Child health: The general context

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Section 27 of the Constitution of South Africa provides that everyone has the right to have access to health-care services. In addition, section 28(1)(c) gives children "the right to basic nutrition and basic health care services".

Article 14(1) of the African Charter on the Rights and Welfare of the Child states that "every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health".

Article 24 of the UN Convention on the Rights of a Child says that State Parties should recognise "the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health". It obliges the State to take measures "to diminish infant and child mortality" and "to combat disease and malnutrition".

The infant mortality rate and under-five mortality rate

NOTE: This indicator has not been updated since 2006, as more recent and reliable estimates were not available. The health and nutrition domains of Children Count – Abantwana Babalulekile *are under review for further development in 2009.*

The World Health Organisation describes the infant mortality rate and under-five mortality rate as leading indicators of the level of child health in a country. The infant mortality rate (IMR) indicates the number of children per 1,000 live births who died before their first birthday. The under-five mortality rate is the number of deaths among children before reaching the age of five years, per 1,000 live births. Both these indicators are also used to track progress on the Millennium Development Goal to reduce mortality in children under five by 2015.

The 2000 South African National Burden of Disease Study (BOD) draws on the 1998 Demographic Health Survey, which was the last population survey to provide reliable data on child mortality. Conflicting information on child mortality over the past eight years has created a high level of uncertainty about the extent of child survival in the country. The lack of regular and reliable data means that the country cannot adequately address problems or persistent inequalities across the provinces.

According to the 2000 BOD, the infant mortality rate was 59 deaths per 1,000 live births and the under-five mortality rate was 95 deaths per 1,000 live births. The number of child deaths in South Africa remains unacceptably high and most of these deaths are preventable.

AIDS contributes to 40% of child deaths under five. Diseases of poverty, which include low birth weight, diarrhoea, lower respiratory infections and protein-energy malnutrition account for another 30% of these deaths (Bradshaw, Nannan, Laubscher, Groenewald, Joubert, Nojilana, Norman, Pieterse & Schneider 2000).

Table 4a: Infant and under-five mortality rate, 2000

Province	Infant mortality rate (per 1,000 live births)	Under-five mortality rate (per 1,000 live births)
Eastern Cape	71	105
Free State	62	99
Gauteng	44	75
KwaZulu-Natal	68	116
Limpopo	52	81
Mpumalanga	59	100
North West	55	89
Northern Cape	46	68
Western Cape	32	46
South Africa	**59**	**95**

Source: Bradshaw D, Nannan N, Laubscher R, Groenewald P, Joubert J, Nojilana B, Norman R, Pieterse D & Schneider M (2004) *South African National Burden of Disease Study 2000 – Estimates of Provincial Mortality*. Cape Town: South African Medical Research Council, Burden of Disease Unit.

The number and proportion of children living far from the nearest clinic

This indicator reflects the distance from a child's household to the nearest clinic. Distance is measured through a proxy indicator: length of time travelled to reach the nearest clinic, by whatever form of transport is usually used. The nearest clinic is regarded as 'far' if a child would have to travel more than 30 minutes to reach it, irrespective of mode of transport.

The health of children is influenced by many factors, including nutrition, access to clean water, adequate housing, sanitation and a safe environment. Primary health-care clinics provide important preventative and curative services, and increased access to clinics could substantially reduce child illness and mortality.

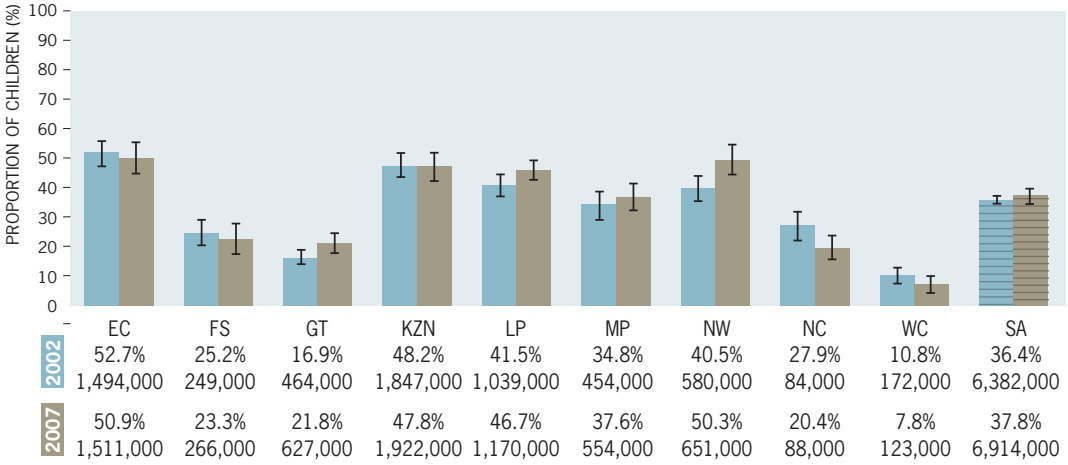
According to the UN Committee on Economic, Social and Cultural Rights (2000), primary health care should be: available (in sufficient supply); accessible (easily reached); affordable; and of good quality. From 1996, primary health care through the public service was made free to everyone in South Africa, but the availability and physical accessibility of health-care services remains a problem, particularly for people living in remote areas.

The General Household Survey 2007 shows that nearly four in every 10 children in South Africa live far from their nearest primary health-care facility. That means 6.9 million children need to travel more than 30 minutes to reach their nearest clinic. Nationally, there has been little improvement in access to clinic services between 2002 and 2007. The situation has worsened in the North West province over the six-year period.

There is considerable variation between provinces. Around 50% of children in the Eastern Cape, North West, KwaZulu-Natal and Limpopo provinces travel far to reach clinics. The proportion of children living far from the nearest clinic is around 20% in the Free State, Gauteng and Northern Cape, and 8% in the Western Cape.

There are also significant differences between population groups. A total of 42% of African children would have to travel far to the nearest clinic in comparison with only 12 – 13% of Coloured, Indian and White children.

Table 4b: Number and proportion of children living far from the nearest clinic, 2002 & 2007



	EC	FS	GT	KZN	LP	MP	NW	NC	WC	SA
2002	52.7%	25.2%	16.9%	48.2%	41.5%	34.8%	40.5%	27.9%	10.8%	36.4%
	1,494,000	249,000	464,000	1,847,000	1,039,000	454,000	580,000	84,000	172,000	6,382,000
2007	50.9%	23.3%	21.8%	47.8%	46.7%	37.6%	50.3%	20.4%	7.8%	37.8%
	1,511,000	266,000	627,000	1,922,000	1,170,000	554,000	651,000	88,000	123,000	6,914,000

Sources: Statistics South Africa (2003; 2008) *General Household Survey 2002; General Household Survey 2007*. Pretoria, Cape Town: StatsSA. Analysis by Double-Hugh Marera & Katharine Hall, Children's Institute, UCT.

Notes: ① Children are defined as persons aged 0 – 17 years. ② Population numbers are rounded off to the nearest thousand. ③ Strengths and limitations of the data are described on pp. 103 – 104. ④ The confidence intervals, shown on the graph as a vertical line at the top of each bar, represent the range into which the true value may fall. See p. 69 for more details on confidence intervals. ⑤ See www.childrencount.ci.org.za for more information.

The number and proportion of children living in households where there is child hunger

This indicator draws on data from the General Household Survey and shows the number and proportion of children living in households where children are reported to go hungry "sometimes", "often" or "always" because there isn't enough food. Child hunger is emotive and subjective, and estimates of the extent and frequency of hunger unreliable, but it is assumed that variation and reporting error will be reasonably consistent so that it is possible to report trends from year to year.

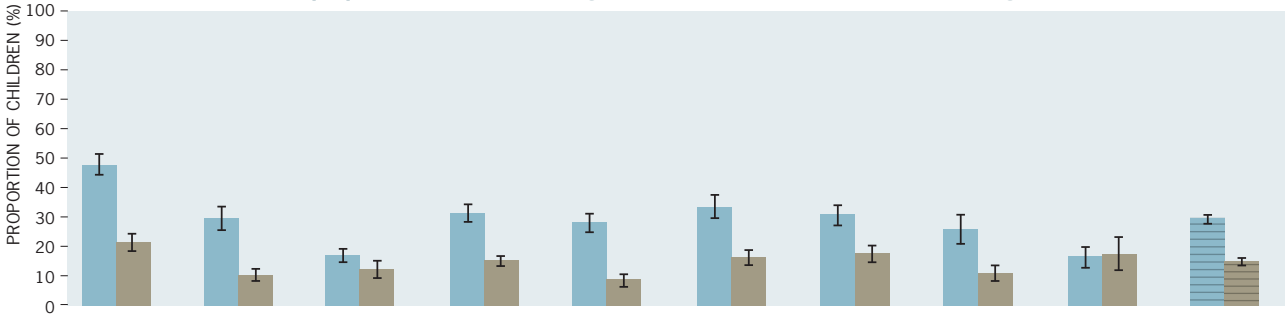
The government has introduced a number of programmes to reduce hunger, malnutrition and food insecurity, yet child hunger continues to be a problem. The 2007 General Household Survey indicated 2.7 million children living in households that reported child hunger. This represents a significant drop in reported child hunger from 30% of children in 2002 to 15% of children in 2007.

There are large disparities in reported hunger between provinces and population groups. The province with the highest rate of reported child hunger in 2007 was the Eastern Cape (21%), which was also one of the provinces with high rates of child poverty and children living without an employed adult present. Limpopo also experiences high rates of unemployment and income poverty, yet it has the lowest proportion of reported child hunger (9%). This may be related to greater food security as a result of rural households having access to land for subsistence agriculture.

Gauteng and the Western Cape had the lowest levels of reported hunger in 2002 and have shown little change from 2002 to 2007, but there have been substantial improvements in some provinces: Limpopo and the Free State have the lowest levels of reported child hunger, dropping from 28% to 9% and 29% to 10% respectively between 2002 and 2007. In the Eastern Cape, child hunger dropped from 47% in 2002 to 21% in 2007. However, levels of child hunger remain high in the Eastern Cape, Mpumalanga, North West and the Western Cape.

Hunger, like poverty and unemployment, is most likely to be found among African children. In 2007, some 2.5 million African children lived in households that reported child hunger. This equates to nearly 17% of the total African child population, while relatively few Coloured (11%), Indian (1%), and White (0.1%) children experienced reported hunger.

Table 4c: Number and proportion of children living in households where there is child hunger, 2002 & 2007



	EC	FS	GT	KZN	LP	MP	NW	NC	WC	SA
2002	47.4%	29.2%	17.0%	30.9%	27.9%	33.4%	30.5%	25.4%	16.3%	29.7%
	1,346,000	290,000	465,000	1,186,000	698,000	437,000	436,000	77,000	260,000	5,203,000
2007	21.4%	10.3%	12.4%	15.2%	8.6%	16.1%	17.5%	11.0%	17.4%	14.9%
	635,000	118,000	357,000	610,000	215,000	238,000	227,000	48,000	273,000	2,723,000

Sources: Statistics South Africa (2003; 2008) *General Household Survey 2002; General Household Survey 2007*. Pretoria, Cape Town: StatsSA.
Analysis by Double-Hugh Marera & Katharine Hall, Children's Institute, UCT.

Notes: ① Children are defined as persons aged 0 – 17 years. ② Population numbers are rounded off to the nearest thousand. ③ Strengths and limitations of the data are described on pp. 103 – 104. ④ The confidence intervals, shown on the graph as a vertical line at the top of each bar, represent the range into which the true value may fall. See p. 69 for more details on confidence intervals. ⑤ See www.childrencount.ci.org.za for more information.

Additional sources for health

- *Constitution of the Republic of South Africa. Act 108 of 1996.*
- Office of the High Commissioner of Human Rights (1989) *Convention on the Rights of the Child, UN General Assembly Resolution 44/25.* Geneva: United Nations.
- Secretary General of the Organisation of the African Union (1990) *African Charter on the Rights and Welfare of the Child, OAU resolution 21.8/49.*
- United Nations Economic and Social Council (2000) *International Covenant on Economic, Social and Cultural Rights, Article 12: The Right to the Highest Attainable Standard of Health: General comment No. 14.* Geneva: Committee on Economic, Social and Cultural Rights.
- World Health Organisation (2008) *Probability of dying aged < 5 years per 1000 live birth (under-five mortality rate).* Geneva: WHO