

Still separate, still unequal – Child Gauge 2012

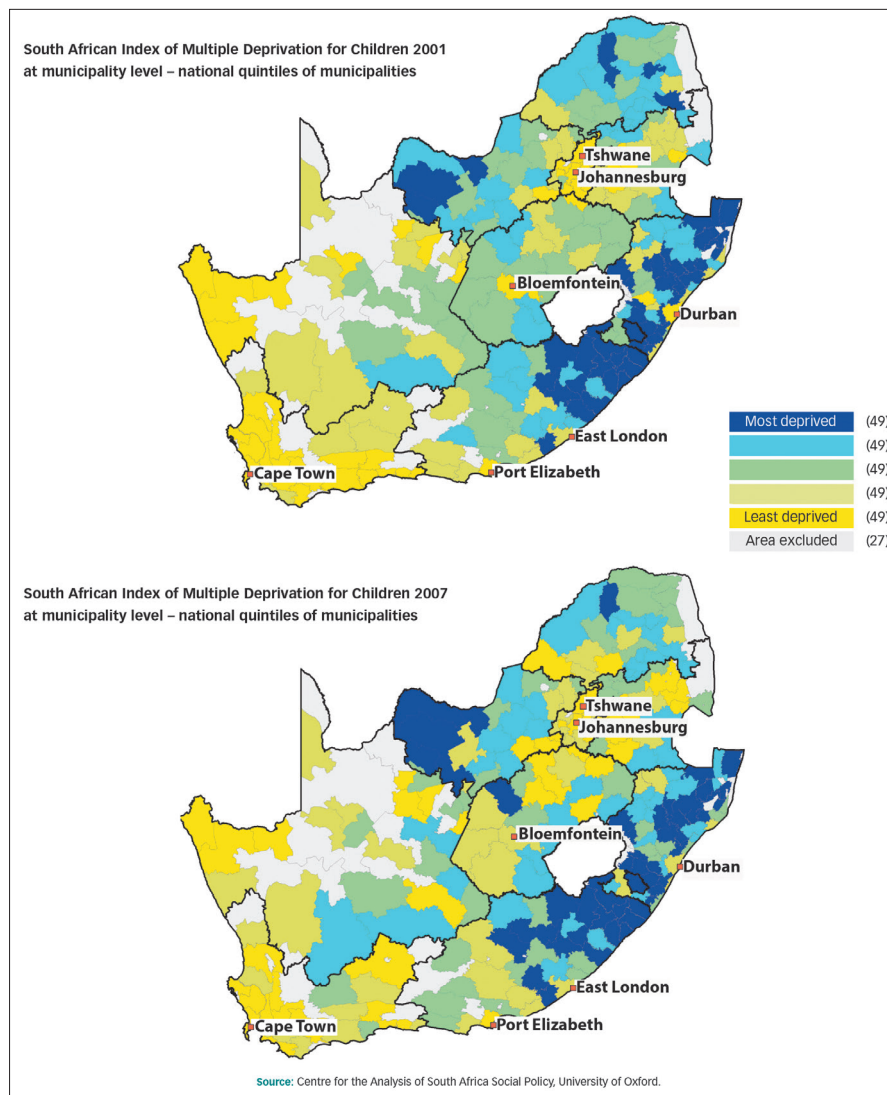
Now in its seventh year, the *South African Child Gauge* serves as an annual barometer of the situation of South Africa's children.

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The legacy of suffering imposed by the discredited 'separate but equal' policy of successive apartheid governments has hit South Africa's children the hardest, and those living in former homelands remain the most deprived and least healthy. This emerges from the findings reported in the latest *South African Child Gauge* (2012).¹

Children in the poorest quintiles are more likely to be living in the former homelands, while the migrant labour system means that only a third of all children live with both their parents. Nearly a quarter live with neither parent, many remaining in the care of relatives in the former homelands while the parents seek work in the cities. Rising income inequality emerges as an overarching theme in this year's *Gauge*. In spite of child poverty having decreased since 2003, the high income inequality rates hit children's survival, development and life trajectories the hardest – and will probably persist into the next generation, concludes Katherine Hall, a senior researcher at the Children's Institute at the University of Cape Town (UCT). Two-thirds (67%) of black children live in homes where the income is less than R575 per person per month, compared with only 2% of white children. Ingrid Woolard of UCT's Southern African Labour and Development Research Unit (SALDRU) found patterns of inequality to be quite different between adults and children. Citing the 2010 General Household Survey (GHS), which shows that children are more likely than adults to be living in poor households, she said that a full 41% of children live in the poorest 20% of households, compared with 8% living in the richest 20%. Certain groups of children experience multiple forms of deprivation – the very young, those with disabilities, poor children and those living in rural areas (especially the homelands, in particular the Eastern Cape and KwaZulu-Natal).

The 2010 GHS shows that nearly half of all the country's children lived in the former homeland areas, where there is limited access to services and economic opportunities. Urban child populations, however, were hardly immune to high levels of inequality, especially those in informal settlements, where overcrowding,



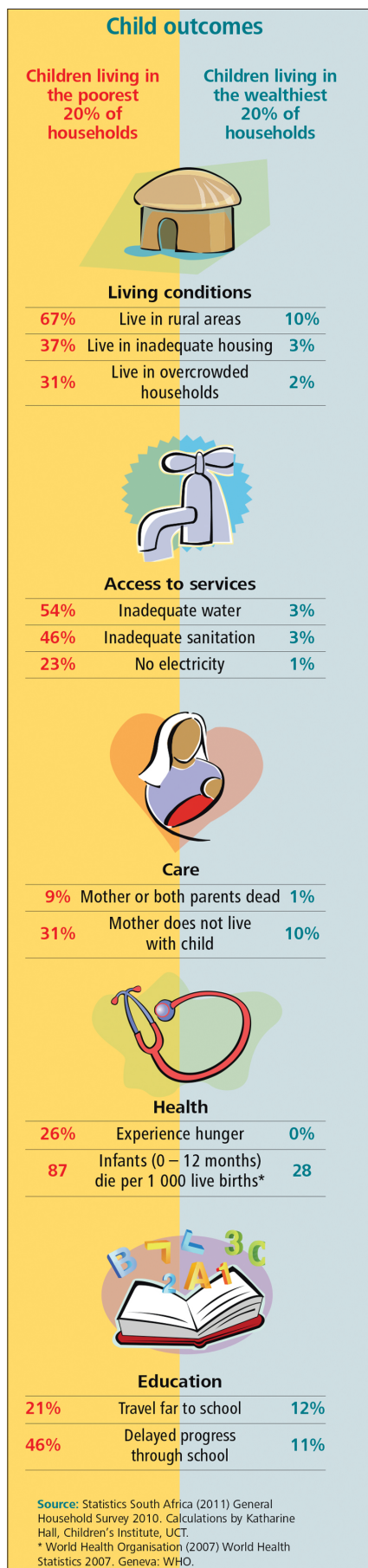
Relative change in child deprivation 2001 – 2007, at municipal level (reproduced with permission from the Children's Institute, UCT, and SALDRU).

crime and a lack of affordable and safe child care facilities exposed them to great risk. Hall recommends that national and provincial governments try to understand better where children live and how they move, so that they can target services more effectively and plan for growing child populations in areas of migration. George Laryea-Adjei, UNICEF's South African deputy chief, wonders aloud what the underlying factors are for weak implementation in some sectors, asking

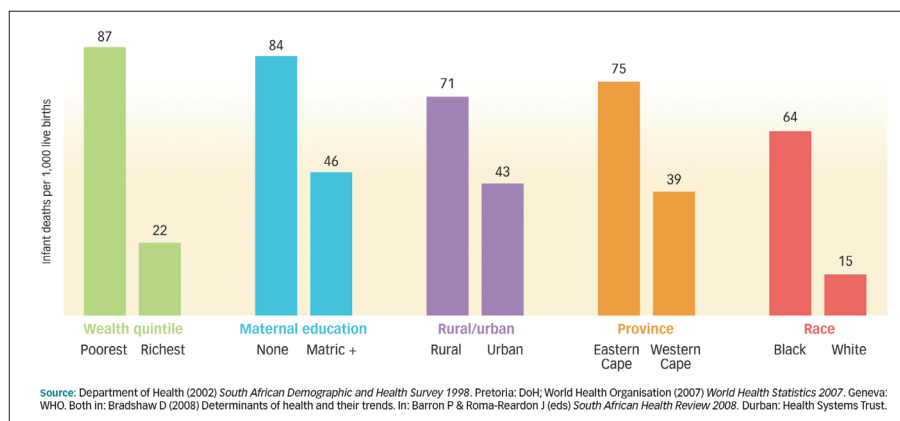
whether they lie in the organisational capacity of implementing arms of government, in the design of the country's inter-governmental arrangements, or both.

Child support grant missing many under age 1

The *Child Gauge 2012* reflects on the potential of interventions, particularly social assistance, early childhood development, education and healthcare, to break the cycle of intergenerational poverty and reduce



Child outcomes (reproduced with permission from the Children's Institute, UCT, and SALDRU).



Factors influencing infant mortality in South Africa – deaths per 1 000 live births (reproduced with permission from the Children's Institute, UCT, and SALDRU).

inequality. For example, the child support grant, which now reaches more than 11 million children, is associated with increased school attendance and better nutrition. However, Woolard says it is not reaching many children before their first birthday – when nutritional support is most critical – because of difficulties in accessing birth certificates and identity documents. According to Linda Biersteker of the Early Learning Resource Unit, investing in the first 2 years of a child's life gives children a good start in life and offers good economic returns, yet services are failing to reach the very young, those with disabilities, and those in poor households who cannot afford to attend an ECD (Early Childhood Development) centre. Improving the quality of education, the 14-year phasing in of National Health Insurance and re-engineering of primary health care could also address inequalities. Explains David Sanders of the School for Public Health, University of the Western Cape, 'the vast majority of children rely on the public health system, where resources are thinly stretched, particularly in rural areas'. Unequal access to healthcare remains striking: only 31% of medical practitioners, 25% of specialists and 46% of professional nurses work in public health.

Literacy levels shock

On education, the *Gauge* reports that in spite of 95% school attendance rates, outcomes are poor, especially in low-income areas. Grade 3 learners scored only 35% in literacy and 28% in numeracy in 2011, exposing serious problems with teaching and learning from the foundation phase (and onwards). On HIV, the 2010 estimate is of 518 000 HIV-infected children aged between 0 and 14 years, the world's highest figure, a pandemic driven primarily by transmission from an HIV-positive mother to her child during pregnancy or birth, or through breastfeeding. (Without any prophylactic intervention the risk of infection in infants born to HIV-positive mothers ranges between 15% and 30%, depending on breastfeeding practices. However, with intervention in the form of prevention of mother-to-child transmission

(PMTCT) and highly active antiretroviral therapy (HAART), this can be reduced to less than 3% by 8 weeks after delivery.) In the 11 years since PMTCT was introduced nationally, the proportion of infants positive for HIV at 6 weeks has dropped to 2.7% (with significant divergences provincially, e.g. 1.98% in the Western Cape v. 3.8% in the Eastern Cape and the Free State). The *Gauge* essay on this topic concluded that while almost universal access to PMTCT has been achieved, two issues emerged strongly along the continuum of interventions. These were that coverage across the board reduced as service users 'dropped out' of the system, and that great variability in access was found across provinces. Inequities in access to and coverage of HIV-related services for children meant that HIV remained a risk factor in half of all under-5 deaths. Because child HIV is driven by the adult pandemic, children's access to testing and treatment lagged behind that of adults.

The government's strategic plan on HIV, sexually transmitted infections and tuberculosis (TB) (2012 - 2016) aims to reduce MTCT to less than 2% at 6 weeks after birth and less than 5% at 18 months, plus initiating and maintaining on ART 90% of children in need. The *Gauge* emphasised that equity in access to and quality of care for children across provinces for the full spectrum of PMTCT services to ensure early diagnosis, TB screening and general care is critical in reducing infant and child mortality.

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- Hall K, Woolard I, Lake L, Smith C, eds. South African Child Gauge 2012. Cape Town: Children's Institute, University of Cape Town, 2012. http://www.ci.org.za/depts/ci/pubs/pdf/general/gauge2012/sa_child_gauge2012.pdf (accessed 16 November 2011).