performing strongly in reaching the targets for this SDG by 2030, which is slightly higher than Bangladesh but significantly higher than Sri Lanka, which has the highest HDI ranking of any of its three neighbors. India leads the region with a Very Strong performance in this SDG, as indicated in Table 01.

Table 3Pakistani children's poverty status compared with their neighboring countries

HDI Rank (2023).	Country	CEP	CBP	Child Poverty Index	Progre	SS
11D1 Kalik (2023).	Country			(CPI)	Performance	%
78	Sri Lanka	0.380	0.520	0.450	Average	45.00
129	Bangladesh	0.980	0.510	0.795	Strong	79.50
134	India	0.890	0.780	0.835	Very Strong	83.50
164	Pakistan	0.560	0.720	0.640	Strong	64.00

Source: https://hdr.undp.org/system/files/documents

Source: State of World's Children At http://www.unicef.org/sowc2023/

No doubt Covid-19 has badly affected economies all over the world, the peculiar economic conditions and political circumstances were no exception to it when someone talks about the state of child welfare in the comparable four countries. The claim can be verified from the per-capita income of these countries and their subsequent HDI rankings.

SDG3: Ensure Healthy Lives and Promote Well-being for all at All Ages

The target for this goal is 3.2 (By 2030, all countries seek to reduce neonatal mortality to at least 12 per 1,000 live births and under-5 mortality to at least 25 per 1,000 live births).

Children's Health Index (CHI): The key indicators for child health are:

- a. 3.2.1: Under-five mortality rate (death per 1,000 live births) and
- b. 3.2.2: Neonatal mortality rate (death per 1,000 live births).

 Employing these two indications, we will determine this goal by a self-constructed index known as the Child Health Index (CHI).

These indicators are explained below.

Under-five Mortality Rate (Death per 1,000 Live Births): A child's probability of dying between birth and five years of age, expressed per 1,000 live births, is called under-five mortality rate (UNICEF, 2023). The low rate of under-five deaths is indicative of children's well-being. Countries adopt different types of interventions to harness U5MR(Under-five Mortality Rate). As a result of these interventions, the U5MR was reduced in South Asian countries. India has reduced this rate from 44 to 31, Pakistan from 86 to 63, Bangladesh from 41 to 27, and Sri Lanka from 10 to 7 till the midpoint of the SDG achievement period(UNICEF, 2023).

Neonatal Mortality Rate (Death per 1,000 Live Births): Out of 1,000 live births, the number of deaths of babies within four weeks after their birth is called the neonatal mortality rate(UNICEF, 2023). The infant mortality rate, on the other hand, is the chance of child death after one year of their birth. For the social development of a country, the significance of the infant mortality rate(IMR) cannot be denied. It's the neonatal mortality rate that plays a vital role in determining IMR (Arik & Arik, 2009). The infant mortality rate is determined by the proportion of underweight children. It has been discovered that newborn mortality is higher in the poorest households (UNICEF, 2023). Underweight prevalence is higher in rural areas than in urban ones, and it is also higher in boys than in females. During the SDG accomplishment period (2015–2030), South Asian countries made significant progress in lowering infant mortality rates. India lowered it from 41 to 19 during the first half (2015–2023) of the 15-year SDG attainment period. Similarly, Bangladesh dropped it from 33 to 16, Pakistan from 69 to 39, and Sri Lanka from 8 to 4. It should also be emphasized that the higher the value of U5MR (Under-five Mortality Rate), the more difficulties a country has with child health.

The formula for the Child Health Index (CHI) is:

CHI = 1/2(U5MR + NMR)

U5MR stands for Under-five Mortality Rare (death per 1,000 live births) and NMR for Neonatal Mortality Rate. Pakistan's performance in meeting the set targets for this SDG by 2030 is very weak (UNICEF, 2023), while Sri Lanka and India were average. Bangladesh showing Strong performance all four of its neighboring nations in this SDG.

Table 04Health status of pakistani children in comparison with their neighboring countries

HDI Rank 2023	Country	U5MR	NMR	Child Health	Progress	
TIDI Kalik 2023			INIVIE	Index (CHI)	Performance	%
78	Sri Lanka	0.500	0.590	0.545	Average	54.50
129	B'desh	0.564	0.742	0.603	Strong	60.30
134	India	0.534	0.494	0.514	Average	51.40
164	Pakistan	0.160	0.182	0.171	Very Weak	17.10

Source: https://hdr.undp.org/system/files/documents Source: https://data.unicef.org/sdgs/country/pak/#cri



An interviewee from welfare experts highlighted the importance of health and education in a child's life: "All the services and measures of child well-being and development revolve around two basic indicators of a child's decent life: health and education. Through the performance and measurement of these indicators, it can be assessed how far child rights in any country are observed" (SWPI No.13/O.2).

An officer highlighted the significance of child health, noting that in Pakistan, neglecting to ensure a child's well-being is deemed child abuse because of the dearth of health-related services:

"Leaving aside all the clarion calls to action by the government, child abuse regarding child's health is on the rise. And I do assert that it is only due to absence or inadequacy of child welfare services" (SWPI No.16/Q.2).

Another interviewee expressed regret about the aforementioned situation as follows:

"I get shocked when I think of our next generation upon whom we have attached so big hopes and are spending a little on its welfare" (SWPI No.1/0.2).

The Committee on the Rights of the Child has expressed grave concern over the low budget allocation for child health in its various meetings(UN, 2024).

SDG4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

This goal is related to child education. The target related to this goal is 4.1 (By 2030, ensure that all girls and boys complete free, equitable, and quality primary and secondary education leading to relevant and effective learning outcomes).

Child Education Index: The indicators underlying this target are two:

- 1. 4.1.2 (Completion rate in Primary education (%) and
- 2. 4.1.2 (Completion rate in Secondary education(%)

Let's throw some light on these indicators before embarking on the journey to construct the index.

Completion Rate in Primary Education (%): Primary education is basic education that a child is expected to complete within five years. Completion of primary education is one of the determinants of human development of a country. For a country, the higher the primary enrolment ratio, the higher the completion of primary education. Primary enrolment means the number of students (of official primary school age) registered in primary school. Pakistan's net enrolment ratio (NER) was 57 percent in 2011 (Government of Pakistan, 2009), and it had gone up by 2015 (UNDP, 2010), but we still lag behind the region. Sri Lanka now has the region's highest primary enrolment, at 100%. India and Bangladesh are next, at 97% and 95%, respectively. Pakistan trails below the region with 69% (UNICEF, 2011).In terms of primary school completion, Sri Lanka has the region's highest Grade 5 Completion (abbreviated as G5C) rate of 99%, while Bangladesh has the lowest at 94%. Pakistan exhibits a slightly lower percentage (92%) than India (95%) (UNDP, 2010).

Completion Rate in Secondary Education (%): Secondary education is path–fixing empowering education. It ensures the human and economic development of a country (Government of Pakistan, 2009). Completion of secondary education helps a person adjust to a particular profession or a trade. When comparing Pakistan's Completion of Secondary Education (abbreviated as CSE) to that of its neighboring countries, we observe that Sri Lanka leads the region with 98%, while Pakistan ranks last with 48%. India has slightly more literacy (54%) than Bangladesh (47%) (UNDP, 2010). The formula for the computation of the Child Education Index (CEI) is as follows:

CEI = 1/2(CPE + CSE)

Where CPE is Completion of Primary Education (%) and CSE is Completion of Secondary Education (%). The performance of three neighbors (Sri Lanka, Bangladesh, and Pakistan) is Average, whereas that of India is Strong.

 Table 5

 Education status of pakistani children in comparison with their neighboring countries

HDI Rank	Country	CPE	CSE	Child Education Index	Progress	
(2023)	Country	CFE	COE	(CEI)	Performance	%
78	Sri Lanka	No Data Available	No Data Available	0.480	Average	48.00
129	B'desh	0.580	0.460	0.520	Average	52.00
134	India	0.772	0.508	0.640	Strong	64.00
164	Pakistan	0.590	0.470	0.530	Average	53.00

Source: https://hdr.undp.org/system/files/documents/

In terms of adult literacy rates, Pakistan has performed poorly when compared to its neighboring countries, which is the second SDG4 indicator. Pakistan's total Child Educational Index (CEI) is a result of this. In these terms, another officer asserts the same matter:

"Pakistan's progress is alarmingly slow towards Millennium Development Goals. We are early achievers in some targets but lag in others. In my opinion, it may be due to the inadequacy of services. We are very slow in MDG2, which is about primary education, in spite of the fact that both voluntary and public sectors are all-out to enhance primary enrolment" (SWPI No.05/Q.9).

Another reason for this decadence has been stated by the United States State Department (USSD). The Department provided an inside perspective of free education in the whole country in its 2008 report:

"Despite the fact that some provinces of Pakistan, especially Punjab, have passed laws regarding free public education, many public schools continued to charge tuition and fees for books, etc., from the students." (www.state.gov).

According to the same source, schools do not have adequate amenities:

"Observing the lack of facilities in public schools, some parents sent their children to private schools." (www.state.gov).

Although most of the primary schools in the country face swear dearth of infrastructure yet a child from the poor family is compelled to go to such a schools badly lack basic necessities of life like drinking water, clean and equipped rooms and chairs etc. Another issue which is particular with primary schools is corporeal punishment. Despite the fact that this practice is legally not permissible in schools, most of the schools continue to practice it in a plea to maintain discipline.

The phrase "Maar Nahen Piyar" (No punishment but love) is posted at the main entrance of every government school, demonstrating the double standard in action. However, this is not how things really work. The SDGs are hindered by numerous problems in Pakistan, including lack of funds and bad governance. According to the World Bank's statistics of 2020, the public spending of Pakistan on health was 2.95 (percent of GDP), which is less than Sri Lanka and India but slightly more than Bangladesh. Therefore, Pakistan's public spending on health and education is less than Sri Lanka, India, and Bangladesh, with a slightly higher percentage in India and Sri Lanka.

Conclusion and Recommendations

The study reveals that all four countries, except Pakistan, are on track to achieve their child-related SDG targets by 2030, despite the unprecedented COVID-19 pandemic, which affected both prosperous and least developed economies and has lasted for approximately 2.5 years. This calamity affected not only the most prosperous economies of the world but also those least developed, who were the ones affected badly. For more or less two and a half years, we have been facing the aftershocks of this Pandemic. All the development activities were halted. The situation was further worsened by the particular political upheavals of the South Asian countries, which created a blame-game atmosphere. These, as well as many



other factors of negativity, added fuel to the fire. Such things in such countries determine the fate of our children. This cross-sectional study was, however, significant in a way that through this research, future researchers could find their way and even put their study on track, the findings and results of which may be helpful in formulating programs, policies, and devising instruments for the further improvement in the welfare of this segment of society. The findings of the study lead to the following recommendations:

- Top priority should be given to increasing public spending and addressing bad governance.
- There must be a zero-tolerance policy on the issue of child abuse.
- All child-related policies, programs, and instruments should be revised to reflect the present-day demands of this segment of society.
- Malpractices in girl child institutions should be dealt with iron hand, and the culprits should be brought to book. Where there are complaints of inadequacy of services, the standard of services may be bettered.
- In every fiscal budget, adequate funding should be allocated for child health (with a target to reduce U5MR and NMR) as well as for better facilities for the early education of the children.

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Annexure-I

SGD	Short Title	SGD	Short Title	SGD	Short Title
Goal 1	No Poverty	Goal 7	Affordable Energy	Goal 13	Climate Change
Goal 2	Zero Hunger	Goal 8	Decent Work	Goal 14	Marine Life
Goal 3	Good Health	Goal 9	Industrial Dev.	Goal 15	Terrestrial Life
Goal 4	Quality Education	Goal 10	Reduced Inequalities	Goal 16	Peace and Justice
Goal 5	Gender Equality	Goal 11	Sustainable Communities	Goal 17	Partnerships for Goals
Goal 6	Clean Water	Goal 12	Responsible Consumption and Production		

(Goals and targets adopted by Pakistan, Sri Lanka, India and Bangladesh)