

VULNERABLE YOUTH: PUBLIC ASSISTANCE AND FOOD SECURITY, COMPARISON BETWEEN MEDITERRANEAN AREA 1900-1940 AND SUB-SAHARAN AFRICA 1980-2020

Introduction and theoretical focus: From the Demographic and Epidemiological Transition, conceptual framework of our research, we propose what happened in Mediterranean Area between 1900 and 1940 and Sub-Saharan Africa 1980-2020. In Mediterranean Area, the decline in child mortality was very fast. In most developing countries, rising levels of nutrition and improvements in public health have led to declines in infant mortality. In Sub-Saharan Africa has seen large reductions in infant mortality over the last forty years, but without any increase in protein and energy intake and with poor public assistance. This research on emerging adults examines the transition to adulthood in Mediterranean Area and Sub-Saharan Africa, with an emphasis on how spatial and times inequalities are associated with other key life events, such as family formation and educational attainment. This subject of research also has some focus on rural and urban variability of these processes.

Declining infant mortality rates in Sub-Saharan Africa appear to be driven by medical interventions that reduce infant mortality, rather than by broad based improvements in nutrition and public health measures. The association between consumption of dairy products and the risk of developing infectious illnesses is unclear. The purpose of this study was to evaluate the associations between different causes (education, higiénic-cultural, nutrition and public assistance) and high disease infections in a Mediterranean population and Sub-Saharan Africa. Spatial inequalities in human development are of great concern to international organisations and governments. The infant mortality rate is an important measure for determining these inequalities (Bideau, et ali, 1994). Using demographic and epidemiological indicators over long time periods at relatively high levels of geographical detail, we can describe the changes in spatial inequalities (Klüsener, et ali, 2014). It is need to take the improvements in infant mortality in History Mediterranean Area and Africa today as indicative of broad based improvements in population health, social, economic and culturally.

Data and research Methods: The evolution of general mortality, infant mortality, and causes of death in Mediterranean Area (Catalonia, Toscana and Lebanon) are analyzed in comparison with Sub-Saharan Africa and. The data used was derived from statistics on deaths classified according to cause of death from the (INE) Instituto Nacional de Estadística Spain, Italy and Lebanon. Mortality rate tables by sex and age. The epidemiological study has been performed by grouping major causes of death (where infectious diseases occupy the highest specific occurrence) and the methodology used is that of indirect standardization.

The International Classification of Diseases (ICD) has been used to study causes of death since 1900. The method used to create a continuous series of causes of death is the following:

- A) Classification Causes of death between 1900-1940 (Perrenoud,1991). The Fourth revision of ICD of the causes is used for the creation of the continuous series, like G. Casselli (1992).
- B) The diseases “undefined causes” are distributed according to the method set forth by the method J. Vallin (1987; 2010).
- C) The group “other diseases” is also included during the time period from 1990-2010 due to its great importance at this time.
- D) The method used is the mortality rate indirect standardization. Then, we calculate the Standardized Mortality Ratio (SMR), rate of actual deaths and expected deaths (Goldberg, 1994; Llorca, 2000; Schoenbach, 2000; Menacho, 2002 y Nordness, 2007)

If $SMR < 1$, the mortality is less than Sub-Saharan Africa and if $SMR > 1$, the mortality is greater than Sub-Saharan Africa.

Expected findings: The results show:

1) In Mediterranean area between 1900 and 1950, life expectancy increased about 30 years; and that women's life expectancy grew more than that of men.

2) SMR by large mortality causes, 1900-1950

3) We evaluated the associations between different causes (education, hygienic-cultural, nutrition and climate) and high disease infections. Mediterranean area won in education, level hygienic-cultural, better nutrition and public assistance. Declining infant mortality rates in Sub-Saharan Africa appear to be driven by medical interventions that reduce infant mortality, rather than by broad based improvements in nutrition and public health measures.

Discussion and conclusion:

The large volume of studies on infant and child mortality testifies to the enduring appeal of the subject within historical demography. The paper focuses on two main aspects that have been central to demographic research and still require further attention: the first one relates to the problems of measurement, classification and definition, while the second one refers to the vast theme of the determinants of survival in the first years of life during the health transition process. Research activity has made significant progress in relation to some of these determinants, while for others the results require stronger multidisciplinary collaborations. However in recent years the research agenda has greatly expanded as the result of a fruitful interdisciplinary exchange and an open dialogue between the various disciplines, which should be further enhanced.

1) Our results of data confirmed the research of Klüsener and we have solved the problems of underreporting (especially of girls) and other problems of data quality. But we disagree with ("in eastern and southern Europe, we find significant variation within and across countries, which might stem in part from data quality problems". (Klüsener, et al, 2014).

2) Life expectancy improvement for Mediterranean area (Anna Cabré, 1990) is due to the lower incidence of illnesses caused by infectious diseases, promoting quality of life through the pioneering efforts of hygienists (mainly between 1910-1920) in education, high levels of parental literacy, good diet in nutrients, and public assistance.

3) The association between consumption of dairy products and the risk of developing infectious illnesses is unclear. We evaluated the associations between different causes (education, hygienic-cultural, nutrition and climate) and high disease infections in a Mediterranean population (Pozzi, et al, 2015; Urdiola, 2011).

4) The differences by level of education is very important. Mediterranean area with Catalonia was high level cultural and of education from Mediterranean area (Gonzalvo-Cirac, 2015). Spatial inequalities in human development are of great concern to international organisations and governments. It is need to take the improvements in infant mortality in History Mediterranean Area and Africa today as indicative of broad based improvements in population health, social, economic and culturally.

The period between 1900 and 1950 is particularly interesting due to the social and economic changes as a whole underwent during that period. Mortality trend divergences and convergences between different areas show that there would clearly be two distinct periods and that a specific element, medical and pharmacological progress, would differentiate them both. Due to the new antibiotics used, the prevention factors in health lost the relevance they had before 1950. Declining infant mortality rates in Sub-Saharan Africa appear to be driven by medical interventions that reduce infant mortality, rather than by broad based improvements in nutrition and public health measures but not buiding public health service and poor education.

We would present the importance of a dialogue between past and present. The recent studies on the determinants affecting survival in the first years of life have indeed offered an important contribution for a deeper understanding of the causes of the historical decline in infant and child mortality. However it is also clear that the historical experience in the fight against mortality in the first years of life could help provide valuable insights into today's health interventions in the poorest countries. This research on emerging adults examines the transition to adulthood in Mediterranean Area and Sub-Saharan Africa, with an emphasis on how spatial and times inequalities are associated with other key life events, such as family formation and educational attainment. This subject of research also has some focus on rural and urban variability of these processes.

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