

An Evaluation of the Quality of Life of Turkish Children in the Frame of the Convention on the Rights of the Child

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ABSTRACT

In this paper , health status of children in Turkey is examined within the frame of the Convention on Children's Rights. 17 articles of the Convention, specifically related to the Turkish Children's health are analysed in the scope of health data and health services provided to the children in Turkey.

In conclusion, it has been stated that even though our laws have been adjusted and new legislation have been made in accordance with the Convention, actual practises concerning children and the health indices of the Turkish children are not consistent with these laws and the Convention.

Çocuk Hakları Şartnamesi Çerçevesinde Türk Çocuklarının Yaşam Kalitesinin Değerlendirilmesi

ÖZET

Bu makalede, Türkiye'deki çocukların sağlık statüsü Çocuk Hakları şartnamesi çerçevesinde incelenmiştir. Şartnamenin, özellikle Türk çocuklarının sağlığıyla ilgili 17. Maddesi çocuklara sağlanan sağlık hizmetleri ve sağlık verileri ışığında analiz edilmiştir.

Sonuç olarak, yasalarımızdaki düzenlemeler ve şartname ile uyumlu yeni yasalara karşın uygulamada Türkiye'de çocuklara yönelik uygulamaların yasalar ve şartname ile uyumlu olmadığı sonucuna varılmıştır.

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I. INTRODUCTION

The first attempt on Children's Rights is the declaration of the report consisting of 5 principles by the United Nations (U.N.) That report was then transferred to a decree by the U.N General Council and 10 principles were developed on October 29th 1959 originating from the idea that "Humankind must give the children which is best for them". Relying on that decree, Poland offered the model of the convention of Children's Rights to U.N in 1978, the year which was accepted as "The Year of Children". The U.N Human Rights Commission developed the model until 1987 and brought the issue to the General Council in 1989 (Akıllıoğlu 1995).

To be accepted as an international convention, the Convention conditions was needed to be accepted in the UN General Council on October 20th, 1989 with consensus. The approval of at least 20 national parliaments were needed, and, as a result of this condition, it became effective on September 2nd, 1990 (Unicef 1996). Until now, 162 countries, including Turkey, have accepted the Convention and proclaimed either their approval or rejection (Unicef 1996).

Turkey signed the Convention on September 15th 1990. However it was approved by the Council of Ministers in 1994 and became effective on January 27th, 1995 after declaration in the official issue after that date (Akıllıoğlu 1995).

The Convention is accepted as the Law of Human Rights, 'Magno Carto' for children. The Convention regulates the human rights for people below 18 with an agreement consisting of 54 articles.

In this paper, the articles related with health in the Convention will be analysed from the children's perspective in our country.

II. FINDINGS AND DISCUSSION

2.1. Definition of the Child

According to the 1st article of the Convention; every human being below age 18 is accepted as a child. In our Legislation of Children's Court, Law no:2253 'human beings below 15 are called as youngsters'. Legislation of Punishment states that people below 12 are not responsible for their criminal acts. In the Legislation of Business employing children below age 12 is illegal. According to the Legislation of Citizenship children can't get married. According to data collected in 1988, the average age of marriage is 18 in our country and early marriage is a common behavior. The average age is lower in rural areas.

2.2. Basic Health and Welfare of Children

There are 4 items regulating the health and welfare of children in the Convention of Children's Rights.

Article 6: Right of Survival and Development

Article 23:Disabled Children

Article 24:Health and Health Services

Article 27:Standard of Living

Article 6: Right of Survival and Development

1-The State shall recognize that every child has the right to life.

2-The State shall ensure the survival and development of the child to the maximum extent possible.

Article 24: Health and Health Services

The child has a right to the highest standard of health and medical care available. States shall place special emphasis on the provision of primary and preventive health care, public health education and the reduction of infant mortality. They shall encourage international cooperation in this regard and strive to see that no child is deprived of access to effective health services.

Article 27: Standard of Living

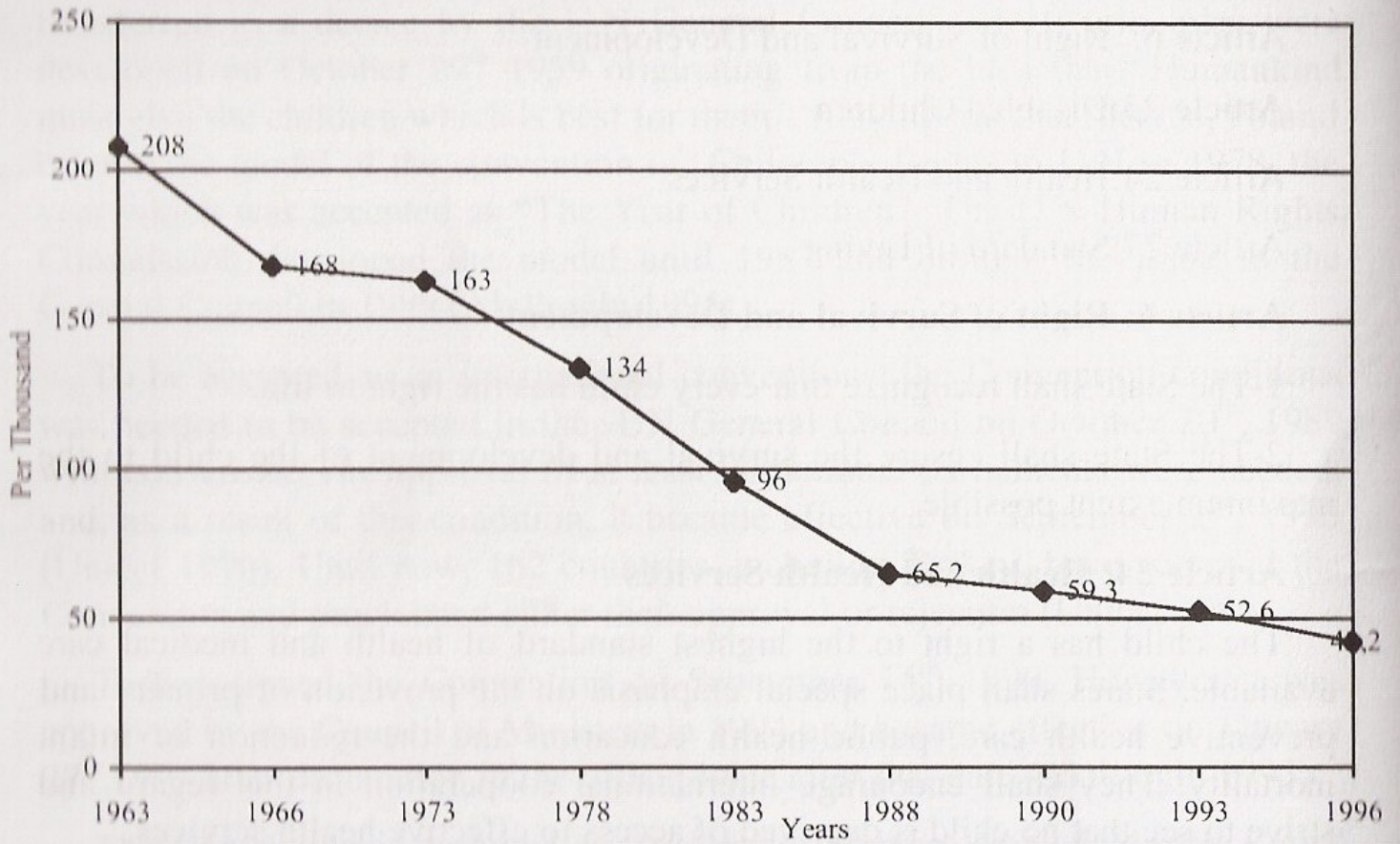
Every child has the right to a standard of living adequate for his or her physical, mental, spiritual, moral and social development. Parents have the primary responsibility to ensure that the child has an adequate standard of living. The State's duty is to provide all the conditions so that parents can fulfill this responsibility. State responsibility can include material assistance to parents and their children.

Below, the data in our country regarding these articles are analyzed.

According to health statistics, 31,7% of the population consists of people aged between 0-14.

In Turkey, infant and children health have improved by years. Figure 2 shows that Infant Mortality Rate in 1960 was 208/thousand, which decreased to 52,6/thousand in 1993 and to 42,2/thousand in 1996 (Unicef 1997).

Figure 1: Infant Mortality Rate Between 1963 And 1996 In Turkey



Source: Ministry of Health Report,1997:19

In Table 1, below, infant and children mortality rates by sex in 1994 are presented

Table 1. Mortality Rate by Gender (1994)

Sex	Neonatal Mortality Rate	Postneonatal Mortality Rate	Infant Mortality Rate	Child Mortality Rate	Under five Mortality Rate
Male	40.7	29.7	70.5	12.4	82.0
Female	34.0	32.0	66.0	13.6	78.7

Source: Sağlık Bakanlığı, Hacettepe Üniversitesi, Macro International Inc. 1993

Distribution between infant and child mortality rates by residence is presented in Table 2.

Table 2. Mortality Rate per thousand by Residence(1994)

Place of Residence	Neonatal Mortality Rate	Postneonatal Mortality Rate	Infant Mortality Rate	Child Mortality Rate	Under Five Mortality Rate
Urban	29.9	14.1	44.0	6.8	50.5
Rural	28.1	37.4	65.4	11.8	76.4

Source: Sağlık Bakanlığı, Hacettepe Üniversitesi, Macro International Inc. 1993

Table 2 shows that except for neonatal mortality rate, mortality rates are the highest in rural areas. According to regions, the highest mortality rate is seen in Eastern Anatolia.

Table 3, 4, 5 shows that infant and child mortality rates are affected by education, birth intervals and the level of health services reached by the mother.

Table 3. Distribution of Mortality Rates by Level of Health Care Reached by the Mother,1994

Type of Health Care	Neonatal Mortality Rate	Postneonatal Mortality Rate	Infant Mortality Rate	Child Mortality Rate	Under Five Mortality Rate
No Antenatal/Natal Health Care	27.9	38.9	66.8	10.7	76.8
Antenatal/Natal Health Care	29.6	14.3	43.9	6.1	49.7

Source: Sağlık Bakanlığı, Hacettepe Üniversitesi, Macro International Inc. 1993

Table 4. Mortality Rates by Mother's Education (1994)

Education	Neonatal Mortality Rate	Postneonatal Mortality Rate	Infant Mortality Rate	Child Mortality Rate	Under five Mortality Rate
Illiterate	31.4	36.5	68.0	12.6	79.7
Primary School	27.9	15.7	43.6	6.1	49.7

Source: Sağlık Bakanlığı, Hacettepe Üniversitesi, Macro International Inc. 1993

Table 5. Mortality Rates by Birth Intervals(1994)

Previous Birth Intervals	Neonatal Mortality Rate	Postneonatal Mortality Rate	Infant Mortality Rate	Child Mortality Rate	Under five Mortality Rate
< 2 Yıl	63.3	50.1	113.4	24.5	135.1
2-3 Yıl	23.2	27.3	50.4	11.5	61.3
4 > Yıl	20.4	15.0	35.4	3.9	39.1

Source: Sağlık Bakanlığı, Hacettepe Üniversitesi, Macro International Inc. 1993

Table 3, 4, 5 show that the children of women who didn't receive health care during pregnancy /birth, who lack education, who are aged over 35 and who had less than 2 years of interval between births have higher children death rates than others.

Pneumonia stands as the first reason of death among children between ages 1-4 (Bertan;Güler, 1995). 60% of infant and children mortality is caused by diseases like pneumonia which may be prevented (Unicef, 1993). Table 6 shows the mortality rate of children under five by reason of death.

Table 6. Reasons of Death Among Children Under Five

REASONS OF DEATH	PERCENTAGE
Other causes of peri-natal mortality	37,84
Birth trauma, difficult delivery and other Hypoxic conditions	13,40
Heart diseases	6,86
Meningococcal infections	9,84
Diarrhoeal disease	6,86
Symtoms and unidentified conditions	2,66
Other	2,66

Source: Ministry of Health, 1997

The Ministry of Health organizes health programs to decrease morbidity and mortality. The most important of these are:

- 1-Extended Programme on Immunization
- 2-Control of Diarrhea
- 3-Control of Acute Respiratory Infections

The share of budget allocated to Ministry of Health was 2.5-3% for a long time and increased to 4% in 1990. 64% of the population is covered by a health

security scheme and the rest pays for health services out of pocket. However, preventive health services are free of charge in the country.

Article 23: Disabled Children

A disabled child has the right to special care, education and training to help him or her enjoy a full and decent life in dignity and achieve the greatest degree of self-reliance and social integration possible.

Table 7 shows disabled children in our country according to their ages and types of disability.

Table 7. Children in need of special education(1990)

Disability Group	0-6 Age Groups	7-14 Age Groups	15-18 Age Groups	Total
Blind	19 540	20 568	9 256	49 369
Deaf	58 620	61 705	27 767	148 092
Speech Disorders	341 948	359 945	161 967	863 869
Orthopedical	136 779	143 978	64 790	345 547
Chronic Illness	97 699	102 842	46 279	246 820
<i>Cognitive</i>				
• Mentally retarded (mild)	195 309	205 683	92 557	493 639
• Mentally retarded (severe)	29 310	30 852	13 884	74 046
Unadjusted	85 874	111 579	51 662	249 115
Gifted	171 750	223 160	103 332	498 242
Total	1 136 919	1 260 132	571 513	2 968 466

Source : DPT Çocuk Komisyonu Raporu,1994

The Institution of Social Services of Child Protection provides care for only 1530 of these children (D.İ.E.,1996).

2.3. Special Protection Measures

Refugee Children (Article:22)

Article 22: Refugee Children

Special protection shall be granted to a refugee child or to a child seeking refugee status. State's obligation is to co-operate with licensed organizations which provide such protection and assistance.

Exploited Children (Articles:32-33-34-35-36-37-39)

Article 32: Child Labour

The child has the right to be protected from work that threatens his or her health, education or development. The State shall set minimum ages for employment and regulate working conditions.

Article 33: Drug Abuse

Children have the right to protection from space the use of narcotic and psychotropic drugs, and from being involved in their production or distribution.

Article 34: Sexual Exploitation

The State shall protect children from sexual exploitation and abuse, including prostitution and pornography.

Article 35: Sale, Trafficking and Abduction

It is the State's obligation to make every effort to prevent the sale, trafficking and abduction of children for any purpose or in any form.

Article 36: Other Forms of Exploitation

The child has the right to protection from all forms of exploitation prejudicial to any aspects of the child's welfare not covered in articles 32, 33, 34 and 35.

Article 37: Torture and Deprivation of Liberty

No child shall be subjected to torture, cruel treatment or punishment, unlawful arrest or deprivation of liberty. Both capital punishment and life imprisonment without the possibility of release are prohibited for offences committed by persons below 18 years. Any child deprived of liberty shall be separated from adults unless it is considered in the child's best interests not to do so. A child who is detained shall have legal and other assistance as well as contact with the family.

Article 39: Rehabilitative care

The State has an obligation to ensure that child victims of armed conflicts, torture, neglect, maltreatment or exploitation receive appropriate treatment for their recovery and social reintegration.

Although the existence of drug abuse, sexual exploitation, sale of children, torture, and preventing from liberty-analyzed under special protection of prevention- are known, and examples are seen in media, there is no scientific

data collected countrywide. However, in the legislation, children's use of drugs, and becoming mediator in sale of drugs, sale of children, sexual exploitation are forbidden and preventive acts are regulated by law.

In relation related with working children it is shown by the Confederation of the Union of Turkish Employers that in big industrial cooperation, %3 of labour are children aged below 18. However, more children are employed in smaller organizations.

There is sufficient legal regulation about working children in our country. Turkey approved the ILO agreements no:15, 58, 59, 77, 115, 123, 127 and 147 (Pirler, 1997).

2.4. Family Care and Alternative Care

a) Separation from Parents

Article 9: Separation from Parents

The child has a right to live with his or her parents unless this is deemed to be incompatible with the child's best interests. The child also has the right to maintain contact with both parents if separated from one or both.

b) Prevention of Abuse and Neglect and Rehabilitation

Article 19: Protection from Abuse and Neglect

The State shall protect the child from all forms of maltreatment by parents or others responsible for the care of the child and establish appropriate social programmes for the prevention of abuse and the treatment of victims.

c) Protection of a Children without Family

Article 20: Protection of a children without family

The State is obliged to provide special protection for a child deprived of the family environment and to ensure that appropriate alternative family care or institutional placement is available in such cases. Efforts to meet this obligation shall pay due regard to the child's cultural background.

d)Adoption

Article 21:Adoption

In countries where adoption is recognized and/or allowed, it shall only be carried out in the best interests of the child, and then only with the authorization of competent authorities, and safeguards for the child.

In article 61 of the Turkish Constitution it is stated that 'It is the state's obligation to spend every kind of effort to integrate children in need of protection into the society.

In the frame of that article, the care of children in need is performed by Social Services and Child Protection Institution. Adoption procedures and aid to families that can't take care of their children because of poverty are also under the responsibility of this institution. In that frame, the institution takes care of 6700 children in ages between 0-12 and 10580 children in ages between 12-18 in Child Nests and Growth Institutions. In addition, it provides 4500 families financial and other aids (Sosyal Hizmetler Çocuk Esirgeme Kurumu 1997).

Measures for special protection, adoption, foster families or placing children in institutions for children in need are carried out by the same institution. This institution placed has 3404 children with foster families and 4290 children were adopted from 1961 to 1996 (DİE).

III. CONCLUSION

Convention on Children Rights which has become effective on 2 September 1990 in many countries gained validity in our country on 27 January 1995.

It is seen that the Constitution of Turkish Republic, except for a few topics, is in accordance with decisions of the Convention. However the practice is not parallel with the legislation. Some suggestions related to the subject are presented:

1)In definition of a child by our legislation, the age of the child should be determined in line with the Convention. By doing so regulations like criminal responsibility, working and marriage age can be turned to the advantage of children. For instance, the age of marriage is very low especially in eastern regions and rural areas.

2)Unfortunately indices about basic health and welfare of children are far below when compared to developed countries. As a result, the budget of the

Ministry of Health should be increased and efforts on children's health and prevention's should be improved. Moreover, preventive health measures and health education for the whole community may be beneficial.

3) There is no countrywide data collected about exploited and refugee children. Yet, it is accepted that drug abuse, sexual assault, child traffickure or deprivation of their basic rights increase day by day. These children are included in the definition of children in need of protection. It is necessary to find the exact numbers of these children and to provide them with necessary care and education by the Institution of Social Services of Child Protection. The Institution serves 20000 children although the number of children in need of protection is estimated to be about 4-5 millions on the average. Yet, the services of the Institution are inadequate both in terms of quality and quantity (Sosyal Hizmetler ve Çocuk Esirgeme Kurumu 1997).

4) As it is mentioned above, the Institute of Social Services and Child Protection who provides alternative health services can not provide adequate services to this population.

5) Economic and social measures should be taken for children working in sectors such as small scale businesses, informal or agricultural sectors where working children are found intensively and are exploited.

As a result, except for the regulations on the age of children, the articles in accordance with the Convention should be put into practice.

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