

Child Poverty and Inequalities: Evidence from selected Developing Countries of East Asia and the Pacific

Dr. Idiku, Friday Ogar, Dr. Aboh, Caroline Linus; Oyidu, Clement Wonah and Amadi, Cynthia, Chinedu

ABSTRACT

In spite of the significant reduction in extreme poverty in East Asia and the Pacific region in the past decades, approximately two-thirds of the world's extremely poor persons including children still reside in the region. Based on data from the United Nations, average net enrolment rate in East Asia (96.6%) was higher than the world figure of 95.4%, which is also significantly higher than that of Sub-Saharan Africa (76.2%). Asia and the Pacific region generate the largest share of global gross domestic product (GDP) of 5% and alone in real gross domestic product in 2012. Therefore this paper aimed at describing the concept of child poverty in the region, examining the gender dimension of child poverty and identifying the indicators of child wellbeing and the policy framework to address child poverty and inequalities in the region. The study found that child poverty in the region is a multidimensional phenomenon and is quite different from adult poverty; child poverty has a gender dimension, as girls' vulnerabilities in relation to poverty dynamics are different from those of the boys; five indicators were identified as pillars of child wellbeing. It was recommended that child poverty should be tackled using a multidimensional approach. Gender mainstreaming in child poverty reduction programmes should be emphasized and government at all levels should provide an enabling environment for child poverty reduction with an increased budgetary allocation.

Key words: Child poverty, child wellbeing, East Asia and the Pacific, inequalities.

INTRODUCTION

"More than half (about 56%) of the world's population in 2011 lived in Asia and the Pacific, with a population of 3.9 billion (www.seachangecop.org). Total fertility rates, or the average number of children who would be born to a woman within her reproductive life, fell substantially in almost all economics in the region within the last 20 years. For instance, from almost 4 children in 1990, total fertility rates (TFRs) fell to about 3 children per a woman in 2012 (www.seachangecop.org, ADB, 2012). Children account for, on average between 37% - 49% of the population in developing countries of the world (www.unicef.org, UNICEF, 2011). "Not only are a large proportion of these children poor, but the impacts of poverty suffered during childhood are often enduring and irreversible (www.unicef.org, UNICEF, 2011). Evidence shows that children

living in poverty have an elevated probability of experiencing poverty in adulthood (img.static.reliefweb.int). Poverty reduction discussions have for too long focussed on adult rather than children. In 2000, UNICEF published, "Poverty Reduction Begins with Children," hoping to influence the orientation of the poverty reduction strategy launched by the World Bank and World Social Summit (img.static.reliefweb.int). According to Vandermoortele (2000) investments in children are the best guarantee for achieving equitable and sustainable human development". Indeed, childhood is a time of rapid development, physically, emotionally, and intellectually as well as one of the most vulnerable times in the life cycle (img.static.reliefweb.int, UNICEF, 2011). Therefore, adequate attention must be paid to child poverty as "children make up a significant portion of East Asia and Pacific region's population. For example, in countries like Lao PDR

Department of Agricultural Extension & Rural Sociology, University of Calabar,
P.M.B 1115, Calabar, Cross River State, Nigeria, Tel: +2348028600015, email:
miradest@yahoo.com

and Vanuatu, over 40 percent of the population are children. In Mongolia, Viet Nam, and the Philippines, approximately one third of the population are children". "In order to face the challenges of development and globalization, the young people of the region must be equipped, nurtured, protected, educated and empowered to lead their countries out of poverty" (img.static.reliefweb.int, UNICEF, 2011).

More so, "in spite of the fact that Asia and the Pacific have achieved a significant reduction in extreme poverty, the region remains home to about two-thirds of the world extremely poor" (www.seachangeop.org, ADB, 2012). This shows that "macroeconomic growth alone is not likely to improve societal wellbeing and human development, especially with regards to children". However, it is now well established that GDP growth and poverty reduction are neither automatically nor linearly correlated and that it is possible for a country to have a simultaneous growth of GDP and of income poverty (img.static.reliefweb.int, Stiglitz, 2003; Chang, 2008). But "how much poor families and children benefit depends on several factors, among them the pattern of the economic development - in terms of economic sectors driving growth - labour components, income distribution, and social redistribution mechanisms" (img.static.reliefweb.int, UNICEF, 2011). In many countries, "inequity constitutes a barrier to poverty reduction" (img.static.reliefweb.int, UNRISD 2010; Wilkinson, 2010). This study reviews child poverty and disparity in selected countries of East Asia and the Pacific namely, Cambodia, Lao PDR, Mongolia, the Philippines, Thailand, Viet Nam and Vanuatu (img.static.reliefweb.int). These seven countries carried out comprehensive child poverty studies between 2007-2010 as part of UNICEF's Global Study on Child Poverty and Disparities (www.pacificdisaster.net, UNICEF, 2011).

The concept of poverty, child poverty and inequalities

Poverty is a multidimensional phenomenon that is common all over the world. This means that "it includes not only economic well-being, but also social well-being, issues of dignity, freedoms, democracy, equality, empowerment and aspirations, to name a few" (Narayan *et al.*, 2009). There is however no generally acceptable definition of the concept of poverty, rather, it is defined from whatever perspective

one looks at it. But the best way to define poverty is to experience it personally. In other words, the concept poverty can denote, "hunger, lack of shelter, being sick and not being able to see a doctor; not having access to school and not knowing how to read and write; not having a job; a fear for the future, living one day at a time" (lup.lub.lu.se). It can also mean "losing a child to illness brought about by unclean water, powerlessness, lack of representation and freedom; a call to action - for the poor and the wealthy alike - a call to change the world so that many more may have enough to eat, adequate shelter, access to education and health, protection from violence, and a voice in what happens in their communities". It can be "the state of being without, often associated with need, hardship and lack of resources across a wide range of circumstances" (Available at http://encarta.msn.com/encyclopedia_761577020_4/Poverty.html). Primary factors "that may lead to poverty include overpopulation, the unequal distribution of resources in the world economy, inability to meet high standards of living and costs of living, inadequate education and employment opportunities, environmental degradation, certain economic and demographic trends, and welfare incentives".

Child Poverty: Any child from wherever in the world that experiences one or more of the conditions or situation mentioned above is in child poverty. Child poverty is quite different from adult poverty. The 2005 State of the World's Children presented the following definition of child poverty (www.unicef.org): "Children living in poverty experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society."

Inequalities: Inequality refers "to unequal opportunities to pursue a life of one's choosing and these opportunities span multiple dimensions". A "recent report by UNICEF EAPR (2010) systematically presents, for the Asia-Pacific region, the various types of inequities faced by children in several dimensions using the Millennium Development Goal (MDG) framework" (img.static.reliefweb.int).

Gender Dimension of Child Poverty: "Child poverty has strong gender dimensions, and social institutions many times play a role in leading to and perpetuating chronic poverty, vulnerability and discrimination over the course of

childhood and into adulthood for girls” (www.unicef.org, Harper *et al.*, 2012). ‘Girls’ vulnerabilities in relation to poverty dynamics are different to those of boys; more than 100 million girls aged 10 to 19 are expected to marry between 2005 and 2015 to 19 die from complications of pregnancy and childbirth every year’ (www.unicef.org, Temin *et al.*, 2010). “Women under 20 giving birth face double the risk of dying in childbirth compared with women over 20, and girls under age 15 are five times as likely to die as those in their 20s’ (www.unicef.org, Ortiz *et al.*, 2012). Meanwhile, it is estimated that more than 130 million girls and women alive today have undergone female genital mutilation (FGM) or cutting (FGC), which among other issues can lead to life threatening and lifelong health problems (UN, General Assembly, 2006). Moreover, young women are particularly vulnerable to coerced sex and are increasingly being infected with HIV and AIDS (UNIFEM, 2010). To further corroborate the assertion, “two thirds of the 137 million illiterate young people in the world are women” (www.unicef.org, UNFPA, 2007), and in ‘2007 girls accounted for 54% of the world’s out-of-school population” (UN, 2009). In many cases, “these overlapping and intersecting experiences of deprivation and vulnerability, foregone human development opportunities and abuse or exploitation serve to perpetuate and intensify poverty of girls and women over the life course’ (www.unicef.org, Harper *et al.*, 2012).

The Pillars of Child Wellbeing and Policy Framework in selected countries of Asia and the Pacific: UNICEF identified five pillars (indicators) to be the critical “pillars of child wellbeing” (Global Study Guide, 23). These pillars or indicators include “Nutrition; Health; Child Protection; Education; and Social Protection. Food, education and health deprivation directly correspond to specific pillars, while shelter, water, sanitation, information are relevant to several of the pillars” (img.static.reliefweb.int, UNICEF EAPR 2010). To examine these pillars therefore means to “highlights how public policy can address child poverty across multiple deprivations”. On the other hand, UNICEF suggested that “policy drives outcomes, but policy alone cannot address child poverty and inequalities. Instead, policy can guide and drive outcomes only if backed by capable institutions and comprehensive programmatic support”. “There are now

numerous sets of child poverty indicators, such as the Bristol child deprivation indicators (used for UNICEF’s Global Study on Child Poverty and Disparities), the Child Friendliness of Policy Indices, the Child and Youth Network Indicators, the Child Wellbeing Index, OECD’s Social Institutions and Gender Index, among others”. “Indeed, ‘child indicators’ is a major area of research, with its own association, the International Society for Child Indicators. But this study relies on the Bristol multidimensional approach” (www.unicef.org, Gordon *et al.*, 2003) used for UNICEF’s Global Study on Child Poverty and Disparities.

Nutrition: “It is estimated that approximately one third of all under-five deaths are caused by under-nutrition”. “Under-nutrition which results from inadequate access to the amount or quality of food needed for growth and development increases children’s vulnerability to infections and jeopardizes their development and cognitive function, especially when it occurs during pregnancy and the first two years of life” (UNICEF, 2011). That is the reason why under-nutrition is associated with reduced adult productivity and the intergenerational transmission of poverty as indicated in Table 1.

According to a “recent report of UNICEF’s Global Study on Child Poverty and Disparities, 50% of children in Cambodia between the ages of 18-23 months suffer from stunting (i.e., low height-for-age) and 45.3% are underweight. Although Cambodia has a National Nutrition Strategy that targets child nutrition such as the National Vitamin A Policy and the National Infant and Young Children Feeding Practice, there is need for greater programmatic support to achieve its goals” (img.static.reliefweb.int).

“In Lao PDR, the same report indicates that 37% of children under the age of five are underweight and 40% experience stunting”. “The policy framework to address under-nutrition includes the National Nutrition Strategy and the National Plan of Action on Nutrition”. “The same report further showed that severe food deprivation in Mongolia affects roughly 6.9% of children under 5 years of age. The nutrition policy environment is framed by both the National Plan of Action for Food Security, Safety and Nutrition (NPAFSSN) and the Health Sector Master Plan (img.static.reliefweb.int).

“In the Philippines, around 27.6% of children under five are underweight in the Philippines”. The “Philippines Plan of Action for Nutrition and the Accelerated Hunger Mitigation

Plan are the two primary national initiatives for promoting nutrition and combating malnutrition". Interventions ranging from the Department of Health's Food-for-School Program to the Department of Agriculture's Gulayang Masa/Barangay Food Terminal program aim to reduce the number of Filipino's suffering from food shortages (img.static.reliefweb.int, UNICEF Philippines, 2009). In Thailand, 9.5% of children under- five years of age are considered moderately underweight and 12.4% are moderately stunted (img.static.reliefweb.int, UNICEF, 2005). "The National Food and Nutrition Plan aim to guarantee the security and safety of food in the country. Nationally in Vanuatu, 7% of children are severely stunted, while 20% are moderately stunted. Vanuatu's Nutrition Policy and Breastfeeding Policy are the two principal national programs related to child nutrition (img.static.reliefweb.int).

Health: "UNICEF recently announced several new policies in the region related to child health to increase access to the most marginalized". "These strategies and policies include training and deploying more community healthcare workers to deliver basic health services to marginalized populations, using mass communication to encourage the poor to seek care, and building maternal 'waiting homes' near urban hospitals so that rural women can receive care before delivery". "Cambodia has continuously increased its public expenditure since 2000 in an effort to achieve the goals of the Cambodia Child Survival Strategy". This strategy aims to reduce under-five and infant mortality rates from 124 and 95 per 1000 live births to 65 and 50, respectively, by 2015. In the same vein, public health spending in Lao PDR as a percentage of GDP is 2-3 times lower than neighbouring countries and low-income countries in general (img.static.reliefweb.int, UNICEF Cambodia, 2009). "This lack of budgetary commitment is reflected in troublesome health indicators such as an IMR of 70 and U5MR of 98 per 1,000 live births" (img.static.reliefweb.int, UNICEF, 2005). However, "the National Health Sector Development Plan based on universal access to primary healthcare is the overarching policy framework for promoting child health which undertakes an Integrated Package of Maternal, Neonatal and Child Health Services can be seen as the principal guiders of policies and programs to combat child health inequalities' (UNICEF, 2011). "These frameworks,

however, are not supported by sufficient government budgetary commitments'.

In Mongolia, there is an overall falling of infant mortality rates and under-five mortality even though "medical examinations, immunization and hospitalization of children aged 0-16 are free, many poor households cannot afford prescribed medicines". "Since 1998 the country has embarked upon the Health Sector Development Program in an effort to improve access, ensure the sector is sustainable, and improve the quality of services provided but limited government finances are the main challenges" (img.static.reliefweb.int, UNICEF Mongolia, 2009).

In "the Philippines, Infant mortality currently stands at 29 per 1,000 live births and even though the rates have been decreasing, it has been at a very slow pace". The "country's Medium Term Philippine Development Plan (MTPDP) includes health-related goals such as reducing the cost of drugs, expanding health coverage, and improving healthcare management systems but budgetary allocations in the national government budget and the Department of Health do not support this claim" (img.static.reliefweb.int). "Thailand introduced universal health insurance in order to increased access to free basic health services contributing to the falling U5MR, which stood at 10.5 in 2006". While the ratio of doctors to population has improved, infrastructure for delivering health services remain inadequate, particularly in remote, rural areas. "The geographic features of Vanuatu make healthcare provision difficult and 20% of the population is believed not to have access to health services". The Ministry of Health's Health Sector Policy prioritizes primary healthcare and the Government's high-level strategy, PLAS, aims to increase access to healthcare, eradicate malaria, strengthen the Ministry of Health and invest in health training. In "Vietnam, it is reported that 31% of Vietnamese children have not received the full set of vaccinations and that rural areas suffer disproportionately" (img.static.reliefweb.int, UNICEF Philippines 2009, UNICEF, 2011). "Regional differences are also stark, with children in the North East and North West exhibiting non-immunization rates of 53% and 60% respectively".

Child protection: Child protection is another pillar of child wellbeing. It "refers to child rights violations and deficits related to violence, abuse, neglect, exploitation, and crime"

(UNICEF, 2011). “These violations usually occur in almost all segments of society and can result in lifelong developmental consequences and inequities. For example, in Cambodia, 53% (2001) of children work (mostly in agriculture, forestry, fisheries and hunting), which is very dangerous for boys due to high levels of injury that they sustained as a result of trafficking and juvenile crime” (img.static.reliefweb.int). “The National Plan on Trafficking in Persons and Sexual Exploitation, the National Plan of Action on the Worst Forms of Child Labour, the National Plan of Action for Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia, the Policy on Alternative Care of Children, and the Minimum Standards on Alternative Care for Children are the different policy framework for child protection in the country” (img.static.reliefweb.int).

In Lao PDR, “the National Plan for Action on Commercial Sexual Exploitation of Children approved in 2008 is the main legal framework for child protection. Children in Lao-Tai, the lowlands of the country are the main victims of child trafficking”. However, “the country is yet to put in place a proper policy framework to support child protection” (UNICEF Lao PDR, 2010). In Mongolia, there is no “integrated structure of child protection services yet as the country has a high rate of birth registration (98%) and child labour remains high”. The Philippines hosts some 2.6 million unregistered children, the majority of whom are Muslim and indigenous peoples (UNICEF, 2007). “Child labour affects 1 out of 6 Filipino children, 60% of whom work in hazardous environments” (UNICEF Philippines, 2009; UNICEF, 2011). “The country’s Child 21 plan provides the policy framework for child protection in the Philippines”. The National Plan of Action for Children was established as was the Child Friendly Movement (CFM). In Thailand, “the rapidly changing socio-economic landscape is one of the country’s child protection challenges”. Economic pressures on parents and high rates of domestic migration may lead to greater vulnerabilities in terms of neglect and exploitation. Meanwhile, “9.5% of children work and this percentage are higher in the northeast” (11%) (UNICEF Thailand, 2009, UNICEF, 2011). In terms of child marriage, “2.3% of Thai women marry before the age of 15 years”. In Vanuatu, “it was reported that 7% of children marry before the age of 15, and 23.6% before the age of 18 and child

registration is just 25%” (Government of Vanuatu, 2009; UNICEF, 2011). “Child labour, in the context of family-based and community based work, is customarily accepted in many parts of the country posing difficulty for the passage of child protection laws which are perceived by many to be in conflict with customary laws and practices”. In Vietnam, child labor varies significantly (9-24%) depending on the data source and 12% of children aged 0-4 do not have their birth registered while there is no policy framework for child protection posed by child trafficking (img.static.reliefweb.int, UNICEF, 2011).

Education: Education is also another “pillar of child wellbeing”. “It is a fundamental entitlement of all children and is essential for individual and societal development”. The “positive externalities associated with investment in education include better health, increased macroeconomic growth, greater equality, as well as the potential to stop the intergenerational transfer of poverty” (img.static.reliefweb.int, UNICEF, 2011). The “Cambodian government provides free education in public schools for at least nine years”. Despite this policy, school dropout rates (10.8% primary, and 21% lower secondary school) and a very high primary student to teacher ratio of approximately 54:1. Cambodia’s Education for All National Plan (2003–2015), Education Strategic Plan 2006–2010, (UNICEF Cambodia, 2009). Education Sector Support Programme (2006–2010), and Child Friendly School Policy (2007) are the key policy instruments for addressing education poverty and disparities. “Lao PDR’s Education Sector Development Framework (2009) was instituted following a collaborative effort to identify the country’s poorest and most educationally deprived districts”. In an effort to achieve Education for All, “this policy framework specifically target the Countries most vulnerable and has led to the drafting of the Inclusive Education Policy and Early Childhood Development Policy”. As with the health sector, “Lao’s public expenditure on education is limited and has actually decreased in recent years” (2005-2008). “Though access to education facilities has increased dramatically, rural children still suffer from a low village-to-school ratio (up to 20:1)”. Only 65% of children who enter first grade complete fifth grade and this rate is worse for poor, rural girls (UNICEF Lao PDR, 2010; UNICEF, 2011). In

Mongolia, “deprivation analysis using data from 2005 indicates 6.1% of poor children are deprived of education. Disparity analysis, moreover, suggests rural children are less likely to attend primary school and much less likely to attend secondary school than their urban counterparts”. Like the country’s health sector, “the education sector has had difficulty transitioning to a market-based economy, suffering from large funding cuts”. Privatization of the animal husbandry sector is believed to have played a large role in high school drop-out rates amongst males. In Philippines, “participation rates for elementary school between 2002 and 2006 have decreased tremendously and the 2007 participation rate is reported to be the same as that of 1990”. For secondary education, “only 3 out of 5 youths participate”. Male youths, moreover, have a 20% lower participation in secondary school than females, who also display higher completion rates and performance indicators than males (UNICEF Philippines, 2011). The education provisions in the “Medium-Term Philippine Development Plan are routed in the Education for All program and the MDGs”. “The Department of Education is undertaking a package of reforms called Basic Education Sector Reform Agenda (BESRA) and implementing Alternative Learning System programs”. In addition, the Department of Education’s budget has only grown by 0.39% (in real terms) annually since 2000 (UNICEF, 2011). “Extending compulsory education in Thailand has resulted in an increased number of children in school and 2007 education indicators suggest universal primary education has been achieved and remains stable”. “The dropout rates (23.2%) and secondary school attendance, which currently stands at 79.9%, requires improvement for quality”. Vanuatu has a high dropout rates and is also the country with the highest proportion of children who have never been to school in East Asia (img.static.reliefweb.int). “Education is not compulsory in Vanuatu and participation rates have been among the lowest in the Pacific despite almost a quarter of the national budget being spent on education” (img.static.reliefweb.int, UNICEF Thailand 2009; UNICEF, 2011). In 2010, “the government announced that school fees would be abolished for primary school, which is expected to increase attendance and national education outcomes”. “Universal gross primary enrolment has virtually been achieved in Viet Nam, but according to report, 1 in 5 children are not in

the appropriate grade and approximately 1 in 10 children do not complete primary school. Education indicators are typically two times worse in rural areas, and the North West and Mekong River Delta regions have consistently higher education poverty” (UNICEF, 2011).

Social protection: The fifth “pillar of child wellbeing is social protection”. UNICEF believes that “governments have an obligation to provide social protection to the most vulnerable segments of their population. UNICEF’s definition of child-sensitive social protection encompasses social assistance and economic support directed at the family or at the individual child, as well as social services including family and community support and alternative care” (Kamerman and Gateino-Gabel 2006). It involves “a set of public and private measures that protect society from social and economic distress, such as social assistance, income support in the form of cash transfers, childcare grants, tax benefits, social pensions, and improved accessibility of social services”. Therefore, “indicators for this pillar comprise of the proportion of people in need of these measures According to Kamerman and Gatiengo-Gabel (2006), “Children constitute the largest vulnerable group in most countries yet social protection for children remains far less developed than for the elderly everywhere” Cambodia’s 2004 Law on Social Security is yet to be, adequately supported by plans, policies or programs”. “The principal forms of social protection involve exemption from user fees in public health facilities and social health insurance”. Cash transfer schemes and child support grants are under investigation and three pilot sites have been prepared but the government relies on donor support for many of its social support initiatives, which raises sustainably concerns. The Lao PDR government has identified 47 priority districts, which it is targeting as part of its strategy for poverty reduction. In addition, as part of the Ministry of Health’s National Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal and Child Health Services (2009-15), various measures to address disparities in health outcomes were identified that can be seen to constitute social protection measures, including conditional cash and food transfers (UNICEF Lao PDR, 2010; UNICEF, 2011). State funding for social welfare services has increased dramatically in recent years in Mongolia, yet, “social welfare allowances are not flexible enough to meet the

needs and demands of vulnerable families and children” and as such, their impact on poverty is hard to determine. “The Child Money Program, for instance, allocates assistance to children irrespective of their family background and therefore, the effect on poverty and disparity would have been far greater if the program targeted income-poor households”. It is believed “that the recently launched Community-based Welfare Service aims to address this”. In the Philippines, “the Food-for-School Program (FSP) is a conditional in-kind transfer program that aims to address hunger and improve school dropout rates by providing families with rice if they keep their children in school”. Preliminary evaluation suggests the program has improved education and nutrition outcomes. The Pantawid Pamilyang Pilipino Program (4Ps) is also a conditional cash transfer program. It provides educational grants to families whose children are enrolled in and attend school at least 85% of the time and health grants to families who comply with various health-related conditionalities (such as immunizing children, and ensuring young children attend regular preventative check-ups) (UNICEF, 2011). This social safety net program is yet to be comprehensively evaluated. The shortage of qualified and trained staff and a lack of interagency cooperation are suggested to be the principal challenges to social protection services in Thailand. “Several social protection programmes are available and there is need for community participation and networking to ensure sustainability”. Innovative financing of children’s social welfare programs, such as scholarships funded by the government lottery, are promising. Social Protection is an emerging issue in Vanuatu. The United Nations Development Programme (UNDP) is assisting the Government to strengthen planning and management systems related to equitable poverty reduction and implement social protection services (img.static.reliefweb.int, UNICEF, Vanuatu, 2010). “Targeting social protection

policies will need to address the impact in that region, education of the mother, and household income has on child wellbeing indicators”. In Vietnam, “findings showed that 8% of all children aged 0-15 live in a household in which the head caregiver is unable to work”. “This indicator of disparity is, contrary to most in Viet Nam, worse in urban areas due to the old age and/or disability of many urban” (UNICEF Vietnam, 2008; UNICEF, 2011).

Conclusion

Children in Asia and the Pacific who suffered from severe deprivation and absolute poverty in the seven countries shows marked improvement in recent years as revealed by the analysis of the pillars of child wellbeing. “Child poverty was found to be multidimensional and girls are mostly at the receiving end of the poverty situation in all its ramifications”. It was also found that various gaps and opportunities exist among the pillars of child wellbeing for the countries to key into them. However, lack of programmatic support of child wellbeing policies is one of the major challenges to child welfare in the region. All hands must be on desks in all the countries to reduce inequities faced by children and adolescents in the region. Although there is no win for all single strategy in a multidimensional child poverty and inequality study, this study will contribute to addressing child poverty in Asia and the Pacific. Based on the specific objectives of the study, the following recommendations are hereby made: Poverty in general and child poverty should be tackled in a multidimensional manner with different approaches and child poverty eradication should encompass gender mainstreaming to cater for gender differentials. There is a greater need for government at all levels to support the different pillars of child wellbeing by creating an enabling environment and increase budgetary support to such sectors as child poverty is a concern of all.

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Table 1: Indicators of Child Wellbeing in selected Countries of East Asia and the Pacific

Indicators	Cambodia	Lao PDR	Mongolia	Philippines	Thailand	Vietnam	Vanuatu
Stunting	50%	40%	6%	-	12.4%	-	2%
Overweight	45.3%	37%	-	27.6%	9.5%	-	20%
IMR	95%	70%	-	29%	-	-	-
U5MR	12.4%	98%	-	10.5%	-	-	-
School dropouts	10.8%& 21%	35%	6.1%	23.2%	-	-	-
Birth Reg.	-	-	98%	-	-	12%	25%
Child Labor	53%	-	-	60%	9.5%	24%	23.6%
Social Protection	Yes	Yes	-	Yes	Yes	No	Yes

Source: Extracted from UNICEF, 2011