

SOUTH AFRICAN

ChildGauge

Lucy Jamieson, Rachel Bray,

2010/2011

André Viviers, Lori Lake, Shirley Pendlebury & Charmaine Smith



Ek is mens
en so is jy !!
Ndingumtu
wena

To show
love and
respect!!!

GROW
CLOSER
Relationships

WE WANT TO
HAVE A SAY TOO

GUIDE US
AND SHOW
GOOD BEHAVIOR



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10 years child rights in focus

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Broad overview of the *South African Child Gauge 2010/2011*

The *South African Child Gauge* is produced annually by the Children's Institute, University of Cape to monitor government and civil society's progress towards realising children's rights. This issue focuses on children's citizenship and participation rights.

The *South African Child Gauge* is divided into three parts:

PART ONE: Children and law reform

Part one discusses recent legislative developments affecting children. This issue comments on the Births and Deaths Registration Amendment Act, Policy on Learner Attendance, Social Assistance Amendment Act, Basic Conditions of Employment Amendment Bill, Protection from Harassment Bill, and Prevention and Combating of Trafficking in Persons Bill.

See pages 9 – 15.

PART TWO: Children as citizens: Participating in social dialogue

Part two presents nine essays – the first two set the scene, defining children's rights to participate in decision-making and describing the conditions for children's meaningful participation in social dialogue. Four essays explore the challenges and benefits of children's participation in different contexts, from one-to-one encounters with professionals to involvement in democratic governance. The essays examine how to enhance children's relationships with professionals; strengthen their participation in school governance; facilitate their involvement in government policy and budget analysis; and support their active engagement with the media. Children's experiences of participation and the role of inter-generational dialogue in challenging and transforming how adults and children communicate with each other are also discussed. The concluding essay uses the notion of children as citizens to draw together key arguments and lessons.

See pages 17 – 73.

PART THREE: Children Count – the numbers

Part three updates a set of key indicators on children's socio-economic rights and provides commentary on the extent to which these rights have been realised. The indicators are a special subset selected from the website www.childrencount.ci.org.za.

See pages 75 – 106.

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ⁱ See (www.crfr.ac.uk/researchprojects/rp_theorisingindex.html)

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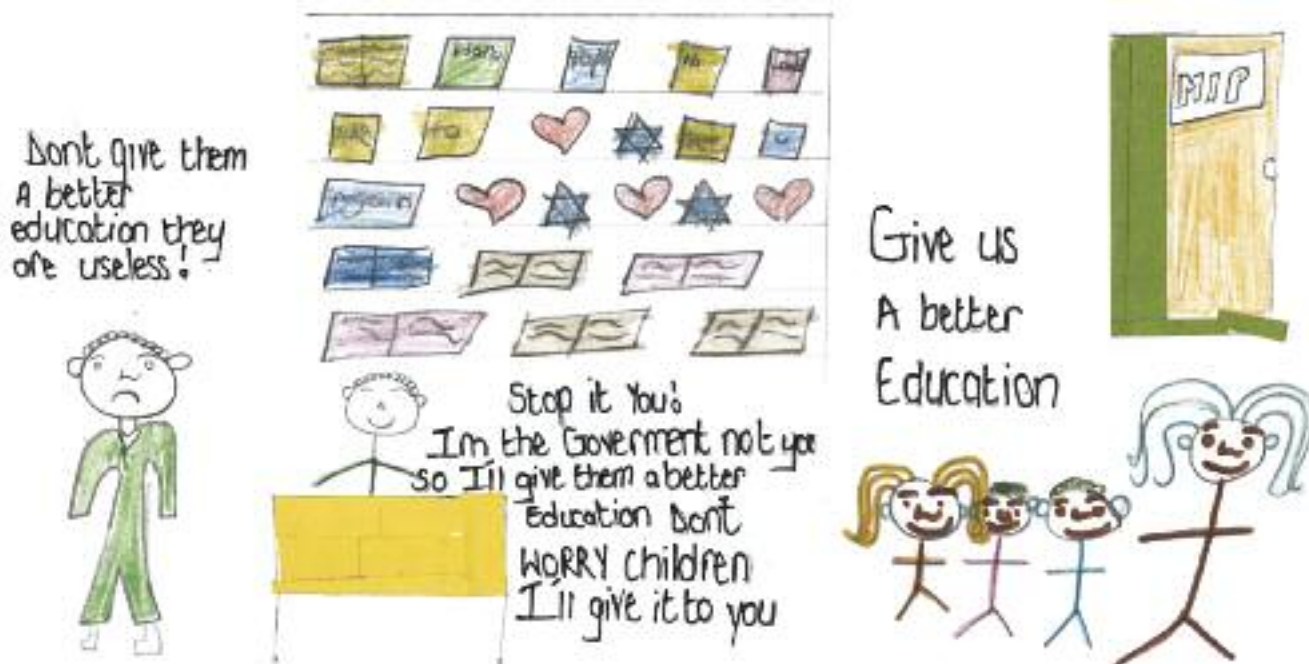
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Abbreviations

African Children's Charter	African Charter on the Rights and Welfare of the Child	IMR	Infant Mortality Rate
ACCESS	Alliance for Children's Entitlement to Social Security	IDASA	Institute for Democracy in South Africa
ACHPR	African Charter on Human and Peoples' Rights	KZN	KwaZulu-Natal province
AIDS	Acquired Immune Deficiency Syndrome	LFS	Labour Force Survey
ASSA	Actuarial Society of South Africa	LP	Limpopo province
ART	Antiretroviral Therapy	MMA	Media Monitoring Africa
CDG	Care Dependency Grant	MDG	Millennium Development Goal
CNPDI	Child Nurse Practice Development Initiative	MP	Mpumalanga province
CRF	Children's Radio Foundation	NIDS	National Income Dynamics Survey
CSG	Child Support Grant	NGO	Non-Governmental Organisation
CROC	(United Nations) Committee on the Rights of the Child	NW	North West province
CRC	(United Nations) Convention on the Rights of the Child	NC	Northern Cape province
DG	Disability Grant	QLFS	Quarterly Labour Force Survey
DICAG	Disabled Children's Action Group	PMTCT	Prevention of Mother-To-Child Transmission (of HIV)
DVA	Domestic Violence Act	PSU	Primary Sampling Unit
EC	Eastern Cape province	RCL	Representative Council of Learners
FCG	Foster Child Grant	SOCPEN	Social Pensions (administrative data system)
FS	Free State province	SASSA	South African Social Security Agency
GP	Gauteng province	SADHS	South African Demographic and Health Survey
GHS	General Household Survey	SGB	School Governing Body
GEM	Girls Education Movement	StatsSA	Statistics South Africa
HAART	Highly Active Antiretroviral Therapy	U5MR	Under-Five Mortality Rate
HIV	Human Immunodeficiency Virus	WC	Western Cape province



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Foreword

The Most Reverend Archbishop Emeritus Desmond Tutu

Children have long had a central place in our nation's heart. We admired the courage of those who stood up for justice in the struggle, and we have acknowledged just how devastating an effect our history has had on their lives. But when last did we stop to listen to children?

It is my conviction that children have a lot to teach us, if we only had the common sense – and a drop of humility – to listen to them. No longer can we hold onto the myth that we adults always know better than children. Of course, the fact that we have lived longer gives us more experiences upon which we draw to make decisions. But that is the only difference.

Children know what is happening around them and can see ways to improve their own lives, as well as those of others. Put simply, they are both the treasures we wish to protect and the resources we need to do so.

Take for example the daily lives of many rural children who balance the demands of running a home, completing schoolwork and caring for siblings or sick relatives. Scores more do the same in urban areas, perhaps with better infrastructure and services. No-one handed these children a job description. Their roles emerged as adult resources were stretched too thinly, meaning that they quickly developed an expertise in what makes a difference, and why. How better to support communities faced with chronic poverty and AIDS than to first consult those in the frontline of support, including children?

As a nation we have made remarkable progress in building the legal foundation for ensuring children's best interests. Now is the time to put policies of inclusion into action by listening to children and feeding their insights into the way we run our schools, clinics, hospitals, social services, courts and government departments. I often have the privilege of addressing groups of young people and am always impressed with their wisdom, idealism and enthusiasm. They have the capacity to



change things and need to be allowed the opportunity.

What is more, we know that this generation of children is eager to engage with adults and with each other, to break down the old barriers between generations and between neighbourhoods. Born into a democratic era that heralds new opportunity, children now desire more and better information about their own worlds as well as insight into the lives of their peers with different histories. Not only do children want more dialogue and involvement, but they desperately need to know what is available in order to make wise choices.

For the paths to success in South Africa are full of hope, yet snared by inadequate knowledge around entitlement and opportunity.

Our desires and efforts to include children are mirrored across the world. We would do well to join hands and learn together. This year's *State of the World's Children* reportⁱ published by UNICEF prioritises the right of children to express their views freely on all matters affecting them, pointing out that our fulfilment of this right not only benefits children but society as a whole: "The well-being and the active participation of adolescents are fundamental to the effectiveness of a life-cycle approach that can break the intergenerational transmission of poverty, exclusion and discrimination...". South Africa has fertile ground in which to pioneer participatory approaches and could make a valuable contribution to global learning.

So what does it take to engage children and really listen? The essays in this issue of the *South African Child Gauge* draw on South African experiences of partnering children in important decision-making processes, showing how they were successful and what they learnt from mistakes. In a nutshell – it is the willingness to give it a go, and to find out for oneself how inspiring and productive it is to work collaboratively with children.

ⁱ United Nations Children's Fund (2011) *State of the World's Children 2011. Adolescence: An age of opportunity*. New York: UNICEF.

Reflections on children's participation

The Honourable Lulu Xingwana
Minister for Women, Children and People with Disabilities

The government of South Africa has demonstrated a commitment and political will to ensure that children's human rights are advanced, promoted, protected and developed.

In 1995, South Africa ratified the United Nations Convention on the Rights of the Child, which spells out a package of rights that need to be enjoyed by all children in the world. In 1996, South Africa adopted its Constitution, which in section 28 sets out certain principles applicable to children. Children's rights are the fundamental freedoms and inherent rights of every child or young person under the age of 18 years. Children, like any other person, also enjoy the other rights in the Bill of Rights, amongst them the right to freedom of expression which includes freedom to receive or impart information or ideas.

In terms of the Children's Act, "every child that is of such an age, maturity and stage of development as to be able to participate in any matter concerning that child has the right to participate in an appropriate way and views expressed by the child must be given due consideration".ⁱ

In recent years, there have been a number of positive legislative developments relating to children spanning child justice, education, social security and social services. But children's rights must be considered in all programmes of government and the rest of society. The concerns and experiences of women, children and persons with disabilities should be an integral dimension of policies and programmes in all political, economic and social spheres so that these three groups benefit equally as the rest of the population, and inequality is not perpetuated.

Government at all levels has created platforms for children



to express their views on issues affecting them. Many provinces and municipalities have established Children's Forums. These forums are also used as channels for children to engage with different legislative processes. More forums of this nature need to be established where they are non-existent.

It is also important that at various intervals, we look at the totality of children's rights, review progress and outline measures that have to be taken to address various challenges limiting the realisation of these rights. Listening to children is an essential monitoring tool so that programmes and services take account of the lived realities

on the ground, and respond to their needs.

The Department for Women, Children and People with Disabilities regularly convenes children from all provinces and provides a platform for them to express their views on issues pertinent to them. In addition, the National Children's Rights Machinery serves as a platform for all stakeholders in the children's rights sector to engage with government and guide on national issues affecting children.

Our efforts towards the full realisation of children's rights can only succeed through strong collaboration between government, civil society, United Nations agencies and other development partners. In this context, publications such as the *South African Child Gauge* provide a critical analysis of some of the challenges to the fulfilment of children's rights. Where there are gaps in the realisation of children's rights, we need to advocate and lead the initiation of appropriate interventions. This is as true for children's right to participate as it is for other rights.

Working together, let us give children a voice.

ⁱ Children's Act 38 of 2005. Section 10.



I hear
what you
are saying
and I
understand

PART ONE

Children and law reform

Part one examines recent legislative developments that affect children in South Africa.

These include the:

- Births and Deaths Registration Amendment Act;
- Policy on Learner Attendance;
- Social Assistance Amendment Act;
- Basic Conditions of Employment Amendment Bill;
- Protection from Harassment Bill; and
- Prevention and Combating of Trafficking in Persons Bill.



Legislative developments in 2010/2011

Prinslean Mahery and Tendai Nhenga-Chakarisa (Children's Institute)



2010 saw the enactment of two laws aimed at protecting and regulating services for children: the Children's Act and the Child Justice Act. Both came into operation in April that year. Since then, no new laws have been passed that focus specifically on children. However, some general laws were amended, and some new Bills were drafted that will affect children either directly or indirectly.

Births and Deaths Registration Amendment Act

The ability to access birth certificates is central to children's right to a name and nationality, and the procedure for accessing such certificates is outlined in the Births and Deaths Registration Act¹ (the principle Act). At the end of 2010, the Births and Deaths Registration Amendment Act² (Amendment Act) was passed and, once it comes into operation, it will amend the principle Act. Some of the amendments will have a direct effect on children and families who need birth or death certificates to access a range of services to which they are entitled constitutionally, such as health care and education services.

The most relevant changes introduced by the Amendment Act are:

Restrictions on who may register a birth

The principle Act says that either the mother or father can register a child's birth. If they are unable to do so, a caregiver, guardian or any other person asked by the parent can register

the birth. The Amendment Act changes this principle so that, apart from the mother or father, only a prescribed list of persons (to be announced in future regulations) will be able to register the birth of the child, and only in circumstances where both parents are deceased. For example, a social worker could register the birth of an orphaned child.

In commenting on the Amendment Act, civil society organisations like the Alliance for Children's Entitlement to Social Security (ACCESS) strongly objected to this amendment and warned that it could prove counterproductive and burdensome for both the Department of Home Affairs and for applicants wanting to register children. If caregivers such as grandparents and aunts are unable to register a birth without the involvement of a third party like a social worker, then they might give up and not register the birth at all. ACCESS also argued that there are many legitimate reasons why parents may be unable to register a child themselves, for example if the mother is too ill or has died during child birth, and the father is untraceable or working in another province. If the department's primary objective was to prevent fraudulent birth registrations, it was suggested that other less restrictive measures could be used to achieve that objective.³

Despite these objections, the Amendment Act still contains this provision, which could be challenged constitutionally in future if it creates unreasonable limitations on children's right to a name and nationality, their right to access services or their right to administrative justice.

Streamlined requirements for late birth registrations

The principle Act currently allows the birth of a child to be registered after the first 30 days but outlines different procedures for registering a birth before the age of one, between one and 15 years, and older than 15. In an attempt to ensure that all live births are registered within 30 days, the Amendment Act streamlines the requirements for all late registrations done after the first 30 days. ACESS supported this amendment, which emphasises the importance of registering births as soon as possible. However, it cautioned that this amendment could conflict with cultural practices around the naming of children which may delay the registration of the child. ACESS has called for further investigation and consultation on this issue.

New provisions on registering the birth of an abandoned child

The Amendment Act also changes the principle Act's provisions for the registration of the birth of an abandoned child. Firstly, it provides that similar procedures will apply to an orphaned child. Secondly, it notes the application of the Children's Act in such cases. In other words, if the birth of an abandoned or orphaned child was not registered, a social worker must register the birth after an enquiry has been conducted in terms of the Children's Act.ⁱ The social worker must also give a name and surname to the child, if these were not assigned to the child at the enquiry. Given the shortage of social workers, this amendment could prove to be an unnecessary restriction because it does not allow other social service professionals (who are recognised by the Children's Act) to register the birth of an abandoned or orphaned child.

Recording an adoption

The Amendment Act includes a provision confirming the requirements of the Children's Act to record an adoption in the birth register. This means that after a children's court has issued an adoption order, the adoptive parents of a child whose birth has already been registered must apply to the Director-General of the Department of Home Affairs to record the adoption and any change in the child's surname on the birth register. When making the application the adoptive parents must have:

- the relevant adoption order as registered by the adoption registrar;
- the birth certificate of the child;
- the prescribed birth registration form; and
- a fee prescribed in terms of any applicable law, if any.

Policy on Learner Attendance

The National Education Policy Act⁴ provides for the publication and implementation of national education policies. In 2010 the

Department of Basic Education introduced the Policy on Learner Attendance.⁵ The policy came into operation on 1 January 2011 and applies to all public schools.

The objectives of the policy

The policy aims to promote punctual and regular school attendance at all public schools. This followed concerns about learners not attending schools regularly as a result of poverty and other social problems. The policy argues that regular learner attendance is important for realising a child's right to education, for improving learner retention and performance, and preventing learners from taking part in risky sexual behaviour resulting in teenage pregnancy or contracting HIV. The policy also aims to strengthen the monitoring, management and recording of learner attendance in order to identify and respond to learners and their parents who might need assistance.

Acceptable reasons for absenteeism

A list of valid reasons for learners to be absent from school are set out in the policy. This includes a child being ill; a pregnant learner giving birth (which must be confirmed by a medical practitioner or a midwife); an appointment at court, social services or other official agency (a principal may ask for documentary proof of the appointment); and also exceptional circumstances for which (in the principal's view) a temporary absence from school is in the best interest of the learner, or was unavoidable.

Responsibilities of all role-players

Details of the responsibilities of learners, parents, schools, teachers and principals to ensure regular learner attendance are covered in the policy. It recommends a zero tolerance approach (amongst other things) to absence without valid reasons, and that "schools and social agencies give appropriate support to learners whose families struggle under the burden of poverty, serious illness and bereavement, especially learners who are compelled by circumstances to be caregivers or to head their own households".⁶

The policy gives guidance on what a principal is required to do if a learner is absent for three consecutive days without a valid reason, including the need to – where necessary – seek intervention from government and non-government social development agencies to assist the learner and his/her family. In cases of continuous absence, a learner's record in the class register can be cancelled as an administrative action. Such cancellation is not meant to be a disciplinary action and does not mean the child is expelled or suspended. The policy is explicit that female learners' records may not be cancelled on the grounds that they are pregnant or have given birth.

ⁱ The Children's Act requires social workers to investigate the situation of children in need of care and protection. This includes orphaned or abandoned children who are without visible means of support.

Social Assistance Amendment Act

The Social Assistance Act⁷ (the principle Act) was again changed by an Amendment Act⁸ which came into operation in September 2010. The main amendments stipulate how the South African Social Security Agency must inform an applicant who was not successful in applying for a social grant of his/her right to request the agency to reconsider the application (or to appeal a reconsidered decision to the Minister of Social Development). These amendments do not appear to have been the main cause of controversy at the time the Amendment Bill was introduced. However, there were other amendments in the tabled Bill that would have had an impact on children if Parliament decided to include them in the Amendment Act.

The principal Act allowed those who cared for children with physical or mental disabilities to access the Care Dependency Grant, and the Amendment Bill⁹ proposed to remove the words “physical” and “mental” from this eligibility requirement. This was seen as a positive development that would have allowed a wider range of children with impairments to access the grant.

The Bill also proposed including the following definition of “disability” in the general list of definitions:

...disability in respect of an applicant means a moderate to severe limitation to his or her ability to function as a result of a physical, sensory, communication, intellectual or mental disability rendering him or her unable to –

- (a) obtain the means needed to enable him or her to provide for his or her own maintenance; or*
- (b) be gainfully employed.*¹⁰

This definition would have impacted negatively on children and their families as it could have prevented people (ie parents and caregivers) who were sick with HIV and other chronic illnesses from accessing the Disability Grant.¹¹ Restricting access to the grant in this way could also have had serious consequences for child-headed households where children caring for terminally ill adults are particularly vulnerable.

In the end, Parliament decided to remove the definition of disability primarily because the Department of Health said it lacked the capacity to implement it. So the definition does not appear in the current Amendment Act; however, the words “physical” and “mental” remain part of the eligibility requirements for the Care Dependency Grant, which is disappointing.

Basic Conditions of Employment Amendment Bill

In December 2010 the Department of Labour published various draft Amendment Bills¹² intended to amend a range of labour laws, including the Basic Conditions of Employment Act¹³. One

of the Bills is the Basic Conditions of Employment Amendment Bill, which aims to protect workers from exploitation and prohibit certain abusive practices like employers requiring payment from prospective employees to secure employment.

The draft Bill also proposes to amend the provisions relating to children who work. The current Act states that no-one may “employ” a child under the age of 15 or under the minimum school-leaving age (which is the last school day of the year in which the child turns 15 or the end of grade 9, whichever comes first).¹⁴ The Bill proposes that no person may “require or permit” a child to work as an employee or independent contractor if the child is under 15 or below the minimum school-leaving age.¹⁵ Whereas the principle Act uses the word “employ”, the Bill proposes to change this to “require or permit” the child to perform work or provide services.

This will mean that even parents and extended family members cannot “require or permit” children to work in violation of these new provisions. The Bill also extends protection to children working legally as employees or independent contractors who may not be permitted or required to do work which is inappropriate for their age or that will jeopardise their health, well-being or development.

These amendments aim to bring the provisions of the principle Act in line with the Constitution (which uses the terms “required or permitted to perform work or provide services” in section 28). The Bill has also increased the term of imprisonment from three to six years for someone who violates these provisions.

Protection from Harassment Bill

Tabled in Parliament in early 2010, the Protection from Harassment Bill¹⁶ sets out the procedures for obtaining and issuing protection orders against harassment. Harassment is defined as:

...directly or indirectly engaging in conduct that causes harm or inspires the reasonable belief that harm may be caused to the complainant or a related person by unreasonably –

- (a) following, watching, pursuing or accosting of the complainant or a related person, or loitering outside of or near the building or place where the complainant or a related person resides, works, carries on business, studies or happens to be;*
- (b) engaging in verbal, electronic or any other communication aimed at the complainant or a related person, by any means, whether or not conversation ensues; or*
- (c) sending, delivering or causing the delivery of letters, telegrams, packages, facsimiles, electronic mail or other objects to the complainant or a related person or leaving it where it will be found by or given to, or brought to the attention of, the complainant or a related person...*¹⁷

The protective provisions of the Bill also apply to children who can be complainants, persons related to a complainant (for example where a parent is being harassed), or child witnesses.

When it comes to the procedure for getting a protection order, there are various similarities between the provisions in the Bill and those in the Domestic Violence Act (DVA)¹⁸. The Bill makes it clear that people who could apply for relief against harassment or stalking in terms of the DVA will not be prevented from applying for relief in terms of the Protection from Harassment Bill. Just like the DVA, the Bill also allows for a child (or for someone acting on behalf of a child) to apply for a protection order without requiring assistance from a parent, guardian or any other person.

The DVA allows explicitly for any other person, including “a counsellor, health service provider, member of the South African Police Service, social worker or teacher”¹⁹ who has a material interest in the well-being of the complainant to apply for a protection order on behalf of the complainant.

The Bill also allows other people to apply for a protection order on behalf of a complainant. It must be someone who has a material interest in the well-being of the complainant “or a related person”. Such a person is “any member of the family or household of a complainant or any other person in a close relationship to the complainant”.²⁰ What the Bill also shares with the DVA in this regard is the vagueness of the concept “material interest” as it is not clear how it will be determined.

Both the Bill and the Domestic Violence Act require the complainant to give written consent that another person may apply on his/her behalf, unless the court is of the opinion that the complainant is unable to give consent. In the case of the DVA, consent is not required if the complainant is a child. This may be because the Act only applies to domestic relationships and the child may be reluctant to lay a complaint if the alleged perpetrator is a parent or family member. This exception to the consent requirement does not apply to the Protection from Harassment Bill.

The Bill will contribute to curbing violence against women and children. While the DVA covers only harassment and stalking cases where the complainant and the respondent are in a domestic relationship, the Protection from Harassment Bill will extend protection to cases of harassment where there is no domestic relationship between the victim and perpetrator.

Prevention and Combating of Trafficking in Persons Bill

In March 2010, the Department of Justice and Constitutional Development tabled the “Trafficking Bill”²¹ in Parliament. The Bill is intended to give effect to a United Nations Protocol²² (Palermo Protocol) and aims to prevent and combat the trafficking in

persons within and/or outside South Africa’s borders. It criminalises trafficking in persons and other associated offences, and contains measures to protect and assist victims of trafficking. It also seeks to establish an inter-sectoral committee to prevent and combat trafficking in persons.

Limitations of existing legislation

Currently, the law addressing trafficking in persons in South Africa is scattered across the Criminal Law Sexual Offences and Related Matters Amendment Act²³ and the Children’s Act²⁴. The former makes it an offence to traffic people for sexual purposes, while the Children’s Act addresses the trafficking of children.

The two statutes have a limited operational scope. The Sexual Offences and Related Matters Amendment Act criminalises the trafficking in persons only in the context of sexual exploitation (including pornography and prostitution), sexual grooming and/or sexual abuse.²⁵ The Act does not make provision for child trafficking (although there is a reference to trafficking by means of abuse of power of a position of vulnerability). Neither is there provision for reintegration or victim assistance, nor is there any discussion of repatriation or the possibility of determining whether repatriation is in the best interests of the child. Although the Act criminalises trafficking, it does not provide specific sanctions for the commission of this crime.

The definition of “trafficking” of children in the Children’s Act’s is more expansive than that in the Palermo Protocol, and whilst the Act was initially hailed by the trafficking sector as being comprehensive, its major shortcoming is the lack of a provision for prevention (as is also the case with the “Sexual Offences Act”). The Children’s Act also does not provide for a long-term reintegration process or psychological and medical assistance for victims.

If the Prevention and Combating of Trafficking in Persons Bill becomes law, it will be the most comprehensive statute on human trafficking in South Africa. It repeals the relevant sections of both the Children’s Act²⁶ and the Sexual Offences and Related Matters Amendment Act,²⁷ but does not provide for services for children who are the victims of trafficking as these provisions remain in force in the Children’s Act.

Prevention strategies

The Bill includes a number of strategies to prevent and combat trafficking in persons. This includes awareness programmes to inform and educate the public (locals and foreigners) about trafficking; their rights as victims; who to approach for help; and the legal remedies available to ensure their safety, recovery and repatriation. These programmes also aim to discourage the demand for (and supply of) victims of trafficking – especially women and children. The draft law says the programmes and other measures “must”:

- (a) include appropriate measures aimed at reaching rural communities;
- (b) where possible, be provided in a language understood by the persons at whom they are directed; and
- (c) be reviewed every second year in order to determine their effectiveness.²⁸

Offences and mandatory sentencing

The Bill outlines offences such as trafficking in persons; acts aimed at committing, acquiring another person to commit, or conspiring to commit a trafficking offence; debt bondage; using the services of victims of trafficking; and engaging in conduct that facilitates trafficking in persons. This includes the possession, destruction, confiscation, concealment of, or tampering with, identity or passport documents. The Bill provides for mandatory sentences ranging from fines to life imprisonment for people found guilty of these offences.

Reporting and referral procedures

The “Trafficking Bill” provides for procedures for the reporting and referral of child and adult victims of trafficking, including foreign child victims of trafficking found in South Africa. Any person – in addition to an “immigration officer, labour inspector, social worker, social service professional, medical practitioner, nurse, teacher, traditional health practitioner, traditional healer or leader” – who suspects that a child has been trafficked, must report this to the police. The police must then make a further report within 24 hours to a designated child protection organisation or the provincial Department of Social Development. The Bill suggests a maximum sentence of one year’s imprisonment for people found guilty of failing in their duty to report.²⁹

The Children’s Act on the other hand, provides that an “immigration official, police, social worker, social service professional, medical practitioner or registered nurse” who comes into contact with a child victim of trafficking must report to a designated social worker for investigation.³⁰ Failure to comply with these reporting requirements is a crime that attracts a sentence of up to 10 years in prison if committed once (or up to 20 years if committed more than once).

The “Sexual Offences Act” makes provision for the reporting of sexual offences against children to a police official, failure of which would attract a fine or custodial sentence of up to five years. However these provisions would only apply to trafficking for the purposes of sexual exploitation. While the Children’s Act and “Sexual Offences Act” offer stiffer penalties, the new Bill is wider in scope than these two Acts as it places an obligation on a wider group of people to report and ensure the child is protected from further harm.

Jurisdiction to try acts committed outside South Africa

The Bill also gives South African courts the jurisdiction to try acts committed outside the country’s borders if, amongst other reasons:

- the act would have constituted an offence if it had been committed in South Africa, regardless of whether or not the act constitutes an offence where it took place;
- the accused is a South African citizen or a resident of the country; or
- the accused has committed the offence against a South African citizen or a resident of the country.³¹

Services for victims of trafficking

The Bill entitles foreign victims of trafficking to access health care services that are available to citizens.³² However, it does not provide for specialised care for children who are victims of trafficking, or for specialised training for their carers. The Bill prohibits the criminal prosecution of adult and child victims of trafficking, for instance those forced into prostitution.

Although the Bill has been hailed as very comprehensive, it is disappointing that it does not adequately protect child victims of trafficking, particularly those of foreign origin. For instance, while it addresses the repatriation of child victims and provides for the investigation of whether or not the child will be safe and cared for if returned to its country of origin,³³ the Bill does not provide for ways of locating the family members of such children. While children in some instances may not be returned to their country of origin for safety reasons, there is little provision in the Bill to protect children trafficked into South Africa. For instance, there is no mention of the integration of a child victim of trafficking into the community. The identity and privacy of child victims are also not protected under the Bill.³⁴ While the Bill regulates organisations which offer services to adult victims of trafficking, it is conspicuously silent on similar regulations for children.

Compensation and residential status

The Bill addresses the residential status of foreign victims of trafficking in South Africa, and their compensation. It seeks to protect victims from summary deportation and repatriation, and victims of trafficking may apply for a renewable visitor’s permit for temporary residency.³⁵ However, without representation, in at least the form of a guardian *ad litem* (a person appointed by a court to act in a lawsuit on behalf of the child), these provisions may prove to be a dead letter for child victims.

Repatriation of child victims

In taking decisions on repatriating a child victim, the Bill requires due consideration of the best interests of the child, their safety during the process and the availability of care arrangements, and the possibility of harm in the country of origin. But it is silent on the provision of an adult escort where parents are not in a position to come to South Africa to collect the child. Here the Bill may be said to have regressed from the provisions in the Children's Act, which requires the Director-General of Foreign Affairs to pay for an adult escort for the child if the parents cannot afford to journey to South Africa to accompany the child home.³⁶

Conclusion

Although no major laws directed at children were passed recently, 2010 did see the introduction of new Bills and amendments which should protect children from abuse and neglect and improve the realisation of children's socio-economic rights. In some cases the laws introduced are extremely beneficial to children.

For example, the amendments to the Births and Deaths Registration Act stress the importance of registering the birth of a child as soon as possible, giving effect to children's right to a name and nationality, and improving children's access to services such as health care or education. Similarly, the Policy on Learner Attendance aims to ensure that children attend school and benefit from their right to education. The Protection from Harassment Bill and the Prevention and Combating of Trafficking in Persons Bill clearly serve the protection rights of children. The former will play a major role in the fight against women and child abuse and the latter should prevent trafficking and offer better support to child victims.

On the other hand, some of these new laws or amendments appear to limit children's rights. For example, the Births and Death Registration Amendment Act is overly restrictive – and may make it harder for vulnerable children (in particular orphans and abandoned children) to access birth certificates and related services. Similarly, proposed changes under the Social Assistance Amendment Bill could have prevented adults with chronic illnesses from accessing the Disability Grant, and had an adverse effect on the lives of children and their families, if they had been left intact. Although these amendments did not make it into the finalised Act, they show a particular intention from the legislature which requires a level of awareness in case they make their way back into future amendments of the Social Assistance Act.

While the laws introduced in 2010 should generally help advance children's constitutional rights, some provisions could also limit children's rights and this could lead to constitutional challenges in future.

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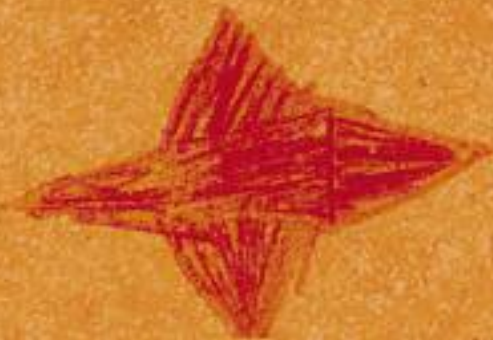
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is she going to listen





PART TWO

Children as citizens: Participating in social dialogue

Part two presents a series of nine essays that clarify children's participation rights and explain why they are important. The essays also examine different situations and contexts in which children's participation is crucial, and explore what needs to be done to realise children's rights to participate in social dialogue in South Africa.

The essays focus on:

- children's rights to participate;
- meaningful participation in social dialogue;
- children's relationships with professionals;
- children and school governance;
- children's involvement in government policy;
- children and the media;
- children's experiences of participation;
- challenging adult perceptions and practices; and
- children as citizens.

Overview



Part 2 contains nine essays that examine children's rights to participate in social dialogue. Policy-makers, planners and professionals are encouraged to include children in every stage of decision-making about services – from policy-making and programme design to delivery and evaluation.

The essays highlight potential benefits for children, adults and key government services, give examples of best practice and recommend key interventions that could help realise children's rights in practice.

Setting the scene

Children's rights to participate in social dialogue

(pages 22 – 29)

Children's rights to participate in social dialogue are protected in international and national law. These include the right to be heard, freedom of expression, the right to access information and the right to dignity and equality. Children's participation in decision-making is critical in ensuring the realisation of children's other rights to education, health, safety, shelter, social security and protection. Policy-makers, planners and professionals working with children have a responsibility to listen to children and take their views seriously in order to make decisions that promote children's best interests.

Effective children's participation in social dialogue

(pages 30 – 35)

What is children's participation in social dialogue and how can we make it work for everyone? This essay defines children's participation in social dialogue and outlines how it can improve service delivery, strengthen democracy and enable children to cope better in resource-poor settings. It explores some of the key challenges and what is required to support a two-way conversation between adults and children, in which both parties are able to express themselves and to be heard.

Children's participation in social dialogue

Children's relationships with professionals

(pages 36 – 42)

Children's right to participate in decision-making has profound implications for the way in which professionals work with children. Focusing on the health care system, this essay illustrates how children's participation can help reduce workloads and improve health outcomes for children. Change starts with the self – with small shifts in practice that help build trust and communication with children and their families. These changes in professional practice need to be supported through training and must be integrated at all levels of service delivery.

Children and school governance: Representation, participation and power

(pages 43 – 48)

Children have the right to participate in the governance of services, including schools, where they have a voice on learner representative councils and school governing bodies. Participating in collective action and decision-making is good for children and good for schools, yet can be challenging to put into practice. The essay explores issues of representation, power and diversity and highlights what is required to strengthen children's participation and ensure that these structures do not exclude or marginalise children.

Children's involvement in government policy and budget analysis

(pages 49 – 53)

Children's participation in policy development and the planning, implementation and evaluation of services is essential if services are to meet children's needs. Yet the language of government policies and budgets is often inaccessible to children. Meaningful participation requires an ongoing process of dialogue: Children need access to information in child-friendly formats and the opportunity to express their views on government budgets and policies. Decision-makers need to take these views into account when planning, implementing and evaluating services.

Children and the media: Voices worth hearing?

(pages 54 – 58)

Children are often portrayed as passive victims by the news media, and are seldom given the opportunity to share their views. Yet children's participation in the media can provide young people with a platform to express their point of view, influence decision-making and achieve change. In describing the work of two projects that enable children's participation in the media, the essay illustrates how direct children's involvement can result in more informed media coverage, a more ethical approach to children, and a more accurate portrayal of children's experiences, insights and opinions.

Reflections

Children's experiences of participation

(pages 59 – 64)

Children recognise the value of their contributions, reflect on their own experiences of participatory processes and describe what adults need to do to ensure children feel that their views are respected and taken seriously. Participation benefits both children and society, and the essay describes how participation

builds children's self-confidence, communication skills and support networks, enabling children to withstand peer pressure and to play a pro-active role in their communities.

Unsettling the status quo: Children's challenges to adult perceptions and practices

(pages 65 – 69)

Many children in South Africa are excluded from discussions about important matters in the family and community. Yet, a children's radio project in a small village in KwaZulu-Natal is changing the way adults and children talk to one another. In their role as reporters, children are able to set the agenda, ask adults questions and get the answers they need. Through interviews and radio broadcasts, children are shifting adult perceptions and engagement with children – and adults are beginning to appreciate children's capacity to engage with important issues, and to include children in conversations.

Conclusion: Children as citizens

(pages 70 – 73)

Children can enjoy the benefits of citizenship only if they are included in all forms of social dialogue. The final essay draws on democratic citizenship theory to analyse the key lessons for children's citizenship emerging from the preceding essays. It summarises recommendations to professionals and policy-makers to help them overcome the challenges they face in including children in decision-making. The essay also challenges researchers to address the gaps in knowledge around children's participation – for example, the role of social media in connecting children and allowing for mobilisation and participation in social dialogue.

Children's participation in the South African Child Gauge 2010/2011

The poster accompanying this issue of the *South African Child Gauge* was designed in collaboration with children over a series of four workshops (see pp. 20 – 21). The children's artwork and photographs illustrating key elements of this process are featured throughout this issue.

Children's participation in the *South African Child Gauge 2010/2011*



Getting started: Studying a copy of the *South African Child Gauge*



Role playing: Positive experiences of participation



Content workshop: What does participation look like in the family?

The *South African Child Gauge* aims to make academic research accessible to decision-makers in government and civil society. Yet, despite its emphasis on plain language, it is essentially a book about children by adults for adults, so thinking about how to involve children in a meaningful way has been both energising and challenging.

Given the time-consuming and stringent peer-review process, we chose not to involve children in the editorial team, and instead worked with a group of 18 children to develop a poster to promote children's participation, and artwork for the book.

The children came from five different children's organisations in the Western Cape: the Children's Resource Centre, Disabled Children's Action Group, Equal Education, Soul Buddyz and Resources Aimed at the Prevention of Child Abuse and Neglect. The children were between 11 and 18 years old and there was roughly an even split of boys and girls. They came from Kensington, Lavender Hill, Mitchell's Plain, Khayelitsha and Mbekweni (Paarl).

The poster development process took place over four workshops that were facilitated by the Children's Rights Centre, the Children's Institute and UNICEF. In the first workshop children shared their experiences of participation. They described what it feels like not to be heard and considered what was needed to enable children's participation in families, schools, homes and communities.

The second workshop was held at Frank Joubert Art Centre, where the children drew pictures to illustrate what children's participation looked like in different settings. They also worked in pairs to act out what it looks like when adults respect and listen to children. These "power statuses" helped give shape to their clay sculptures, which are featured throughout this issue.

The third workshop was led by Designs 4 Development and introduced the children to the principles of poster design. The children used their own words and images to develop their own posters. Using good design criteria, they evaluated their own posters and other posters, including those from previous issues of the *South African Child Gauge*.

The adult designers then produced two alternative lay-outs using the children's messages. These were presented at a pick-a-poster workshop, where the children reflected on what they liked about each poster and which version they thought would be most effective for an adult audience.

Feedback from the children and the editorial team shaped the final design of the poster. The children elected two representatives who approved the final design with the editorial team.

The poster is double-sided. The image of a tree was produced by the adult designers, using the children's own words to describe the benefits of participation, what adults and children can do to make participation work, and where children are entitled to have a say in decision-making.

The poster is distributed with the *South African Child Gauge 2010/2011* to policy-makers, planners and practitioners. We hope it will stimulate conversations between adults and children and serve as a constant reminder about the value of including children in decision-making processes. The poster is linked to a set of exercises developed by Janet Prest Talbot (Child Rights Centre) that can be used to deepen children's and adults' understanding of participation.

A child-friendly summary of the book was compiled by André Viviers (UNICEF South Africa) after the children expressed the need for information in a language and format that is easy to understand – they thought the book was too wordy for children. The summary gives a short overview of each essay and is available for download. We encourage organisations working with children to share this with children and to use it with the poster to stimulate conversations between children and adults about the value of children's participation in decision-making.

The launch: As this book goes to press, preparations are underway for an inclusive and child-friendly event that will enable the children to participate. Gabriel Urgoiti, a children's participation consultant, will lead a two-day workshop to prepare the children for the launch and related media engagement.

There are plans for two closed sessions preceding the formal launch programme to give the children the opportunity to set the agenda by interviewing the keynote speakers and the media. The launch programme includes a formal presentation by the children; an exhibition to showcase the poster development process and the children's artwork. The children also plan to sign copies of the book, poster and child-friendly summary.

Challenges and lessons are valuable to reflect on for these kinds of processes. Ours was a process of consultation, where the adults on the editorial team and children worked together to meet a specific goal. There were two key challenges, both relating to planning and time.

Timing the children's process to align with the production of the book was a big challenge. The deadlines for the book and the launch slipped by almost two months, leading to a seven-week gap between the pick-a-poster and media workshops. As the children and their parents had consented to the original timetable, it was difficult to rearrange the workshops and it was not possible to schedule another one during the school holidays due to financial constraints. This meant that the children had to give feedback on the child-friendly summary before the conclusion of the book was written.

Outside of the workshops, liaison with the designers was done by the editorial team. It was not possible to include all of the children in the exchange of information via phone and e-mail. We had not foreseen the extent of the dialogue about the brief and the detail of the design; these conversations were not diarised and as such were invisible when planning. As adults much of our time is spent doing unscheduled activities, we need to understand our own work well if we are to partner fully with children.

The poster, the accompanying exercises and the child-friendly summary are available at: www.ci.org.za



Art workshop: Creating sculptures at Frank Joubert



Art workshop: Drawing participation in different contexts



Design workshop: Working on initial poster designs



Pick-a-poster workshop: Giving feedback to the designers

Children's rights to participate in social dialogue

Lucy Jamieson (Children's Institute)



Childrenⁱ are entitled to participate in decisions and dialogues that affect them as individuals, and as a group. This publication uses the term “social dialogue” to refer to any dialogue that takes place between children and adults outside of the family context. This includes everything from dialogue with professionals about children’s own care, treatment or education, to discussions about policy development and budget allocation. (See the next essay on pp. 30 – 35 for details on how the terms “participation”, “children’s participation” and “social dialogue” are understood and used in this book.)

Children’s entitlement to be part of social dialogue is protected by a set of rights that are found in international and regional law, the South African Constitution and South African legislation. This essay examines these different provisions and explains children’s participation rights to ensure that people who make decisions that affect children understand their responsibility to include children in decision-making processes.

The essay addresses the following questions:

- What are the origins of participation rights?
- What are children’s participation rights?
- Where are these rights found?
- How do the participation rights link to other rights?
- Who is responsible for fulfilling the participation rights?

What are the origins of participation rights?

Participation rights were first given to citizens in ancient Greece around 2,500 years ago during early experiments with democracy. Granting participation rights to citizens enabled them to be included in decisions about the actions of the state, and allegedly protected them from abuses of power. Today, political and civil rights form the bedrock of modern democracies and the right to participate in the governance of the state is protected in international, regional and domestic law. Over time, the meaning

ⁱ The Constitution defines a “child” as “a person under the age of 18 years”.

of “participation” has evolved: Participation rights now cover being involved in the social and cultural life of one’s community and the opportunity for individuals to be active citizens.

In ancient Greece only rich, white men were citizens – poor men, slaves and women had no rights. Since then, these other groups have gained recognition as rights-holders. Today, all human beings are equally entitled to the rights regardless of colour, gender, religion or level of income. The one exception to this list is children. Some of their political rights are limited because their capacity to express themselves and make decisions evolves as they grow. However, their participation rights are strengthened in other areas.

What are children’s participation rights?

Children do not have the right to vote or hold political office; so many people assume that they have no political rights. In fact, children share many civil and political rights with adults: They have the right to freedom of expression,¹ the right to join or form a political party,² the right to be part of political campaigns, the right to demonstrate and protest, and the right to participate in the development and implementation of laws and policies³. Therefore, they are entitled to participate in social dialogue at all levels.

Whilst learning to take responsibility for their own well-being, children rely on parents and other adult duty-bearers such as teachers, social workers and health professionals to fulfil their rights and make decisions on their behalf. This dependency, together with limiting beliefs about children’s status in society, often leads adults to see children as objects of protection rather than individuals with rights. As a result, they do not allow children to participate meaningfully in adult decision-making.⁴ Yet children are individuals with their own views and opinions, and these should be respected when other people are deciding what happens to them. Bearing this in mind, children’s right to participate is defined broadly to include not only decision-making by the state and at community level, but also the day-to-day decisions that adults make on children’s behalf. As children grow and develop, they should take greater responsibility for decision-making in matters that affect them.

The law requires that anyone taking a decision that affects a child or group of children has to make sure the best interests of the child are the key – or one of the key – considerations. A child’s best interests are influenced by many factors, including a child’s experiences, opinions and wishes. Therefore, it is essential that the decision-maker consults the child to determine the child’s best interests. That does not mean that adults must follow children’s wishes but that they must listen to children, consider what they say, take their opinions seriously and give them feedback on what they have decided, and why.



Art workshop: Discussing children’s experiences of participation

Some people argue that all decisions affect children, whether they are about the building of roads, global warming, or even armed conflict and that, as a consequence, the best interests principle applies and children should have a say in all decisions.⁵ Whilst acknowledging that virtually all laws, policies and social actions have an impact on children, the Constitutional Court recognises that:

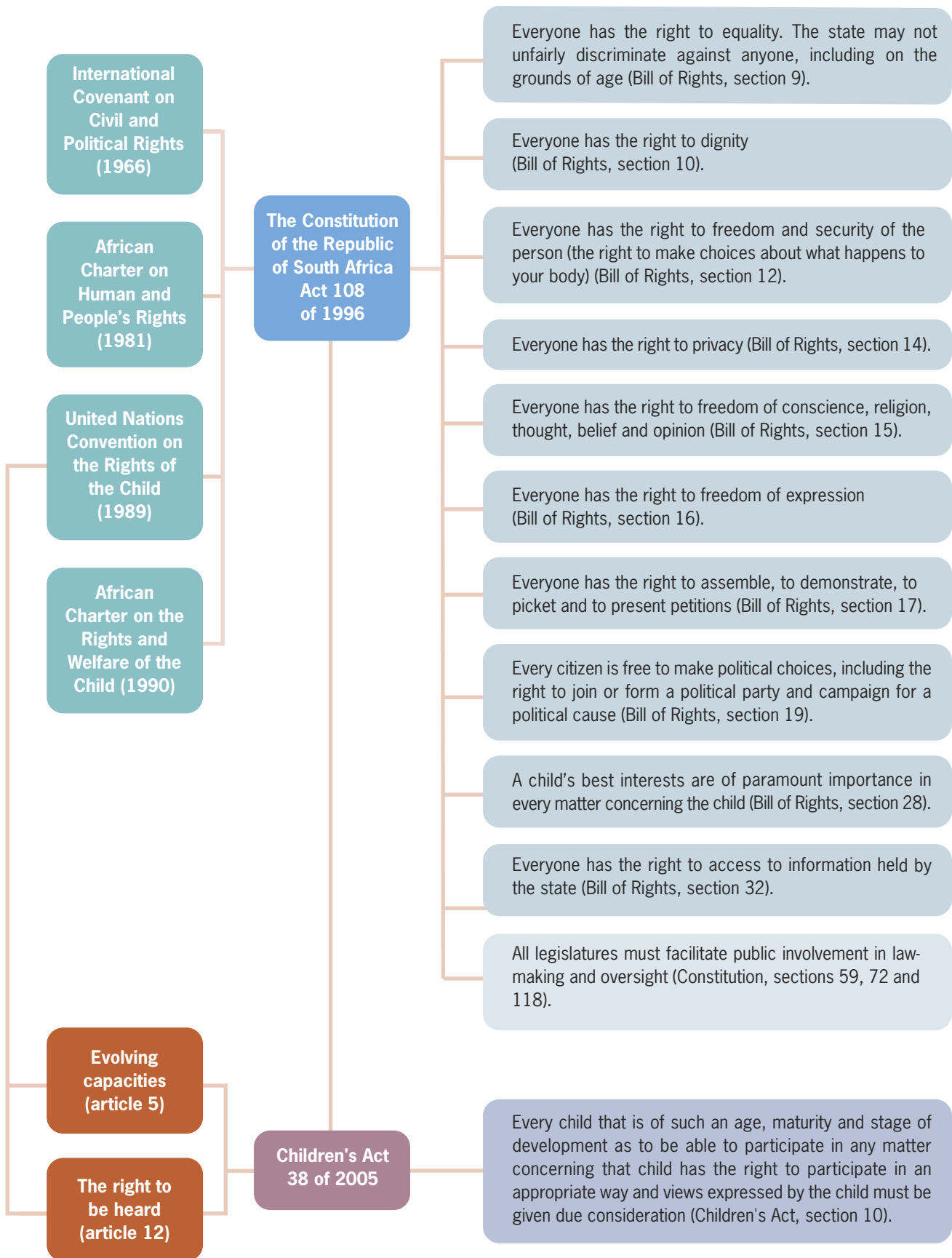
...the fact that the best interests of the child are paramount does not mean that they are absolute. Like all rights in the Bill of Rights their operation has to take account of their relationship to other rights, which might require that their ambit be limited.⁶

So, children’s rights have to be balanced with other rights when determining what is best for society as a whole.

Participation is not just a right, it is also a responsibility. For example, child representatives on a school governing board or on the management forum of a child and youth care centre are not just exercising their rights, but sharing responsibility for the governance of the institution (see the essay on school governance on pp. 43 – 48). Children who participate in public hearings in Parliament (see the case on p. 50) are aware of the responsibility they have to other children when commenting on laws that affect children.

Children’s rights are not dependent on the fulfilment of their responsibilities; instead, the two are complementary. For example, children and adults have a right to express their opinions, but they have a corresponding responsibility to ensure that they do not harm others with their words. They must ensure that they do not belittle children or incite people to violence. Children have a right to information in accessible formats, but they have a matching responsibility to become informed before taking decisions.

Figure 1: How South African law gives effect to international rights



To participate effectively in social dialogue, children need:

- to know about their participation rights;
- information about the decision being made;
- the opportunity to express their opinions; and
- decision-makers that listen to them, respect their opinions, and give them feedback about the outcome.

Each aspect of this dialogue is protected in law by a combination of rights and responsibilities, as illustrated in figure 1.

Although each right is written individually, all rights are interdependent and indivisible. This means that all rights are related to one another and must be fulfilled together.

Where are these rights found?

Children's rights are defined internationally and regionally by the United Nations Convention on the Rights of the Child (CRC)⁷ and the African Charter on the Rights and Welfare of the Child (African Children's Charter);⁸ while the Constitution and the Children's Act⁹ protect rights at a national level. Most of the participation rights are found in international law, regional law and the Constitution, and the wording and meaning are similar in each case. These are the rights to:

- non-discrimination or equality;
- freedom of expression;
- information;
- protection of privacy;
- freedom of thought, religion and conscience; and
- participate in cultural life.

Best interests

The best interests principle is found in the CRC, the African Children's Charter and the Constitution. Subtle changes in the wording show how the significance of the principle varies across the three rights documents. The CRC says that the best interests of the child shall be "a" primary consideration in all actions concerning children;¹⁰ the African Children's Charter says it should be "the" primary consideration;¹¹ and the Constitution says "a child's best interests are of paramount importance in every matter concerning the child"¹². The Constitution is the supreme law in South Africa, so this higher standard must be applied.

Consideration of a child's views

Other rights related to children's participation are only found in international and regional law. This includes children's right to be heard and have their views taken into consideration. The CRC says:

States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age



Artists at work: Drawing participation in different settings

*and maturity of the child ... the child in particular [should] be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child.*¹³

The drafters of the CRC wanted children to have the right to influence people who are taking decisions that have the potential to affect them.¹⁴

The CRC also says that parents and other adults responsible for children must give the child appropriate direction and guidance "in a manner consistent with the evolving capacities of the child".¹⁵ This means adults must support children to make their own decisions. The level of support will depend on the child and the situation, but as a rule children should be given more responsibility for decision-making as they grow and mature.

The African Children's Charter links the right to participate with the child's best interests. Article 4(2) says that the child must be consulted and his or her views taken into consideration when the best interests are being decided in judicial and administrative proceedings. Similarly, the United Nations Committee on the Rights of the Child (CROC) says that the best interests of the child must be established in consultation with the child:

*There can be no correct application of article 3 [best interests] if the components of article 12 [the right to participate] are not respected.*¹⁶

In both cases the right is restricted to children who have the capacity to either form an opinion (CRC) or communicate it (African Children's Charter). The Committee also makes it clear that:

*States parties should presume that a child has the capacity to form her or his own views and recognise that she or he has the right to express them; it is not up to the child to first prove her or his capacity.*¹⁷

Information and feedback are essential: Children need full information about the issue being discussed so that they can respond appropriately;¹⁸ and it is only through feedback that children can assess if their rights have been given “due weight”¹⁹ and “consideration”²⁰ (been taken seriously).

Active participation

There are questions about what decision-making processes children’s participation rights apply to – do they simply cover judicial and administrative proceedings or do they extend to policy, law-making and other levels of social dialogue? The public’s right to participate in governance is protected internationally by the Universal Declaration of Human Rights,²¹ the International Covenant on Civil and Political Rights,²² and regionally by the African Charter on Human and Peoples’ Rights (ACHPR)²³.

The CRC and the African Children’s Charter contain most of the political rights listed in the International Covenant and the ACHPR. Freedom of expression; freedom of thought, conscience and religion; and freedom of association are copied almost verbatim, but not the right to participate in governance. So was this a deliberate exclusion?

The International Covenant gives states the discretion to apply reasonable age restrictions to the right to participate in governance. Article 12 of the CRC spells out children’s right to participate, but fails to clarify which children have the right to participate in governance and under what circumstances. However, the CROC advises that:

*If the best interests of large numbers of children are at stake, heads of institutions, authorities, or governmental bodies should also provide opportunities to hear the concerned children from such undefined groups and to give their views due weight when they plan actions, including legislative decisions, which directly or indirectly affect children.*²⁴

The guidance is very clear: Children have a right to participate in law- and policy-making in order to protect their best interests.

At a national level, the Constitution obliges the national and provincial parliaments and government departments to involve the public in legislative processes and the development of policy. Arguably children are part of the “public” and are therefore entitled to participate in public debates about laws and policies that affect them. Participation is more than an opportunity for children to express their views, and decision-makers must also inform children of the outcome of the process and explain how their views were considered.

The African Children’s Charter requires children to become active citizens and to participate in family life, their local communities, country and the African Union.²⁵

The right to participate

The Children’s Act is the only place, in either national or international law, that actually uses the words “the right to participate”. Section 10 says:

*Every child that is of such an age, maturity and stage of development as to be able to participate in any matter concerning that child has the right to participate in an appropriate way and views expressed by the child must be given due consideration.*²⁶

The Act says that the rights it contains “supplement the rights in the Bill of Rights”²⁷ and that the general principles of the Act apply to all legislation in South Africa. Therefore, section 10 applies to all children in South Africa in all circumstances, including foreign children.

The right to participate described in the Children’s Act is restricted to children who are of such an age, maturity and stage of development that they are able to participate. So what about young children or children who cannot express themselves verbally? The CROC advises that restrictions on age and maturity should only be taken into consideration when deciding what weight to give to a child’s opinion, but that all opinions should be heard. The Committee also notes that adults have a duty to give children appropriate support so that their age or developmental capacity does not become a barrier to being included in decision-making. The development of the Irish National Children’s Strategy included children as young as three, showing that, with appropriate support, even young children can engage in social dialogue.²⁸ There is even evidence that babies are capable of expressing an opinion, if only adults know how to interpret it.²⁹

It is important to remember that children’s rights are not about taking power away from adults, but about ensuring that adult decisions are truly responsive to children’s needs and protect their best interests. The Children’s Act recognises that children’s participation does not exclude the involvement of adults, and requires that “the child’s family must be given the opportunity to express their views”.³⁰

How do the participation rights link to other rights?

The right to participate allows children to influence decisions that adults take on their behalf and protects children’s freedom of choice (which is central to civil rights such as the right to practice one’s culture or religion, freedom of movement, etc). The right to participate is central to children’s recognition as rights-holders:

Table 1: Key laws that give effect to the right to participation

Context	Law	Specific provisions
General	Children's Act 38 of 2005	Promotes children's right to participate in all matters affecting the child, subject to capacity.
Education	South African Schools Act 84 of 1996	Contains inclusivity as an important principle in the Act: <ul style="list-style-type: none"> • Learners must be consulted during the development of a code of conduct. • Learners facing suspension have a right to present their views to the school governing body (SGB)ⁱⁱ • All public schools enrolling children in grade 8 or higher are required to: <ul style="list-style-type: none"> – have a representative council of learners; and – have learners from the eighth grade or higher as representatives on the SGB.
	National Education Policy Act 27 of 1996	Specifies that the Minister of Basic Education must consult with national organisations representing students on national education policy.
	Children's Act 38 of 2005	Requires anyone holding parental rights and responsibilities to consult children before taking major decisions that affect the child's education, eg changing schools.
Health care, medical procedures and treatment	Children's Act 38 of 2005	Requires that children participate in decisions about health care procedures and gives them the power to consent at different ages: <ul style="list-style-type: none"> • Medical treatment – from 12 years (if they are mature enough to understand the risks and benefits of the decision). • Surgical operations – from 12 (if they are mature enough to understand the decision and with guidance from their parents). • HIV testing and disclosure – from 12, or earlier (if they are mature enough to understand the decision). • Virginity testing and male circumcision – from 16. • Access to contraception – from 12.
	Choice on Termination of Pregnancy Act 92 of 1996	Provides that a girl of any age can consent to an abortion, provided that the medical practitioner advises her to consult with her parents, guardian, family members or friends before the pregnancy is terminated. A termination cannot be denied because the child did not consult anyone.
	Prevention of and Treatment for Substance Abuse Act 70 of 2008	<ul style="list-style-type: none"> • Requires prevention and early intervention programmes to include children in discussions to identify solutions to substance abuse problems. • Allows children to apply for voluntary admission to a child and youth care centre that offers a programme for substance abuse. However, it also allows parents to apply for admission of a child of any age. The Act provides no guidance on what should happen if there is a conflict between a parent and a child who is at least 12 and mature enough to understand the risks and benefits of the treatment. Yet such a child has the right to refuse treatment.
	National Health Act 61 of 2003	<ul style="list-style-type: none"> • Says children must be included in local health planning. • Requires that consent to research and experimentation on a child must be given by the parent and the child if the child is capable of understanding.

ii SGBs are responsible for the governance of schools. They determine a range of school level policies, from language and religion to admission.

Table 1 (Continued): Key laws that give effect to the right to participation

Context	Law	Specific provisions
Marriage	Children's Act 38 of 2005	Bans forced marriage and/or engagement, protects children's right to participate in decisions about marriage.
Adoption	Children's Act 38 of 2005	Requires that children over 10 years (or younger if they have the capacity) consent to their own adoption.
Justice	Child Justice Act 75 of 2008	Requires an individualised response to children in conflict with the law. Children's participation is a general principle of the Act: Children must be encouraged to participate in the assessment procedure and the preliminary inquiry.
Family law	Children's Act 38 of 2005	Requires that children must be consulted about major decisions affecting guardianship, care, and contact with holders of parental rights and responsibilities, eg in divorce proceedings and in the drafting of parenting plans.
Social services	Children's Act 38 of 2005	<ul style="list-style-type: none"> • Requires that child and youth care centres must have a children's forum and children on the management board. • Says that children in a child-headed household must be consulted when the supervising adult makes any decision on the children's behalf. • Gives children the right to participate in children's court inquiries.
Municipal services	Local Government Act 32 of 2000	Affords local communities the right to participate in the planning of municipal services. Children are part of the local community.
Democracy	National Youth Development Agency Act 54 of 2008	Requires that youth are included in all democratic decision-making processes and defines youth as people between the ages of 14 and 35.

The new and deeper meaning of this right is that it should establish a new social contract, one by which children are fully recognised as rights-holders who are not only entitled to receive protection but also have the right to participate in all matters affecting them, a right which can be considered as the symbol for their recognition as rights-holders.³¹

Rights also define the relationship between the individual, groups and communities, and the state. Political rights define the way that citizens participate in how the state is structured, how leaders are selected and removed, how laws and policies are made and how the government is run. Children cannot select leaders but they have a constitutional right to have a say about laws, policies and services that affect them. Since children do not vote, their other participation rights need to be taken even more seriously for them to be active citizens. Participation in social dialogue allows children a voice in how services such as health, education and social services are planned and delivered,

and gives them an opportunity to claim their socio-economic rights, or alert people to rights violations (see the essay on effective children's participation on pp. 30 – 35).

To give effect to these rights, Parliament has passed a number of laws that place an obligation on various role-players to include children in different forms of social dialogue. The most important laws are summarised in table 1, starting on the previous page.

Who is responsible for fulfilling the participation rights?

The Constitution says that Parliament, the Executive,ⁱⁱⁱ the Judiciary, and all organs of state must respect, protect, promote and fulfil the rights in the Bill of Rights. This includes the best interests principle; the political rights; and the rights to freedom of expression, freedom and security of the person, privacy, dignity and equality.

ⁱⁱⁱ The Executive includes all the elected members of government from the president, the national ministers and their deputies, to the provincial premiers and members of the executive councils (provincial ministers), and the local government (mayors and members of the municipal cabinets). It also includes all the people that work for government, from the director-generals of national government departments through to the staff in district offices.

As one of the general principles of the Children's Act, the right to participate applies to "all proceedings, actions and decisions by any organ of state in any matter concerning a child or children in general".³² "Organs of state" include government departments and government employees such as doctors, nurses, teachers, police officers, magistrates, etc. Representatives of organs of state include any organisation that provides services for government, such as social workers in private practice performing statutory work, child and youth care workers, researchers and even those in public relations.

Professionals often work in teams that have a shared responsibility for delivering services to children. In these instances everyone should understand their personal responsibilities so that children's rights are respected and that the team members do not think that one of the others will deal with children's participation.

In short, everyone who works with children has a responsibility to respect children's right to participate, and anyone – including parents – making decisions or taking actions that affect children has a duty to listen to their views and consider these seriously.

Conclusion

The CRC requires states to take all "legislative, administrative and other measures" to the maximum extent of available resources to give effect to all rights in the convention. South Africa scores high on the legislative front: The Constitution contains the rights in the CRC, including the best interests principle; the Children's Act enshrines a specific right to participation; and a number of other laws deal with participation in specific circumstances. But to what extent are these rights being fulfilled?

Children frequently complain that "no-one listens" to them, takes them seriously, or tells them what is going on. Most adults have a deep-seated reluctance to recognise children's capacity to participate meaningfully in dialogue and decision-making. These attitudes can be traced to religious beliefs, cultural practices or simply adults' own experiences of being excluded as children.

These attitudes are a major obstacle to the acceptance of the child as a holder of rights.³³ Ignorance of how to facilitate children's participation is another. Despite these challenges, children's participation is beginning to be taken seriously, and people are starting to experience the advantages. The other essays in this issue of the *South African Child Gauge* explore how participation rights are being fulfilled in South Africa and give examples of how to begin to translate the legislative provisions into an active social dialogue with children as equal partners.

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- 19 See no. 7 above, article 12.
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- 25 See no. 8 above, article 31.
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Effective children's participation in social dialogue

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Children's involvement in participatory processes has been shown to have a positive effect on their personal development, and to benefit other children as well as adults. But people unfamiliar with children's participation may worry that it is something difficult to do, or that it will give children rights above those of their elders who should be recognised as the decision-makers in society. In fact, children have participated in consultations and decision-making for several decades in South Africa, and internationally.

This essay shows why children's participation in social dialogue matters to individuals, communities and society at large. Efforts to involve children equitably can go wrong, so the essay outlines what makes children's participation effective and flags some of the challenges. It responds to the following questions:

- What is children's participation in social dialogue?
- How widely is children's participation practised in South Africa?
- Why does children's participation matter?
- Why prioritise children's participation in resource-poor settings?

- What are the goals when committing to children's participation?
- What are the key challenges to effective children's participation?

What is children's participation in social dialogue?

Children's participation refers to the active involvement of children in conversations that inform decisions about their own lives and broader society. It goes beyond children being present, to asking those in charge to create opportunities for children to have influence. Children's participation rights are not imposed as a blanket over other considerations but are woven into a broader process of dialogue. And true dialogue lies at the core of children's participation because it requires two-way communication, where both parties are able to express themselves and to be heard.

In this publication, the term "social dialogue" refers to any interaction beyond the family or home, in which there is frequently a common goal. It includes collective processes in which children

work together and/or with adults to explore issues or make decisions that will affect a community, or even society as a whole. And it includes conversations between a child and a professional, such as a nurse, teacher or lawyer about the child's well-being – which may or may not involve the child's parents.

Children's participation in service delivery ensures that individual children's needs are met. At the same time, meaningful conversations between a few individuals (children plus those supporting them) can be the starting point for broader processes of effective participation within a system of service delivery because the value of each contributor is recognised. At its core, children's participation in social dialogue is about creating effective working partnerships in which responsibilities and power are shared appropriately across age groups.

"A waste of time", is one response to these ideas – alongside "how could children contribute anything of greater value than adults?" Some might like the idea, but consider it an impossible dream: "How can an environment be created to make this happen?" The obstacles can feel overwhelming, but less so once you have read these essays.

There are two tasks involved in achieving two-way communication between children and adults. The first is to bolster children's abilities to express themselves in adult-dominated spheres. The second is to enable adults – both as individuals and collectively in organisations – to listen and respond to children. The United Nations Committee on the Rights of the Child General Comments 5 and 12 emphasise that children already communicate and should be presumed to have capacity to participate, meaning that it is up to adults to identify how to gather and interpret children's views. Experience from around the world shows that opening spaces for children in the minds and practices of adults can be tremendously challenging, yet ultimately very rewarding.¹

How widely is children's participation practised in South Africa?

There is ample recognition of children's contribution to the struggle against apartheid, yet there are few channels for children to participate in democracy today.² Perhaps this stems from a "blindness" to the potential in children to join adults in creating a just society? Or perhaps adults fear an outburst of frustration from young people whose quality of life in the here and now is affected by poverty, a lack of services, and insecurity of tenure,³ and whose dreams are largely unrealised⁴?

Undoubtedly, the inclusion of children in consultation and decision-making processes seems challenging when so many adults and children experience exclusion, violence and the denial of adequate food and housing due to chronic poverty and

persistent large-scale unemployment.⁵ But within this scenario children are already active in sustaining communities by caring for dependent or sick relatives,⁶ assisting with farming or small businesses,⁷ and maintaining links between scattered family⁸.

Children also understand how their participation affects their lives both negatively and positively. Research with children who care for sick relatives in Tanzania⁹ and Kenya¹⁰ shows that children are aware of the time and emotional demands of this role, and the consequences for their school attendance and achievement. Children with similar domestic responsibilities in South Africa know that they can best ensure their own protection (and that of others close to them) if they contribute practically to care in the home¹¹ and add their insights to neighbourhood governance¹². Acknowledging children's experience and engaging with their opinions is the springboard for collaborative partnerships across a spectrum of ages, abilities, cultures, and socio-economic realities.

The Constitution defines "childhood" as the period between birth and 18 years. Few doubt the capacities of teenagers to engage in social dialogue, and many have worked collaboratively with older children. But rarely are infants and young children considered ready to give input. Yet there is increasing evidence that the emotional intelligence of children under five years is vastly under-estimated,¹³ and that their participation in decision-making is possible with an age-appropriate approach. There are now innumerable examples of highly effective participatory work done with infants and toddlers.¹⁴

Why does children's participation matter?

There are two reasons why children's participation is critical to a democratic society.

The first is that adults – in whatever nurturing and supporting role to children – need children's knowledge to do a proper job. Put simply, adults need to understand how children experience the world, and specifically services for children, in order to meet their needs better.

Secondly, children need their knowledge to count if they are going to flourish developmentally,¹⁵ and need to understand the needs and desires of the broader community – both young and old¹⁶. It is about enabling young citizenship – the capacity to fulfil age-appropriate responsibilities – as well as preparing children to embrace citizenship as adults. Children's participation is much more than an adult duty. It has immediate benefits for both adults and children, and is a sound social and economic investment in the future.

At this point in South Africa's history, there is a pressing need for children to engage with adults on the principles and practices being put into place to create a just and equal society. As Archbishop Tutu says in the *Foreword* (p. 6), children's desire

for more and better information about their own worlds, and those of their peers with different histories, reflects a hunger for dialogue and involvement with the community that – when met – offers enormous contributions to society. One reason why services fall short in South Africa is the lack of demand for quality or quantity from people of all ages.¹⁷ It is only through social dialogue across the generations that an awareness of entitlement will grow, and with this a demand for services that holds government accountable.

Why prioritise children’s participation in resource-poor settings?

Although there has been a significant decline in child poverty in recent years (largely due to the expansion of social grants), the reality is that 61%¹⁸ of South Africa’s children live in households below the income poverty lineⁱ. This lack of adult income in the home compromises many children’s access to basic services, adequate food, water, sanitation and housing. In fact, children are disproportionately affected by unemployment: Nearly one in four economically active adults are unemployed,¹⁹ yet more than a third of children (36%) live in households without an employed adult²⁰.

Planners and policy-makers can easily overlook the conditions children face unless child-centred statistics are used. For example, having deduced that 71% of households have basic sanitation,ⁱⁱ a second calculation is needed to demonstrate the impact on children: Only 63% of *children* live in households with basic sanitation.²¹

Government decision-makers and service providers cannot provide better services unless they understand children’s experiences of poverty. Therefore the realisation of children’s socio-economic rights is dependent on first realising their civil and political rights (to be fairly represented and properly researched).

Given the realities of poverty, some may feel that fulfilling children’s basic needs must make first claim on scarce resources, and that their participation in social dialogue is an unaffordable luxury. But a child-centred, consultative approach to children’s experiences of poverty is necessary to build an accurate picture,²² thereby doing justice to the constitutional principle that prioritises the “best interests of the child”²³.

Just as poor people should have a say in how best to deal with poverty, so too should children have a say in how budgets and government programmes should tackle the consequences of poverty in their lives. In remote rural settings children are often marginalised by the daily demands of agriculture and rural survival, as well as cultural traditions guiding relationships between generations. Children may be excluded from the very decision-

making processes in which they could offer practical solutions based on their own experiences.²⁴

The demands on children are changing as adults struggling to cope with income poverty also face HIV-related illness that is often both physically and mentally debilitating.²⁵ As elsewhere in southern Africa, children are playing increasingly complex, multiple roles as they try to meet their own physical, social and emotional needs, plus those of their siblings and often their adult family members.²⁶ Evidence shows that children’s participation in everyday decision-making and service design becomes all the more important in bolstering their abilities to cope with being a learner, carer and/or breadwinner in a constantly changing environment.²⁷ In addition, fulfilling multiple roles in the home and community creates particular restrictions on the types of service children are able to access, and benefit from.²⁸ Without seeking children’s input on design, service providers will miss the mark.

A further reason to prioritise participatory approaches in resource-poor settings is their psychological benefits. Children facing poverty-related insecurities hold on to the sense that they, or their adult carers, are in control of their lives as a way of coping with uncertainty. But coping in this way is not sustainable because so many factors are outside their control.²⁹ Psychologists have found that people cope better with uncertainty when their opinions and experiences are heard, and acted on, because such responses bolster self-esteem, sustain hope and can create networks for accessing support.

What are the goals when committing to children’s participation?

Many feel daunted at the prospect of putting children’s participation principles into practice. The image of a “participatory process” is often far grander and more complicated than it needs to be. As other essays testify, simple steps and small changes can have big results. And most importantly, participation must always be a process that is allowed to evolve and grow at a pace, and in directions, that are comfortable to both children and adults. There are therefore no prescriptions as to how to enable children’s participation in social dialogue. In this context, it is helpful to lay out some core principles and practices that enable children’s effective participation in social dialogue before learning from the challenges and tripping-points encountered by others.

There would be no point in inviting children to participate in dialogue on a new policy, the design of a programme, or the assessment of a service, if there was no intention to use their experience and opinions strategically to inform change. The goal, at its simplest, is to ensure that accurate, relevant knowledge

ⁱ Children in households with monthly per capita income below R552 in 2009.

ⁱⁱ Basic sanitation includes flush toilets and ventilated pit latrines that dispose of waste safely and are within or near a house.

informs planning and that learning persists throughout the process – from initial planning through to implementation, evaluation and revised design (see figure 2 on p. 50). Such a cycle guides the work of most organisations and the only extra step is to find appropriate ways to ensure that children are included throughout this process. There are many ways to go about this.

Four broad principles underlie effective children’s participation:

1. Acknowledge that acting in “the best interests of the child” first requires listening to children.
2. Fulfil specific constitutional and international rights (see the essay on children’s rights on pp. 22 – 29).
3. Promote human dignity – do no harm and avoid discrimination on the basis of age, ability, wealth, religion, etc.
4. Build democratic citizenship in a way that respects and celebrates cultural diversity, as an end in itself and as a model for others.

These principles set the tone for relationships between children and adults, as well as amongst children themselves. They require dynamic, respectful relationships in which communication is experienced as two-way by both parties. In other words, the opinions of all participants are valued and heard because each person – regardless of age – has experience that others cannot bring to the table. “Hearing” does not just pay lip-service to the experience. Rather, those listening in a participatory process have – by definition – committed to do more than hear what children say. They have committed to bringing that knowledge to bear in decisions, and to ensure dignity and equality in the relationship.

What are the key challenges to effective children’s participation?

The concept of children’s participation is not new in South Africa. The principles of dialogue with, and inclusion of, children are well supported, and there is a sprinkling of successful children’s participation initiatives in policy reform,³⁰ research³¹ and advocacy³². Why then is a more general inclusion of participatory processes slow to gain traction?

For most adults, working with children in a participatory way involves changing the way in which they see children. Some have called this a “head change and a heart change”.³³ Such a profound shift in thinking is needed even for those who interact daily with children at work or in leisure time because adults’ perceptions of children – particularly very young ones – are so deeply embedded that they are not even conscious of their existence. Most people find that it is only when they start to work in a participatory manner with children that they can see their own biases and assumptions.³⁴ At this point it is possible to make



Drama: Role-playing a meeting with the Minister of Education

the small but critical shift that legitimises children’s contributions in adults’ minds and illuminates ways of channelling these into working practices.

Barriers to translating enthusiasm for children’s participation into effective processes include:

- *Uncertainty about institutional changes, for example whether an entirely new approach is required, or just a slight adjustment:* In planning any participatory process, it is vital to ask some tough questions about organisational practice: What measures already exist to ensure two-way, respectful communication between adults and children, and the honouring of adult commitments to listen to children and act accordingly? The larger the gaps, the greater the shift in approach required.
- *Potential extra costs involved and uncertainty about who should pay:* If children’s participation is an integral, transformative process and not just an “added extra”, there will be initial costs in terms of human resources to set processes in motion. Government and donor organisations can support such integrated participation by allocating appropriate funds and timeframes for delivery. Encouragingly, there is growing evidence from other countries that children’s participation can be embedded into everyday practices with minimal costs or disruption,³⁵ for example through the regular documentation of dialogue with children by service providers.
- *Children are rarely present or consulted at the very start of participatory initiatives:* The result of this pattern is that children remain relatively powerless in the bigger decisions about the purpose and intended outcomes of the exercise. Initiatives that intend to

be participatory can run aground when children recognise that the overall beneficiary of the time and money spent was the organisation running the process, rather than the planned outcome (such as a better policy, or improved service).

- *Staff not having the skills for two-way communication or collaborative action with children:*

Any process that is framed in participatory language inevitably raises expectations amongst those agreeing to take part. If these cannot be met and there is no response from adults to the input children provide, then children quickly see how tokenistic their involvement is, and they lose trust in the process, people and organisation. An initiative that started out as “participatory” ends up working against the principles of democracy that participation is meant to embody. Adults must have the skills to engage in real dialogue and learning for the process to maintain its integrity. Young people are quick to spot a mismatch between words and action!

- *Poor understanding of the ethical considerations and provision needed:*

The ethical issues at stake are actually quite simple, and there are many useful guidelines available (see list of recommended resources on p. 73). At its core, an ethical approach to children’s participation in social dialogue must strike the balance between protection and enabling true participation. Protective steps (such as ensuring confidentiality and guarding against the abuse of power by adults) are needed to minimise the potential for harm. But of equal importance are the often-neglected steps to ensure that children have access to relevant information, and to environments where they can form opinions and express these in a climate of listening and respect.³⁶ Sometimes, well-meaning concerns to protect children can have the unintended consequence of stifling their rights to freedom of association and expression.

- *Anxiety about “getting it wrong”:*

Many initiatives are called “participatory” but turn out to be decorative and tokenistic at best, and manipulative at worst. Projects that gather a group of children and pull them into an event are highly attractive because they are easy to run, relatively cheap, draw attention to an organisation as “caring” and “progressive”, and have an initial high impact as children get up and speak. Yet there are real dangers in inviting children in, but not letting them come too close. At the extreme end, children are included only as performers or as puppets who “speak” the pre-defined rhetoric or simply do as they are told. These initiatives fly in the face of participatory rights, because they exclude children from any meaningful dialogue or decision-making and simply use children for

adults’ benefit. Initiatives that are envisioned as participatory can easily follow this pattern, and organisations must be vigilant to avoid this trap.

Underlying these challenges are factors that stem in part from South Africa’s history of discrimination and disenfranchisement. Psychologists point out that a basic level of self-esteem is required within people, whether adults or children, in order for effective and open dialogue to take place. The apartheid state consciously and consistently undermined people’s self-worth, and this legacy is slow to fade. Participatory processes with children can be compromised when adult facilitators do not feel valued in their working role.

In addition, adults working with children often reconnect with internal wounds from their own childhood.³⁷ At varying levels, there is a need for support and healing before adults are ready to listen to children and work effectively with what they bring to the dialogue. Even everyday conversations in ordinary settings like schools and clinics are affected by this hidden reality. For example, nurses who have no experience of being listened to are much less likely to talk to children in a way that seeks their opinions.

Conclusion

The practical and ethical justifications for children’s participation are rooted in the fact that acting in “the best interests of the child” first requires learning from children about their lives. Without such knowledge, plans to improve children’s lives – whether through services, policy change or advocacy – will fall short.

The mechanics of putting participatory processes in motion are described in the essays that follow, as are both the intended and unexpected benefits for children and adults alike. Adults who create opportunities to engage with children in social dialogue are often surprised by the depth of insight, empathy and mutual reward in their interactions. Making children’s participation work for everyone requires a sensitive approach and careful preparation. Examples of these are found in the essays that follow.

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Children's relationships with professionals

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The Children's Act came into effect in April 2010 and formally introduced children's right to participate in decision-making. This has profound implications for the way that a range of professionals work with children and families. Instead of talking about children and making decisions on their behalf, parents and professionals are now obligated to include children in their conversations. Professionals need to tell children what's going on, inform children about their choices, find out how they feel and what they want, and take these views seriously. For it is only through listening to and considering children's points of view that professionals can grasp the essence of children's experience and act in their best interests.

Children's participation requires a fundamental shift in approach

and practice and poses a number of challenges, particularly for professionals working in under-resourced areas such as the South African health care system.

This essay draws on learnings from three active programmes (see box 1) to consider what is needed to support children's participation as patients in health care decision-making. It focuses on the following questions:

- Why should health professionals involve children in decision-making?
- What does children's participation look like in this context?
- What are the barriers to participation?
- How can we create an enabling environment for children's participation?

Box 1: Active programmes for children's participation in health care decision-making

Phila Impiloⁱ (Live Life) resource materials are developed with young patients and professional medical and nursing staff. The *Phila Impilo* approach strives for a “heart change” in health service providers while sharing information and skills to enable professional and auxiliary personnel to work with children as “partners in health”. Materials are used to supplement existing programmes or are introduced through professional training in a range of public and private health services in South Africa and beyond.

The **Child Nurse Practice Development Initiative**ⁱⁱ works in a range of paediatric settings to enhance nurses' awareness of their practice and how this links to their own values, skills and knowledge; to improve communication between nurses, families and children; and to improve the quality of care. “Work-

ing with Sick Children” is a short course run regularly at the children's hospital and is included as a specialist module in the postgraduate diploma in child nursing at the University of Cape Town. The module enables nurses and students from South Africa and elsewhere in Africa to develop a clear plan to improve practice and shift towards child- and family-centred care.

The **Children's Radio Foundation**ⁱⁱⁱ has helped a group of young patients at the Red Cross Children's Hospital record their experiences and interviews with parents, doctors, nurses and fellow patients, for radio broadcast. While the main goal is children producing radio for children, children's radio programmes are also used with doctors, nurses and hospital management to raise awareness of children's experiences and their capacity to participate in health care decision-making.

Why should health professionals involve children in decision-making?

The Children's Act introduces new provisions for children's consent to medical treatment, surgery, HIV testing and disclosure. For example, children aged 12 and older can consent to their own medical treatment – provided that they are able to understand the benefits, risks, social and other implications of the treatment.¹ The Act also requires health professionals to provide children with health information in child-friendly formats, and to include younger children in decision-making, although they don't have the final say.

Involving children in health care decision-making is not just a legal requirement. It has clear benefits for both children and health professionals. Creating the opportunity for children to talk about their illness and treatment helps alleviate their fears so they can cope better with pain and discomfort. A child who is coached and assisted to make choices about the position they are lying in, or who should be present during medical treatment, has a greater sense of control or mastery during painful procedures.

Consulting with or listening to children enables medical staff to gain important information that would otherwise go unrecog-

nised. For instance, 16 of 18 asthma patients at the Boston Children's Hospital reported using medication in one or more inappropriate ways;² children in KwaZulu-Natal shared how they cannot challenge nurses and caregivers who fail to issue HIV or tuberculosis medication on schedule;³ and young renal patients in Bahrain described their struggle to cope with taking tablets, thirst and stress – issues that health staff had considered to be insignificant⁴.

What does children's participation look like in the health care setting?

Children's participation cannot be compartmentalised as a diagnostic and treatment activity. It should permeate a child's health care environment and experience.

Strong foundations are laid from the start when children and their families are welcomed and supported in the administration process. Health services gain a child-friendly reputation when they are equitable and non-discriminatory. For example, a 14-year-old girl living on the streets who needs treatment for a gunshot wound in the leg is given treatment immediately and not told to come back “clean and with an adult”.⁵

i The *Phila Impilo* project was designed and directed by Jill Kruger through the organisation Young Insights for Planning. YIP strives to improve children's lives by ensuring that their insights and recommendations about issues that affect them in their daily environments are recorded, disseminated and included in official planning processes. Oxfam in South Africa generously supported the development of *Phila Impilo*. See: <http://24.89.112.65/yip.html>.

ii CNPDI is a participatory action-research project based at the Red Cross War Memorial Children's Hospital. See: www.childnursepracticdevelopment.org.za.

iii The CRF gives young people a voice and connects and empowers them to contribute to individual and social change. Through the use of radio and other low-cost technologies, the CRF creates innovative media content made by and for children. See: www.childrensradiofoundation.org/index.php, and the essay on children and the media on pp. 54 – 58.

On admission and throughout their treatment, hospitals and clinics should establish young patients' communication capacity and needs. Each child is affected differently by their health context and circumstances, cultural upbringing, level of cognitive and social development, and physical and emotional state at the time of decision-making. Communication specialists can assist in consultations with sign language, translation, or simply helping children and health professionals understand each other. Supportive tools such as charts, booklets and puppets enable children to clarify medical and physical needs explicitly, to ask questions, get attention or comfort, express emotional states and accept or reject medical procedures.

When children have a clear understanding of their health problem and potential solutions, they can begin to participate effectively in decision-making. This starts with doctors and nurses providing diagnostic and treatment information in ways that children can understand. Children should be able to request more information, raise queries, have time to think about their choices, share their views, and have these taken seriously into consideration. Their compliance to medical procedures alone cannot be construed as choice or assent.

The views of children younger than 12 years old should also be taken into account when decisions are made because young children's ability to understand is present before they develop words to express that understanding. Age is only one of a number of factors that affect a child's capacity to participate (box 2). If it is not possible to comply with the child's wishes, it is important to share what has been decided, why, and how the child's views were addressed in the decision-making process.

Box 2: Understanding children's capacity to participate in consultation

- Children's skills and capacity to communicate are influenced by their maturity, experience, and physical or mental disability.
- Children's desire and capacity to participate in consultation will be affected by various factors, such as self-esteem, fatigue and degree of illness.
- Young children are able to understand what is being said long before they develop words to express that understanding.
- Children often regress (behave like a much younger child) in response to the stress of illness and hospitalisation.
- Children's self-worth and coping capacity are enhanced when they have some degree of control over their own lives and can contribute to their own health and the welfare of others.⁶

Getting consent for treatment from a 12-year-old child is a big task for both clinicians (who are new to this process) and children (who may never have been asked for their opinion before). Children's involvement in decision-making starts with a shift in awareness, and the courage to try. For example, a nurse asks an eight-year-old child confined to bed: "Can I open the window to let air into your room?", or says to a sick newborn: "I can see that sucking your thumb helps a bit with the pain. So let's put this drip on the other hand".

Involving children in decision-making recognises that they have a point of view and honours their preferences in a variety of ways. This includes their relationships, their physical environment as well as their experience of illness or health – how it feels, what it means to them, what they know or remember, who is there, what they hope for, or why they are grieving. Children often remember who was around and how they were spoken to or treated more clearly than an injection they received.

What are the barriers to participation?

The most recent statistics indicate that, in 2006, there were only 1,691 registered paediatric nurses⁷ for a population of 18 million children in South Africa. But a lack of specialised, trained health professionals is only one of the challenges to working in a participatory way with children in the health sector.

Societal and cultural norms and values pose another major challenge since these are inherent in how health professionals and families treat children who are ill (see table 2). The way health services are structured and how they accommodate children and their families can also hinder or facilitate children's participation.

Nurses recognise that nursing care is empathetic care of the whole child, but say that they lack time and skill to dialogue with children effectively. Their heavy schedules and daily distress in coping with many very sick and dying children can stretch them beyond limits and interacting with young patients in an impersonal way helps them to cope.⁸ Despite stressors, most hospital staff members, and especially nurses, are generously caring and committed to the well-being of young patients. Children attest that nurses "love you and do everything for you. They understand if you are lonely and sad" - but they would like clear avenues to report abuse that sometimes happens in hospital settings.⁹

Staff at Clairwood Hospital in KwaZulu-Natal found that consulting with young patients through tried-and-tested children's participation mechanisms reduces daily stressors for children and staff, leads to better and appropriate discipline, and appears to accelerate healing.¹⁰

The *Batho Pele* (People First) principles for service delivery require staff to inform and consult patients about their illness and treatment. Yet medical professionals often build exclusionary

Table 2: Barriers to children's participation

Health workers	<ul style="list-style-type: none"> • Limited knowledge and skills for communicating with children. • Attitude that children should have no role in decision-making. • Limited awareness of children's strengths and weaknesses – what they can do for themselves and where they need help. • Lack of training or access to methods for assessing children's development and capacity to participate. • Insufficient training on how to work with families, especially those in very stressful circumstances. • Inadequate role models in teachers and senior clinicians.
Parents	<ul style="list-style-type: none"> • Pervasive belief in medical practitioners and family/tribal elders as authority figures who “know best”. • Widely prevalent notion that children are inferior to adults, should serve them, and should not be part of decision-making. • Lack of sufficient information and support from health professionals to make difficult health decisions for children. • Failure to inform children about diagnoses, hospital admission and treatment in an attempt to protect them from “bad news”.
Institutions	<ul style="list-style-type: none"> • Staff shortages are often related to inadequate staffing norms that do not recognise the complex care needs of children. • Time pressures. • Inadequate numbers of specialist staff, eg trained paediatric nurses. • Routine rotation of nursing staff which moves nurses who've learnt to work with children to adult wards. • Lack of education, monitoring and evaluation of children's rights and participation.

hierarchies based on “expertise” that shut out nurses, parents and children because the “medic knows best”. This is compounded by the widespread belief that the *Batho Pele* principles do not apply to children.¹¹

Children are excluded from decision-making based on cultural and social beliefs that adults have the knowledge, power and insight to serve children's best interests, and that children should “be seen and not heard”. Nursing staff have acknowledged that:

*Phila Impilo was an eye opener – the hospital did not in the past consult with any child or get any information from children – Batho Pele principles were applied only with adults in the past, but are now also applied with children. Respect for children is key.*¹²

How can we create an enabling environment for children's participation?

Introducing the principles and practice of children's participation through academic and in-service training for all people who work with children is important to ensure that young patients are sufficiently supported to contribute directly to their own health care. Components of education and training include:

Starting with the self

Children are wired to communicate from the moment they are born. So the challenge is not in helping children communicate, but rather in helping adults understand them. Health professionals can be encouraged to recognise how they respond to stress and how they communicate verbally and non-verbally, and consider how this applies to children in their care. They can learn to draw on their own experiences of being a child and in the process start to question taken-for-granted beliefs that children's purpose is to obey and serve adults.

Building trust

Meaningful participation only occurs in the context of a trusting relationship between health care providers, children and their families. Developing a relationship and earning the child's trust also create a foundation of care and respect on which to build (see table 3 on the next page).

Learning to “read” children

Nurses can learn how to “read” children, recognise stress, pain and grieving, and what to expect from children at different ages, starting with newborns. For example, a baby will put a hand over her face when she feels threatened or uncomfortable, so nurses

Table 3: Steps to building relationships of trust

Greet the child	Always greet a child by name. Do not force them to look at you. You need to earn their trust before they will do so. Children who do not look directly at you may be showing respect, as culturally required.
Introduce self by name	Use a form of your name that the child will be able to relate to, for example, Nurse Jane instead of Nurse Raubenheimer. Try to avoid terms (such as “aunty”), because these may imply inappropriate relationships in hospitals. “Aunties” can give you love and care, but some aunties order you about and feel free to punish you in unacceptable ways.
Acknowledge the mother or caregiver	Greet the mother or caregiver by name. A child will take their cue from their caregiver, so if they trust you, the child will warm to you more easily.
Indicate your purpose and how long you’ll be there	Briefly explain your presence – to register the admission, give medicine, or talk about the operation – this helps the caregiver to share in the communication.
Create an opening for the caregiver and child to take the lead	Ask whether they have a preference for someone to interpret, to assist, to help with questions. Try to honour their request or explain why you cannot.
Create a comfort level for communication	Adults seldom realise how they intimidate children when standing over them or sitting behind an official-looking desk.
Reflect your awareness of the child’s condition or activity	Adopt the child’s expression, maybe sad or sore. Express your regret about the soreness. Show interest if the child is engaged in an activity. This could be your entry point for communication.
Ask opening questions about the illness	Some pictures or a doll with similarly located pain, tubes or plasters could help you talk about the illness. Or simply say: “Show me where it’s sore.”
Open communication with the child in a direct and honest way	<p>Tell the caregiver that you would like to ask the child first about their illness or injury. If the caregiver starts to reply, explain that you need to know the story from them too, but must first hear what the child can tell you.</p> <p>Answer children’s questions honestly. If you cannot answer a question, promise to find out... and get back to them! Not doing so will break their trust in you (and often in other health professionals too).</p>
Ask what they think or would like to do about the situation	Children often share information that brings deeper insight than the surface problem identified. A caregiver may convey an option that you have not thought about.
Explain how you will respect their confidentiality	Assure the child and family member(s) that you won’t tell anyone else what you spoke about without their permission. This is essential for building a trusting and respectful relationship.

learn how to read and respond to these signs by repositioning, wrapping and helping babies feel safe.

Building strengths

Health professionals often see their main task as solving the problem or diagnosing the illness. This spills over into how they talk about children on ward rounds and describe the condition in medical terms that neither the child nor caregiver understands. Instead, nurses can be encouraged to focus on the positive. Instead of saying the child “is a *kwashi*” (ie malnourished), nurses can say: “He has shiny eyes and a big smile. His legs are still sore but less swollen”. This communicates health, hope and acceptance. Nursing staff can also tap into children’s ideas about what makes them special through group games and identity activities.

Managing pain and minimising distress

While researchers have found that children can understand the concept of pain and engage in jointly-agreed mechanisms to manage it from the age of four years old,¹³ mothers and other caregivers can often recognise and engage a child around identifying and managing their pain at a much earlier age. Health practitioners should acknowledge children’s pain and distress, and can use non-pharmaceutical methods like reassuring and calming mechanisms (such as repositioning, pacifiers and gentle massage). All these are sustainable and practical within the hospital and home. “Bravery charts” can be used for children from the age of two years old to record, for example, having an injection or blood transfusion (through stars, moons, or other symbols). Instead of encouraging children not to cry, allow parents or caregivers to hold the child, acknowledge their fear, pain and anxiety, and reassure the child by not leaving them to cope alone.

Everyday objects can be used as comforters by sick children.¹⁴ Children aged 5 – 13 years find sock puppets particularly supportive in times of stress. Puppets or dolls may become personal confidantes and play-fellows. Children also need safe havens: Following the introduction of *Phila Impilo*, hospital staff reported that:

*It is now a practice in the wards not to hurt children in their beds so that their bed remains a safe haven in the ward. They are taken away to put in an IV [intravenous] line, for example.*¹⁵

Using tools to support children’s participation

Research shows that children are able to communicate equitably with adults if they are given the choice to select appropriate tools like puppets, dolls and collages. Their repertoire includes words, actions, songs and pictures. Children – who fear adult



Poster design: Discussing different typefaces

anger if they are openly critical or speak in ways that are considered culturally improper – can share information in an indirect and unthreatening way through such tools.

Listening to what children have to say

It is very important that children see action being taken in response to their concerns. For example, following their young patients’ evaluations of the child health service, Clairwood Hospital introduced direct, personal conversations with children in words they could understand. Children appreciated learning about their illness and treatment, their progress and anticipated discharge. Mothers were given extended visiting rights, asked to give children family photos, and to celebrate children’s birthdays. Story time was introduced. Children who were well enough could engage in supervised outdoor play and join a morning prayer song.¹⁶

Young radio reporters at the Red Cross Children’s Hospital chronicled the long wait for a kidney transplant, interviewed a doctor about treatment for a severe burn, and diarised life with a chronic heart and lung condition. Their stories have helped health professionals to shift their focus from the illness to children who are ill. Doctors and nurses continue to be surprised by how children articulate their hopes and fears, their desire to know more about their illness, and their extraordinary resilience in the face of invasive procedures and long stays in hospital.

Recognising the impact of family culture

Health professionals can be helped to see how their own family culture intersects with family responses. Many adults fail to tell children that they are being taken to hospital or what to expect on arrival, and then leave without saying goodbye. They believe that adults don't need to explain their decisions and behaviour to children and that their silence will spare the child the pain of parting and the fear of being left in an unfamiliar location.¹⁷ Change will only happen when there is a commitment throughout the institution to communicate effectively with children, and where systems are put in place to support families and professionals to communicate with children.

Supporting institutional change

Many health professionals still see the mother as the primary source of infection and use this as a reason to exclude parents from wards. However, concerns about hygiene should not come at the expense of the child's emotional safety because the mother's or family's supportive presence is vitally important for a child's health outcome. Even if policy provides for mothers to remain with hospitalised children, most South African hospitals do not cater for this.¹⁸

It is necessary to work across all staff levels when changing attitudes and developing ways to interact with children and families. A critical first step is for each health team to commit explicitly to the practice of participatory consultation with children, to devise a strategy for action, processes for implementation, and a management plan that dovetails with institutional frameworks.

Conclusion

Experience from hospitals around South Africa indicates that children's participation is personally affirming for all involved. Outcomes are most effective when members of professional teams grasp the essentials and develop a process that is customised for their particular service and internalised in all levels of service delivery through standard norms and procedures.

When children's participation is an integral component of service provision it eases staff workloads rather than increasing them. By ensuring, in so far as possible, that children and their families play a key part in decisions about health treatment and care, sound decisions are possible within the health sector. In practice, effective children's participation is found to improve the prognosis for successful treatment, to decrease hospital-caused errors and to heighten patient and family satisfaction with health care.¹⁹

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Children and school governance: Representation, participation and power

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Children's right to participate in matters that concern them extends to collective decision-making in the governance of institutions and services for children. In South Africa, this is a legally established right. The Children's Act and the South African Schools Act make provision, respectively, for children's participation in the governance of child and youth care centres and schools.

The terms "government" and "governance" are often confused. "Government" refers to the institutions that govern; in South Africa, these include the national, provincial and local governments, the legislatures, and the judiciary. "Governance" encompasses the relationships and procedures that determine how authority is exercised and resources are managed, how other role-players make their voices heard, and how those in authority are held accountable.

Governance is necessary whenever authority is exercised for the common good – in a region, a country, a municipality, or any of a wide range of institutions and organisations, including schools, clinics and businesses. It encompasses the framework

for ruling; the principles and values that shape the relationships between holders of power and society at large; and also how power dynamics play out within governing structures.

This essay focuses on schools, as schools are major spaces of participation for children – through formal governance structures as well as in various curricula and extra-curricula activities. The next essay on pp. 49 – 53 considers children as role-players in the governance of the country.

In South Africa, school governance has long been a contested terrain.¹ Although legislation establishes the form of school governance and the role of learner representation, there are still widely differing views on the nature and extent of children's participation in school governance, as well as widely differing practices.

Meaningful representation is not easy. Even when the enabling conditions for meaningful representation are present, representation remains a limited and exclusive form of participation. This essay thus considers the key challenges of representation, power and diversity, and suggests how they can be addressed.



Poster making: Using children's words and images to create a poster

First it describes the legal context for children's participation in the governance of the schools they attend, and makes the case for the importance of their participation.

Five questions structure the essay:

- How does the law provide for children's participation in school governance?
- Why should children participate in governance?
- What hinders meaningful participation in school governance?
- How do power dynamics affect participation?
- What conditions enable effective dialogue?

How does the law provide for children's participation in school governance?

In South Africa, an electoral model of school governance allows for the limited participation of children as representatives of learners enrolled at secondary school. There is no legal provision for a representative body for children in classes below grade 8. However, there is nothing to prohibit schools from establishing structures where primary school children can participate in ways appropriate to their evolving capacities.

Education law provides for children to participate in school governance in three ways, through representation on (i) the Representative Council of Learners and (ii) the School Governing Body, and (iii) through participation in developing and adopting a school code of conduct.

The Representative Council of Learners (RCL)

The South African Schools Act of 1996 requires an RCL to be established at every public school with learners in grade 8 and

higher. The Education Amendment Act² establishes the RCL as the only legally recognised representative body for learners at school and requires the Member of the Executive for Education in each province (provincial Ministers of Education) to publish the functions and procedures for RCL elections.

Learners in each grade elect their representatives under the guidance of an electoral officer (either the school principal or a delegated teacher liaison officer). RCL membership varies slightly from province to province, and in some cases within provinces. For instance, Western Cape guidelines³ require three representatives from each grade, from grade 8 upwards; whereas in Gauteng the RCL must have two representatives per grade, one boy and one girl, except in single-sex schools⁴. A Limpopo-based study⁵ included a township school with an RCL of 10 members, most of whom were in grade 12; a former model C school in a racially mixed neighbourhood with representatives from each grade; and an independent school with 30 learner representatives, elected from each class in each grade.

The RCL has demanding responsibilities. Apart from representing fellow learners, the RCL is expected to promote good relations and communication among learners, staff, and the school community; assist in maintaining order; and promote responsible "learnership", both by positive example and by helping to ensure that learners abide by school rules. Respect, loyalty, co-operation and active participation in school activities are ways in which learner representatives are expected to set a positive example.⁶

RCLs may co-opt additional members and establish sub-committees, and thus extend the scope of participation to learners who are not elected.



Sculpture: Creating a world where children talk and adults listen

Learner representation on the School Governing Body (SGB)

Annually the RCL must elect from its ranks two representatives to serve on the SGB. The term of office for learner members is one year. This gives them very little time to become familiar enough with SGB proceedings to take an active and confident role in school governance. By contrast, adult members have a longer term of office. While the one-year limitation on learners' term of office may suggest they are not regarded as equal partners, learners and teachers have parity of representation on the SGB – two representatives each (except in schools with five or fewer teachers).

Learners have full voting rights but, because they are minors, they may not vote on resolutions which impose liabilities on third parties or the school. A conflict of interest clause requires any member, and not just minors, to withdraw from discussion on any issue in which they have a personal interest. However, this clause is sometimes used to exclude learners from deliberations that adult members consider sensitive and best kept confidential.⁷

Learner participation in adopting a school code of conduct

The primary form of democratic participation envisaged by the South African Schools Act is conventional representative democracy, but it also provides for instances of direct participatory democracy in the adoption of a code of conduct. Sub-section 8(a) states that the SGB must adopt a code of conduct for learners “after consultation with learners, parents and educators of the school”. The rationale for this “higher standard of democratic participation” is that consultation will deepen learners' commitment to the rules which govern them.⁸

Why should children participate in governance?

Apart from legal imperatives, why should children participate in school governance? The short answer is that they should participate because they have the right to do so. Article 12 of the United National Convention of the Rights of the Child (CRC) establishes participation as both a *substantive* and a *procedural* right for children. As a substantive right children are entitled (as a matter of principle) to be listened to and taken seriously in matters that concern them; as a procedural right participation is a vehicle through which children protect and promote their other rights.

Benefits of children's participation in governance

There are other strong reasons why children should participate in governance. Under the right conditions, participation in governance is good for children, good for the school and good for sustaining a democratic culture in South Africa. Participation in collective decision-making and joint action can enhance children's evolving capacities and provide opportunities for children to deve-

lop social competence, independence and shared responsibility.⁹

Children who participate in learners' councils appear to benefit from increased confidence, a sense of personal control and better relationships with teachers.¹⁰ Participation is associated with greater educational commitment, higher educational expectations, improved practical reasoning skills and the promotion of democratic values and procedures.¹¹ Children's participation can also contribute to a better functioning school and, more broadly, to promoting social cohesion.¹² Case 1 illustrates how participation develops the skills needed for effective democratic dialogue.

Case 1: Learning through participation

Learner councillors in Limpopo¹³ reported that they had become more skilled in communicating through their involvement in the RCL:

*I learnt how to communicate on the table. And I learnt how to communicate with the mob ... if the students are angry, what I can do to turn things right.*¹⁴

They also realised that the art of decision-making depends on considering multiple perspectives:

*I have learnt that when decisions are taken we as young people need to realise that other views are important. We should not think that adults are all out to make our lives difficult. We need to listen to their side of the story.*¹⁵

Source: Phaswana E (2010) Learner councillors' perspectives on learner participation. *South African Journal of Education*, 30: 105-122.

A continuum of participation

Only a limited number of children can be directly involved in formal representative structures. So if participation in the activities of collective action and decision-making is good for children and for schools, then it is important to extend opportunities for participation beyond those available to elected representatives.

RCL sub-committees, school clubs and the joint drafting of classroom codes of conduct are examples of other forms of participation that help to contribute to a more cohesive school community where children's views and joint activities are taken seriously. Even the youngest children, in the foundation phase, can be given opportunities for collective action and decision-making in the classroom. There are many ways of doing this. For example, philosophy for children is an educational approach that supports children to build on each other's ideas democratically from a very early age.¹⁶

Children of all ages can also participate in school and community development initiatives. Case 2 on the next page illustrates the benefits of such participation for adolescents living in difficult social circumstances.

Case 2: Participation – A two-way benefit

Learners from three secondary schools on the Cape Flats are participating in an action-research project associated with the Health Promoting Schools initiative.¹⁷ Learners and teachers are engaged in various activities at their own schools and in interschool activities, such as peace clubs, recycling clubs, tuberculosis and HIV-awareness activities. Learners' participation has extended their involvement in the life of their schools and deepened their understanding of complex social issues including "drug abuse, gangsterism and violence".¹⁸

This project recognises that, while adolescence is a formative period for making life-shaping choices, adolescents are often marginalised in discussions that affect their lives.

Source: Sonn B, Santens A & Ravau S (2011) Hearing learner voice in health promoting schools through participatory action research. *Perspectives in Education*, 29(2): 94-105.

What hinders meaningful participation in school governance?

While educational legislation defines, enables and regulates participation in school governance, legislation alone cannot address difficulties that arise in practice. Especially challenging are issues of representation and power.

In school governance, possibilities for participation flow from, and so are constrained by, modes of representation.¹⁹ This means that children's participation in governance is institutionally sanctioned and positioned within existing organisational structures. Although these structures are initiated by adults, children's interests are mediated and represented by children. On the face of it, this is a good thing, but meaningful representation is not easy.

Three key challenges are those of *choice*, *voice* and *accountability*. The first concerns *who* stands for election and *who* is elected; the second concerns *whose* views inform decision-making; and the third concerns *reciprocal responsibilities* of elected and electorate. Who participates, with accountability to whom, is the crucial concern. A representative model of governance assumes that people elect representatives who will speak on their behalf, but in practice representatives may speak "in their own voices" rather than on behalf of those they represent.²⁰

Underpinning all three challenges is the importance of recognising diversity amongst children. School governance policy tends to treat children as a homogenous group, differentiated only by age.²¹ Yet children's social circumstances and how they participate

in everyday activities at home influence how they respond to opportunities to participate in school governance. Studies, in South Africa and the United Kingdom, suggest that representative structures may reinforce existing social inequalities among children and fail to articulate children's diverse perspectives.²² Children who are doing well academically, or who have considerable social capital, are those who commonly stand for election.²³

A key reason for including children in school governance is to ensure that their voices are heard and that the school promotes the good of all its members. This is why it is crucial to address diversity and to counteract a tendency for representative structures to "inhibit the voices of children" who are on the school's social margins.²⁴

How do power dynamics affect participation?

The representative model of governance assumes that representatives participate in the structures to which they are elected. In practice, learner representatives are often silent, or even absent, and thus not actually participating or engaging with other – adult – stakeholder representatives. This is partly because the representative model reproduces hierarchical relations – between adults (the principal, teachers and parents), learner representatives and their peers.²⁵

More broadly, inter-generational power relations, coupled with misconceptions about children's capacities, are among the main barriers to participation. Children's relationships with adults are located within social, political and economic frameworks that shape the institutional arrangements "through which children's daily lives unfold".²⁶

Unequal power relations can restrict the scope, quality and arenas for children's participation in school governance.²⁷ In South Africa, by law, parents comprise the majority group (51%) on the SGB, and their beliefs and attitudes are crucial to whether and how learner representatives engage in the SGB. Examples from a study in Mthatha, Eastern Cape,²⁸ show learner representatives did not always attend SGB meetings:

*...because parents and some adults believe that the SGB committee is only meant for adults. Sometimes learners are not even invited to meetings when their input and participation is not needed.*²⁹

Teacher representatives described parents as clinging to the past:

*In our society, children will always be children, and are not allowed to speak when parents or adults are speaking, in fact they are not even supposed to be in the room when adults are speaking, unless they are invited.*³⁰

In principle, meeting procedure is supposed to guard against inappropriate exercises of power that may diminish or exclude children's engagement. In practice, meeting procedure may be used to silence children. Case 3 shows how language can be used both to challenge and to reassert power.

Case 3: Language and power

Learner councillors in selected Limpopo schools noted how teachers used English as a form of exclusion in SGB meetings:

The problem is if you are telling them the truth about something they are doing wrong they will use this rule like hey English, point of order, and you see everyone will just agree 'yes, point of order, point of order use English' you see.³¹

This focus group believed that teachers realised many learners can be very articulate in local languages. Insisting on English put the teachers at an advantage but prevented learner councillors from presenting their views clearly.

Source: Phaswana E (2010) Learner councillors' perspectives on learner participation. *South African Journal of Education*, 30: 105-122.

Power dynamics come into play not only between adults and children, but also among children who serve on RCLs, as well as between those who are elected and those who are not. Age, gender, ability, social class and ethnicity shape power relations among children in complex ways that vary from one context to another. For example, in an Eastern Cape study, interviews with SGB members and observations of meetings indicated that "female learner governors tended to be less vocal than male learner governors and relinquished decision-making activities to male learner governors". This paralleled a pattern of male dominance among adult members of the SGB.³² By contrast, an extensive study of RCLs in the Western Cape found a greater number of females in the records of elected RCL members.³³ Similarly, in an Irish Aid project with the Limpopo Department of Education, girls have leading positions within several school RCLs and in the provincial RCL.³⁴

Peer pressure also influences power dynamics. Learners elected to the RCL may be challenged or disregarded by their peers, who see them as exercising privilege within a structure that supports school authorities.³⁵

What conditions enable effective dialogue?

A supportive school ethos is essential to encourage participation in the election of the RCL and acceptance of its legitimacy. Support for election campaigning, inauguration ceremonies, acceptance speeches, and mechanisms for representatives to consult with and report back to their constituents all help to encourage effective participation and dialogue among children – before, during and after elections.³⁶

Effective dialogue requires more than mechanisms to enable elections and subsequent accountability to the electorate. All stakeholders in school governance, including children themselves, need to understand the purpose and benefits of children's participation. A challenge for adult SGB members is to accept learner representatives as equal partners, who are competent to contribute to decisions and joint action, but who may need additional time, resources and information to enable them to participate meaningfully.³⁷

Where adult stakeholders have little experience of children participating as equal partners, an understanding of adults' attitudes towards children's participation is a precondition for enabling a change of mindset. The school principal, teacher liaison officer and other champions have a critical role to play in modelling good practice and promoting an understanding of how learners' participation can contribute to better functioning schools. As children stand in an unequal relation of power to adults, the principal and teacher liaison officer have a particular obligation to protect children from possible harm that could result from their speaking out in SGBs and other participatory forums.

The following indicators,³⁸ among others, can be used to assess whether an RCL can fulfil its role in representing learners and in expanding opportunities for meaningful dialogue and action:

- Does the RCL have a constitution and a code of conduct for its members?
- Does the RCL have a copy of the SGB constitution and do its members understand the functions and procedures of the SGB?
- Does the RCL have a copy of the school's code of conduct for learners?
- Does the RCL make use of sub-committees and co-opted members to share work and extend opportunities for learners to participate?
- Is the RCL membership representative of diverse groups of learners?
- Does the RCL have effective channels of communication with the full body of learners as well as the SGB?
- Does the school, and its SGB, support learners' participation by providing timely information in a learner-friendly format?

Conclusion

School governance is a contested matter. At one extreme is the view that “what was meant to promote participatory democracy” at school level “turns out to be an exercise in marginalisation and silencing”.³⁹ An alternative view is that SGBs, and related structures, are sites of representative, participatory and direct democracy “where democracy takes place every day for the vast majority of us”.⁴⁰ Realising this possibility depends on creating and maintaining conditions that enable learners to engage in effective dialogue – with one another, and with adults involved in school governance.

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Children's involvement in government policy and budget analysis

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Children's right to participate in decisions affecting their lives is highlighted by the new Children's Act.¹ The Act came into effect in 2010 and provides a new imperative for government to engage actively with children in the formulation, implementation and monitoring of policies and laws to ensure that these contribute to children's best interests. Similarly, the United Nations Convention on the Rights of the Child (CRC) places an obligation on states to ensure that children actively participate in governance and are not merely passively governed.²

Democratic governance is ideally the engagement between the public and government to ensure that rights are realised. It is the translation of rights into laws, policies, programmes and services, and related budgets. Active participation in governance includes people's involvement in processes such as the development of laws, policies and budgets. This participation process requires that governments should listen to, and act on, the views of the public in order to deliver more effective services.

Engaging children in expressing their views on issues that impact on them is crucial to ensure that only the best quality services are provided for children. More importantly, the parti-

cipation of children in governance processes is essential to the recognition of their rights.

Given that government is the highest level decision-making body that affects the lives of children, are they doing enough to involve children in governance? Not many genuine opportunities have been created to facilitate children's involvement in governance in South Africa. The language of policy documents and budgets is one of several barriers that inhibits children's engagement; yet a number of local initiatives have supported children's meaningful participation in democratic governance.

The essay addresses the following questions:

- Why should children be involved in governance?
- What are the opportunities for engaging children in governance in South Africa?
- Which child-oriented techniques build governance knowledge and skills?
- What are some of the challenges for children's participation in governance?
- What is needed for decision-makers to take children seriously?

Why should children be involved in governance?

Children's involvement in governance processes has a range of benefits. Taking children's perspectives and priorities into account during service design and delivery is essential if services are to become responsive to children's actual needs. Listening and responding to children's expressed needs can improve their situation. And children can acquire the knowledge and skill through participation to take action to promote and protect their rights.³

Children are able to be active members of society when they are supported with knowledge and skills. One such initiative is the Children Participating in Governance projectⁱ of the Institute for Democracy in South Africa (IDASA), where children were able to achieve many successes and benefit in many ways:⁴

I learnt that children do have a voice and that there are people willing to listen to us ... I learnt to use my power I have as a child and I've become confident around a lot of people.

Personal journal of child participation peer facilitator,
Western Cape, 2006⁵

The children assessed the National Budget of 2006/7 and contributed to a budget brief that was published on the internet. Following their experiences in the project, representatives from the Life Hunters group in KwaZulu-Natal, one of the participating children's organisations, successfully advocated for a child-friendly Integrated Development Plan in Port Shepstone. As one of the child facilitators reflected on the process:

I didn't expect to learn so much about how government operates and how the country's budget links with children's rights...

Personal journal of child participation peer facilitator,
KwaZulu-Natal, 2005⁶

Focusing on the experiences of children is an investment in both the present and future. When children's inputs are valued and their worth acknowledged, it impacts directly on the development of their capacities and the quality of their lives. They are empowered to act as good members of society while they are young and develop the political experience required to participate in decision-making processes.⁷

What are the opportunities for engaging children in governance in South Africa?

Parliament has recognised that current public participation processes have to be improved to ensure that all sectors of society are reached.⁸ This includes children – an important sector that is often ignored, perhaps because children do not have the right to vote. But there are also other complex and interwoven reasons for excluding children. These relate to conceptions of childhood, patriarchal and authoritarian societies, as well as preconceived ideas about children's capacities for governance.

As was discussed in the rights essay on pp. 22 – 29, a number of South African laws, policies and structures specifically promote the right to participate in governance. For example, the Local Government Act⁹ provides for local communities' right to participate in the decision-making processes of their municipality, and this includes children.

Case 4: How Zoleka's recommendation changed the law

Lucy Jamieson (Children's Institute)

Zolekaⁱⁱ (15) heard about virginity testing and the Children's Bill at a conference for street children. She was concerned that young girls identified as virgins in her community were often abducted and forced into marriage. With the help of a local organisation, she wrote three case studies describing how these young *amakoti* are often forced to have sex with their husbands, beaten and deprived of an education.

The Children's Institute gave her information on the laws on marriage, which stated that people who forced children into marriage could be fined a maximum of R200. Zoleka claimed that this was insufficient penalty for ruining a young girl's life. She recommended people face a heavy fine or a

long prison sentence. Working in partnership, the young girl and adults wrote a submission on the Children's Bill. The motivation for changing the Bill included case studies in Zoleka's own words, whilst the recommended amendment to the Bill was written by legal experts in technical language.

The Children's Institute paid for Zoleka and a caregiver to visit Cape Town to present at the parliamentary public hearings. The head of the Human Rights Commission described Zoleka's testimony as one of the most powerful submissions he had ever heard. The Select Committee on Social Services adopted her recommendation and now people can be imprisoned for up to 10 years for forcing a child into marriage or engagement.

i This project aimed to build knowledge and skills of children aged 12 to 18 to monitor government budgets for the realisation of children's rights. See: www.idasa.org/our_products/resources/output/reflections_from_childrens/?pid=imali_ye_mwana.

ii Not her real name.

Yet challenges – such as limited participation opportunities and government’s inability or reluctance to translate children’s views into policy debates to shape laws and services – often prevent participation rights from being realised in a meaningful and genuine process. Visits to Parliament will only be valuable when children influence the development of laws to enhance the quality of life for all children. Yet Parliament’s efforts have mostly been limited to inviting children to visit on Youth Day or on the Day of the African Child as observers of parliamentary processes. This clearly is not enough when children are expected to be active participants in – and not passive observers of – the parliamentary process.

Even when children have been invited to make representations to the legislature, their views are rarely taken into account in developing laws. For example, there is no report on the 2005 Youth Parliament. In fact the event is not even recorded in Parliament’s annual report.¹⁰ Only a handful of members of Parliament attended for the entire duration of the event; during which a group of adolescents were asked to comment on the draft Combating of Trafficking in Persons Bill.¹¹ As there was no report, their voices were lost long before the Bill was sent to the portfolio committee for consideration years later.

Despite these problems, there have been some examples where children have shaped the development of laws through submissions on the Children’s Bill (see case 4) and the Child Justice Bill. These engagements have mostly been facilitated by non-governmental organisations.

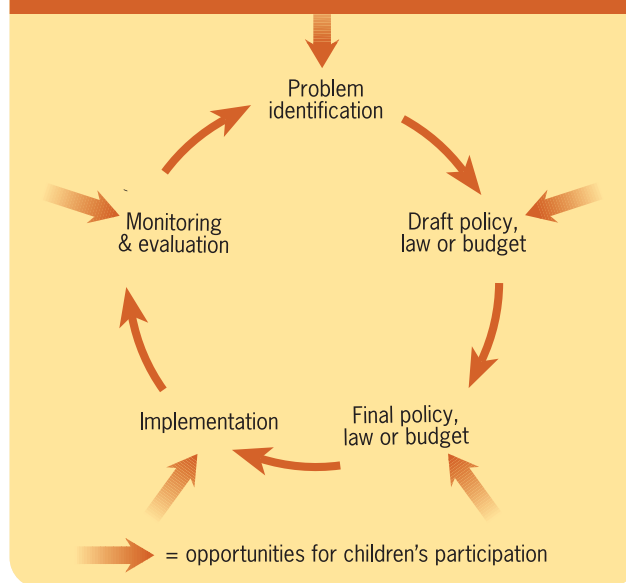
For governance processes to address children’s needs and concerns, there must be meaningful participation by children at each stage of the process – from the initial identification of problems, through the drafting and implementation of policy, to monitoring and evaluation (see figure 2). Depending on the length of the process, one set of children may be involved in the entire cycle or a single step.

Public participation in the first phase of this process involves sharing information and exchanging views about how a particular problem is affecting children’s lives. Here engagement with children, if we accept the current adult paradigm, could take place through informal discussions, surveys, focus groups or workshops.¹²

In the drafting of policy, law or budgets, children could engage directly with local government ward committees or influential officials who draft policy; forward suggestions to Treasury for budget policy formulation; send petitions or make submissions to public hearings in Parliament.

Children, however, may have their own preferred formats of engagement with influential adults. For example, in a UNICEF roundtable on children’s participation,¹³ children valued organisations that support them with child-friendly and accessible information, and recommended that engagements at local government level

Figure 2: Opportunities for children to participate in governance processes



address their immediate concerns. These processes should strengthen consultation and shared decision-making by taking children’s views into consideration during the formulation of laws and policies.

Shared monitoring of development plans, implementation and outcomes is also essential to ensure that the policy, law or budget has indeed improved services for children or impacted positively on their lives. Children’s views could be tapped through questionnaires, interviews and focus groups, if adult monitoring tools are used.

Which child-oriented techniques build governance knowledge and skills?

Due to the level of abstract and conceptual engagement required, the Children Participating in Governance project involved children between 12 and 18 years old. It was also important that the children were already committed to trying to improve their communities from a child rights perspective.

Co-creation of activities and peer-facilitation model

For the first two years, the project focused on training 25 peer facilitators. They developed and shaped the training activities in preparation sessions, and then implemented the activities with their own constituency groups. In total approximately 100 children were involved in the project. From the second year, the peer facilitators were involved in budget analysis. One group of children also participated in local government processes.

The training activities were structured into three modules:

1. *Linking budgets and rights* introduced the concept of progressive realisation of children’s socio-economic rights entrenched in the South African Constitution and the process for

the division of revenue between national, provincial and local government. Sessions included: understanding rights, progressive realisation, household budgets, and how government works.

2. *Budget analysis as a monitoring tool* introduced budget analysis tools and visits to community development projects to analyse their budgets. Sessions focused on: understanding the integrated development planning process, organisational budgets, basic budget analysis tools, personal experiences of rights and empowerment.
3. *Developing a strategic budget advocacy campaign* introduced a range of advocacy strategies and included attending a meeting of Parliament's Joint Monitoring Committee on Finance. Sessions covered: advocacy concepts and strategies, engaging in the budget presentation process in Parliament, preparing responses to the budget, and planning an advocacy campaign.

As children are often valued least in society, it is particularly important to build children's trust that their views will indeed be heard and respected.¹⁴ Children are often sceptical of processes run by adults, which may affect their willingness, for example, to express opinions. The project's training activities therefore took into consideration the different cognitive levels of the children and adults recognised the prior knowledge that children bring to the process. Affirming this knowledge helped level the playing field between adults and children.

The project also made sure that children were valued and their experiences and needs catered for. For example, many children needed support to attend training workshops held in venues far from their homes, because surroundings were unfamiliar and they did not necessarily have the skills and knowledge to be safe.

Using games in children's workshops

The language of governance is very complicated to share with children, so novel ways were used to break down the technical language of rights, policies and budgets. The adult and child facilitators developed games such as treasure hunts and puzzles to explore these. Experiential learning techniques such as role plays and community project visits were also valuable. These techniques were recorded in a training manual¹⁵ and tested by peer facilitators. By the end of the process, when the children were asked to watch the budget speech in Parliament, a child participant noted:

...since we now understood everything, it was easy for us to just sit down and listen, but this time we understood what was being said.

Personal journal of child participation peer facilitator,
Western Cape, 2005¹⁶

As the Disabled Children's Action Group (DICAG) was a project

partner, it was necessary to adapt the materials to accommodate different levels and styles of learning. Facilitators worked in small groups with children with similar cognitive abilities. Some members in the DICAG group struggled to concentrate for long periods and did not do well with discussion as a method for learning. They fared much better with role play and drawing. Much more preparation was needed – as well as plenty of patience. But this customised approach was more empowering than the “one size fits all” option. This group's experiences were reflected in a IDASA policy brief for inclusive education.¹⁷

What are some of the challenges for children's participation in governance?

Meaningful and genuine participation in governance can take place only if children are treated with respect, and if there is a willingness to listen and learn from them, and to understand and consider their views. Adults are however hampered by their limited understanding of what children's participation is and a lack of knowledge on how to involve children. Arguments against the participation of children tend to focus on their lack of competence or experience. Adults argue that participation takes away children's childhoods, leads children to lose respect, challenges parents' authority, places children at risk, or simply takes too much time.¹⁸ These prejudices show the need for advocacy about the potential benefits of children's contributions to governance.

There are other challenges to children's participation in governance both at a practical level (when working with children) as well as within the governance system. Some challenges in the IDASA project related to simplifying concepts, finding enough time and money to implement the project, and ensuring that children were safe. Other projects have noted that adults do not take children seriously¹⁹ and that there is little feedback and acknowledgement of children's contributions after the participation process²⁰.

The structure of society and the system of governance also pose challenges for children's participation. The main challenge is adults' perception of children's role and position in society.²¹ Children's age, class, gender²² and disability create further barriers that inhibit participation.

What is needed for decision-makers to take children seriously?

Adults are more comfortable with the protection rights of children and often ignore their participation rights as these may challenge adults' superior position in society. This limits the participation of children in governance.²³ Adult knowledge is more respected in society and children's views are seldom appreciated and taken into account.

Create a safe and enabling environment

If children are to engage meaningfully, they should be treated with respect, be given opportunities to participate, and be given support. Often, views are solicited and children drawn into processes, but they are not taken into account. Alternatively, children's views are manipulated to suit adult agendas, or children are featured only in once-off events. For effective participation, adults should create a safe and enabling environment for children, provide them with access to appropriate and useful information in a language they can understand, listen to their views, and support their participation in decision-making about solutions to problems affecting their lives.²⁴

Government officials as participation advocates

Government needs to facilitate engagements with children using child-oriented approaches. This involves using facilitators who have the training, commitment and sensitivity to work with children and support them. This process will require more time and resources than the current methods of engagement with civil society.

Decision-makers can play an important facilitation and support role for children's participation in governance. Parliamentarians can act as conduits and mediators of the political system by explaining political processes to children. At a local level, councillors can engage with children to provide input into particular services for a community,²⁵ as was noted by a child participant:

Some of our municipal officials are interested [in] this project. This will surely break the concrete that I assumed was between children and government.

Personal journal of child participation peer facilitator,
KwaZulu-Natal, 2005²⁶

Conclusion

Children's participation in policy-making, law reform and budgeting fulfils their rights. It will lead to more effective policies, laws and programmes and will improve service delivery for children. Participation in governance also contributes to children's development as active members of society and deepens their understanding and experiences of democracy. However, there are not sufficient opportunities for children to participate meaningfully in governance. The challenges for engagement include the attitudes of decision-makers towards children, and the time and resources needed to build the capacity of children and adults to engage meaningfully.

There are several examples where civil society organisations have successfully worked in partnership with children to facilitate their participation in governance. Yet political will is also required from government to include children as valued partners,

and to invest in special mechanisms to include children in governance. In South Africa, initial steps have been taken to commit to children's participation in governance. Real progress in this arena requires the concerted effort of all in South Africa – be they in civil society or government – no matter what their age.

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Children and the media: Voices worth hearing?

William Bird (Media Monitoring Africa) and Mike Rahfaltd (Children's Radio Foundation)



Drawing on the work of two organisations, this essay outlines how children's participation can make a significant difference in how children are represented in the media, and in realising children's rights to participate in matters that affect them. In particular, the essay will address the following questions:

- Why is it important for children to participate in the media?
- How are children portrayed in the media?
- What are examples of children's meaningful participation in the media?
- What can be done to enable children's participation in the media?

Why is it important for children to participate in the media?

An unnamed learner, videotaped in a school classroom in her uniform, speaks to a television news reporter after writing the first matric exam of the year. She is given 10 seconds on the nightly news to express her views on the exam questions she found easy, and not so easy. Her short statements, positioned

next to those of two other learners, support the overall tone of the news report that suggests that this year's exam-takers were ill prepared and nervous about their performance.

In viewing the clip, it is easy to imagine the television producer's instruction to the journalist: "Can you get a child on camera to speak about today's exams?" While journalists are getting better at showcasing young people's perspectives in their reports, there is a tendency still to use the voices of children to pepper their pre-conceived (or already written) stories. Children, in this scenario, are enlisted as characters to enrich and confirm the journalist's take on the situation, rather than brought in as active participants in creating their own representations. Here children are speaking through the lens of adult experience rather than through their own.

Journalists often argue that children are difficult to access, and that the practical, ethical and legal protectionsⁱ in place make it difficult to bring out youth voicesⁱⁱ. Yet, in treating children as "quick and easy" contributors, journalists often miss the opportunity to engage ethically with children and to get responses with greater depth and nuance.

ⁱ For example children who are accused, victims or witnesses of a crime may not be named and/or identified. Legal protections also extend to child care as well as family law matters. These issues are covered by the Criminal Procedures Act, the Children's Act and the Child Justice Act.

ⁱⁱ These arguments are frequently presented during training conducted by Media Monitoring Africa with journalists as well as from participants of the MMA and University of the Witwatersrand journalism course on reporting on children in the media.

Ethical and practical concerns over accessing children can be addressed by putting in place structures for sustained youth involvement. Such structures help ensure that children's participation rights are upheld (see the essay on pp. 22 – 29), and that children enjoy and learn from the process, thus enhancing their development as young citizens (see the essay on pp. 30 – 35).

The aim of children's participation in the media is to provide young people with a platform to express their views, influence decision-making and achieve change. Involving young people from diverse language, class, religious and education backgrounds and with diverse abilities is also critical. It ensures that journalists consider differences in childhood experiences, and do not opt for the easy stereotypes.

Children's participation should be shaped through conversations between adults and children. Supporting adults are there to ensure that all children involved have opportunity to give an opinion or define topics, and that the environment is child-friendly.¹ More than anything, young people should feel empowered to shape how young people's worlds of experience are represented, and be given the necessary skills and tools to do this honestly, ethically, and accurately.

How are children portrayed in the media?

While news media are only a portion of the full media spectrum, they are key in providing information to citizens, and shaping people's opinions. It is not that the media tell us what to think, but they do tell us what to think about – in other words, the media help frame issues and discourses for society. An analysis of the enormously powerful and popular social media (such as Facebook, Twitter, Mxit, and SMS) falls beyond the scope of this essay, but it must be noted that social media have a crucial role to play in engaging children and helping build meaningful children's participation. Recent research² by World Wide Worx has highlighted the spread and use of social media by children and adults in South African private and township schools. It is clear that a platform like Mxit is a great leveller and its use by millions of young South Africans highlights its potential for meaningful participation.

Children account for 39% of South Africa's population,³ and a host of laws, conventions, special protections and policies are focused on them. Realising the rights of children is key to South Africa fulfilling its commitments to the Millennium Development Goals. Clearly, if children's rights are to be realised, protected and enforced, and if the state is to meet its goals, the media as a key opinion shaper can and must play a critical role.

Despite these factors, children seldom make the news. Media Monitoring Africa's (MMA) most-recent research on how children are portrayed in 13 major South African newspapers revealed that children feature in only 12.7% of news stories monitored.⁴

The media monitoring also shows that while audiences may now be hearing a little more about children in the media, audiences continue to hear very little from children themselves. Only 13% of the stories in which children were mentioned quoted children either directly or indirectly. This means that children's voices were only heard in 2% of all news stories monitored in the 2010 study.

Furthermore, when children do feature in the news they tend to be shown in very limited roles: The 2010 study found that around 18% of children were identified as victims. The *Sunday Times*' story "Men, women set fire to girl, 16"⁵ and the *Daily Sun*'s "Evil mum dumps two kids on the doorstep"⁶ are examples where children are clearly portrayed as "victims". Over a third of children were identified merely as members of a family unit.

The research also shows that 7% of stories monitored violated the rights of children by either directly or indirectly identifying a child when it was clearly not in their best interests. Examples include naming a child abuse victim, a child witness to a crime or a child offender.

While each story needs to be analysed on a case-by-case basis there are some common core ethical principles for reporting on children. These focus on ensuring that the story is in the best interests of the child. Most commonly this means ensuring that a vulnerable child's identity is protected and not revealed. This is also in line with general legal requirements, where a child who is a victim, witness or accused in a criminal matter may not be named or identified. The ethical principles also extend to speaking to children. While largely aimed at preventing harm to a child, common ethical principles also seek to encourage the media to give children a voice.⁷

People rely on the media as a source of information about the world, yet the way in which children are portrayed in the media is often misleading and problematic:

1. Given that so few children feature in the news, audiences could be forgiven for thinking that children are a small minority of the population. This is a disturbing conclusion, given that children in South Africa account for more than a third of the population.
2. It may also reinforce the belief that children are not important or active members of society, as in most instances they don't seem to do much at all and are commonly non-descript, or described as victims of abuse, war, disease and poverty.
3. It may support assumptions that it is common and "natural" that girls are victims of abuse, while boys more commonly commit crimes and are more active members of society.

Such reporting does little to oppose attitudes that see children as mere objects with little to say. There can be no doubt that children are often the most vulnerable to the effects of war and disasters, and that the media need to report their stories. At the same time, the media also need to consider how children

fulfil diverse roles in society; they are also sports players, heroes, achievers, winners, nerds and learners. These roles should be reflected in reports.

What are examples of children's meaningful participation in the media?

Media monitoring plays an essential and ongoing role in helping to assess and analyse how the media portray children, and also provides valuable indicators of how the portrayals are changing over time. This enables an analysis of whether strategies aimed at improving the portrayal and participation of children are having the desired impact. Children's radio is another powerful tool that equips children to produce their own media, and ensure that their voice is heard by a wider audience.

Media Monitoring Africa

MMAⁱⁱⁱ has developed an Empowering Children and the Media (ECM) strategy to improve the media's portrayal of children and achieve meaningful children's participation. ECM achieves these aims through promoting the respect, protection and promotion of children's rights in both media coverage and practice.

Central to the ECM strategy has been the incorporation of meaningful children's participation in all phases and project activities. Children's participation in media monitoring activities is a South African first. With the aim to ensure that children's participation is meaningful and not mere tokenism, MMA and its partners work with children in an ethical way that respects, protects and promotes children's rights throughout the project:

- Children participate in all stages of the project – from helping design the media monitoring materials, to presenting the results of their media monitoring, and posing questions to journalists and editors.
- Children from various race groups and socio-economic backgrounds participate in the project. And an equal number of boys and girls participate.
- Measures are taken to minimise harm against the children; for example, those who do not wish to be named or identified are protected.
- The children are free to respond as they choose; neither the facilitators nor the activities guide or prompt them in any way.
- The children benefit from their involvement in the workshops, with the knowledge that they are consulted, their views taken

into account, and that they gain critical media literacy skills.^{iv}

- The children are informed at all times about the project; there is feedback between each of the workshops and follow-up correspondence.
- The children are given the opportunity to make their own presentations to journalists and the media.

The children's participation and contributions are mutually beneficial for the MMA, the children's caregivers and the children themselves. The MMA benefits directly of course from the children's contributions, and from fulfilling the project's objectives. Caregivers also benefit as a result of the children asking them to watch the news, buy newspapers and consider how children are portrayed. At an evaluation workshop held in 2010^v children said they have benefited in the following ways:

Before I was not reading newspapers and now it is fun and reading about what is happening in the world makes me want to know much more.

Evaluation workshop, Gauteng, 2010

I read news more often now and I understand better. I can also see and hear the journalist mistakes that they make. And I concentrate on children's rights.

Evaluation workshop, Gauteng, 2010

I want to listen more about the media even if I am not media monitoring next year. I may be able to monitor the newspaper that I read.

Evaluation workshop, Gauteng, 2010

Asked what they had learned, some of the children said:

I learned to watch something and understand it.

Evaluation workshop, Gauteng, 2010

I learned how to monitor the media and ask important questions.

Evaluation workshop, Gauteng, 2010

I learned to fight for my rights.

Evaluation workshop, Gauteng, 2010

I learned how to give [my] viewpoint [and ask] questions which are thought-provoking.

Evaluation workshop, Gauteng, 2010

ⁱⁱⁱ MMA has been promoting human rights and democracy through the media since 1993. MMA aims to promote the development of a free, fair, ethical and critical media culture in South Africa and on the rest of the continent. MMA's children's programme has been working with children to improve children's portrayal and participation in the media since 2003. See www.mediamonitoringafrica.org.

^{iv} Media literacy skills ensure that children are able to engage critically with the media, that they are able to distinguish between the content of a story, and how it is reported. While essential for the project, such skills are useful for any further media consumption and analysis, ensuring that children benefit in the future.

^v An annual workshop with children who monitor the media where children evaluate the project and what they have learned. This one took place on 3 December 2010.

The Children's Radio Foundation

The Children's Radio Foundation^{vi} (CRF) partners with organisations to build youth radio initiatives by creating child-friendly spaces for young people to participate, ask questions, reflect, learn, and share with their community via radio broadcasts. While the emphasis is placed on community-based reporting, the youth-produced reports are often shared with local, national, and international media as first-hand accounts of young people's experiences.

CRF works with community radio stations and community-based organisations to enable young people to broadcast weekly radio shows for their peers. By training facilitators and creating local ownership of the initiative, CRF teaches community partners to create the conditions for a balanced and sustainable youth-focused project. For example, partners learn how to select a diverse and representative group of youth participants, how to grow an audience, and how to reach out into the wider community.

In a series of training workshops, youth reporters learn how to develop an idea, to interview, to structure a debate, and in general are taught to report honestly, accurately, and ethically on issues relevant to a youth audience. The workshops are child-focused, and young people drive the agenda. CRF's community-based youth journalism initiatives allow young people to speak for themselves and to speak with nuance about issues that they deem important, thereby carving out a crucially important youth-affirming space in the wider media landscape.

In South Africa, CRF has a weekly radio show on SAfm, called the Radio Workshop. The broadcast contains a mix of content that reflects the concerns, aspirations, and experiences of young people who have participated in the radio production workshops, and also content that is produced by adults for a youth audience. Recent topics have ranged from school-based reporting on the effects of the teacher strikes on learners, personal narratives about social media usage amongst teens, and audio diaries about experiences of xenophobia.

In addition to positioning youth-produced stories of youth experience in the media, CRF training and production workshops build young participants' communication and critical-thinking skills. Parents, caregivers and teachers often remark on increased levels of confidence among participants, and are often surprised that the young reporters are able to articulate their views in a clear way. The entire enterprise is a reminder that young people have opinions to offer, experiences to share, and stories to tell, and that, with a little help, they are capable of doing it themselves.

Youth involvement in media is a rewarding initiative that benefits children's participation in society, but it is not without implementation challenges:

- Training in media is a long-term process that often requires significant resources, committed staff, and infrastructure (technical equipment, and a broadcast outlet) to ensure the success of a project.
- As media training is often done with small groups of young people in specific locations, youth media initiatives are sometimes guilty of showcasing the views of a smaller, less representative group of youth at the expense of tapping into the diversity of youth perspectives.
- Emphasis needs to be placed on ethics and consent in reporting, and on ensuring that youth journalists are aware of the effects of their representations.

Meaningful youth participation in media requires sustained involvement, training, and youth-driven processes. It also relies on creating the belief in young people that they are capable of doing it themselves. And they are.

What can be done to enable children's participation in the media?

There are a number of different strategies that can enhance children's participation and representation in the media. In presenting its recommendations for journalists and editors at the South African Press Council,⁸ Media Monitoring Africa has shown how working with children to evaluate the media can realise positive change in media practice. The Children's Radio Foundation's work with children from Maitland High School in Cape Town shows how children can play an active role in producing their own media and messages. Both cases speak to the importance of building long-term relationships with children.

There are simple activities that organisations working with children can do with children to help build critical literacy skills:

- *Lobby the local media:* Contact your local radio station and ask them if they have a programme dedicated to children's issues and giving children a voice – if they don't, ask them why not. Draw on your organisation's resources to assist them if they don't.
- *Lobby schools:* Check if schools you work with, or are involved in, have a school newspaper, and, if not, think about starting one. It is cost effective. It develops writing, reading and analytical skills, and, best of all, it enables children's voices to be heard.
- *Do the DRIVE:* Not only could it change a child's approach to the media but you may be surprised at how much children can teach you! Watch, listen or read the news with children. Count how many stories involving children can be found in the news, and look for the following:

^{vi} Working in several sites across Tanzania and South Africa, CRF-trained youth journalists produce a wide range of audio formats and host weekly youth-oriented shows on local radio stations. See www.childrensradiofoundation.org.

- *D = Diversity of children*: Are there boys and girls? Are the stories set in urban and rural areas? Who are the children and what are they doing?
- *R = Rights respected*: Is the story in the best interests of the child?
- *I = Issues*: Are there a range of children's issues in the news? In other words: Are the stories about children all about bad or sad or tragic things that happen to children, or do you see children doing different and exciting things?
- *V = Voices heard*? You may see children but how often do you actually hear their voices?
- *E = Ethical coverage*: How would you feel if it was your child of if you were the child? Would you want the story reported that way?

Then ask the children what they would like to do about what they see. Write to the media and let them know. If the media are not told what audiences want, how can they change?

- *Mainstream children's participation*: Whenever there is an opportunity to highlight a critical issue in the media, be it the outcomes of a workshop with children, or new research, always ask if there is a way of including children, or having their perspectives heard. Not only will children bring a fresh perspective, they will also demonstrate children's abilities to speak on important issues. That said, when working with vulnerable children always consider the potential harm that may be caused to them by appearing in the media. It is up to adults to act in the best interests of the child.

What can media professionals learn from meaningful children's participation? They can learn that direct engagement with children results in more informed stories and that children can add valuable insights on key issues. These can range from views on politicians, education and child abuse through to high level policy matters. For example, children from MMA made a submission to a public hearing of the South African Press Council. Children who had been monitoring the media were able to identify problems and develop recommendations on how the South African media could improve its work with children. The children felt that their rights were continuously being violated and called on the media to respect children's rights. They recommended:

- less stereotyping girls and boys in "traditional" gender roles;
- that the media should access children directly when covering issues which involve children, provided that it is in their best interests to do so; and
- that a child's identity should be protected in every way when it is not in their best interests to make this public.⁹

These recommendations are all the more important considering that the only reference to children in the current South African Press Code comes in the definition of "child pornography".^{vii}

Conclusion

While social media directly facilitates interaction between producers of media and receivers, more "traditional" media such as newspapers, television and radio need not be simply passively received and consumed. Activists – members of civil society, educators, parents and caregivers – need to engage with journalists and editors, assist them and challenge them. The media help to frame debates and highlight issues that are considered to be important, so it is essential – for the children's sector, for children's rights and for children themselves – that children's voices are heard in the media, and that they are portrayed fairly and accurately.

The media are a key tool that is ours to use, no matter what our age, to access knowledge, share opinion, and re-frame who and what is considered to be important. We cannot however ignore the power imbalance and realities we face – that it is difficult for children especially to contribute to and have influence over the production of the media – all the more reason why adult and child participation partnerships are so essential.

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Children's experiences of participation

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The call for children's participation is a loud one, and rightly so, but it is critical that we think through why and how we involve children:

There is an urgency to “get it right” for children. This is partly because we are all aware of the very destructive effects of AIDS on individuals and social networks within this region. This has led to many organisations “doing participation” without really thinking through why they are doing it and without finding the best way to do it. On the other hand others have been very cautious about engaging children.

We need to take time to think about why and how we are doing children's participation before rushing ahead on the one hand and at the same time we need to be “brave” enough to try it, trusting that we will learn as we go along, particularly if we listen to the children and young people involved.¹
[Emphasis added]

Many organisations “do participation” but few stop to ask the children and young people who they work with if they think participation is important, how they experience it, and what they expect from it. Organisations, researchers, policy-makers and other people involved in children's participation need to make time to think about the best way of “doing participation” to make sure that the children and society are benefiting.

This essay examines the following key questions:

- Why do children think participation is important?
- What are children's expectations of participation?
- What do children experience when they are invited to “participate”?
- What are the potential benefits for children?
- What are the benefits for society?

Why do children think participation is important?

In a child rights survey, children highlighted the importance of participation by ranking it second only to the right to a safe environment in a list of rights most often violated.² While many children lack the opportunity to speak out and be taken seriously, children who have been able to participate in research and intervention projects value the direct and honest discussion about what is important in their daily lives.³

Recent research with girls and boys aged nine to 17 years focused on their experiences and opinions of appropriate children's participation. Children from three different areas in South Africa shared their experiences of participation in a girls' education movement club, a crime prevention club and a community support club for vulnerable children.

They described why participation is important:⁴

- It is a right that all South Africa's children have.
- It makes children feel part of society.
- It acknowledges that children have knowledge and insights on all matters.
- It recognises that children's opinions may help other children in similar situations.
- It recognises children's views as important and worthy of being taken seriously.
- It ensures that children are visible and heard.
- It enables children's inclusion in the design of legislation, policy and intervention programmes affecting them.
- It suggests that adults can learn from what children are saying.
- It contributes to children's development and growth.
- It provides children with new information that they can use.

Some of the children have put it very eloquently:

I would firstly tell them that children also have rights ... they also have a right to be heard.

Girls Education Movement club (GEM), Gauteng, 2010⁵

...our Constitution allows everyone of us to express his or her opinions without intimidation.

Girls Education Movement Club (GEM), Gauteng⁶

Everyone knows that one's opinion is important. Like maybe I can say something that you didn't think of or tell you something that you didn't even imagine. So if I tell you that particular thing and then you can do better at what you were doing before.

Crime prevention group, Free State, 2010⁷

What are children's expectations of participation?

Children have certain expectations of participation.⁸ Firstly, they expect a participation experience to respect their individuality, their knowledge and their capacity to make their views known:

I am of the view that, if you want to reach the youth successfully, get to hear what they have to say. You have got to let them use their own approach.

Community support club for vulnerable children, Free State, 2010⁹

Secondly, they want participation that is authentic and genuinely useful. They want access to information that will assist them to contribute. They want to work in an environment that is enabling, safe, inclusive, empowering and non-judgemental. They want trust between themselves and the adults facilitating their participation, which includes honesty and truthfulness at all times:

Honesty and truthfulness. Like if a person is honest to you, then if you have a problem, you won't be scared to talk to that person and if that person is friendly to you.

Crime prevention group, Free State, 2010¹⁰

Talking to children in a manner that they feel that they are not intimidated ... giving them the opportunity to speak and hearing what they say.

Girls Education Movement club (GEM), Gauteng, 2010¹¹

Children want adults to respect their confidentiality especially when they reveal personal and sensitive information. They say it is important to be asked for their consent and that their parents or caregivers should be asked too in some instances. Finally they want to be involved in the action, not just in sharing their ideas:

I mean you can [not] just take our ideas right now and just put them in a closet somewhere. You have to do something about them.

Crime prevention group, Free State, 2010¹²

Kids should be present throughout when changes are meant to be happening and be part of the process and the steering of the project.

Participatory project with children, Gauteng, 2010¹³

What do children experience when they are invited to "participate"?

Children's participation and contribution to the household and community is most often taken for granted and is seldom accompanied by the equal interaction and discussion they long for. So, the opportunity to make their voices heard can be deeply meaningful for children. As one child stated:

...people realise that I am there. So it shows that people respect me and take me seriously.

Community support club for vulnerable children, Free State, 2010¹⁴

Children also recognise how their participation can benefit other children:

Child: *I realise now I can make a difference and have a right to be listened to like an adult.*

Researcher: *What was it that we did that made you feel you can make a difference?*

Child: *You used our information in the report. You even made graphs with it. You took it seriously. It will go into a report that will help children. I feel that I did that. I can make a difference in other children's lives. I also feel like I have some power as a child.*

Participatory project with children, Gauteng, 2010¹⁵

Nthabiseng's story in case 5 shows how children's participation can help build children's confidence to speak out and address critical issues in their community.

Children are also very clear about what they do *not* want to experience when involved in participation:

...we don't want to be discriminated, because if teachers [adults] discriminate [against] us, we can't have the confidence to participate...

Community support club for vulnerable children, Free State, 2010¹⁸

They should take my feelings seriously. They are serious.

Crime prevention group, Free State, 2010¹⁹

Organisations, researchers, policy-makers and other people involved in children's participation need to make time to think about the best way of "doing participation" otherwise they run the risk of harming children. A Save the Children toolkit stresses

Case 5: Children as social actors

Nthabiseng Tshabalala is a member of a Soul Buddyz club in Soweto. Here is her story of participation:

People from IGOAL campaignⁱ visited our school. They asked for a child who could explain what Soul Buddyz was about. Luckily it became me. They liked my presentation. They left and came back again after some time and asked me if I could do a speech for the President. That's how it all started.

I was really excited when they invited me to New York to talk to world leaders about education. I couldn't believe it. But I wasn't scared because I am used to doing poetry. I even wrote my own speech. A part of my speech said, "You are politicians. You're in that place because you went to school. Let the kids go to school too, so that one day they can be where you are." People were so impressed they gave me a standing ovation.

Now I am back; people react very nicely to me, just like before. When they ask me, "So how did it go?" I tell them. Then I ask, "How were you while I was gone?" That way they feel happy and know that I care about their lives too.

Being a Soul Buddyz club member had a big role to play in this. I get motivated and confident in the club. I am what I am because of Soul Buddyz club. I wish all the children out there could believe in themselves.

Although this is a story of a once-in-a-lifetime chance to be a social actor in a high profile event, the way in which Nthabiseng attributes her confidence to participation in the Soul Buddyz clubs is echoed by other children who participate in local community projects:

There were these two children who were staying with their father, who was working and had no time to cook for the children. Every morning he was going to work and had not time for them. So I identified those children. Now every day after school those children go to the house of the lady who is working at the school to get food.

Soul Buddyz club, Limpopo, 2010¹⁶

We want to teach people on the radio.

We can go anywhere in our community to tell people how to live a good life, even if it's not on the radio, so that we can build a strong feeling inside ourselves on how to lead a good life.

We are going to make our country proud.

If you talk about good things, it makes you stronger.

Yes, you pressure yourself.

Soul Buddyz club (various members), Western Cape, 2010¹⁷

Source: Ntshalintshali D (2011) Buddy Nthabiseng flies to New York. In: *Soul Buddyz Club Zone Magazine*, 1:6. Johannesburg: Soul City Institute for Health & Development Communication.

ⁱ IGOAL is a campaign run by Education for All that used the 2010 FIFA World Cup™ to bring together footballers, fans, charities, corporations and individuals to lobby and achieve the aim of education for all. See: www.join1goal.org/home.php.

that children's participation should "provide children with a genuine opportunity to influence decision making while being based upon honesty and clarity about the extent of, and limits to, that influence".²⁰ (Also see pp. 25 – 26 for commentary on General Comment 12 on The Right of the Child to be Heard, issued by the United Nations Committee on the Rights of the Child.)

If children's participation is done in a way that does not respect children, then it can have a negative effect on them. Children whose input was sidelined in a town planning process have highlighted how children feel when they have spent time participating in a process and their ideas were ignored:

Don't make promises you can't keep – even researchers!
Participatory project with children, Gauteng, 2010²¹

To governments: Don't start these projects if you don't intend to finish them. To do that is crazy. It's like cutting out a dress and you won't be able to sew it.
Participatory project with children, Gauteng, 2010²²

What are the potential benefits for children?

Children draw multiple benefits, which are important for their development, from children's participation processes.²³ It is recognised globally that participation develops children's social competence and responsibility.²⁴ Children say that participation contributes to their growth and development because it assists them to express how they feel and what they think; to learn from peers; and to speak out in public about important matters. Children also learn new skills such as problem-solving, assertiveness, negotiation, collaboration, sharing and how to avoid social problems such as drug abuse and crime.²⁵

In the words of two children from two different contexts:

...when we are, like, participating in the group, we avoid many things like doing drugs...
Crime prevention group, Free State, 2010²⁶

My involvement ... gave me focus in life. It taught me a lot. For example I was able to stay away from alcohol. This was really difficult at times because of peer pressure. I was made chairperson of the first club so I had to lead by example.
Soul Buddyz club, KwaZulu-Natal, 2010²⁷

Children affirm the importance of participation in the development of their social competence and social responsibility. It develops their self-confidence and ability to play an active role in their communities²⁸ and builds protective factors that promote resilience²⁹. Children can also be very effective agents for change by being actively involved in advocacy, and modern media are a good channel for this.³⁰



Power statuses: Acting out how it feels when adults don't listen

The Soul Buddyz clubs, an innovation of the Soul City Institute for Health & Development Communication, are an excellent example of how children's participation can promote resilience in a context of vulnerability. One of the largest children's participation programmes in South Africa, the network consists of over 6,500 Soul Buddyz clubs that operate in primary schools across the country. Supported by teacher facilitators, these clubs are run by the children. The facilitators are supported with training and resource materials that focus on activities to promote individual growth and help children organise projects in their communities.

A recent evaluation³¹ of the long-term impact of the clubs on children showed clearly that participation builds resilience by developing children's self-confidence, communication skills, sense of agency, empathy and supportive social networks; and it enables them to start thinking about the future. These are essential protective assets needed to counterbalance developmental risks, such as poverty and violence, to which so many children in South Africa are exposed.

Children who are part of Soul Buddyz clubs have well developed interpersonal communication skills – especially in relation to difficult situations for children of this age. They are better able to withstand peer pressure, diffuse a potentially violent situation and seek adult help. Increasing their ability to communicate with others gives them a skill they can use to



Power statuses: Reaching out to listen with respect

protect themselves in high-risk social contexts, for example in alerting someone of abuse.

Self-confidence and communication skills are built through children's participation in public events and as a result of them taking charge of club events:

When she started Soul Buddyz she was just a quiet person. There were some clever Buddyz in the club at that stage so she just followed and listened to them. Then in grade 7 she was just another girl. I think that it was the influence of Soul Buddyz in her life. She just developed this boldness, this braveness. So all of a sudden she just changed from nowhere – she could speak out. Aah! We were surprised! When we had functions she was the programme director of the function, even the district staff who were attending were amazed. She was a ... a ... bomb!

Soul Buddyz club facilitator (talking about a club member in a rural area), Limpopo, 2010³²

Children who are involved in the clubs experience an increase in “friendships” with supportive adults. Increased ability to communicate with adults, to seek out adult help and to identify trusted adults who could be “friends” are products of the almost equal relationship between club facilitators and members. Children feel comfortable telling the teachers who facilitate the clubs about their problems.

Perhaps most importantly, a sense of power and agency is built through children leading the clubs themselves. Other developmental activities include planning and carrying out local community action projects that include speaking on radio, chairing meetings of adults and children, getting permission from the principal, presenting research findings, etc, as reflected in this interview:

Child 1: *We did many projects. For teenage pregnancy we called a meeting with the children – more especially the girls. We informed them about the teenage pregnancy. We talked about everything. With the children and the community.*

Researcher: *Who ran the meeting?*

Child 1: *Us, the Soul Buddyz.*

Researcher: *Okay. Where did you get the information about teenage pregnancy?*

Child 2: *The teachers gave us the information. Then we also advised the community on HIV. We organised another meeting at the school to advise parents and children about HIV and AIDS. We also did a research.*

Researcher: *How did you do the research?*

Child 2: *We went to the clinic and researched to the nurses and also asked the community what they understand about the meaning of the HIV and [how] is the virus transmitted.*

Soul Buddyz club in a remote rural area in Limpopo, 2010³³

Most importantly, the sense of agency children gained through participation also extended to a sense of power to make protective decisions relating to personal issues such as sexuality and to their future.

Child: *They give in [to peer pressure] because they do not have confidence. I try to have confidence. My parents teach me, and Soul Buddyz.*

Researcher: *What gives you self-confidence?*

Child: *I just trust myself. It's how I control myself and how I control my feelings.*

Researcher: *Where did you learn that?*

Child: *The advice I get from different people, the Soul Buddyz, my teachers, and even at church.*

Soul Buddyz club, KwaZulu-Natal, 2010³⁴

What are the benefits for society?

At the heart of democracy lies the notion of participation and engaging in active dialogue about all matters that impact on everyone, including children. These principles are safeguarded – for adults and children alike – in the Constitution.³⁵

Children's participation influences how children and adults relate to each other, and how children relate to other children. Participation encourages respect for different views. Children learn how the right of self is related to the rights of others and cannot be gained at the expense of others. Children's participation facilitates a culture of engagement, which enables the growth and strengthening of democracy. It places children on an active journey to exercise their civic responsibilities as they grow older and enter adulthood.³⁶

At the level of community, school and family, relations between adults and children are strengthened through participatory processes, which give opportunities for adults and children to listen to each other.

Children's participation should be viewed as an essential ingredient in making democracy work, whilst at the same time promoting and protecting the rights of children.³⁷ Participation is not only about preparing children for the future. By including their perspectives and ideas, homes, schools and society in general will be made a better place for all.³⁸

Conclusion

Children have rights now, which need to be recognised today.³⁹ It is important for children that their views are taken seriously and that their participation is meaningful. Children's experiences of participation differ significantly depending on the context and nature of the participatory process. It is important to take their experiences into account when moving forward with a children's participation agenda.

Participation should not be approached naively with a simple call for children to participate. It is important to think about *who* sets the parameters of the participatory process and *what* the outcome will be. Many participatory processes merely echo the ideological stake of the organisation or government that has started the process.

To avoid this, some guiding questions are: Is the participatory process set up in such a way that the views of children will be heard accurately? Are we thinking of children as homogeneous or are we creating a process that allows us to hear the voices of all children – even when what they say challenges the adults' ideas? And, most importantly, is there a commitment to follow up the listening with action?

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Unsettling the status quo: Children's challenges to adult perceptions and practices

Helen Meintjes (Children's Institute)ⁱ



“You may give a voice to the children, even give them a very big platform, but if adults don't stop to listen to what the children are saying it is as good as no voice”, began 14-year-old Nonjabulo when she introduced a live radio broadcast one Saturday morning in March 2009.

Nonjabulo summed up one of the central challenges of the children's radio project of which she is part, and of child participatory work in general.¹ Children's status in society and adults' failure to recognise the value and relevance of children's perspectives are fundamental barriers to young people's meaningful participation. In general, adults need to change the ways they think about, listen to, and engage children if children's rights to participation are to be fulfilled.

This essay reflects on a single initiative that aims to give children voice: The *Abaqophi BakwaZisize Abakhanyayo* children's radio project.² It documents how the production and broadcast of radio programmes by children have enabled and made public unusual forms of inter-generational dialogue, and it considers how this may lead to shifts in adults' understanding of children and their childhoods.

In reflecting on the project, this essay examines the following:

- What is the *Abaqophi BakwaZisize Abakhanyayo* children's radio project?
- How do children use their opportunity to speak out?
- How do children's actions affect adults' perceptions and practices?
- What limits the reach of the children's views?

ⁱ This essay is based on relationships developed and material generated during after-school and holiday workshops over the course of six years. While I have authored the piece, it benefits from workshop facilitation, documentation and reflections by all the members of the *Abaqophi* project team: Bridget Walters, Bongekile Mngomezulu, Sue Valentine, Gabriel Urgoiti, Andrew Sitima, Xolisile Mnyandu, and Fana Matonsi.

What is the *Abaqophi BakwaZisize Abakhanyayo* children's radio project?

The *Abaqophi BakwaZisize Abakhanyayo*ⁱⁱ children's radio project is based in Ingwavuma, a remote rural area in northern KwaZulu-Natal.

Growing up in Ingwavuma

Children in Ingwavuma grow up amidst extensive poverty,ⁱⁱⁱ with limited access to services, and a burgeoning HIV epidemic. Forty percent of pregnant women in the district are infected with HIV,³ a statistic which places the area firmly at the epicentre of the pandemic in South Africa. Despite high HIV prevalence and the constant and visible presence of illness and death, there remain extraordinary silences around AIDS.

The adage that “children should be seen and not heard” is widely practiced in households across South Africa, including those in Ingwavuma. Here children are afforded few opportunities to make themselves heard, ask questions, or articulate their needs and struggles – both in and outside the home.

Rules of respectful engagement require children to avoid eye contact with unrelated adults, and in general not to approach adults unless spoken to first. There is very little inter-generational dialogue about important issues in the home or community. Despite the substantial contribution they make to sustaining family and community life, children are rarely invited to participate in decision-making processes, including those which have important implications for their own lives. As a result, their experiences, perspectives and needs are often unnoticed, assumed, or misunderstood.

It is against this backdrop that Zisize Educational Trust (a local non-government organisation) and the Children's Institute initiated the children's radio project in 2005 in collaboration with the local Okhayeni primary school.

Children's radio

The project provides children with the skills and support they need to depict their lives, experiences and perspectives for radio. The children produce broadcast-quality radio programmes in a variety of formats including personal audio diaries, commentaries, and features. In addition to distributing their programmes via the web,^{iv} they host a regular show on the local community radio station, where they air their pre-recorded and edited programmes, facilitate live discussions in studio and with listeners, and report on news collected from schools in the area. The vast majority of programmes are produced in isiZulu, the

children's first language and the primary language spoken in the area. Selected programmes are also used to facilitate discussion in meetings and workshops locally and further afield. To date these have included children's peer-support groups; parent-teacher meetings; community and non-governmental organisation (NGO) workshops; training for foster carers, health workers and teachers; and parliamentary hearings.

Through these processes, the project aims to:

- improve local and global understanding of issues that concern children growing up in a context of poverty and the AIDS pandemic; and
- encourage adults to consider and appropriately address children's needs and experiences.

The production process

Children between nine and 18 years are grouped by age and location into four groups that meet for weekly after-school sessions and intensive holiday workshops. Each group is at a different level of technical skill, depending on the length of their involvement in the project. Children are supported through a series of ongoing processes. Initial training focuses on how to record personal radio diaries. Over time the children progress to other formats, and to presenting the live show. Each year the facilitators attempt to expand and consolidate the children's radio skills.

The children identify the topics for their programmes. They plan who they would like to interview, what questions they will ask and the locations for recordings. Wielding mini-disc recorders and microphones, they record interviews, *vox pops*,^v narratives, and soundscapes. Once recordings are complete, the children script and narrate their programmes, and finally agree on edits to complete the programmes.

How do children use their opportunity to speak out?

The *Abaqophi* (as the children refer to themselves) have chosen to address a wide range of topics. Many programmes focus on their experiences of illness and death – in their immediate families and in the neighbourhood. Others have explored experiences of poverty, abuse, adult alcoholism and its impact on children, teenage pregnancy, ongoing corporal punishment in schools and difficulties accessing water. (The children also produce more light-hearted programmes such as one in which they set out to discover whether the story about a huge two-headed snake living in a local dam is true.)

ii This name, given by participant children to the project, translates into English as “The Shining Recorders of Zisize”.

iii Umkhanyakude district, into which Ingwavuma falls, is one of the poorest districts in South Africa (see Health Systems Trust (2009) *District Health Barometer* 2007/8. Durban: HST).

iv Audio and transcripts of the children's programmes can be downloaded from the project website: www.childrenradioproject.ci.org.za

v Short for *vox populi*, meaning “voice of the people”: A variety of people are asked the same question to capture different points of view.

Challenging silences, contesting exclusion

The children's programmes repeatedly address silences in their families and in their communities. The children use their role as "reporters" to draw adults' attention to issues and experiences that trouble them, to ask questions they'd like answered, and to approach others for their perspectives. They do this through their choice of topics, through the content of their narratives, through the questions they ask during interviews, and through recording explicit messages to listeners.

Throughout, they urge adults to change the ways they think about and communicate with children. Their topics and questions draw attention to children's awareness of their context from a young age, and they constantly seek more information related to their everyday experiences. Consistently, they point – sometimes subtly, sometimes directly – to their need for information, for inclusion, in order to cope – or cope better – with their circumstances. Through the production, broadcast and distribution of their radio programmes, they publicly tackle conventional adult perceptions and practices towards children.

Opening up conversation with adults

A team of adult facilitators with children's participatory and radio expertise train and support the children to produce and broadcast their radio programmes on an ongoing basis. The children drive planning and production processes: The degree of support provided by facilitators varies according to children's level of experience and technical expertise.

Over and above the facilitators, the formal involvement of adults in the children's radio project is limited: When children join the project, their parents or other caregivers are invited to an introductory meeting at which the project is presented and their consent obtained. Careful consent processes are also followed with caregivers prior to broadcasting the children's personal radio-diary programmes. In addition, an adult "listening committee" – consisting of a teacher representative from each of the participating schools,^{vi} and four parents – meets periodically to listen to the children's non-personal programmes to ensure that, if broadcast, they will not put any children at risk.

While there is little official participation of adults in the project, in creating their programmes, the children continually engage adults in inter-generational dialogue of a kind that rarely occurs in this neighbourhood.

For example, nine-year-old Promise tackled her mother for the first time about her discovery of her father's death on the day of his funeral. At the time she was devastated, and she remains perplexed as to why she and her siblings were not told. She asked:^{vii}

What was your reason for not telling us children that our father was sick, and also that he had died?

Her mother replied:

Because, when your father was sick, I used to tell him to be a man and endure the pain. And that even when he felt pain he should not cry in front of you because he would make you lose hope. That is what I was doing to ensure that you didn't see that he was sick. I am the one who knew that he was sick.

Suggesting some appreciation of her mother's challenges, Promise followed with the question:

How do you feel about raising us alone?

It's very difficult to raise you alone, my child, because there are many things that I think about, like that there is no food, eh, you have to go to school, you have to have clothes. It's very difficult for a mother to also be a father, to hold the father's role at home...

Through the recording of her radio diary, Promise and her mother gained some insight into each other's point of view. And in producing her programme, Promise took the opportunity to communicate her point to parents and caregivers beyond those in her own family:

The message I want to give to the women who have lost their husbands is that they should sit down with their children and tell them that their father has died. They shouldn't hear it in conversation that so-and-so has died.

Khethiwe, at the age of 12, asked her mother about her father. She had never known him, and had never been told anything about him. Slowly during the interview she gathered the courage to question her mother, and to reveal her need for more information, at which point her questions flew out in quick succession:

Mama, I want to know about my father, what was he like? ... Was he dark? How dark? ... Has he never seen me? ... Now would you like him to meet me? ... How can he meet me?

Her mother responded without a blink, with clear and supportive answers.

S'busiso, tormented by nightmares since hearing of his father's death in a neighbouring community, travelled to place a stone on his grave. There he quietly pointed out to his grandmother how he felt about being excluded from his father's funeral:

Gogo [Grandmother], how did you feel about the death of my father? ... How did you feel about my absence at the

vi Since 2005, the project expanded its work to other schools in the area.

vii Direct quotes have been translated from originals in isiZulu.

funeral? ... You did not perhaps have a way of sending a message to me, or contacting my uncle's family?

Over the years there have been numerous other examples in which children initiated powerful out-of-the-ordinary conversations with adults. A doctor was asked to explain how children get infected with HIV, and what treatment options are available. An HIV-positive woman was asked to talk about her experiences of diagnosis, disclosure and raising a child. Grateful that her stepfather took her into his home and loves her as his own child, Nonkululeko (11) reflected in dialogue with her mother why this is frequently not the case for children in her neighbourhood. Nine-year-old Noxolo confronted her father's alcoholism head on in conversation with her mother, and together they detailed the ways in which life at home had improved since he stopped drinking in order to take tuberculosis treatment...

Each instance of interaction, each moment of unusual or improved communication, is striking because of the position children occupy in this environment. As reporters, the children enact the kinds of interactions they desire with adults, and the nature of the information to which they would like to be privy. They lay before adults their capacity and expertise by proficiently wielding microphones and recording equipment, formulating insightful questions, responding adeptly, and asserting considered opinions. They set new agendas for communication. They do so respectfully, without rebellion or accusation, but they nonetheless unsettle conventional practice.

By driving new and more egalitarian kinds of interaction, and requesting information frequently kept from them, the children ask adults to recognise their capacity and their needs for meaningful engagement and inclusion. By including these conversations in their programmes, and often reflecting on them in their recorded narratives, the children speak not only to those in their immediate families, but to adults more widely. In effect, they gently request shifts in social convention.

How do children's actions affect adults' perceptions and practices?

Bright-eyed S'bongukwanda is a devoted son. He sparkles with spirit despite growing up in difficult circumstances. In recording his radio diary at the age of 12, he surprised his mother with his clear memory of hard times when he was a younger child. She reflected spontaneously:

I never realised that my child felt the pain of what we were going through at that time in our lives. I didn't think children were aware of so much that is going on around them.

Four years later, during an interview in which she described her experiences of the project, she commented:

I have learnt that children are also people with minds that are the same as those of adults. Most of the time we as parents regard children as people who don't even notice any of the things that happen at home. So... I have learnt and seen that children are able to notice a particular situation or something that is happening – like death or anything bad. A child needs you to sit down with him and talk about things like this.

A variety of local adults, including school teachers, NGO workers, parents, caregivers, interviewees and other community members have made the same critical – usually surprised – observation: Children are aware and capable of engaging with their circumstances. For example, a school principal spoke of how the programmes shifted her perceptions of children:

After hearing the programmes I've realised that children know about things we think they don't know about. I realised that they know, and if given a chance to speak about those things, they speak. I realised that they think deeply about these things and these issues that they raise ... I no longer look at children as mere children who do not know anything. I look at them as people who know something and who have something to say to me, and who can speak freely and be just as confident as an adult.

A number of the children felt that the messages in their programmes are beginning to be heard by people in their families and community, and confirmed that there have been some shifts in the way adults treat them.

For example, S'bongukwanda noted:

At home they used to treat me as a child, but now they treat me as an adult. My father tries to speak nicely to me: Although it's not that proper – but it's getting there.

Said Zekhethelo:

Some people take our messages to heart – for example [the message] that if they are going to do things that affect us as children, they should ask us how we feel about the things they want to do ... I have seen changes at home. In the past they did not consult us on what was happening: We would just see things happening. But these days they start by asking us what we think.

Since Promise challenged her mother about her father's death, she has observed similar changes in the ways her mother relates to her. Yes, she affirmed in response to Zekhethelo's comment,

My mother is doing it at home: Now when she is sick, she tells us. Before she did not because she thought we would be sad and be affected in our studies at school. Now she does not hide it. She tells us.

In other words, as children and adults gain new understandings of each other through participating in and listening to the radio programmes, small but significant shifts in their relationships and practices have been able to take place.

What limits the reach of the children's views?

While some adults have genuinely heard and respected the children's perspectives, the reach of the children's programmes has been more limited than is ideal. This is in part due to human and financial resource constraints within the project: Since its inception, the project has operated with limited funding and an overstretched facilitation team. There is a need for more collaborative work between the project facilitators and the children to extend the opportunities for adults to hear and engage with the content of the programmes.

More fundamentally, however, many of the adults who could facilitate a wider audience for the programmes assume that children's views are of relevance only to other children. To date, the programmes have only been broadcast during the children's slot at the host radio station, with the exception of special occasions such as World AIDS Day and the International Day of Children's Broadcasting.^{viii} Until recently, there has been little success in convincing journalists at the local radio station or elsewhere of the value of inserting the programmes into broadcasts targeting adults.

In 2011 (after the project won an international award for child-led broadcasting), the community radio station tentatively agreed that there would be value in incorporating the children's programmes into adult programming, but this has yet to happen. Broadening the reach of the programmes remains a crucial challenge for the project if it is to contribute more widely to improving public understanding of children's experiences and concerns.

Conclusion

As reporters, children participating in the *Abaqophi BakwaZisize Abakhanyayo* children's radio project occupy a position of relative power: Over time they develop a set of skills that are not held by most people they encounter, and they set the agenda for communication with adults and children alike. They ask the questions, interviewees must respond. This approach limits opportunities for adults to patronise or dominate children, and extends the possibilities for meaningful inter-generational interaction.

Others have shown how processes which run parallel to those of adults⁴ or which speak at – rather than with – adults⁵ often result in adults' failure to consider or take seriously children's perspectives. Experiences in the children's radio project illustrate the value of sustained children's participation processes which enable children to frame the issues for discussion and to demonstrate to adults their capacity for understanding and engaging the world in which they live. Such processes not only provide adults with the opportunity to learn crucial lessons from and about children, but they can help shift views of children and provoke important changes in practice.

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- 2 For a detailed description of the project, its activities, methods and outcomes, see: Meintjes H (2010) Growing up in a time of AIDS: The Abaqophi BakwaZisize Abakhanyayo children's radio project in Ingwavuma, South Africa. In: Clacherty & Associates (eds) *Child and Youth Participation in East and Southern Africa: Taking Stock and Moving Forward. An Analytical Review of the Literature and Five Case Studies*. Pretoria: Regional Inter-Agency Task Team on Children and AIDS (RIATT) Eastern and Southern Africa.
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^{viii} Some of the children have been interviewed, and their programmes broadcast, during current affairs slots on SAfm (South Africa's primary national public English radio service) and Ukhozi FM (the Zulu-language equivalent), but these were once-off events focused on featuring the project itself, rather than the children's perspectives.

Conclusion: Children as citizens

Lucy Jamieson and Shirley Pendlebury (Children's Institute) and Rachel Bray

(independent researcher, practitioner and honorary fellow in the Department of Social Anthropology, University of Cape Town)

Through the notion of children as citizens, this concluding essay draws together the main threads from the preceding essays, and points out some important gaps. In so doing, it argues that children's participation in social dialogue has a crucial role to play in building a democratic society in South Africa. Together, the other essays show the many benefits of children's participation. This essay shows that the democratic value of participation is another compelling reason why it is in everyone's best interests to support children's participatory rights.

The essay addresses five questions:

- What is citizenship?
- What is the ideal of citizenship in South Africa?
- Why is social dialogue important for children's citizenship?
- What are the key messages and lessons?
- What are the gaps?

What is citizenship?

There are competing theories of citizenship and democracy. Some theorists argue that democracy is exercised solely through the vote.¹ It has been defined by some as the competition of leaders for votes.² In such minimalist views, where citizenship action is restricted to voting, children do not count as citizens. A more expansive theory emerged in the 1950s, when "citizenship" was defined by TH Marshall as a status with equal rights and duties.³ One reason for regarding children as non-citizens, or as "citizens in the making",⁴ is that they do not possess the same rights as adults.

Contemporary theory defines citizenship even more broadly – as both a legal status (with accompanying rights and duties) and as an active participatory practice that recognises and shapes people's membership in a society.⁵ Within this broader definition, citizenship has four "building blocks": *membership*, *rights*, *responsibilities*, and *equality of status*.⁶

Membership is about the sense of belonging that comes from being treated respectfully and being counted equally, with a legitimate, valuable voice. Citizens' *rights* and *responsibilities* extend beyond voting to include civil, political and social rights.⁷ In

theories of deliberative democracy, participation rights are especially important. Theorists such as Gutmann⁸ Cohen⁹ and Young,¹⁰ among others, argue that deliberation is central to legitimate governance. The right of citizens to participate in democratic decision-making is therefore a key condition for legitimacy. If people are excluded from democratic deliberation, they have grounds for dissent and discord. This is why the ideal of inclusive citizenship requires concerted efforts to include marginalised groups.

International, regional and constitutional law have accepted that marginalised groups need additional rights to ensure their full participation in society. On the basis of the rights to *equality* and *dignity*, some international treatiesⁱ give additional rights to women, racial groups, and persons with disabilities. These groups were excluded in the past; today – in most countries – they enjoy full citizenship, in part because they have additional rights. International law and inclusive theories of citizenship also open the way for children to be accepted as active citizens.

What is the ideal of citizenship in South Africa?

In South Africa the ideal of citizenship is defined in the Constitution. The Preamble depicts the ideal South African society: "South Africa belongs to all who live in it, united in our diversity"; it is a society "based on democratic values, social justice and fundamental human rights", in which "government is based on the will of the people", a society that strives to "improve the quality of life of all citizens, and free the potential of each person".¹¹ Here citizenship encompasses a set of ideals that aim to overcome inequality and achieve social justice. Accountability, responsiveness and openness are key constitutional principles for the ideal. Participation is integral to these principles.

The Constitution says that all citizens are equally entitled to the rights and privileges of citizenship and subject to duties and responsibilities,¹² and that no-one may unfairly discriminate against anyone on the grounds of age¹³. As Jamieson explains, children have many political rights, including the right to participate in policy and law-making (pp. 22 – 29). Children are thus

i Such as the Convention on the Elimination of All Forms of Discrimination Against Women, the International Convention on the Elimination of All Forms of Racial Discrimination and the Convention on the Rights of Persons with Disabilities

regarded as citizens under the ideal in the Constitution. But this ideal of citizenship described so vividly in South Africa's Constitution is not as fully imagined in the minds of many of its citizens. A long-standing tradition of gerontocracy prevails in many of South Africa's communities and households, where elders remain the key decision-makers (and younger people – especially children – have little or no say).

While most adults would probably agree that children's best interests should be the key consideration when making decisions that affect them, many adults believe that they know best. Yet what comes out repeatedly in the preceding pages is the wisdom that children have to offer. Treating children as citizens entails listening respectfully to their views and taking them into account in decision-making.

Why is social dialogue important to children's citizenship?

Citizenship is not just about rights and responsibilities; it describes the relationships between people and the state, and our shared membership in a society or a community. Social dialogue lies at the heart of these relationships. Rachel Bray defines "social dialogue" as children and adults working together to explore issues or make decisions that will affect a community or society, or simply the delivery of services to children by professionals such as nurses, teachers, police officials, lawyers or early childhood development practitioners (p. 30).

Regarding children as citizens not only recognises them as "full human beings, invested with agency, integrity and decision making capacity"¹⁴; it also recognises their relationship to the political order – in everyday life and in national and international politics¹⁵. Bray argues on p. 28 that it is precisely because children do not have the right to vote that their other participation rights must be taken seriously for them to be active citizens. Children's capacity to behave as citizens develops through connections with others in groups and communities.¹⁶ For children, this usually begins with local forms of participation within their reach. But, as the essay by Nomdo and Roberts illustrates, children's citizenship is also enacted through their engagement with government planning at a national level (pp. 49 – 53).

Children's involvement in decision-making and the respect they receive as members of a community are crucial in developing their political identity and "sense of democratic responsibility".¹⁷ Viviers, Clacherty and Maker show that participation in social dialogue promotes resilience by building children's self-confidence, communication skills and sense of agency, empowering children to make protective decisions about their well-being (pp. 59 – 64). When children experience meaningful dialogue, they learn to respect different views and to take others seriously. As they begin to exercise their civic responsibilities, children learn how

the right of self is related to others and cannot be gained at the expense of others. Understanding and respecting the rights of others strengthens democracy.

What are the key messages and lessons?

Two strong messages emerge in this volume:

1. Children's participation works for everyone when done thoughtfully and with attention to the dignity of all involved.
2. When the soil is good, the crops will grow: Cultivating an enabling environment is critical to the process of participation.

Children's participation works for everyone

The essays quickly dispel the myth that efforts to engage children are for their benefit alone. When done thoughtfully and with attention to the dignity of all involved, children's participation in social dialogue benefits everyone. Nurses are able to offer better care when children express their feelings; schools can become better learning environments through the activities of Representative Councils of Learners and their sub-committees; South Africa's democracy can be strengthened when children develop their capacities for deliberation and action for the common good. The right of children to participate in matters that concern them also allows parents to discuss the implications of illness and death in ways that build understanding and mutual support within families and households.

Some people fear that a bid for children's participation makes for a head-on collision between children's rights and important social values such as respect for older people. Creative ways of working across generations can help to dispel this fear, and gain legitimacy by acknowledging the traditions that influence social relationships in specific contexts. Children desire better communication between generations; they value the experience of their elders and are looking for open communication and reciprocity in their relationships.¹⁸ The essay on pp. 59 – 64 shows that children respect and value partnerships where adults make decisions that give serious consideration to children's opinions.

Children make up almost 40% of South Africa's population¹⁹ and over 50% of total government expenditure is on services such as health, basic education, grants and housing, where children are major beneficiaries²⁰. Nomdo and Roberts argue that, by listening to the views of children, government planners and decision-makers will improve the efficiency and effectiveness of expenditure (pp. 49 – 53).

The essays in this volume demonstrate that the healthy inclusion of children in dialogue and joint activities does not devalue adults' contributions. For example, Meintjes illustrates how much more children can achieve when they are able to talk to adults (pp 65 – 69). Kruger and Coetzee show that a process that supports both children and their parents or carers is crucial for a three-

way dialogue with professionals (pp. 36 – 42). Their findings are a reminder that adult family members may need as much support as children in gaining access to relevant information and having influence in decisions towards a child's best interests.

A common fear that participation places too heavy a burden on children arises when the adult-child interactions inherent to effective participation are not fully understood. Several essays – for example, on school governance (pp. 43 – 48) and on children's participation experiences (pp. 59 – 64) – show that children can cope with the responsibilities that are part of their rights to participate, if they are properly supported. Adults at home, at schools and in various service settings play a significant part in supporting children's fulfilment of their participatory responsibilities.

The experience of listening to children – really listening – can be disorientating and uncomfortable, and sometimes requires both a “head change and a heart change”.²¹ Kruger and Coetzee speak of long-established ways of doing things that had to be unlearned in a hospital setting (pp. 36 – 42). Once professionals had made a mental shift and opened up to experiencing children as competent contributors to their own care, there were unforeseen benefits for the entire system of care. Old professional boundaries were overcome, the healing power of simple, positive human interaction re-claimed and a healthier working culture achieved. These lessons could equally be applied by a wide variety of professionals, including probation officers and police officials.

When the soil is good, the crops will grow

Cultivating an enabling environment is critical to the process of participation; it makes the difference between well-meaning efforts that fail, and those that are effective for both children and adults. Creating an enabling environment may take only a few simple steps. It is often about identifying a blind spot that – once acknowledged – is quite easy to remedy. All the essays emphasise the need for adequate time and relevant information, human and financial resources for participatory processes, and certain skills and ethics amongst adult facilitators.

An enabling environment for participation is inclusive and attentive to different styles of communicating. Pendlebury highlights the exclusionary factors that constrain participation in school governance – for younger children, as well as in the electoral processes and within school representative structures where power relations and diversity are key challenges (pp. 43 – 48). Realising the democratic promise of school governance “depends on creating and maintaining conditions that enable learners to engage in effective dialogue – with one another and with adults involved in school governance” (p 48). The indicators for good participatory practice in school governance (p 47) could be applied to other governance structures too – for example, in child and youth care centres. In many ways these governance structures mimic government structures, so children's views

about democracy are affected by how they experience this form of active citizenship.

Meaningful participation in any dialogue requires information, and adults need to provide children with appropriate information in a language they can understand and support them to engage in discussions that seek to find solutions to issues affecting their lives. The media are a vital source of information and shape the agenda for public discourse, yet children are not often taken seriously as consumers of media. The image that the media portray of children is also problematic – they appear as victims of abuse, war, disease or poverty, or worse as non-descript objects with no opinions. Some news stories violate children's rights by identifying child victims and offenders when it is clearly not in their best interests. Bird and Rahfeldt show how, with support from adults, children can become critical consumers and creative producers of media (pp. 54 – 58).

There are many creative methodologies that can be used to give children a voice. The children's radio projects described on p. 57 and on pp. 65 – 69 depict how, with training and a microphone in hand, children have the confidence to ask for information that has been withheld by adults. As adults come to recognise the wisdom in the children's questions and concerns, this experience begins to unsettle the status quo.

Learning along the way is part of the process of taking children's participation in social dialogue seriously. There can never be a one-size-fits-all prescription of how to enable children's participation. All the child participation initiatives mentioned in this volume have planned an approach to the best of their ability, and then adapted working practices along the way. It is in this iterative process that learning happens. Even small steps towards different ways of working with children are helpful. There are huge advantages in starting small and growing slowly – all the time attending to the social dynamics between generations, genders and interest groups.

What are the gaps?

While children receiving care in hospitals or any other service are at least visible in a way that new approaches can be developed, there are children who remain invisible. For example, those with disabilities or learning difficulties, and the large numbers of children who live in poverty but who are not classified as vulnerable. There are gains all round in seeing these children as partners in social processes.

Countrywide research in diverse settings shows that children and their adult carers in poor neighbourhoods have huge gaps in their knowledge around education, training, employment and health.²² Accurate, relevant information is rarely available in the few services that exist in such areas. And accessing it is often hampered by long-held traditions that demarcate certain topics

as “adult only”. Consequently, many children and young adults do not know what they do not know, so they do not seek knowledge or services vital to their development.

Another glaring gap in our thinking and practice around children’s participation is in their use of social media. So ubiquitous now are cell phones with MXit, and numerous web-based social networking platforms, that an entire world of communication exists that is often simply outside the reach of adults unless they delve into it. To date, we know little about how children in South Africa are using social media to access the information they need to make informed choices, or to express their views in ways that could influence decisions affecting their lives.

One of the issues not addressed in this volume is how children themselves prepare for participation in social dialogue. Essays show how social dialogue takes place at various levels and in each context the interaction between children and adults is different. But one thing is clear: Children need their own spaces too, where they can discuss important topics with their peers. For example, a boy participating in the making of the accompanying poster did not want to “MXit with the Minister” because he sees MXit as a sacred space where children have their own dialogue free from the constraints of sharing with adults.

Conclusion

Children are citizens and they have rights to participate in decisions that affect them not only in the home, but also in wider society, whether as individual service users, as groups, or in participatory processes with government to shape society. Children routinely act as citizens by taking responsibility for themselves and others in numerous ways, but truly effective participation requires a partnership between children and adults.

Children, especially young children, are often denied opportunities to exercise these rights. They are excluded from social dialogue either because adults see themselves as having superior expertise, or adults lack the time to engage with children or have simply forgotten how to interpret the language of the young. Children’s interests may also clash with adult agendas, making them competitors or opponents that are easy to sideline because of their age.

On condition that it is done with respect for the equal dignity of all who are involved, children’s participation in social dialogue works for everyone. Realising children’s citizenship rights helps to realise the ideal of a just and democratic society envisaged in South Africa’s Constitution.

Further reading

There is a growing literature on children’s participation, from “how to” guides to theoretical perspectives. Useful publications include:

Bray R & Clacherty G (2010) *Child and Youth Participation in East and Southern Africa: Taking Stock and Moving Forward. An Analytical Review*

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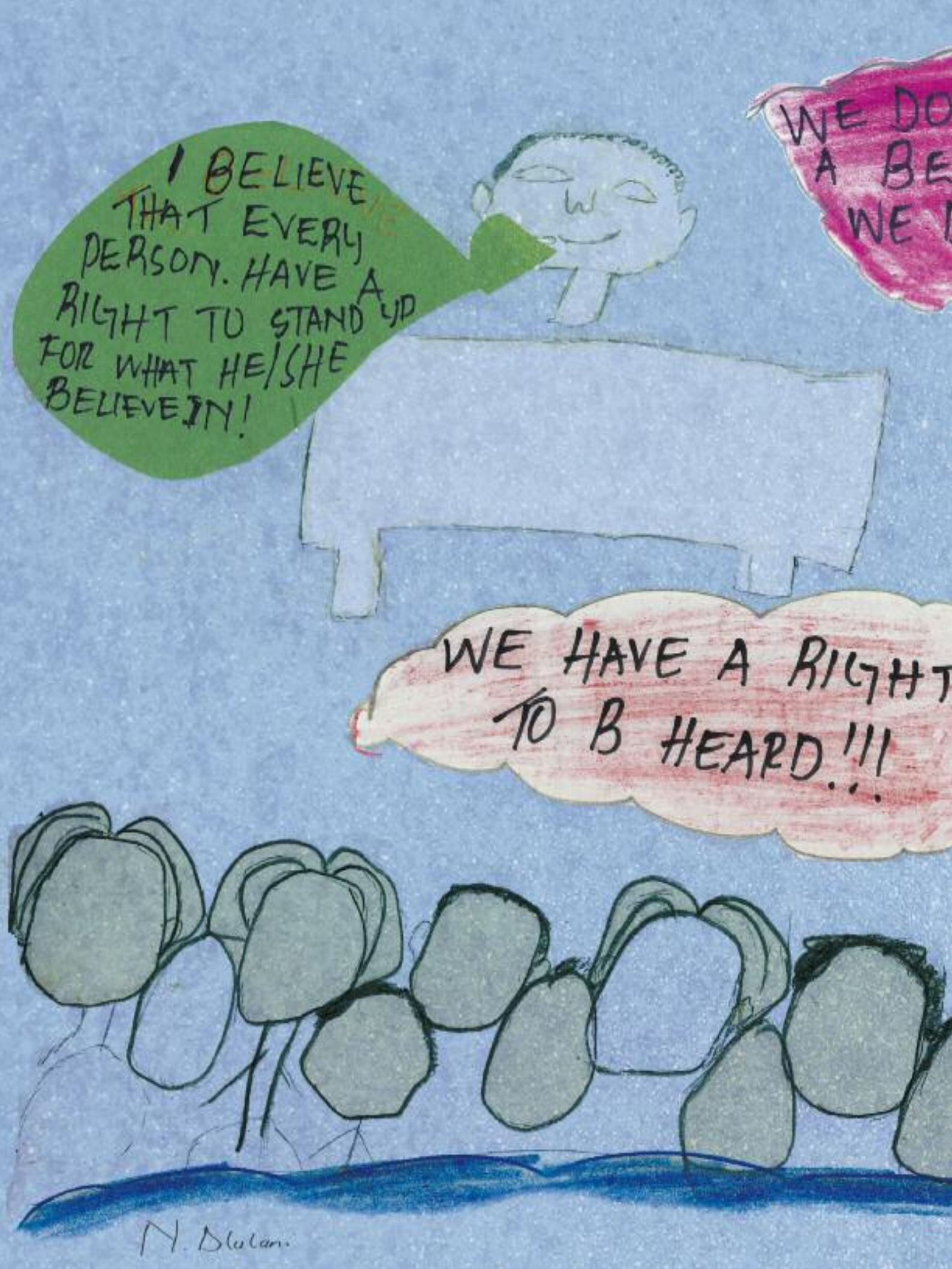
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I BELIEVE
THAT EVERY
PERSON. HAVE A
RIGHT TO STAND UP
FOR WHAT HE/SHE
BELIEVE IN!

WE DO
A BE
WE

WE HAVE A RIGHT
TO B HEARD!!!



PART THREE

Children Count:

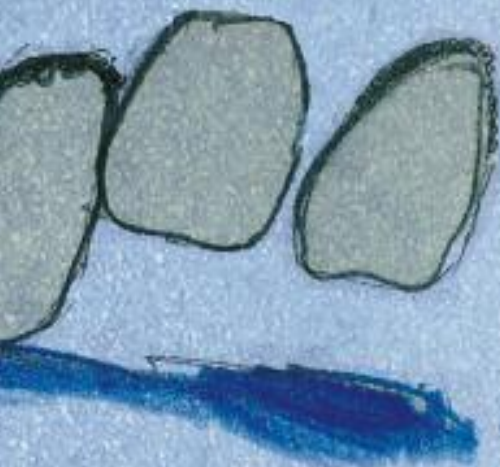
The numbers

Part three presents child-centred data to monitor progress and track the realisation of children's socio-economic rights in South Africa.

This year it presents data from 2002 – 2009 and identifies main trends over this eight-year period. A set of key indicators track progress in the following domains:

- Demography of South Africa's children
- Income poverty, unemployment and social grants
- Child health
- Children's access to education
- Children's access to housing
- Children's access to basic services

A full set of indicators and detailed commentary are available on www.childrencount.ci.org.za.



Introducing *Children Count – Abantwana Babalulekile*

Updated by Katharine Hall and Lori Lake (Children's Institute)

South Africa's commitment to the realisation of socio-economic rights is contained in the Constitution, the highest law of the land, which includes provisions to ensure that no person should be without the basic necessities of life. These are specified in the Bill of Rights, particularly section 26 (access to adequate housing); section 27 (health care, sufficient food, water and social security); section 28 (the special rights of children) and section 29 (education).

Children are specifically mentioned, and in addition to the general rights: Every child has the right to basic nutrition, shelter, basic health care services and social services. These form part of what are collectively known as socio-economic rights. While these rights are guaranteed by the Constitution, the question is: *How well is South Africa doing in realising these rights for all children?* In order to answer this question, it is necessary to monitor the situation of children, which means there is a need for regular information that is specifically about them.

A rights-based approach

Children Count – Abantwana Babalulekile, an ongoing data and advocacy project of the Children's Institute, was established in 2005 to monitor progress for children. It provides reliable and accessible child-centred information which can be used to inform the design and targeting of policies, programmes and interventions, and as a tool for tracking progress in the realisation of children's rights.

Child-centred data

Any monitoring project needs regular and reliable data, and South Africa is fortunate to be a fairly data-rich country. There is an array of administrative data sets, and the national statistics body, Statistics South Africa, undertakes regular national population surveys which provide useful information on a range of issues. However, most information about the social and economic situation of people living in South Africa does not focus on children, but rather counts all individuals or house-

holds. This is the standard way for central statistics organs to present national data, but it is of limited use for those interested in understanding the situation of children.

"Child-centred" data does not only mean the use of data about children specifically. It also means using national population or household data, but analysing it at the level of the child. This is important, because the numbers can differ enormously depending on the unit of analysis. For example, national statistics describe the unemployment rate, but only a child-centred analysis can tell how many children live in households where no adult is employed. National statistics show what proportion of households is without adequate sanitation, but when a child-centred analysis is used, the proportion is significantly higher.

Counting South Africa's children

Children Count – Abantwana Babalulekile presents child-centred data on many of the areas covered under socio-economic rights. As new data become available with the release of national surveys and other data sources, it is possible to track changes in the conditions of children and their access to services over time. This year, *Children Count – The numbers* presents national survey data from 2002 to 2009, and many of the indicators in this issue compare the situation of children over this eight-year period.

The tables on the following pages give basic information about children's demographics, care arrangements, income poverty and social security, health, education, housing and basic services. Each table is accompanied by commentary that provides context and gives a brief interpretation of the data. The data are presented for all children in South Africa and, where possible, by province.

The indicators in this *South African Child Gauge* are a subset of the *Children Count – Abantwana Babalulekile* indicators on demographics and socio-economic rights. The project's website contains the full range of indicators and more detailed data, as well as links to websites and useful documents. It can be accessed at www.childrencount.ci.org.za.

Data sources

Children Count – Abantwana Babalulekile uses a number of data sources. Some are administrative databases used by government departments (Health, Education, and Social Development) to record and monitor the services they deliver. Some of the HIV/AIDS and child mortality data are from the ASSA2008 Aids and Demographic model, a statistical model developed by the Actuarial Society of South Africa, which uses many different types of data sources to derive estimates of the incidence of HIV, and treatment needs. Population estimates by area type (urban, rural) are derived from Wave 1 of the National Income Dynamics Study.

Most of the indicators presented are unique to the project, and are derived from the General Household Survey of Statistics South Africa. Data sources are carefully considered before inclusion, and the strengths and limitations of each are outlined on the website, and on pp. 104 – 106. Definitions and technical notes for the indicators are included in the accompanying commentary, and can also be found on the website.

Confidence intervals

Sample surveys are subject to error. The proportions or percentages simply reflect the mid-point of a possible range, but the true values could fall anywhere between the upper and lower bounds. The confidence intervals indicate the reliability of the estimate at the 95% level. This means that, if independent

samples were repeatedly taken from the same population, we would expect the proportion to lie between upper and lower bounds of the confidence interval 95% of the time.

It is important to look at the confidence intervals when assessing whether apparent differences between provinces or sub-groups are real: The wider the confidence interval, the more uncertain the proportion. Where confidence intervals overlap for different sub-populations or time periods, it is not possible to claim that there is a real difference in the proportion, even if the mid-point proportions differ. In the accompanying bar graphs, the confidence intervals are represented by vertical lines at the top of each bar (I).

Each domain is introduced below and key findings are highlighted.

Demography of South Africa's children

(pages 79 – 83)

This section provides child population figures and gives a profile of South Africa's children and their care arrangements, including children's co-residence with biological parents, the number and proportion of orphans and children living in child-only households. There were 18.6 million children in South Africa in 2009. Twenty-three percent of children are orphans who have lost a mother, father or both parents; 24% of children do not live with either of their biological parents; and 0.5% of children live in child-only households.



Income poverty, unemployment and social grants

(pages 84 – 90)

In 2009, nearly two-thirds of children (61%) lived below the poverty line (with a per capita income below R552 per month), and 36% lived in households where no adults were employed. Social assistance grants are therefore an important source of income for caregivers to meet children's basic needs. By April 2011, 10.5 million children received the Child Support Grant, 522,000 children received the Foster Child Grant, and a further 113,000 children received the Care Dependency Grant.

Child health

(pages 91 – 95)

This section monitors child health through a range of indicators. The most recent and reliable estimates suggest that under-five mortality is decreasing and stood at 50 deaths per 1,000 live births in 2010. The infant mortality rate has followed a similar trend and is estimated at 34 deaths per 1,000 live births for 2010. In the same year, 438,000 children under 15 years (2.8%) were estimated to be HIV positive. Nearly 30% of children live far from their health care facility and 16% of children live in households that reported child hunger.

Children's access to education

(pages 96 – 99)

Many children in South Africa have to travel long distances to school. One in six children (16%) live far from their primary school and this increases to one in five children (22%) in high school. Despite these barriers, South Africa has made significant strides in improving access to education with a gross attendance rate of 97% in 2009. However, this does not necessarily translate into improved educational outcomes.

Children's access to housing

(pages 100 – 101)

This section presents data on children living in rural or urban areas, and in adequate housing. The latest available data show that, in 2008, 52% of children were living in urban areas, and 71% of children lived in formal housing in 2009, while just over two million children lived in backyard dwellings and shacks in informal settlements.

Children's access to basic services

(pages 102 – 103)

Without water and sanitation, children face substantial health risks. In 2009, less than two-thirds of children (62%) had access to drinking water on site, while children's access to adequate toilet facilities rose to 63%.

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The contents are the sole responsibility of the author/s, and can under no circumstances be regarded as reflecting the position of the European Union.



Demography of South Africa's children

Updated by Helen Meintjes and Katharine Hall (Children's Institute)

The UN General Guidelines for Periodic Reports on the Convention on the Rights of the Child¹, paragraph 7, says that reports made by states should be accompanied by “detailed statistical information ... Quantitative information should indicate variations between various areas of the country ... and between groups of children ...”.

The number and proportion of children living in South Africa

In mid-2009, South Africa's total population was estimated at 49.4 million people, of whom 18.6 million were children (under 18 years). Children therefore constitute 38% of the total population. The child population has grown by about 6% (1.1 million) from 2002 to 2009.

Exactly half of all children live in three of the nine provinces: KwaZulu-Natal (23%), Eastern Cape (15%) and Limpopo (12%). A further 17% of children live in Gauteng, a mainly metropolitan province, and 10% in the Western Cape. It is not uncommon for children to live separately from their biological parents, due to labour migration and care arrangements that involve extended families.

The distribution of children across provinces is slightly different to that of adults, with a greater proportion of

children living in provinces with large rural populations (Limpopo, the Eastern Cape and KwaZulu-Natal) and with greater proportions of adults in the largely metropolitan provinces. Despite being the smallest province in the country, Gauteng accommodates nearly a quarter (24%) of all adults, and 25% of households, but only 17% of children. This is because of the relatively large number of adult-only households in that province.

Children are fairly equally distributed across the age groups, with roughly one million children in each age year under 18. The gender split is fairly equal too – 51% boys and 49% girls – while the adult population is slightly skewed towards women (54%).

Table 1a: Distribution of households, adults and children in South Africa, 2009

Province	Households		Adults		Children	
	Number	%	Number	%	Number	%
Eastern Cape	1,691,000	13	3,886,000	13	2,763,000	15
Free State	826,000	6	1,838,000	6	1,067,000	6
Gauteng	3,279,000	25	7,318,000	24	3,238,000	17
KwaZulu-Natal	2,488,000	19	6,184,000	20	4,277,000	23
Limpopo	1,284,000	10	2,917,000	9	2,313,000	12
Mpumalanga	933,000	7	2,136,000	7	1,474,000	8
North West	993,000	7	2,177,000	7	1,277,000	7
Northern Cape	300,000	2	713,000	2	435,000	2
Western Cape	1,513,000	11	3,606,000	12	1,764,000	9
South Africa	13,308,000	100	30,774,000	100	18,607,000	100

Source: Statistics South Africa (2010) *General Household Survey 2009*. Pretoria: Stats SA.
Analysis by Katharine Hall & Andile Mayekiso, Children's Institute, UCT.

Notes: ① Children are defined as people 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. 104 – 106. ④ See www.childrencount.ci.org.za for more information.

The number and proportion of children living with their biological parents

South Africa has a long history of children not living consistently with their biological parents as a result of poverty, labour migration, educational opportunities or cultural practice. Many children experience a sequence of different caregivers or are raised without fathers.

This indicator shows the number and proportion of children in South Africa who are living in the same household as both their biological parents; their mother only; their father only; or who are not living with either of their biological parents.

The General Household Survey 2009 indicates that 34% of children in South Africa live with both their biological parents. Thirty-nine percent of all children – more than seven million children – live with their mothers but without their fathers. Only 3% of children live in households where their fathers are present and their mothers absent. Twenty-four percent of children live with neither biological parent. This does not necessarily mean that they are orphaned: In most cases (78%) at least one parent is still alive, and half of all children who live without co-resident parents have both parents living elsewhere.

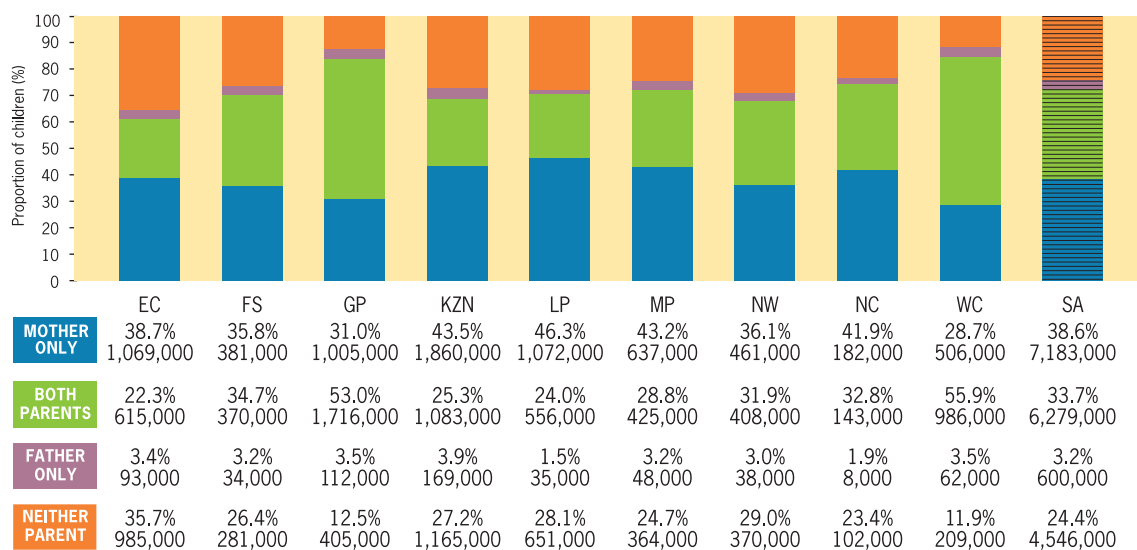
In both the Western Cape and Gauteng provinces, the proportion of children living with both parents is significantly

higher than the national average, with more than half of children resident with both parents (56% and 53% respectively). Similarly, the number of children living with neither parent is low in these two provinces (12% and 13%). In contrast, over a third of children (36%) in the Eastern Cape live with neither parent. These patterns are consistent from 2002 to 2009.

Less than one third (28%) of African children live with both their parents, while the vast majority of Indian and White children (84% and 85% respectively) are resident with both biological parents. Just over one quarter (27%) of all African children do not live with either parent, and a further 42% of African children live with their mothers and without their fathers. These figures indicate an absence of fathers in the domestic lives of large numbers of African children.

Younger children (0 – 5-year-olds) are more likely to be living with their mothers (whether or not their fathers are present) than older children (6 – 17 years), who are more likely than younger children to be living with neither parent. While 15% of children aged 0 – 5 years were not resident with either parent in 2009, this situation applied to 29% of children aged 6 – 17 years.

Table 1b: Number and proportion of children living with biological parents, 2009



Source: Statistics South Africa (2010) *General Household Survey 2009*. Pretoria: Stats SA.
Analysis by Katharine Hall & Andile Mayekiso, Children's Institute, UCT.

Notes: ① Children are defined as people 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. 104 – 106. ④ See www.childrencount.ci.org.za for more information.

The number and proportion of orphans living in South Africa

An orphan is defined as a child under the age of 18 years whose mother, father, or both biological parents have died (including those whose living status is reported as unknown, but excluding those whose living status is unspecified). For the purpose of this indicator, orphans are defined in three mutually exclusive categories:

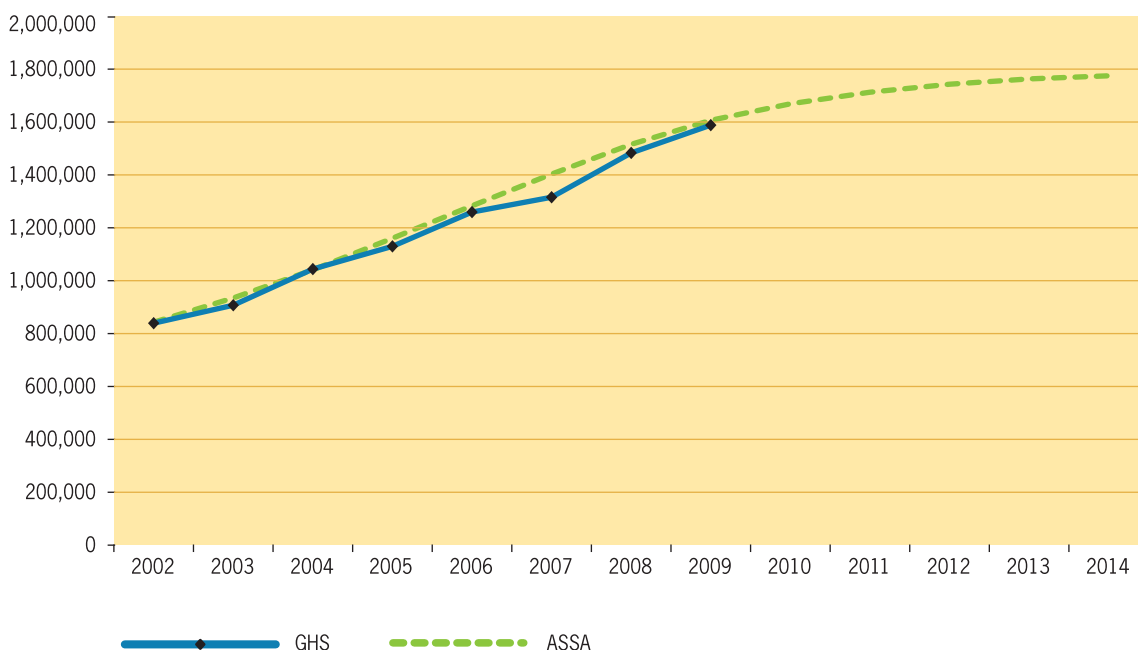
- A maternal orphan is a child whose mother has died but whose father is alive.
- A paternal orphan is a child whose father has died but whose mother is alive.
- A double orphan is a child whose mother and father have both died.

The total number of orphans is the sum of maternal, paternal and double orphans. This definition differs from those commonly used by United Nations agencies and the Actuarial Society of South Africa (ASSA), where the definition of maternal and paternal orphans includes children who are double orphans. As the orphan definitions used here are mutually exclusive and additive, the figures differ from orphan estimates provided by the ASSA models.

The 2009 General Household Survey (GHS) indicates that there were approximately 4.3 million orphans in South Africa. This includes children without a living biological mother, father or both parents, and is equivalent to 23% of all children in South Africa. The total number of orphans has increased substantially, with over one million more orphaned children in 2009 than in 2002. This is equivalent to an increase of almost six percentage points in the total orphan population since 2002.

Importantly, the total number of children whose mothers are deceased or whose vital status is unknown (maternal and double orphans) has almost doubled between 2002 and 2009. The estimated number of children without living mothers is shown below for each year, comparing weighted numbers from the GHS and estimates from the newly-released ASSA2008 model. The GHS figures are very similar to the ASSA estimates for all years except 2007. Maternal orphaning rates are expected to start declining from 2010, and should level out by 2015. However, it is not until 2025 that they will fall to 2009 levels, according to ASSA projections.

Figure 1a: Actual and projected number of children without living mothers (maternal & double orphans), by year



Sources: Statistics South Africa (2003 – 2010) *General Household Surveys 2002 – 2009*. Pretoria: Stats SA. Actuarial Society of South Africa (2011) *ASSA2008 AIDS and Demographic Model*. Available: www.actuarialsociety.org.za.

Orphan numbers are not necessarily a good indicator of the nature or extent of care that children are receiving: While only 30% of maternal orphans are resident with their father, 68% of paternal orphans have a living co-resident mother. Child-rearing in South Africa has long been characterised by the presence of multiple caregivers and the involvement of broad kinship networks in the lives of children with and without living parents. The vast majority of double orphans in South Africa (and elsewhere in sub-Saharan Africa) live with relatives.²

It is important to disaggregate the total orphan figures because the death of one parent may have different implications for children than the death of both parents, and the death of a mother is likely to have a greater impact on children's lives than the absence of a father.³ In 2009, 14% of children (2,655,000) were paternal orphans (whose mothers were still alive), 3% (approximately 622,000 children) were documented as "maternal orphans" (with living fathers); and a further 5% (966,000) were recorded as double orphans. In other words, the majority (63%) of all orphans in South Africa are paternal orphans. The

numbers of paternal orphans are high because of the higher mortality rates of men in South Africa, as well as the frequent absence of fathers in children's lives (4% of paternal orphans – or 750,000 children – have fathers whose vital status is reported to be "unknown").

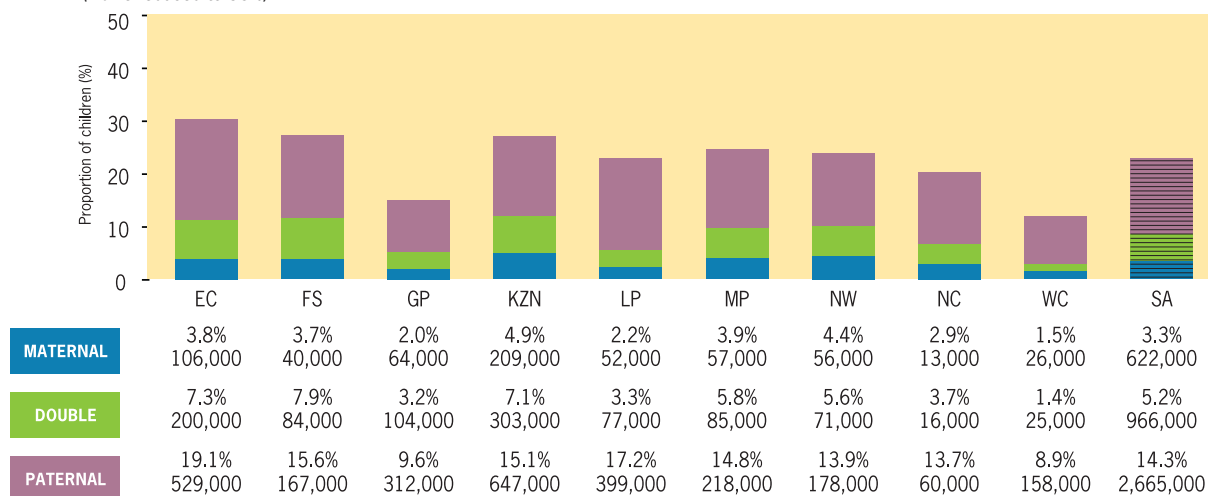
The figures illustrate notable increases in the number and proportion of double orphans over an eight-year period: The number of children who have lost both a mother and a father has more than doubled since 2002 (from approximately 352,000 to 966,000), indicating an increase of three percentage points in double orphans as a proportion of all children in South Africa (2002: 2%; 2009: 5%). These increases are likely to be driven primarily by the AIDS pandemic.

Roughly half of all orphans in South Africa are resident in KwaZulu-Natal and the Eastern Cape. These orphans account for 27% and 30% of the child population in each province respectively.

In 2009, 77% of all child orphans were of school-going age (between seven and 17-years-old) and half (49%) were 12 years or older.

Table 1c: Number and proportion of orphans, 2009

(Y-axis reduced to 50%)



Source: Statistics South Africa (2010) General Household Survey 2009. Pretoria: Stats SA. Analysis by Katharine Hall, Children's Institute, UCT.

Notes: ① Children are defined as people 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. 104 – 106. ④ See www.childrencount.ci.org.za for more information.

The number and proportion of children living in child-only households

A child-only household is defined as a household in which all members are younger than 18 years. These households are also commonly known as “child-headed households”.

There is widespread concern that the number of children living in child-only households is escalating as the numbers of orphaned children increase due to the HIV/AIDS pandemic. Many argue that kinship networks are stretched to their limits and are struggling to support orphaned children.

An analysis of the 2009 General Household Survey (GHS) indicates that there were 95,000 children living in a total of 49,000 child-only households across South Africa. This equates to 0.5% of all children and 0.4% of all households. While this is a very small proportion of children in South Africa, the number is nonetheless cause for concern: A recent analysis of South African survey data reveals that children in child-only households are at risk of poorer living conditions, less – and less reliable – income, and worse access to services than other children.⁴

Importantly, there has been no significant change in the proportion of children living in child-only households from 2002 to 2009. This is despite a marked increase in

orphans in South Africa: Research indicates that contrary to common perception, the vast majority of children living in child-headed households have a living parent.⁵

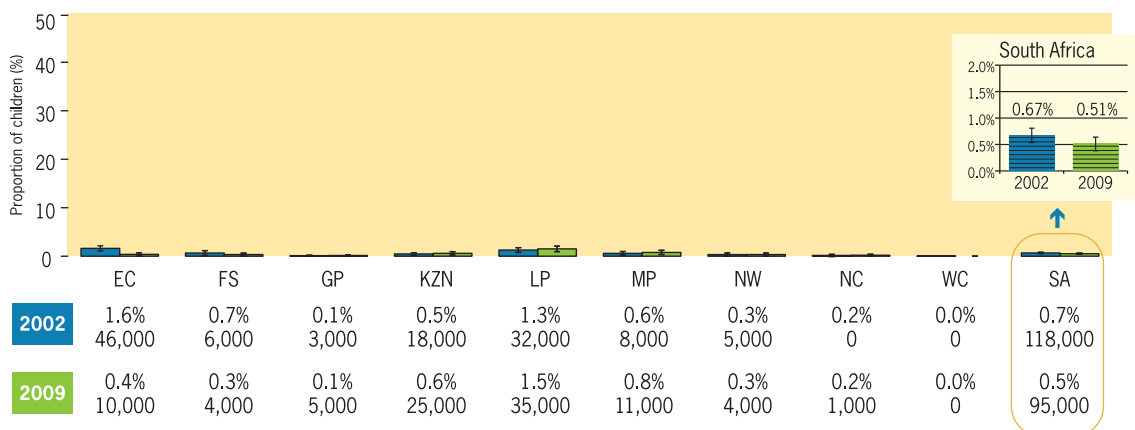
While it is not ideal for any child to live without an adult present, it is positive that half (50%) of all children living in child-only households in 2009 were over 14 years, and 83% were over 10 years. Almost two-thirds of children in child-only households live in two provinces: Limpopo (37%), and KwaZulu-Natal (26%). The only real change in the prevalence of child-headed households appears to be in the Eastern Cape, where the proportion of children living in these circumstances has dropped since 2002.

Research suggests that child-only households often exist for a short period, for example after the death of an adult and prior to other child care arrangements being made.⁶

There has been very little robust data on child-only (or “child-headed”) households in South Africa to date. The figures should be treated with caution as the number of child-only households forms just a very small sub-sample of the GHS. In particular, we caution against reading too much into the provincial breakdowns, or into apparent differences between the 2002 and 2009 estimates.

Table 1d: Number and proportion of children living in child-headed households, 2002 & 2009

(Y-axis reduced to 50%)



Source: Statistics South Africa (2010) *General Household Survey 2009*. Pretoria: Stats SA. Analysis by Katharine Hall, Children's Institute, UCT.

Notes: ① Children are defined as people 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. 104 – 106. 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. 77 for more details on confidence intervals.

⑤ See www.childrencount.ci.org.za for more information.

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- See no. 4 above.
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- See no. 2 above (Hill et al).

Income poverty, unemployment and social grants

Updated by Matt Chennells and Katharine Hall (Children's Institute)

The Constitution of South Africa¹, section 27(1)(c), says that “everyone has the right to have access to ... social security, including, if they are unable to support themselves and their dependants, appropriate social assistance”.

The UN Convention on the Rights of the Child², article 27, states that every child has the right “to a standard of living adequate for his or her development” and obliges the state “in case of need” to “provide material assistance”. Article 26 guarantees “every child the right to benefit from social security”.

Number and proportion of children living in income poverty

This indicator shows the number and proportion of children living in households that are income-poor. These households fall below a specific income threshold. The measure used is a lower bound “ultra” poverty line, set at R322 per person per month in 2000 prices.³ The poverty line increases with inflation and was equivalent to R552 in 2009. Per capita income is calculated by adding all reported income for household members older than 15 years, including social grants, and dividing the total household income by the number of household members.

International law and the South African Constitution recognise the link between income and the realisation of basic human rights, and acknowledge that children have the right to social assistance (social grants) when families cannot meet children's basic needs. Measures of income poverty are therefore important in determining how many people are in need of social assistance, and for monitoring the extent and distribution of income poverty.

As money is needed to access a range of services, income poverty is often closely related to poor health,



reduced access to education and physical environments that compromise personal safety. A lack of sufficient income can compromise children's rights to nutrition, education and health care services.

One way of identifying how many children are living without enough resources to meet their needs is to use a poverty line. This involves choosing and setting a fixed amount of income and then measuring the number of children who live beneath it.

No poverty line is perfect. Using a single income measure tells nothing about how resources are distributed between family members or how money is spent, and results depend on what level the line is set at. But this measure is useful as it gives some indication of how many children are living in households with severely constrained resources.

South Africa has very high rates of child poverty. In 2009 nearly two-thirds of children (61%) lived in households with a per capita income below R552 per month. There are substantial differences across the provinces. In both the Limpopo and the Eastern Cape, almost 80% of children live below the poverty line, compared to the

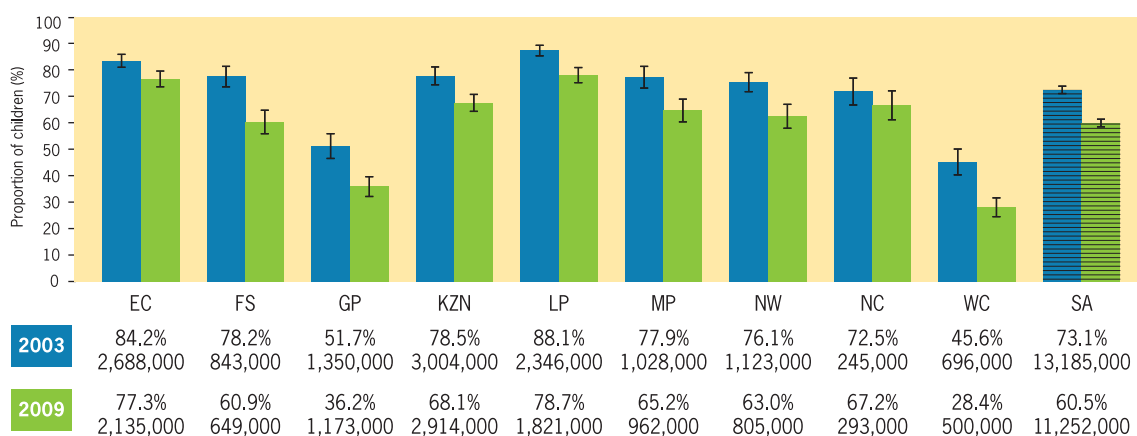
Western Cape (28%) and Gauteng (36%) which have the lowest rates of child poverty. Roughly, two out of three children living in the Free State, KwaZulu-Natal, Mpumalanga, the North West and the Northern Cape live in households below the poverty line.

Although most provinces have seen declines in child poverty between 2003 and 2009, the large disparities between the provinces echo the income inequality among different race groups in South Africa. In 2009, over two-thirds of African children (68%) lived below the poverty line compared to one-third of Coloured children (33%). Only 6% of Indian and 4% of White children live in income poverty at this level. There are no significant gender or age differences in child poverty. Overall, there has been a significant decline of 11 percentage points in child poverty in South Africa between 2003 (73%) and 2009 (61%) using the lower bound poverty line.

Other poverty lines can be used to analyse and compare different levels of income poverty. See www.childrencount.ci.org.za for additional poverty lines (upper bound and \$2 a day).

Table 2a: Number and proportion of children living in income poverty, 2003 & 2009

(Lower bound poverty line: Households with monthly per capita income less than R552 in 2009)



Sources: Statistics South Africa (2004; 2010) *General Household Survey 2003; General Household Survey 2009*. Pretoria: Stats SA. Analysis by Katharine Hall & Matt Chennells, Children's Institute, UCT.

Notes: ① Children are defined as people aged 0 – 17 years. ② Population numbers are rounded off to the nearest thousand. ③ The real value of the lower poverty line is R552 per person per month in 2009. ④ Income includes all earnings from formal and informal sector activity, and income from social grants. ⑤ Strengths and limitations of the data are described on pp. 104 – 106. ⑥ 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. 77 for more details on confidence intervals.

⑦ See www.childrencount.ci.org.za for more information.

The number and proportion of children living in households without an employed adult

This indicator measures unemployment from a children's perspective and gives the number and proportion of children who live in households where no adults are employed in either the formal or informal sector. It therefore shows the proportion of children living in "unemployed" households where it is unlikely that any household members derive income from labour or income-generating activities.

Unemployment in South Africa is a serious problem. In June 2009 (the same time as the 2009 General Household Survey), the official national unemployment rate in South Africa was 24%.⁴ This is based on a narrow definition of unemployment that includes only those adults who are defined as economically active (ie they are not studying or retired or for some reason voluntarily at home) who actively looked but failed to find work in the four weeks preceding the survey.⁵ An expanded definition of unemployment, which includes those "discouraged work-seekers" who were unemployed but not actively looking for work in the month preceding the survey, gives a higher, more accurate, indication of unemployment, at

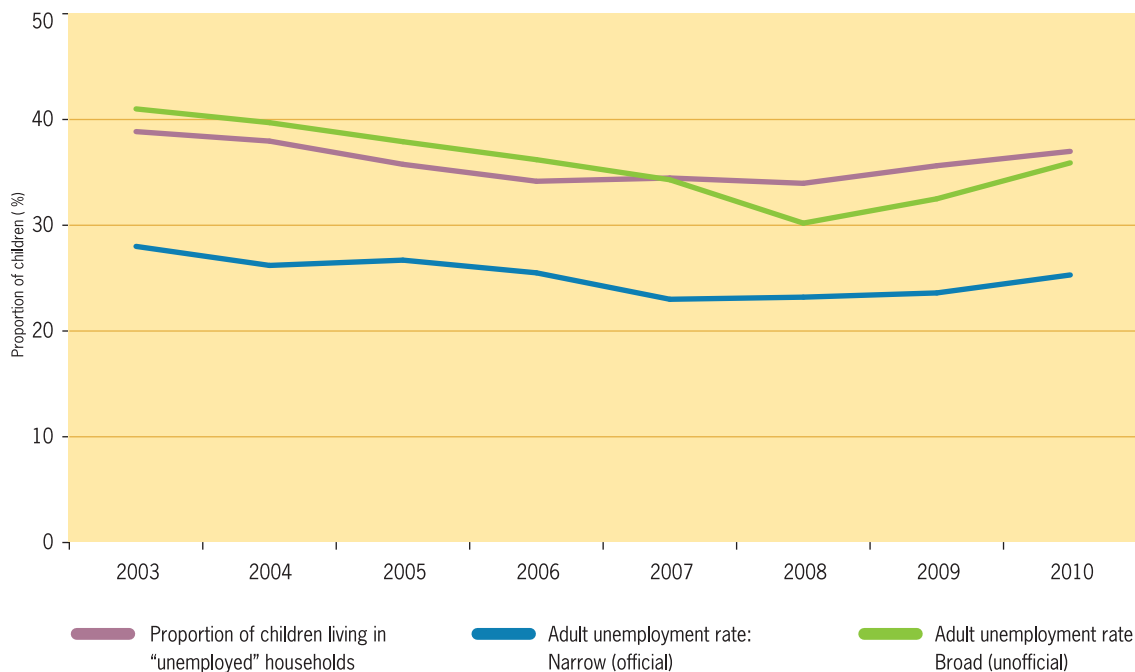
33%. Gender differences in employment rates are relevant for children, who are more likely to co-reside with their mother than their father. Unemployment rates remain considerably higher for women than for men.

Apart from providing regular income, an employed adult may bring other benefits to the household, including health insurance, unemployment insurance and maternity leave that can contribute to children's health, development and education. The definition of "employment" is derived from the Quarterly Labour Force Survey and includes regular or irregular work for wages or salary, as well as various forms of self-employment, including unpaid work in a family business.

In 2009, 64% of children in South Africa lived in households with at least one working adult. The other 36% (over 6.6 million children) lived in households where no adults were working. There has been only a small decrease from 2003 to 2009, with the proportion of children who live in unemployed households hovering around the mid-30s despite an overall drop in the official unemployment rate from 28% to 24% over the same period.

Figure 2a: Number and proportion of children living in households without an employed adult, 2003 – 2010

(Y-axis reduced to 50%)



Sources: Statistics South Africa (2004 – 2008) *Labour Force Surveys 2003 – 2007*. Pretoria: Stats SA. Statistics South Africa (2009 – 2010) *Quarterly Labour Force Surveys 2008 – 2001*. Pretoria: Stats SA. Analysis by Matt Chennells & Katharine Hall, Children's Institute, UCT.

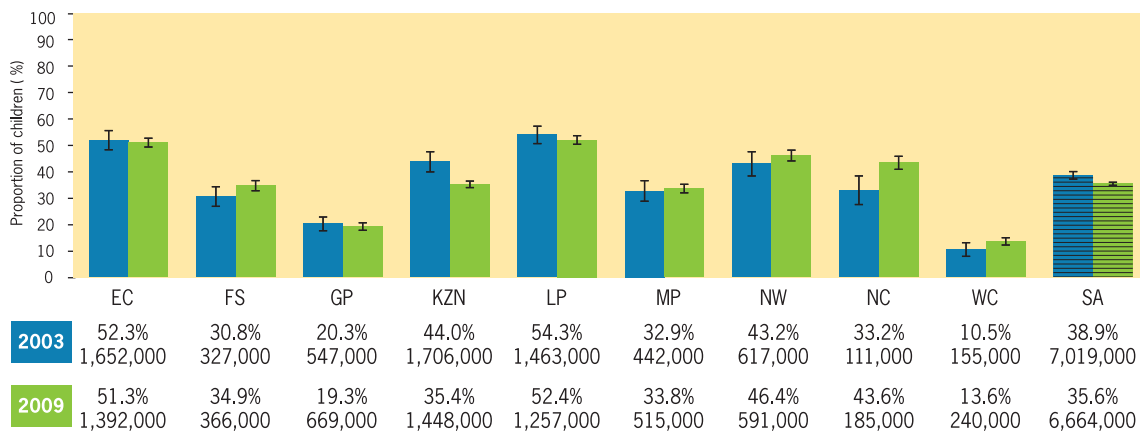
This indicator is very closely related to the income poverty indicator, in that provinces with relatively high proportions of children living in unemployed households also have high rates of child poverty. Gauteng and the Western Cape have the lowest levels of income poverty, and less than 20% of children in these provinces live in unemployed households. In contrast, more than 50% of children in the Eastern Cape and Limpopo live in households without any employed adults. These two provinces are home to large numbers of children, and have the highest rates of child poverty.

There have been significant increases in children living in unemployed households in the Western Cape, the

Northern Cape and the Free State. KwaZulu-Natal is the only province that exhibits a large and significant decline in the proportion of children living in unemployed households. Racial inequalities persist: 40% of African children have no working adult at home, while 14% of Coloured children, 12% of Indian children and 5% of White children live in these circumstances.

An analysis of employment data for 2010 suggests that adult unemployment rates, measured in this child-centred way, rose slightly to 37%. This parallels the national trend for adult unemployment, and is likely to be the result of job losses during the global recession. The official national unemployment rate for 2011 is 25%.⁶

Table 2b: Number and proportion of children living in households where there are no employed adults, 2003 & 2009



Sources: Statistics South Africa (2004) *Labour Force Survey 2003 (September)*. Pretoria: Stats SA.

Statistics South Africa (2010): *Quarterly Labour Force Survey 2009 (Third quarter)*. Pretoria: Stats SA.

Analysis by Matt Chennells & Katharine Hall, Children's Institute, UCT.

Notes: ① Children are defined as people 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. 104 – 106. 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. 77 for more details on confidence intervals.

⑤ See www.childrencount.ci.org.za for more information.

The number and proportion of children receiving the Child Support Grant

This indicator shows the number of children receiving the Child Support Grant (CSG), as reported by the South African Social Security Agency (SASSA), which disburses social grants on behalf of the Department of Social Development.

The right to social assistance ensures that people living in poverty are able to meet basic subsistence needs. Government is obliged to support children directly when their parents or caregivers are too poor to do so. Income support is provided through social assistance programmes, such as the CSG, which is an unconditional cash grant paid to the caregivers of eligible children.

From April 2011 the CSG has a value of R260 per month per child, and this will rise to R270 in August 2011. Introduced in 1998 with a value of R100, the CSG has become the single biggest programme for alleviating child poverty in South Africa. Take-up of the CSG has increased dramatically over the past decade and, by April 2011, a monthly CSG of R260 each was paid to 10.5 million children aged 0 – 16 years.

There have been two important changes in eligibility criteria related to the age and income thresholds. At first the CSG was only available for children 0 – 6 years old. Later it was extended to older children up to the age of 14. A subsequent amendment to the regulations defined the age threshold differently: Rather than setting a specific age limit, all children born after 31 December 1993 are defined as eligible. This means that, from January 2011, children aged 16 may be eligible, and from January 2012 children under 18 years may be eligible. Defining the age threshold by date of birth rather than current age circumvents a previous problem where children had their grants terminated when they reached

the age threshold and then had to reapply when the age limit was extended.

From 1998, children were eligible for the CSG if their primary caregiver and his/her spouse had a joint monthly income of R800 or less and lived in a formal house in an urban area. For those who lived in rural areas or informal housing, the income threshold was R1,100 per month. This threshold remained static for 10 years until August 2008 when a formula was introduced for calculating income threshold – set at 10 times the amount of the grant. Therefore the 2011 income threshold is R2,600 per month for a single caregiver (and R5,200 per month for the joint income of the caregiver and spouse, if the caregiver is married). This will increase again in August 2011, when the benefit amount rises to R270.

Using the 2004 General Household Survey (GHS), it was calculated that 65% of all children under the age of 14 were eligible for the CSG in that they passed the old means test.⁷ Following the adjustment of the means test in 2008, the calculation was repeated, this time using the new means test and the 2007 GHS, which suggested that around 82% of children aged 0 – 13 years were eligible for the grant.⁸ Applying this eligibility rate to Stats SA mid-term population estimates for children aged 0 – 15 years (the eligible age group in 2010), it is estimated that 73% of eligible children are accessing the CSG (although the actual take-up rate would be lower due to errors of inclusion).

There is substantial evidence that grants, including the CSG, are spent on food, education and basic goods and services. This evidence shows that the grant not only helps to realise children's right to social assistance, but also improves access to food, education and basic services.⁹

Table 2c: The number of children receiving the Child Support Grant, 2005 – 2010

Province	Number of child beneficiaries					
	2005	2006	2007	2008	2009	2010
Eastern Cape	1,078,442	1,413,830	1,497,736	1,491,223	1,605,479	1,707,445
Free State	361,318	417,076	441,397	457,169	494,433	547,694
Gauteng	723,432	862,346	926,179	969,267	1,067,729	1,207,344
KwaZulu-Natal	1,338,045	1,746,944	1,963,944	2,128,967	2,344,413	2,512,787
Limpopo	990,194	1,200,185	1,253,794	1,278,711	1,392,140	1,493,705
Mpumalanga	489,663	613,008	645,565	662,316	717,075	771,326
North West	465,242	604,525	613,002	637,557	682,991	742,699
Northern Cape	101,728	121,332	175,250	184,183	209,818	232,355
Western Cape	365,655	431,514	458,980	480,394	557,784	666,577
South Africa	5,913,719	7,410,760	7,975,847	8,289,787	9,071,862	9,881,932
CSG amount	R 180	R 190	R 200	R 220	R 240	R 250

Source: South African Social Security Agency (2005 – 2010) SOCPEN database – special request. Pretoria: SASSA.

Notes: ① SOCPEN figures are taken from mid-year to coincide with data collection for the annual General Household Survey. ② For the years 2005 to 2008, the CSG was only available to children aged 0 – 13 years (under-14s). In 2009, the grant was extended to include children aged 14 years (under-15s), and in 2010 to children aged 15 years (under-16s). ③ Strengths and limitations of the data are described on pp. 104 – 106.

④ See www.childrencount.ci.org.za for more information. Social grant statistics are updated each month.

The number of children receiving the Foster Child Grant

This indicator shows the number of children who are accessing the Foster Child Grant (FCG) in South Africa, as recorded in the SOCPEN administrative data system of the South African Social Security Agency.

The FCG is available to foster parents who have a child placed in their care by an order of the court. It is a non-contributory cash grant valued at R740 per month in 2011. The grant was initially intended as financial support for children removed from their families and placed in foster care for protection in situations of abuse or neglect. However, it is increasingly used to provide financial support to caregivers of children who have lost their biological parents because of the HIV/AIDS pandemic. The appropriateness and effectiveness of this approach have been questioned.¹⁰

At the end of July 2010, caregivers of over 510,000 children were receiving the FCG, then valued at R710 per month. The number of grants has doubled since 2004, with figures increasing by more than 100% in the Eastern Cape, KwaZulu-Natal, Limpopo and Mpumalanga. Take-up

of the FCG varies substantially between provinces, and nearly half of all grants go to just two provinces: KwaZulu-Natal (127,000) and Eastern Cape (108,000). By April 2011, 522,000 FCGs were paid each month to caregivers of children in foster care.

The overall rate of increase in FCG take-up appears quite slow and stable, but the large numbers of new FCGs are offset by the drop-off in beneficiaries, particularly in December of each year when children who turned 18 during the year have their grants terminated. In addition, there have been concerns about considerable numbers of FCGs lapsing due to court orders not being extended. This is related to a systemic problem: The FCG is administratively burdensome for both social workers and the courts, resulting in a backlog of cases needing extension.

It is not possible to calculate a take-up rate for the FCG as there is no accurate record of how many children are eligible for placement in foster care – and indeed, no clear guidelines about how it should be targeted in the context of rising orphaning rates.

Table 2d: The number of children receiving the Foster Child Grant, 2005 – 2010

Province	Number of child beneficiaries					
	2005	2006	2007	2008	2009	2010
Eastern Cape	53,383	68,197	81,404	92,556	86,176	107,781
Free State	33,653	40,712	45,122	48,685	49,030	45,506
Gauteng	34,647	40,576	51,719	59,405	64,047	64,775
KwaZulu-Natal	57,351	81,420	111,582	113,459	137,463	126,719
Limpopo	25,615	36,020	44,201	50,709	55,689	57,051
Mpumalanga	12,662	18,252	21,813	25,664	29,293	27,428
North West	19,000	27,737	31,821	38,351	43,656	36,803
Northern Cape	9,480	11,462	14,494	15,376	16,307	15,855
Western Cape	26,026	27,326	28,735	28,955	29,818	28,380
South Africa	271,817	351,702	430,891	473,160	511,479	510,298

Source: South African Social Security Agency (2005 – 2010) SOCPEN database – special request. Pretoria: SASSA

Notes: ① SOCPEN figures are taken from mid-year to coincide with data collection for the annual General Household Survey.

② Strengths and limitations of the data are described on pp. 104 – 106. ③ See www.childrencount.ci.org.za for more information. Social grant statistics are updated each month.

The number of children receiving the Care Dependency Grant

This indicator shows the number of children who are accessing the Care Dependency Grant (CDG) in South Africa, as recorded in the SOCPEN administrative data system of the South African Social Security Agency.

The CDG is a non-contributory monthly cash transfer to caregivers of children with severe disabilities who require permanent care. It excludes those children who are cared for in state institutions, because the purpose of the grant is to cover the additional costs (including opportunity costs) that the parent or caregiver might incur as a result of the child's disability. It also excludes infants under one year because young babies need full-time care, whether or not they have disabilities. To qualify for the CDG, the child needs to undergo a medical assessment and the parent must pass an income or "means" test.

The value of the CDG increased to R1,140 in April 2011, at which time 113,000 children were receiving the grant each month. Although the grant is targeted at children with severe disabilities, children with chronic illnesses are eligible for the grant once the illness

becomes disabling, for example children who are very sick with AIDS-related illnesses.

As children with severe disabilities and chronic illnesses need substantial care and attention, a parent may need to stay at home or employ a caregiver to tend to the child. Children may need medication, equipment or to attend hospital often. These extra costs can put strain on families already struggling to make ends meet. Poverty and chronic health conditions are therefore strongly related.¹¹

It is not possible to calculate a take-up rate for the CDG because there is little data on the number of children living with disabilities, or who are in need of permanent care. In July 2010, nearly 110,000 children were receiving the CDG, then valued at R1,080 per month.

The provincial distribution of CDGs is fairly consistent with the distribution of children. The provinces with the largest numbers of children, KwaZulu-Natal and the Eastern Cape, receive the largest share of CDGs. There has been a consistent and gradual increase in access to the CDG over the six-year period since 2005.

Table 2: The number of children receiving the Care Dependency Grant, 2005 – 2010

Province	Number of child beneficiaries					
	2005	2006	2007	2008	2009	2010
Eastern Cape	19,925	20,367	20,253	19,269	19,452	18,523
Free State	3,401	3,679	3,924	4,187	4,325	4,501
Gauteng	11,468	12,140	12,667	12,740	13,020	13,381
KwaZulu-Natal	20,994	24,098	27,855	30,878	32,798	33,551
Limpopo	9,609	10,553	11,396	12,004	12,475	12,098
Mpumalanga	4,273	4,532	5,018	5,449	5,758	5,755
North West	6,961	7,791	7,795	8,542	9,022	8,891
Northern Cape	2,186	2,582	3,403	3,642	3,873	3,911
Western Cape	6,881	7,111	7,310	7,503	8,365	8,892
South Africa	85,698	92,853	99,621	104,214	109,088	109,503

Source: South African Social Security Agency (2005 – 2010) SOCPEN database – special request. Pretoria: SASSA.

Notes: ① SOCPEN figures are taken from mid-year to coincide with data collection for the annual General Household Survey. ② Strengths and limitations of the data are described on pp. 104 – 106. ③ See www.childrencount.ci.org.za for more information. Social grant statistics are updated each month.

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Child health

Updated by Tamlyn Roman and Katharine Hall (Children's Institute)

Section 27 of the Constitution of South Africa¹ 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 Child² 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 Child³ 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”.

HIV prevalence in children

This indicator refers to the proportion of children, in a given period, who are HIV positive.

South Africa is currently the country in the world with the largest number of people living with HIV. Many children are HIV positive or have become ill and died due to AIDS. The majority of children are infected before and during the birth process and some later through breastfeeding – in other words, paediatric HIV is driven by the adult epidemic. Children may also become infected through sexual intercourse, including sexual abuse.

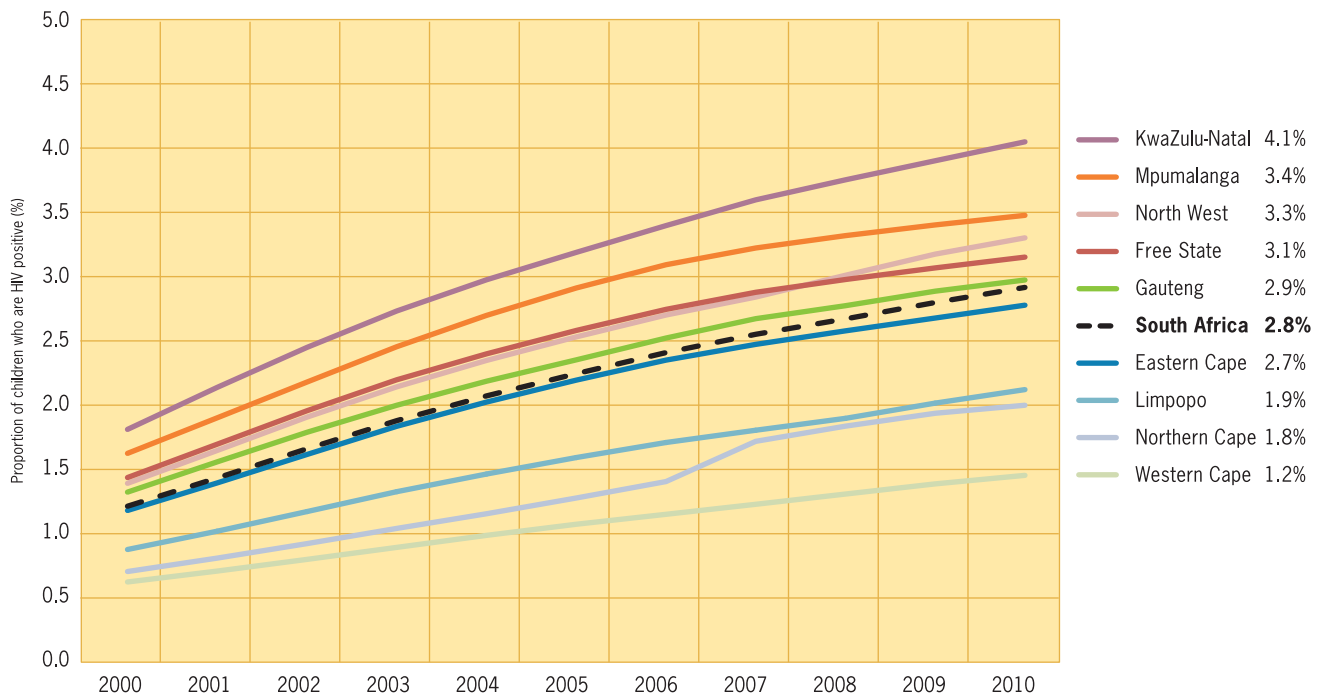
Estimates of the number of children infected with HIV are essential for planning health services to meet their needs. In addition, knowing the prevalence of paediatric HIV helps to monitor the epidemic from year to year and gives an indication of the effec-

tiveness of the prevention of mother-to-child transmission programme (PMTCT).

The ASSA2008 AIDS and Demographic Model provides the most current estimates of paediatric HIV prevalence in South Africa and suggests that, while prevalence is increasing, the rate at which it is doing so is decreasing. The increase in prevalence could be explained by the increased survival rates for children who now have access to antiretroviral therapy (ART). However, there are significant provincial differences in prevalence, which should be investigated. The Western Cape consistently has the lowest HIV-prevalence rate (1.2% in 2010), while prevalence is highest in KwaZulu-Natal (4.1%). Across South Africa, 438,000 children under 15 years (2.8%) are estimated to be HIV positive in 2010.

Table 3a: HIV prevalence in children under 15 years, 2000 – 2010

(Y-axis reduced to 5%)



Source: Actuarial Society of South Africa (2011) *ASSA2008 AIDS and Demographic Model*. Available: www.actuarialsociety.org.za.

Analysis by Tamlyn Roman & Katharine Hall, Children's Institute, UCT.

Notes: ① Strengths and limitations of the data are described on pp. 104 – 106. ② See www.childrencount.ci.org.za for more information.

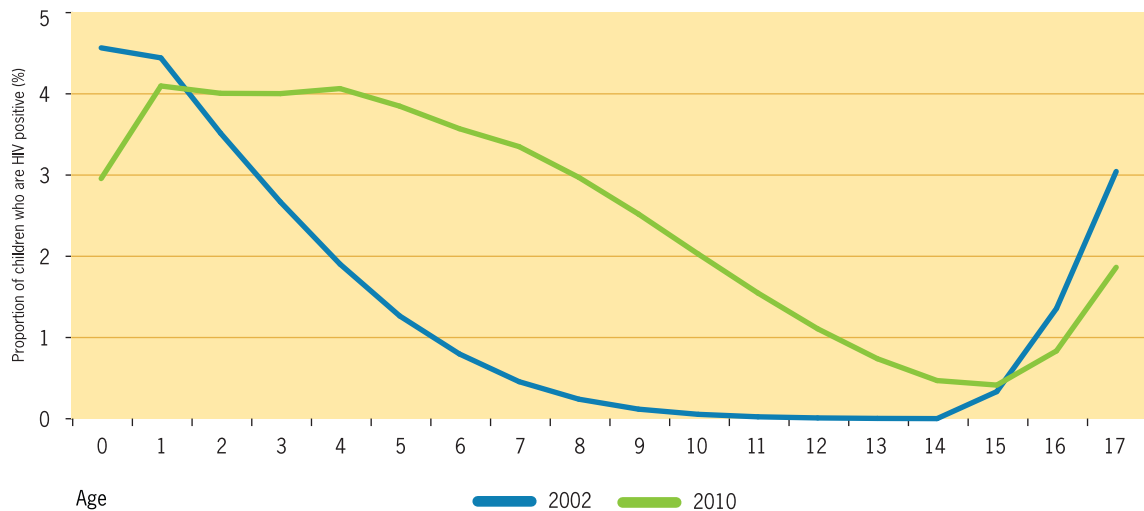
A recent paediatric model projects the number of infected children to be slightly higher than the ASSA2008 estimates.⁴ This is partly because it includes more detailed modelling of breastfeeding rates. The probability of infection through breastfeeding is reduced by 80% if breastfeeding mothers receive highly active ART (HAART) during this period.⁵ According to this model, an estimated 3.8% of children aged 0 – 14 years old were infected with HIV in

2008,⁶ compared with 2.6% in the ASSA2008 model.

Most HIV infections in children under 14 years occur at birth or shortly thereafter. Given the rapid expansion of the PMTCT programme over the past decade, it seems surprising that prevalence should continue to increase. Figure 3a, derived from ASSA2008, shows prevalence by individual age for all children under 18, and compares rates for 2002 and 2010.

Figure 3a: HIV prevalence in children by age (0 – 17 years), 2002 & 2010

(Y-axis reduced to 5%)



Source: Actuarial Society of South Africa (2011) *ASSA2008 AIDS and Demographic Model*. Available: www.actuarialsociety.org.za. Analysis by Tamlyn Roman & Katharine Hall, Children’s Institute, UCT.

The 2002 trend shows higher infection rates at birth, followed by a rapid decline in HIV prevalence from the age of one year. In part, this reflects the progression of the pandemic (in 2002, 10-year-olds would have been unlikely to be infected at birth), but the sudden decline in HIV prevalence (amongst living children) is also due to HIV-related deaths. Children born HIV positive need to receive ART early because, without treatment, more than 30% of children who were infected at birth would die before their first birthday.⁷ The rapid roll-out of the ART programme since

2002 has meant that increasing numbers of infected babies have received treatment and survived – as illustrated in the 2010 trend. National ART take-up amongst newly-eligible children under 15 started at a low of 2% in 2002, rising to 37% of eligible children in 2007/08.⁸

The sudden rise in prevalence rates from the age of 15 represents new infections through sexual activity amongst teenagers. In 2010, 18,522 (just under 2%) of 15-year-olds were estimated to be infected – down from 30,329 (3%) in 2002.

The infant mortality rate and under-five mortality rate

South Africa relies on survey data and modelled estimates to measure infant and child mortality because the vital registration and health information systems are not comprehensive and are inadequate for this purpose. The last reliable data on child mortality were collected from the 1998 South African Demographic and Health Survey (SADHS). In the absence of empirical child mortality estimates, the Actuarial Society of South Africa (ASSA) has developed an AIDS and Demographic model and recently released the latest version, ASSA2008.

Infant and under-five mortality rates are widely used indicators of health status and socio-economic development because they reflect not only child mortality levels but also the health status of the broader population. The infant mortality rate (IMR) is defined as the probability of dying within the first year of life and refers to the number of babies under 12 months old who die in a year, per 1,000 live births during the same year. According to ASSA2008 estimates, the IMR has gradually decreased from 52 in 2000 to 34 in 2010.

The under-five mortality rate (U5MR) is defined as the probability of dying between birth and the fifth birthday. The U5MR refers to the number of children under five years old who die in a year, per 1,000 live births in the same year. According to ASSA2008 estimates, the U5MR increased gradually in the decade leading up to 2003, when it reached a high of 74, after which it steadily decreased to 50 in 2010.

A child's growth and development are dependent on the family's living conditions and access to services and resources in the surrounding community. These conditions generate the biological risk factors that impact directly on the child's health through the occurrence of disease and its prognosis, of which death is the most

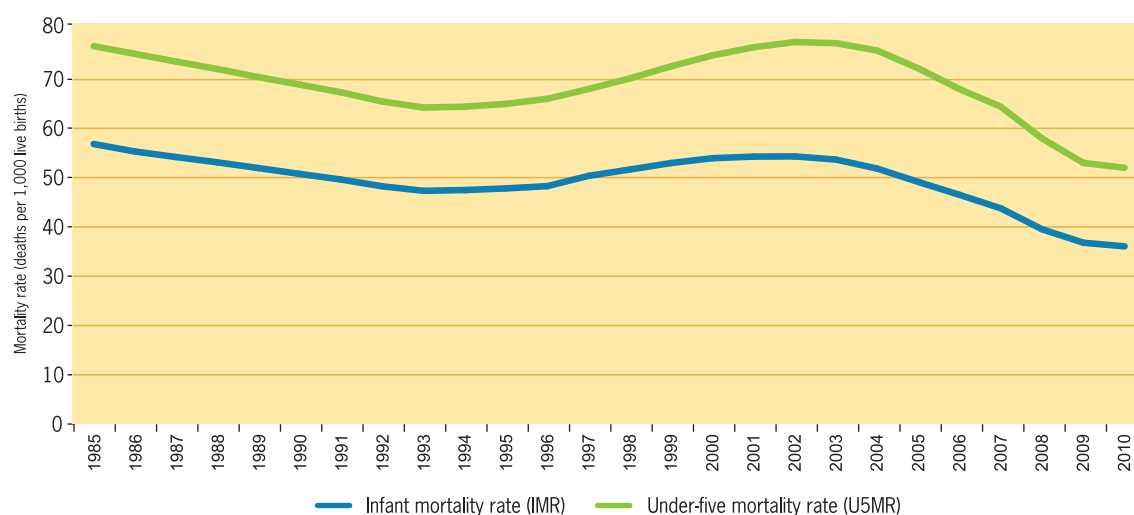
extreme outcome. The IMR and U5MR in developing countries are therefore associated with a broad range of bio-demographic, health and social factors. These include access to maternal and child health care services such as the number of antenatal care visits, maternal nutrition status, breastfeeding and infant feeding; environmental health factors such as safe drinking water, hygiene and sanitation; and socio-economic factors such as income and household conditions, women's education and household energy sources for cooking and heating. The IMR and U5MR, as indicators of health and overall societal development, are therefore intrinsically linked to the right to a healthy and safe childhood and the array of socio-economic rights in general.

Reducing child mortality is one of the eight Millennium Development Goals (MDGs) for reducing poverty and inequality in the world. The target for MDG 4 is to reduce under-five mortality by two-thirds between 1990 and 2015. South Africa's target is to attain an U5MR of 20 deaths per 1,000 live births by 2015.

Based on the 1998 SADHS and ASSA2003, it was assumed that mortality rates continued to increase during the 2000s, continuing the trend of the late 1990s. This trend correlates with an increase in HIV prevalence in pregnant women. Given the limited treatment available to HIV-positive pregnant women during the 1990s, most of the rise in infant mortality can be attributed to AIDS and AIDS-related illnesses. However the ASSA2008 estimates show that this trend was reversed around 2003. The decreasing child mortality rates correlate with the timing of the national roll-out of the prevention of mother-to-child transmission programme, and the downward trend illustrates the success of this programme in reducing child deaths.

Figure 3b: Child mortality trends in South Africa, 1985 – 2010

(Y-axis reduced to 80%)



Sources: Actuarial Society of South Africa (2011) ASSA2008 AIDS and Demographic Model. Available: www.actuarialsociety.org.za
Analysis by Tamlyn Roman & Katharine Hall, Children's Institute, UCT.

Notes: ① Strengths and limitations of the data are described on pp. 104 – 106. ② See www.childrencount.ci.org.za for more information.

The number and proportion of children living far from the nearest health facility

This indicator reflects the distance from a child's household to the health facility they normally attend. Distance is measured through a proxy indicator: length of time travelled to reach the health facility, by whatever form of transport is usually used. The health facility 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 facilities provide important preventative and curative services, and increased access to such facilities could substantially reduce child illness and mortality. Children therefore need access to good and reliable health services to ensure that they receive life-saving interventions such as immunisation and ARVs.

According to the UN Committee on Economic, Social and Cultural Rights, primary health care should be available (in sufficient supply); accessible (easily reached); affordable; and of good quality.⁹ In 1996, primary health care was made free to everyone in South Africa, but the availability and physical accessibility of public health care services remain a problem, particularly for people living in remote areas.

In South Africa, nearly 30% of children live far from the health care facility they normally use, and over 90% normally use the health care facility nearest their homes. That means 5.4 million children need to travel more than 30 minutes to reach their usual health care service provider. Nationally, access to health services remained relatively constant between 2002 and 2008 with about 40% of children living far from their health care facility. Access appears to have increased dramatically in 2009 when 29% of children were reported to live far from their

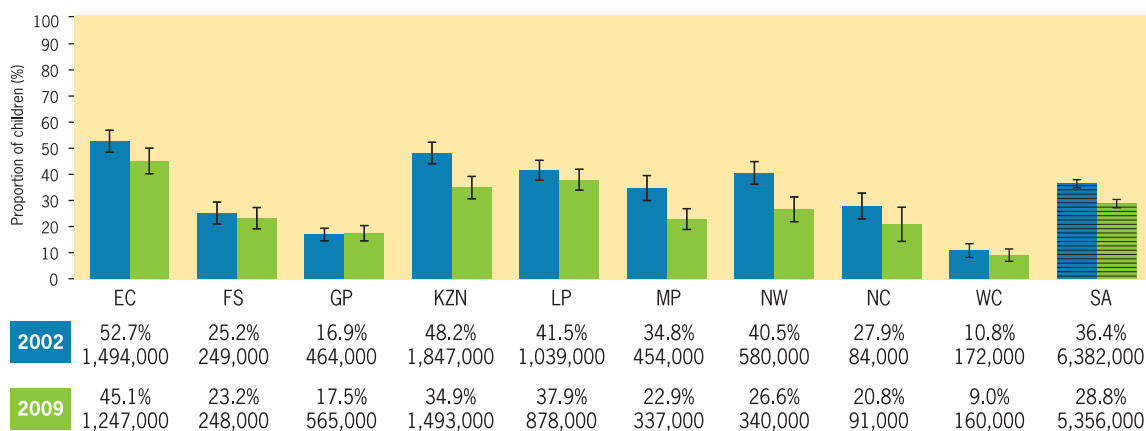
health care facility. This rapid improvement is contrary to the trend over the previous seven years, and may be due partly to a change of question in the General Household Survey in 2009. For this reason, data from 2009 may not be directly comparable with that of previous years.

The situation seems to have improved across the country as a whole, with an average nationwide improvement of seven percentage points. In KwaZulu-Natal there has been an improvement of 13 percentage points in the proportion of children travelling far to their health facility (from 48% in 2002 to 35% in 2009). This may be the result of a changed question in the 2009 survey, but it may also reflect improved provisioning to a certain extent. There was a three percent increase in the number of public clinics between 2007 and 2009, from 3,077 to 3,174 clinics nationally, with the greatest number of new clinics being established in the Eastern Cape (28 clinics) and KwaZulu-Natal (20).¹⁰ On the other hand, there appears to be great improvement in access to health care facilities in the North West province in 2009, although only one additional clinic was established in the two-year period prior to 2009.

There is considerable variation between provinces. While a large proportion of children in the Eastern Cape (45%), Limpopo (38%) and KwaZulu-Natal (35%) have to travel more than 30 minutes to reach their health facility, this proportion is much lower for other provinces, and lowest in the largely metropolitan provinces of Gauteng (18%) and the Western Cape (9%).

There are also significant differences between population groups. A third (32%) of African children would have to travel far to their health facility compared with only 7% – 12% of Coloured, Indian and White children.

Table 3b: Number and proportion of children living far from the nearest health facility, 2002 & 2009



Source: Statistics South Africa (2003; 2010) *General Household Survey 2002; General Household Survey 2009*. Pretoria: Stats SA. Analysis by Tamlyn Roman & Katharine Hall, Children's Institute, UCT.

Notes: ① Children are defined as people 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. 104 – 106. 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. 77 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 reported child hunger

This indicator draws on data from the GHS and shows the number and proportion of children living in households where children are reported to have ever gone to bed hungry because there was not enough food, or there was not enough money to buy food. Child hunger is emotive and subjective, and this undermines the reliability of estimates on the extent and frequency of hunger, 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.

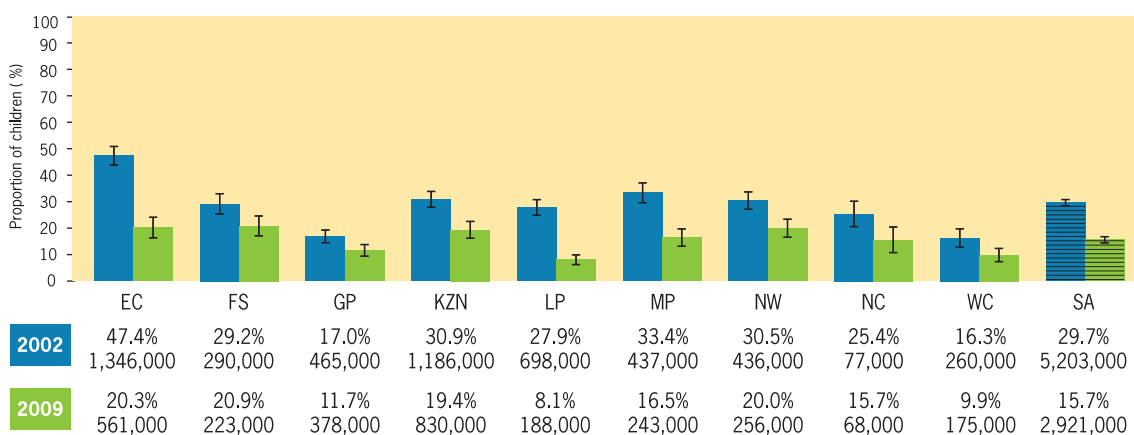
The government has introduced a number of programmes to reduce hunger, malnutrition and food insecurity, yet child hunger continues to be a problem. Nearly three million children (16%) were living in households where child hunger was reported in 2009. Overall, there has been a significant drop in reported child hunger from 30% of children in 2002, and a slight drop from 18% of children in 2007.

There are large disparities in reported hunger between provinces and population groups. The provinces with the highest reported child hunger rates were the Eastern

Cape and Free State. Reported child hunger in the Free State increased from 13% in 2008 to 21% in 2009, but decreased overall from 2002. The Eastern Cape has particularly high rates of child poverty and unemployment, and child hunger rates have remained consistently high from 2007 to 2009 (21% – 20%), despite an overall drop in reported child hunger from 47% in 2002. Limpopo also experiences high rates of unemployment and income poverty; yet it has the lowest proportion of reported child hunger (8%). This may be related to greater food security in rural households as a result of access to land for subsistence agriculture.

Hunger, like poverty and unemployment, is most likely to be found among African children. In 2009, some 2.7 million African children lived in households that reported child hunger. While this is an improvement from the 3.3 million in 2008, it still equates to 17% of the total African child population, while relatively few Coloured (13%), Indian (2%) and White (1%) children live in households where child hunger was reported.

Table 3c: Number and proportion of children living in households where there is reported child hunger, 2002 & 2009



Source: Statistics South Africa (2003; 2010) *General Household Survey 2002; General Household Survey 2009*. Pretoria: Stats SA. Analysis by Tamlyn Roman & Katharine Hall, Children's Institute, UCT.

Notes: ① Children are defined as people 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. 104 – 106. 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. 77 for more details on confidence intervals. ⑤ See www.childrencount.ci.org.za for more information.

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Children's access to education

Updated by Rutendo Murambiwa and Katharine Hall (Children's Institute)

Section 29(1)(a) of the South African Constitution¹ states that “everyone has the right to a basic education”, and section 29(1)(b) says that “everyone has the right to further education”, and that the state must make such education “progressively available and accessible”.

Article 11(3)(a) of the African Charter on the Rights and Welfare of the Child² says “States Parties to the present Charter shall take all appropriate measures with a view to achieving the full realisation of this right and shall in particular ... provide free and compulsory basic education”.

Article 28 of the UN Convention on the Rights of the Child³ recognises “the right of the child to education” and also obliges the state to “make primary education compulsory and available free to all”.

The number and proportion of children living far from school

This indicator reflects the distance from a child's household to the school s/he attends. Distance is measured through a proxy indicator: length of time travelled to reach the school attended, which is not necessarily the school nearest to the child's household. The school the child attends is defined as “far” if a child would have to travel more than 30 minutes to reach it, irrespective of mode of transport. Children aged 7 – 13 are defined as primary school age, and children aged 14 – 17 are defined as secondary school age.

Access to schools and other educational facilities is a necessary condition for achieving the right to education. A school's location and distance from home may pose a barrier to education. Access to schools is also hampered by poor roads, transport that is unavailable or unaffordable, and danger along the way. Risks may be different for

young children, for girls and boys, and are likely to be greater when children travel alone.

For children who do not have schools near their homes, the cost, risk and effort of getting to school can influence decisions about regular attendance, as well as participation in extramural activities and after-school events. Those who travel long distances to reach school may wake very early and risk arriving late or physically exhausted, which may affect their ability to learn. Walking long distances to school may also lead to learners being excluded from class or attending school irregularly.⁴

Three-quarters of South Africa's learners walk to school, while 9% use public transport. Less than 2% report using school buses or transport provided by the government. The vast majority (76%) of White children are driven to school in private cars, compared with only 6% of Black



children.⁵ These figures provide a picture of pronounced disparities in child mobility and means of access to school.

Assuming that schools primarily serve the children living in the community surrounding them, the ideal indicator to measure physical access to school would be the distance from the child's household to the nearest school. This analysis is no longer possible due to question changes in the General Household Survey. Instead this indicator shows the number and proportion of children who travel far (more than 30 minutes) to reach the actual school that they attend, even if it is not the closest school. School-age children not attending school are therefore excluded from the analysis.

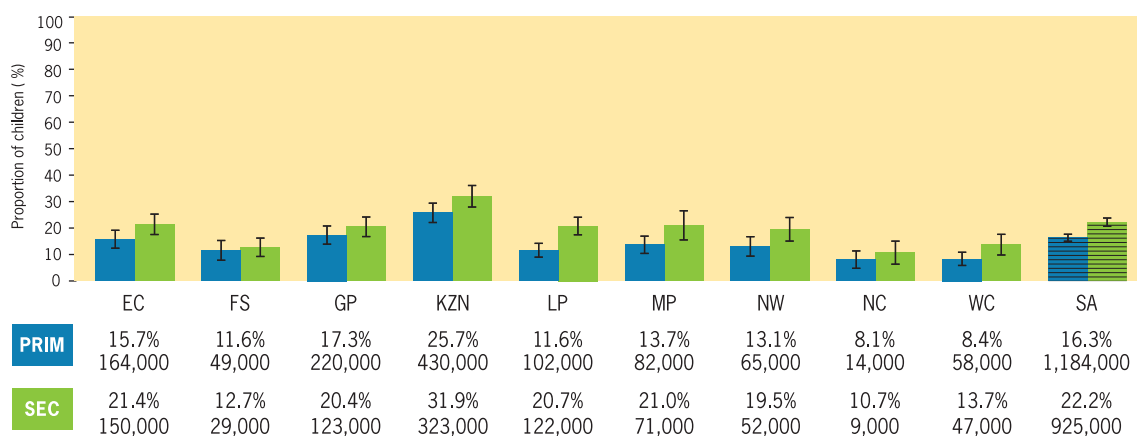
Overall, the vast majority (82%) of the 11.4 million children of school-going age travel less than 30 minutes to reach school, and most learners (86%) attend their nearest school.⁶ However, approximately 1.5 million learners do not attend their nearest school. Gauteng and the Western Cape provinces have the highest proportion (21% each) of children who do not attend the school nearest to their home. The main reasons for not attending the nearest school relate to the quality of education, and reflect educational aspirations and schooling preferences.⁷ School-fee exemptions aim to remove financial obstacles to education in fee-charging schools and in theory make it possible for children living in poor areas to attend better schools further away.

In mid-2009 there were 7.3 million children of primary school age (7 – 13 years) in South Africa; of these, one in six (16%) travelled more than 30 minutes to get to school. The highest proportions of children living far from the primary school they attend are in KwaZulu-Natal (26%), Gauteng (17%) and the Eastern Cape (16%).

Children of secondary school age are more likely than primary school learners to travel far to reach school. In South Africa, 4.2 million children are of secondary school age, and roughly one in five (22%) travel more than 30 minutes to get to school. KwaZulu-Natal (32%), Mpumalanga (21%), Limpopo (21%) and the Eastern Cape (21%) provinces have relatively high proportions of teenage children who have to travel far to school.

Access to school remains a problem for many children in South Africa, particularly those living in more remote areas where public transport to schools is lacking or inadequate and where households are often unable to afford transport for children to get to school.⁸ Many rural schools have merged or closed since 2002, making the situation worse for children in these areas. For instance, the number of ordinary schools dropped by 31% in the Free State, by 23% in the North West, by 14% in Limpopo, and by 6% in the Eastern Cape. Countrywide, the number of schools dropped by 6% from 27,647 schools in 2002 to 25,867 in 2009. Over the same period, the number of learners increased by nearly 300,000.⁹

Table 4a: Number and proportion of children living far from their primary/secondary school, 2009



Source: Statistics South Africa (2010) *General Household Survey 2009*. Pretoria: Stats SA. Analysis by Rutendo Murambiwa & Katharine Hall, Children's Institute, UCT.

Notes: ① School-age children are defined as people aged 7 – 17 years; primary school-age children are defined as 7 – 13 years; secondary school-age children are defined as 14 – 17 years. ② Population numbers are rounded off to the nearest thousand. ③ Strengths and limitations of the data are described on pp. 104 – 106. 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. 77 for more details on confidence intervals. ⑤ See www.childrencount.ci.org.za for more information.

Number and proportion of children attending an educational institution

This indicator reflects the number and proportion of children aged 7 – 17 years who are reported to be attending a school or educational facility. This is different from “enrolment rate”, which reflects the number of children enrolled in educational institutions, as reported by schools to the national department early in the school year.

Education is a central socio-economic right that provides the foundation for lifelong learning and economic opportunities. In South Africa, basic education is compulsory in grades 1 – 9, or for children aged 7 – 15. Children who have completed basic education also have a right to further education (grades 10 – 12), which government must take reasonable measures to make available.

South Africa has high levels of school enrolment and attendance. Amongst children of school-going age (7 – 17 years) the vast majority (97%) attended some form of educational facility in 2009 – slightly but significantly up from 95% in 2002. Of a total of 11.4 million children aged 7 – 17 years, 370,000 were reported as not attending school in 2009. There are always concerns about the reliability of reported attendance figures in surveys, especially when the respondent is not necessarily the caregiver of the child – as is the case in the General Household Survey. However, reported attendance rates from the survey are very similar to actual attendance rates recorded in the Department of Basic Education’s Snap Survey of learners, which takes place in every school in the country early in the school year. The department reports a total of 11.8 million children attending

school in 2009 (this includes children in grade R and learners over the age of 17).

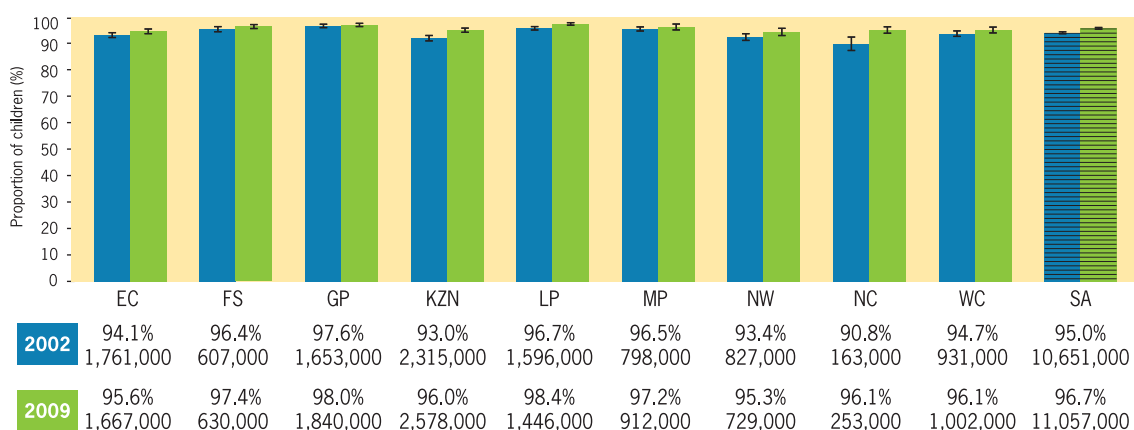
Despite the already high levels of attendance, there have been significant increases in attendance rates in some provinces – notably KwaZulu-Natal (an increase of three percentage points, from 93% in 2002 to 96% in 2009) and the Northern Cape (from 91% in 2002 to 96% in 2009).

There have been small but real increases in reported attendance rates for African and Coloured children over the eight-year period from 2002, and by 2009 there were no significant differences between attendance rates for African and White children. Attendance rates for Coloured children remained slightly below the national average.

Overall attendance rates tend to mask the problem of drop out among older children. Analysis of attendance among discrete age groups shows a significant drop in attendance amongst children older than 14, and this increases with age. Whereas 99% of 13-year-olds were reported to be attending an educational institution in 2008, the attendance rate dropped to 98% and 96% for 14- and 15-year-olds respectively. As schooling is compulsory until the age of 15 or the end of grade 9, the attendance rate decreases more steeply from age 16 onwards, with 93% of 16-year-olds, 85% of 17-year-olds, and 72% of 18-year-olds reported to be attending school.

There is no significant difference in drop-out rates between boys and girls. Cost of education is the main reason for non-attendance in the high school age group, followed by a perception that “education is useless”.¹⁰

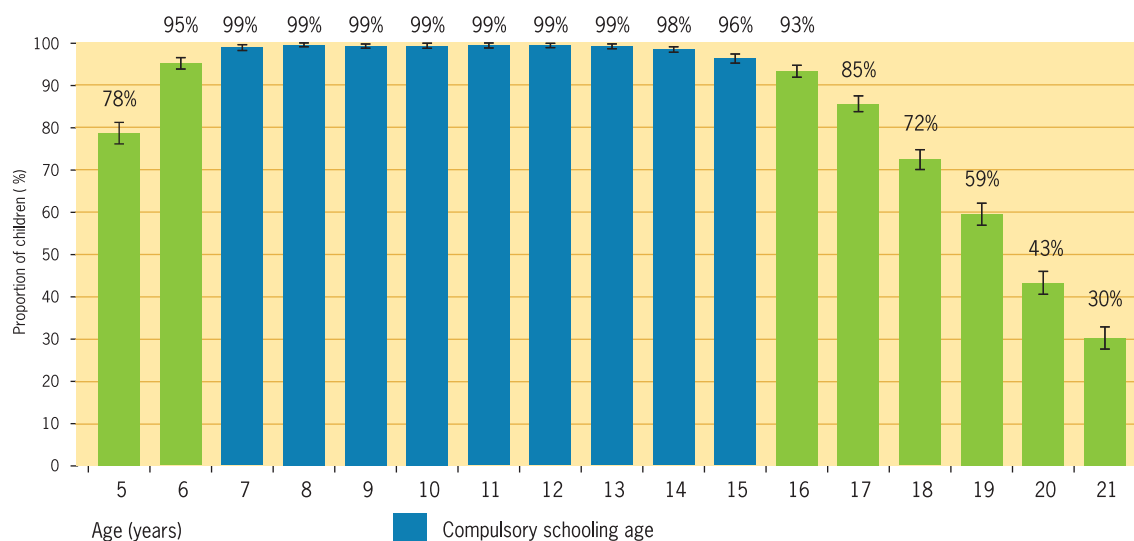
Table 4b: Number and proportion of school-age children attending an educational institution, 2002 & 2009



Sources: Statistics South Africa (2003; 2010) *General Household Survey 2002; General Household Survey 2009*. Pretoria: Stats SA. Analysis by Katharine Hall and Rutendo Murambiwa, Children’s Institute, UCT.

Notes: ① School-age children are defined as people aged 7 – 17 years. ② Population numbers are rounded off to the nearest thousand. ③ Strengths and limitations of the data are described on pp. 104 – 106. 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. 77 for more details on confidence intervals. ⑤ See www.childrencount.ci.org.za for more information.

Table 4c: Reported attendance at an educational institution by age, 2009



Source: Statistics South Africa (2010) *General Household Survey 2009*. Pretoria: StatsSA.
Analysis by Katharine Hall and Rutendo Murambiwa, Children's Institute, UCT

Other reasons for drop out are illness and exam failure. Pregnancy accounts for around 15% of drop-out amongst teenage girls who are not attending school (95% CI: 9.9 – 19.3%, which means that the real proportion could fall anywhere between these upper and lower bounds).¹¹ This amounts to 1% of all girls of secondary school age (14 – 17 years). Teenage girls are more likely to drop out of high school due to financial constraints (and 26% of teenage girls who drop out of school do so for this reason). Contrary to the perception that pregnancy leads to school drop-out, pregnancy is more likely to occur after learners have left the school system.¹²

It is encouraging to note that 78% of five-year-olds were attending pre-school or grade R in 2009. This suggests an advance – in numeric terms at least – towards the government's goal to have universal access to grade R by 2014.

Attendance rates alone do not capture the regularity of children's school attendance, or their progress through

school. Research has shown that children from more “disadvantaged” backgrounds – ie with limited economic resources, lower levels of parental education, or who have lost one or both parents – are less likely to enrol in school and are more likely to drop out or progress slowly than their more advantaged peers.¹³ A national survey on access to education¹⁴ found that only 14% of learners were absent for more than five days during the school year. Educator strikes resulted in learner absenteeism for large numbers of learners but for short periods of time. The main reasons for longer absences were illness, poor weather conditions and floods.

High levels of school attendance do not say much about the quality of teaching and learning that takes place in school. Systemic evaluations by the Department of Education have recorded very low pass rates in numeracy and literacy amongst both grade 3 and grade 6 learners.¹⁵

References

- 1 Constitution of the Republic of South Africa. Act 108 of 1996.
- 2 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. Addis Ababa: OAU.
- 3 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.
- 4 Strassburg S, Meny-Gilbert S & Russell B (2010) *Left Unfinished: Temporary Absence and Drop-Out from South African Schools*. Findings from the Access to Education Study, Vol. 2. Johannesburg: Social Surveys Africa & Centre for Applied Legal Studies.
- 5 Statistics South Africa (2010) *General Household Survey 2009*. Pretoria: Stats SA. Analysis by Katharine Hall, Children's Institute, UCT.
- 6 See no. 5 above.
- 7 See no. 5 above.
- 8 See no. 4 above.
- 9 Department of Education (2004) *Education Statistics in South Africa at a Glance in 2002*. Pretoria: DOE;
- 10 Department of Basic Education (2009) *School Realities 2009*. Pretoria: DBE.
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- 12 Panday S, Makiwane M, Ranchod C & Letsoalo T (2009) *Teenage pregnancy in South Africa – With a Specific Focus on School-Going Learners*. Child, Youth, Family and Social Development, Human Sciences Research Council. Pretoria: Department of Basic Education.
- 13 Crouch L (2005) *Disappearing Schoolchildren or Data Misunderstanding? Dropout phenomena in South Africa*. North Carolina, USA: RTI International;
- 14 Lam D & Seekings J (2005) *Transitions to Adulthood in Urban South Africa: Evidence from a Panel Survey*. Prepared for the International Union for the Scientific Study of Population (IUSSP) General Conference, Tours, France, 18 – 23 July 2005.
- 15 See no. 4 above.
- 15 Department of Basic Education (2011) *Report on the Annual National Assessments of 2011*. Pretoria: DBE.

Children's access to housing

Katharine Hall (Children's Institute)

Section 26 of the Constitution of South Africa¹ provides that “everyone has the right to have access to adequate housing”, and section 28(1)(c) gives children “the right to ... shelter”.

Article 27 of the UN Convention on the Rights of the Child² states that “every child has the right to a standard of living adequate for his/her development” and obliges the state “in cases of need” to “provide material assistance and support programmes, particularly with regard to ... housing”.

Distribution of children living in urban and rural areas

This indicator describes the number and proportion of children living in urban or rural areas in South Africa. According to the United Nations Committee on Economic, Social and Cultural Rights, one of the elements of adequate housing is location.³ Houses should ideally be situated in areas close to work opportunities, clinics, police stations, schools and child care facilities. In a country with a large rural population, this means that services and facilities need to be well distributed. In South Africa, service provision to rural areas still lags far behind urban areas.

The General Household Survey (GHS) reported a rural/urban variable up to 2004; thereafter the variable was no longer reported. This is a pity because information on the whereabouts of children sheds light on population movement and urbanisation, and can inform spatial targeting of services.

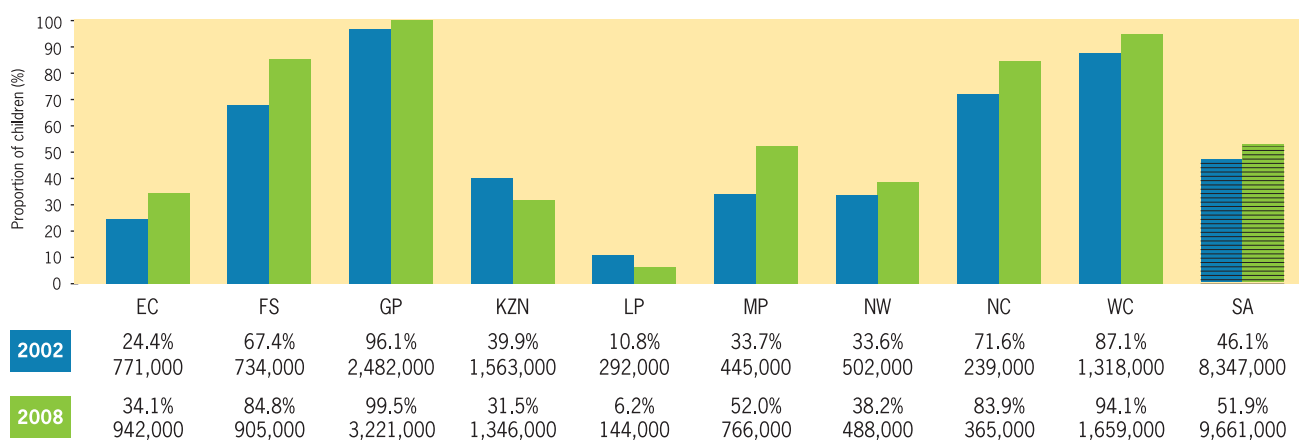
Results for the period 2002 – 2004 were fairly consistent: More than half of South Africa's children (54%, or about 10 million children) were found in rural households. More recent figures on

the urban/rural child population were obtained from the first wave of the National Income Dynamics Survey (NIDS) 2008.

There are marked provincial differences. The Eastern Cape, KwaZulu-Natal and Limpopo provinces are home to three-quarters (76%) of all rural children in South Africa. The most rural province is Limpopo, where only 6% of children live in urban areas. The Eastern Cape and KwaZulu-Natal have large rural populations, but are also home to some of the largest cities in the country. Children living in Gauteng are almost entirely urbanised, and 94% of children in the Western Cape are in urban areas.

South Africa has a history of migrant labour, and there are very few formal work opportunities in rural areas. Adults living in rural areas often move to urban centres in search of work, while their children remain in rural areas, to be cared for by family members. According to NIDS, a third of all rural children do not live with their mothers.⁴ (See p. 80 for more statistics on parental co-residence.

Table 5a: Number and proportion of children living in urban areas, 2002 & 2008



Sources: Statistics South Africa (2003) *General Household Survey 2002*. Pretoria: Stats SA. National Income Dynamics Survey 2008. Available: www.nids.uct.ac.za. Calculation by Katharine Hall, Children's Institute, UCT.

Notes: ① Children are defined as people aged 0 – 17 years. ② Population numbers are rounded off to the nearest thousand. ③ Data from the two surveys are not directly comparable. ④ Strengths and limitations of the data are described on pp. 104 – 106. ⑤ See www.childrencount.ci.org.za for more information.

The number and proportion of children living in adequate housing

This indicator shows the number and proportion of children living in formal, informal and traditional housing. For the purposes of the indicator, “formal” housing is considered a proxy for adequate housing and consists of: dwellings or brick structures on separate stands; flats or apartments; town/cluster/semi-detached houses; units in retirement villages; rooms or flatlets on larger properties. “Informal” housing consists of: informal dwellings or shacks in backyards or informal settlements; dwellings or houses/flats/rooms in backyards; caravans or tents. “Traditional dwelling” is defined as a “traditional dwelling/hut/structure made of traditional materials”. These dwelling types are listed in the General Household Survey, which is the data source.

The United Nations Committee on Economic, Social and Cultural Rights identifies “access to services” as one of the key elements of adequate housing⁵. Children living in formal areas are more likely to have easy access to municipal services than those living in informal settlements or remote rural villages. Formally housed children are also more likely to be close to social infrastructure like schools, libraries, clinics and hospitals.

Seventy percent of children in South Africa live in households where the main dwelling is formal. There has been little change in this proportion since 2002. Limpopo, Mpumalanga, the North West and Northern Cape all have relatively high proportions of children in formal housing – yet, in the case of Limpopo, these children live almost entirely in rural areas.

Provinces with the largest proportions of children accommodated in “traditional” dwellings are the Eastern Cape (where half

of children live in traditional housing) and KwaZulu-Natal (with 38% of children). Together, these provinces are home to 89% of all children housed in traditional dwellings.

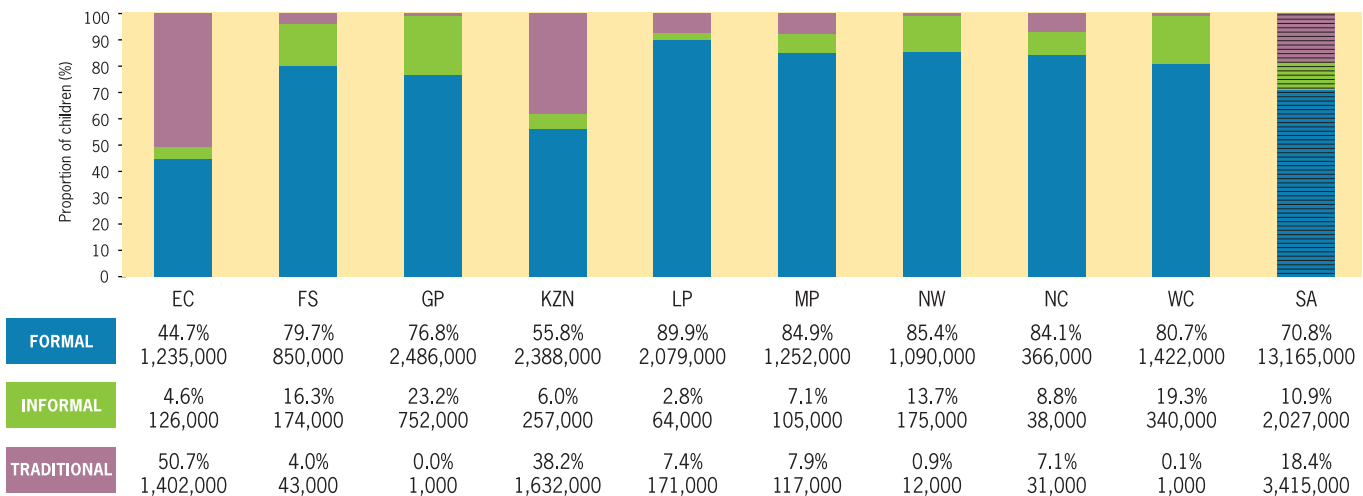
Another element of adequate housing defined by the UN Committee is that it must be “habitable”: The dwelling should provide physical safety and protection from the elements, and should not be overcrowded. Informal housing in backyards and informal settlements is generally not habitable in these terms, and makes up the bulk of the housing backlog in South Africa.

Just over two million children live in backyard dwellings or shacks in informal settlements. The mainly metropolitan provinces of Gauteng and the Western Cape have the largest proportions of children in informal accommodation, accounting for more than half of all informally housed children in the country. Two provinces which appear to have reduced the number of children in informal housing since 2002 are KwaZulu-Natal and the Eastern Cape.

Over 40% percent of children in informal housing are in the 0 – 5-year age group. These young children are particularly vulnerable to environmental hazards associated with informal housing, such as shack fires and paraffin poisoning. When comparing children and adults, proportionately fewer children live in informal dwellings, and more in traditional dwellings.

The General Household Survey 2009 shows persistent racial inequalities in housing access. Virtually all White and Indian children live in formal housing, compared with 89% of Coloured children and only 67% of African children.

Table 5b: Number and proportion of children living in formal, informal and traditional housing, 2009



Source: Statistics South Africa (2010) *General Household Survey 2009*. Pretoria: Stats SA. Analysis by Katharine Hall, Children’s Institute, UCT.

Notes: ① Children are defined as people 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. 104 – 106. ④ See www.childrencount.ci.org.za for more information.

References

- 1 Constitution of the Republic of South Africa. Act 108 of 1996.
- 2 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.
- 3 Office of the United Nations High Commissioner for Human Rights (1991) *The Right to Adequate Housing (Art.11 (1)): 13/12/91. CESCR General Comment 4*. Geneva: United Nations.
- 4 National Income Dynamics Survey Wave 1 (2008) Available: www.nids.uct.ac.za. Calculations by Katharine Hall, Children’s Institute, UCT.
- 5 See no. 3 above.

Children's access to basic services

Updated by Katharine Hall (Children's Institute)

Section 27(1)(b) of the Constitution of South Africa¹ provides that “everyone has the right to have access to ... sufficient ... water” and section 24(a) states that “everyone has the right to an environment that is not harmful to their health or well-being”.

Article 14(2)(c) of the African Charter on the Rights and Welfare of the Child² obliges the state to “ensure the provision of ... safe drinking water”.

Article 24(1)(c) of the UN Convention on the Rights of the Child³ says that states parties should “recognise the right of the child to the enjoyment of the highest attainable standard of health ...” and to this end should “take appropriate measures to combat disease and malnutrition ...”, including the provision of clean drinking-water”.

The number and proportion of children with access to adequate water supply

This indicator shows the number and proportion of children who have access to a safe and reliable supply of drinking water at home – either inside the dwelling or on site. This is used as a proxy for access to adequate water. All other water sources, including public taps, water tankers, dams and rivers, are considered inadequate because of their distance from the dwelling or the possibility that water is of poor quality. The indicator does not show if the water supply is reliable, or if households have broken facilities or are unable to pay for services.

Water is essential for health, hygiene and sanitation. Young children are particularly vulnerable to illnesses associated with poor water quality, such as diarrhoea and cholera.

In 2009, seven million children lived in households without access to clean drinking water on site. A significantly higher proportion of children (38%) than adults (28%) lived in households without water on site. There has been little improvement in children's access to water from 2002 – 2009.

Provincial differences are striking. Over 90% of children in the Free State, Gauteng and the Western Cape provinces have an

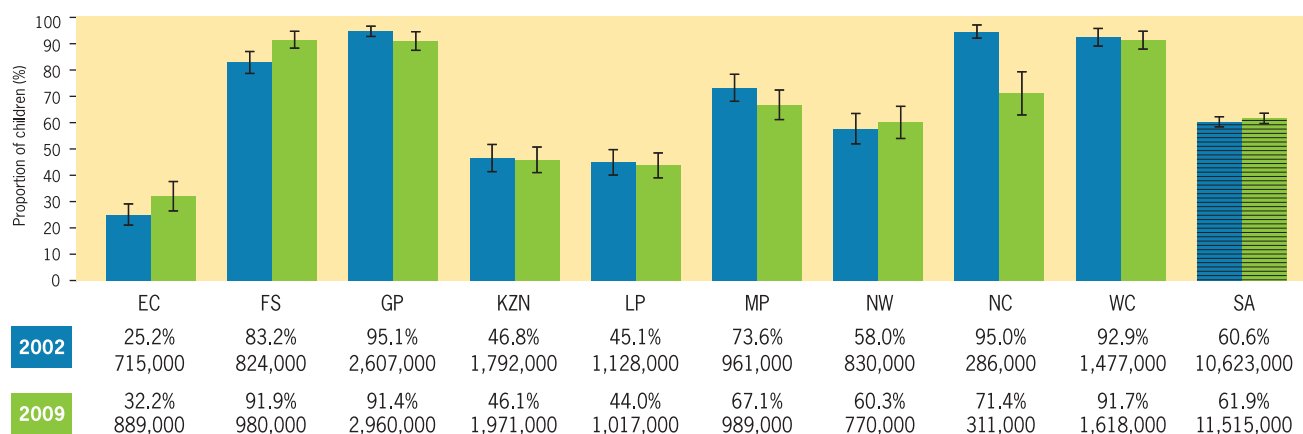
adequate supply of drinking water. However, access to water remains poor in KwaZulu-Natal (46%), Limpopo (44%) and the Eastern Cape (32%). The Eastern Cape and Free State appear to have experienced the greatest improvement in water provisioning since 2002.

Children living in formal areas are most likely to have services on site. While the majority of children in formal dwellings (75%) had water on site in 2009, only 56% of informally housed children and 14% of children living in “traditional” housing had clean water available on the property.

Racial inequalities persist: Only 55% of African children had clean water at home in 2009, while over 95% of all other population groups had clean water on site.

Policy guidelines for basic water supply recommend that water must be within 200 meters of the house.⁴ However, collecting water from a public source is physically burdensome and can be dangerous, especially for children. For this reason, “adequate water” is defined here as piped water to the property (in the house or to the site).

Table 6a: Number and proportion of children living in households with adequate water, 2002 & 2009



Sources: Statistics South Africa (2003; 2010) *General Household Survey 2002; General Household Survey 2009*. Pretoria: Stats SA. Analysis by Katharine Hall, Children's Institute, UCT.

Notes: ① Children are defined as people 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. 104 – 106. 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. 77 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 with basic sanitation

This indicator includes the number and proportion of children living in households with basic sanitation. Adequate toilet facilities are used as proxy for basic sanitation. This includes flush toilets and ventilated pit latrines that dispose of waste safely and that are within or near a house. Inadequate toilet facilities include pit latrines that are not ventilated, chemical toilets, bucket toilets, or no toilet facility at all.

Good sanitation is essential for safe and healthy childhoods. Poor sanitation compromises children's health, safety and nutritional status, and is associated with diarrhoea, cholera, bilharzia, eye infections and skin disease. The use of open land and bucket toilets impacts on water quality and contributes to the spread of disease.

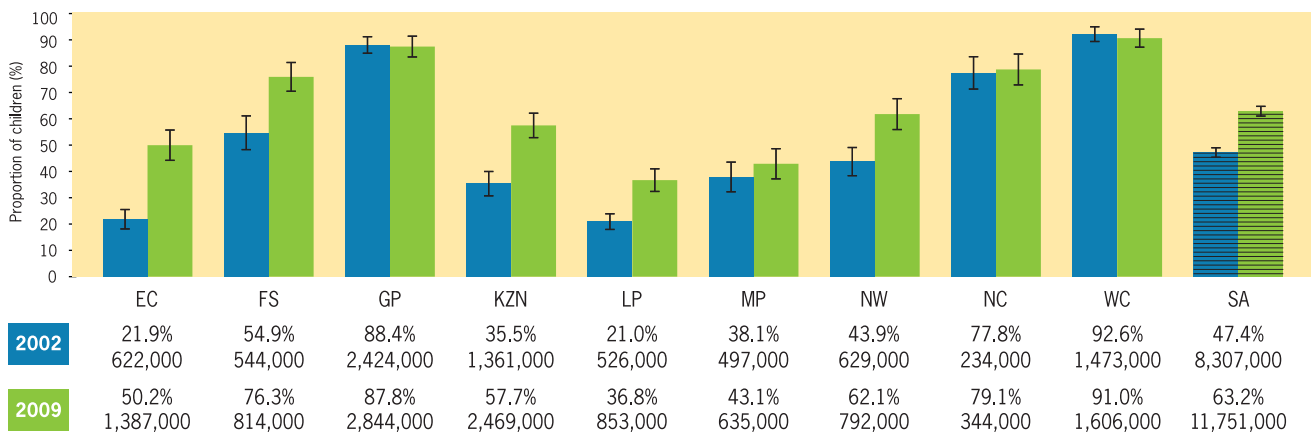
Children's access to adequate sanitation facilities has risen over the eight-year period from 47% in 2002 to 63% of children in 2009. Yet 6.8 million children still use unventilated pit latrines, buckets or open land, despite the state's goal to provide adequate sanitation to all, and to eradicate the bucket system. Children (37%) are more likely than adults (29%) to live in households without adequate sanitation facilities.

There are great provincial disparities. In provinces with large metropolitan populations, like Gauteng and the Western Cape, around 90% of children have access to adequate sanitation, while provinces with large rural populations have the poorest sanitation. The proportion of children with adequate toilet facilities increased from 22% in 2002 to 50% in 2009 in the Eastern Cape, and from 36% to 58% in KwaZulu-Natal. Only 37% of children in Limpopo had adequate sanitation in 2009.

Racial inequalities persist: Nearly 100% of White and Indian children, and nearly 95% of Coloured children had access to adequate toilets in 2009, while only 57% of African children had access to basic sanitation. This is a marked improvement from 38% of African children in 2002.

Effective sanitation is not simply about toilet technology. It is equally dependent on personal hygiene and effective sanitation services. The General Household Survey does not indicate whether toilets are clean and in working order.

Table 6b: Number and proportion of children living in households with basic sanitation, 2002 & 2009



Sources: Statistics South Africa (2003; 2010) *General Household Survey 2002*; *General Household Survey 2009*. Pretoria: Stats SA.
Analysis by Katharine Hall, Children's Institute, UCT.

Notes: ① Children are defined as people 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. 104 – 106. 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. 77 for more details on confidence intervals. ⑤ See www.childrencount.ci.org.za for more information.

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- 1 Constitution of the Republic of South Africa. Act 108 of 1996.
- 2 Secretary General of the Organisation of African Unity (1990) *African Charter on the Rights and Welfare of the Child*. OAU Resolution 21.8/49. Addis Ababa: OAU.
- 3 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.
- 4 Department of Water Affairs and Forestry (1994) *White Paper on Water Supply and Sanitation*. Pretoria: DWAF.

Technical notes on the data sources

General Household Survey (GHS):¹

The GHS is a multi-purpose annual survey conducted by the national statistical agency, Statistics South Africa (StatsSA), to collect information on a range of topics from households in the country's nine provinces. The survey uses a sample of 30,000 households. These are drawn from Census enumeration areas using a two-stage stratified design with probability proportional to size sampling of primary sampling units (PSUs) and systematic sampling of dwelling units from the sampled PSUs. The resulting weighted estimates are representative of all households in South Africa.

The GHS sample consists of households and does not cover other collective institutionalised living-quarters such as boarding schools, orphanages, students' hostels, old-age homes, hospitals, prisons, military barracks and workers' hostels. These exclusions should not have a noticeable impact on the findings in respect of children.

Changes in sample frame and stratification

The sample design for the GHS 2009 was based on a master sample that was originally designed for the Quarterly Labour Force Survey (QLFS) and was used for the GHS for the first time in 2008. The same master sample is shared by the GHS, the QLFS, the Living Conditions Survey and the Income and Expenditure Survey. The previous master sample for the GHS was used for the first time in 2004. This again differed from the master sample used in the first two years of the GHS: 2002 and 2003. Thus there have been three different sampling frames during the eight-year history of the annual GHS, with the changes occurring in 2004 and 2008. In addition, there have been changes in the method of stratification over the years. These changes would compromise comparability across iterations of the survey to some extent, although it is common practice to use the GHS for longitudinal monitoring and many of the official trend analyses are drawn from this survey.

Provincial boundary changes

Provincial boundary changes occurred between 2002 and 2007, and slightly affected the provincial populations. The sample and reporting are based on the old provincial boundaries as defined in 2001 and do not represent the new boundaries as defined in December 2005.

Weights

Person and household weights are provided by StatsSA and are applied in *Children Count* analyses to give estimates at the provincial and national levels.

Survey data are prone to sampling and reporting error. Some of the errors are difficult to estimate, while others can be identified. One way of checking for errors is by comparing the survey results with trusted estimates from elsewhere. Such a comparison can give an estimate of the robustness of the survey estimates. The GHS weights are derived from StatsSA's mid-year population estimates. For this project, weighted GHS population numbers were compared with population projections from the Actuarial Society of South Africa's ASSA2008 AIDS and Demographic model (full version), which is regarded as a "gold standard" for population estimates.

Analyses of the eight surveys from 2002 to 2009 suggest that over- and under-estimation may have occurred in the weighting process:

- When comparing the weighted 2002 data with the ASSA2008 AIDS and Demographic model estimates, it seems that the number of children was under-estimated by 5% overall. The most severe under-estimation is in the youngest age group (0 – 9 years) where the weighted numbers of boys and girls yield under-estimations of 15% and 16% respectively. The next age group (5 – 9 years) is also under-estimated for both boys and girls, at around 7% each. The difference is reduced in the 10 – 14-year age group, although boys are still under-estimated by around 1% and girls by 3%. In contrast, the weighted data yield over-estimates of boys and girls in the upper age group (15 – 17 years), with the GHS over-counting these children by about 5%. The pattern is consistent for both sexes, resulting in fairly equal male-to-female ratios of 1.02, 1.01, 1.03 and 1.01 for the four age groups respectively.
- Similarly in 2003, there was considerable under-estimation of the youngest age groups (0 – 4 years and 5 – 9 years) and over-estimation of the oldest age group (15 – 17 years). The pattern is consistent for both sexes. Children in the youngest age group are under-estimated by as much as 16%, with under-estimates for babies below two years in the range 19 – 30%. The results also show that the over-estimation of males in the 15 – 17-year age group (9%) is much more severe than the over-estimation for females in this age range (1.4%), resulting in a male-to-female ratio of 1.09 in this age group, compared with ratios around 1.02 in the younger age groups.
- In the 2004 results, all child age groups seem to have been under-estimated, with the under-estimate being more severe in the upper age group (15 – 17 years). This is the result of severe under-estimation in the number of girls, which outweighs the slight over-estimation of boys in all age groups. Girls are under-estimated by around 6%, 8%, 8% and 12% respectively for the four age bands, while over-estimation in the boys' age bands is in the range of 2 – 3%, with considerable variation in the individual years. This results in male-to-female ratios of 1.10, 1.11, 1.12 and 1.14 for the four age groups.
- In 2005, the GHS weights seem to have produced an over-estimate of the number of males and an under-estimate of the number of females within each five-year age group. The extent of under-estimation for girls (by 7% overall) exceeds that of the over-estimation for boys (at 2% overall). These patterns result in male-to-female ratios of 1.06, 1.13, 1.10 and 1.13 respectively for the four age groups covering children.
- The 2006 weighting process yields different patterns from other years when compared to population estimates for the same year derived from ASSA2008 in that it yielded an under-estimation of both females and males. The under-estimation of females is greatest in the 0 – 4 and 5 – 9-year age groups,

while the under-estimation of males is in the range 3 – 10% in the 5 – 9 age group and 1 – 6% in the 10 – 14-year age group. This results in male-to-female ratios of 1.09, 0.99, 0.96 and 1.00 respectively for the four age groups covering children.

- The 2007 weighting process produced an over-estimation for boys and an under-estimation for girls. The under-estimation of females is in the range of 4 – 8% while the over-estimation for boys is in the range of 1 – 5%. This results in male-to-female ratios of 1.07, 1.06, 1.08 and 1.06 respectively for the four age groups covering children.
- In 2008, the GHS weighted population numbers (when compared with ASSA2008) over-estimated the number of boys aged 10 and over, in the range of 3% for the 10 – 14 age group, and 8% for the 15 – 17 age group. The total weighted number of girls is similar to the ASSA population estimate for girls, but this belies an under-estimate of female babies below two years (by 7 – 8%), and an over-estimate of young teenage girls. The 2008 GHS suggests a male-to-female ratio of 1.03 for children aged 0 – 4 years, which is higher than that of the ASSA2008 model.
- A comparison of the GHS and ASSA for 2009 suggests a continuation of the general pattern from previous years, where the GHS weights result in an under-estimation of children in the 0 – 4 age group (especially infants), and an over-estimate of older children. In 2009 the under-estimation in the 0 – 4 age group ranges up to 4% for boys and 5% for girls. In the 15 – 17 age group, the GHS weighted data produce population numbers that are 7% higher than ASSA for boys, and 3% higher for girls. The male-to-female ratios in 2009 are in keeping with those in ASSA2008, with the exception of the 15 – 17 age group where the GHS-derived ratio is higher, at 1.08, compared to 1.00 in the ASSA model.

The apparent discrepancies in the nine years of data may slightly affect the accuracy of the *Children Count* estimates. From 2005 to 2008, consistently distorted male-to-female ratios means that the total estimates for certain characteristics would be somewhat slanted toward the male pattern. This effect is reduced in 2009, where more even ratios are produced, in line with the modelled estimates. A similar slanting will occur where the pattern for 10 – 14-year-olds, for example, differs from that of other age groups. Furthermore, there are likely to be different patterns across population groups.

Disaggregation

StatsSA suggests caution when attempting to interpret data generated at low level disaggregation. The population estimates are benchmarked at the national level in terms of age, sex and population group while at provincial level, benchmarking is by population group only. This could mean that estimates derived from any further disaggregation of the provincial data below the population group may not be robust enough.

Reporting error

Error may be present due to the methodology used, ie the questionnaire is administered to only one respondent in the household who is expected to provide information about all other members of the household. Not all respondents will have

accurate information about all children in the household. In instances where the respondent did not or could not provide an answer, this was recorded as “unspecified” (no response) or “don’t know” (the respondent stated that they didn’t know the answer).

Labour Force Survey (LFS) and Quarterly Labour Force Survey (QLFS):²

The LFS and its recent replacement, the QLFS, are nationally representative surveys conducted by the national statistics agency Statistics South Africa to provide population data on labour market participation. The LFS was a bi-annual survey, conducted in March and September each year from 2000 to 2007. This was replaced in 2008 by the QLFS, which is conducted four times a year.

The sample frame is designed as a general purpose household survey frame and is used by a range of other surveys including the General Household Survey (GHS), the Living Conditions Survey and the Income and Expenditure Survey. The sample covers the non-institutional population (ie private dwellings only), with the exception that it also includes workers’ hostels. The sample size is roughly 30,000 dwellings, yielding individual data on approximately 100,000 resident individuals.

The sample is drawn from Census enumeration areas using a stratified two-stage design with probability proportional to size sampling of primary sampling units (PSUs) and systematic sampling of dwelling units from the sampled PSUs. The resulting weighted estimates are representative of all households in South Africa, and are designed to be representative at provincial level and within provinces at the metro/non-metro level.

The QLFS uses a rotating sample in which the 3,080 selected PSUs are divided into four rotation groups, from which dwellings are selected. Each sampled dwelling remains in the sample for four consecutive quarters. Rotation is phased so that, at the end of each quarter, one quarter of the sample dwellings are rotated out of the sample and replaced by new dwellings.

In calculating the number and proportion of children living in unemployed households, this edition of *Children Count* has shifted from using the General Household Survey (GHS) to using the LFS and the newer QLFS. The LFS provide a more accurate depiction of employment in South Africa than the GHS, and the derived results are comparable with other analyses such as the government’s Development Indicators.

Calculations for each year have been backdated to 2003 using the LFS September data for the years 2003 to 2007 and the QLFS 3rd quarter data for 2008 and 2009. It is important to note, therefore, that rates of children living in unemployed households provided in this (and future) editions are not directly comparable to rates in previous issues of *Children Count* (which drew on data from the GHS).

For more information about the design and limitations of the labour force surveys, see the discussion on the GHS above, and the metadata for the LFS and QLFS, available online.

National Income Dynamics Study (NIDS):³

NIDS is the first national panel survey to be conducted in South Africa. The baseline survey or first “wave” of data collection was undertaken in 2008, with subsequent waves planned at intervals of two years. In the first wave, data were obtained for every member of each sampled household, and these individuals became the permanent sample members or panel – even if they were children or babies. Subsequent waves will endeavour to

return not only to the original households, but also to each original household member, even if members have moved out of the household. The advantage of a panel survey is that it enables longitudinal analysis of the variables or outcomes under study, while effectively controlling for variation in individual characteristics. Such surveys are “invaluable in promoting understanding of who is making progress in society and who is not and, importantly, what factors are driving these dynamics”.⁴

The NIDS sample was drawn from the same master sample developed by Statistics South Africa (StatsSA) for the QLFS and other national surveys. NIDS uses a much smaller sample: 7,305 households with 28,255 individuals (compared to the 30,000 households and 100,000 individuals in the GHS and QLFS), but is still nationally representative in the first wave. The sample of 400 primary sampling units is a subset of the master sample, and users are cautioned against disaggregating to provincial level as the sample was not designed to be representative at the level of province. However, Wave 1 of the panel survey yields plausible statistics on children even at provincial level. This has been ascertained by comparing a range of child-centred demographic variables derived from the GHS and NIDS. As household composition changes over time, subsequent waves of NIDS will no longer be nationally representative.

Unlike the StatsSA surveys, NIDS uses a broad definition of the “household”, recording information on both resident and non-resident members.

SOCPEN database:⁵

Information on social grants is derived from SOCPEN, a national database maintained by the South African Social Security Agency (SASSA), which was established by the government in 2004 to implement the disbursement of social grants for the Department of Social Development. Prior to this, the administration of social grants and maintenance of the SOCPEN database was managed directly by the department.

There has never been a published, systematic review of the social grants database, and the extent of the limitations of validity or reliability of the data has not been quantified. However, this database is regularly used by the department and other government bodies to monitor grant take-up, and the computerised system, which records every application and grant payment, minimises the possibility of human error. Take-up data and selected reports are available from the department on request throughout the year. *Children Count* reports the mid-year grant take-up figures for the sake of consistency with the General Household Survey, which is conducted in June/July each year.

ASSA2008 AIDS and Demographic model:⁶

The ASSA2008 suite of demographic models gives time series data on population and HIV-related indicators nationally and by province, population group, sex and age. The models use empirical evidence from surveys and administrative datasets as well as a series of demographic, epidemiological and behavioural assumptions as input. The underlying parameters and assumptions are well accepted and thus the models have been regarded as the “gold standard” in HIV/AIDS, mortality and population projections in South Africa.

ASSA2008, released in March 2010, is the most recent version of the model. It is similar to the previous version,

ASSA2003, but has been recalibrated and incorporates some important changes to the underlying assumptions. These include taking into account the slower than anticipated pace of roll-out of the prevention of mother-to-child transmission programme, allowing for separate antiretroviral treatment (ART) roll-out rates for men, women and children and for higher rates of retention on ART, changing in the way condom usage is modelled, and adjusting HIV-survival rates, leading to a longer mean survival time, and even allowing for some infected children to reach adulthood. These changes address some of the limitations of ASSA2003, amongst which were a tendency to under-estimate paediatric HIV prevalence and survival.⁷ The model “represents the triangulation of data from the population census, antenatal survey and registered deaths by some of the country’s top actuaries, demographers and epidemiologists”.⁸

The ASSA2008 model is available in both a *lite* and *full* version. Analyses in *Children Count* have been derived from the full version.

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- 5 South African Social Security Agency (2004 – 2011) SOCPEN social grants data. Pretoria: SASSA.
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About the contributors

William Bird is the director of Media Monitoring Africa (MMA). He is an Ashoka and LINC fellow. William has been monitoring the media for 16 years, and has been working with the media to entrench human rights values. He has two boys, both of whom have been introduced to the joy of media monitoring. Together with MMA, William is working on taking media monitoring throughout the continent.

Rachel Bray is an independent researcher and consultant. She has a doctorate in social anthropology and has researched children's lives and social policy for 20 years. Her aim is to understand and document the world as experienced by children, to equip others to do the same, and to feed this learning to decision-makers. She recently co-authored the book *Growing up in the New South Africa: Childhood and adolescence in post-apartheid Cape Town*.

Matt Chennells was an intern at the Children's Institute, University of Cape Town in 2011. He has a degree in business science: economics from the University of Cape Town (UCT). His particular interests are in the analysis of poverty dynamics and issues relating to the welfare of children. Matt tutored on the STATA training course at UCT's South African Labour and Development Research Unit. His statistical skills have been invaluable to the *Children Count* project where he helped revise methods for analysing income poverty, unemployment rates and eligibility for social grants.

Tendai Nhenga-Chakarisa is a senior researcher at the Children's Institute, University of Cape Town (UCT). She holds a PhD in public law from UCT. Her expertise extends to both legal and social science research and technical support. Her research to date involved critical analyses of international and national instruments on children's rights, and assessing African countries' progress towards ratification, incorporation into domestic law and implementation.

Glynis Clacherty, director of Clacherty & Associates, is a recognised expert in participatory research with children and in evaluation research. She has worked in east and southern Africa for a number of different organisations, including the United Nations Children's Fund, the United Nations High Commissioner for Refugees, Save the Children, PLAN International, the Regional Psychosocial Support Initiative and Soul City Institute for Health & Development Communication.

Minette Coetzee is an associate professor at the University of Cape Town School of Child and Adolescent Health at the Red Cross War Memorial Children's Hospital. She leads a practice development initiative with two major components: a broad-based practice improvement research programme and two postgraduate diplomas in paediatric and paediatric critical care nursing. She works with children's nurses throughout southern Africa to translate complex scientific understanding and evidence into simple and effective nursing interventions.

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Lori Lake is commissioning editor at the Children's Institute, University of Cape Town. She has an Honours degree in anthropology and has spent the past 16 years developing education support material for government and civil society, with a particular focus on health, safety, child protection, children's rights and early childhood development.

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Aadielah Maker is senior campaigns manager at the Soul City Institute for Health & Development Communication. She has a Masters in community health and was instrumental in establishing the Soul Buddyz multi-media project, which works with 8 – 12-year-olds in South Africa. Aadielah managed the Soul Buddyz Club project and was executive producer of the *Soul Buddyz* drama and the reality television show *Buddyz on the Move*. She is currently campaigns manager for the "Phuza Wize. Live safe. Drink Safe" campaign.

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Rutendo Murambiwa was an intern at the Children's Institute, University of Cape Town in 2011. She has a BSc (Hons) in economics, BSocSc (Hons) in development studies and is currently completing an MPhil in development studies. During her internship she analysed national data for child-centred indicators with a focus on education. Her other research interests are violence, conflict and development.

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Shirley Pendlebury is the director of the Children's Institute, University of Cape Town. She has a PhD in education and is well known nationally and internationally for her wide-ranging academic work in education. Social justice and human rights in education have been a recurring theme in her research, publications, conference presentations, teaching and postgraduate supervision. She has a strong commitment to interdisciplinary, socially responsible research.

Mike Rahfaldt is the executive director of the Children's Radio Foundation. Based in Cape Town, Mike earned his PhD in ethnomusicology at the University of Michigan in 2007, and previously lectured in the Department of Social Anthropology and the Centre for Film and Media Studies at the University of Cape Town.

Hazel Roberts is an independent research psychologist. She holds an MA in psychology and has worked on projects for the Human Sciences Research Council, RAPAN and the University of the Western Cape. Her research interests include children's participation, rights and citizenship, motherhood and parenting.

Tamlyn Roman was an intern at the Children's Institute, University of Cape Town (UCT) in 2011. She is busy completing a Masters in applied development economics at UCT. Her contribution to this issue of the *South African Child Gauge* has been the analysis of national data to update child-centred indicators – particularly those related to public health, which is her broad research focus.

Charmaine Smith is the communication and knowledge manager of the Children's Institute, University of Cape Town. A journalist in background, she has been applying her media and communication skills in the development sector for the past 10 years. She is mainly responsible for the communication and marketing of the Institute and its work, and has served on all the editorial teams of the *South African Child Gauge* since its start-up in 2005.

Desmond Mpilo Tutu was awarded the Nobel Peace Prize in 1984. He served as Archbishop of Cape Town, and, following the first democratic elections, he chaired the Truth and Reconciliation Commission. The Archbishop has held several distinguished academic and leadership positions and has received numerous awards and honorary degrees. Although officially

retired he remains active in the quest for peace and dignity and is currently chairman of the group of distinguished statesmen and women, called The Elders.

André Viviers is senior social policy specialist at the United Nations Children's Fund South Africa. He holds a Masters in social work (with distinction) from the University of Pretoria, which focused on the ethics of children's participation. His research interests are child rights, policy impact assessment, early childhood development and social justice. He has 22 years' experience in social work, mainly in the child care and child rights field. He has a deep interest in children's civil and political rights.

Lulu Xingwana is the Minister for Women, Children and People with Disabilities. She has vast experience working in civil society, Parliament and government. Amongst others, she was the women's programme director at the South African Council of Churches and the head of the development section of the ANC Women's League. As a member of the first democratic Parliament, she chaired the Parliamentary Women Caucus and the Joint Monitoring Committee on Improvement of Quality of Life and Status of Women. Women empowerment has been her passion in all portfolios she has occupied as the Deputy Minister of Minerals and Energy, the Minister of Agriculture and Land Affairs and the Minister of Arts and Culture.

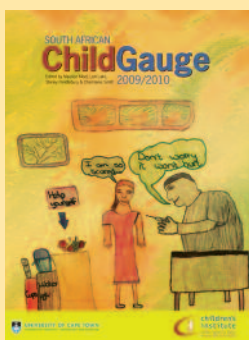
About the children

A group of 18 children from five different organisations produced the sculptures and artwork used in the book. They also worked with the editorial team to design the accompanying *Children are Citizens* poster and reviewed a child-friendly summary of this issue of the *South African Child Gauge*. The children came from the Children's Resource Centre, Disabled Children's Action Group, Equal Education, Resources Aimed at the Prevention of Child Abuse and Neglect, and Soul Buddyz (Mbekweni). They are: Chelsea Benting, Martinique Carelse, Hansin Demas, Lwando Dinana, Nontsikelelo Dzulani, Siyanda Dosi, Austin Felix, Nicole Galant, Florins Hendricks, Allistair Heyns, Asenathi Kanayo, Curwin Kennell, Busiswa Mabija, Phathiswa Shushwana, Desire Hamer, Daniel Stemmet, Aeysha Witbooi and Someleze Yayase.



Taking a break: Play is also participation

Previous issues of the *South African Child Gauge*



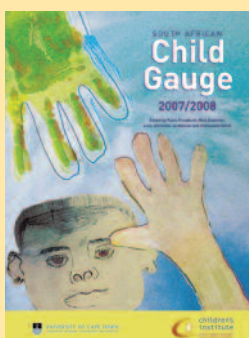
2009/2010: Healthy children: from survival to optimal development

This issue focuses on children's health rights; the status of child health in South Africa; HIV and tuberculosis; malnutrition; mental health and risk behaviour; basic health care services, building capacity and managing resources; community-based health care; child- and family-friendly services; the social determinants of health; and the Minister of Health's vision for child health. It includes a poster-map on child health indicators.



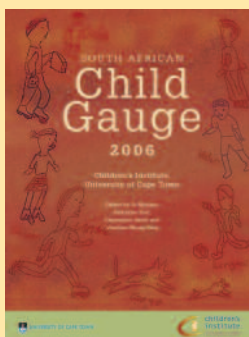
2008/2009: Meaningful access to basic education

Essays focus on the right to education; meaningful access; budgetary frameworks; school-fee waivers; children who are out of school; the relationship between poverty and exclusion; partnerships between schools and communities; and what is required to build a strong foundation in numeracy and literacy. It includes a pull-out poster-map of national and provincial education provisions and outcomes.



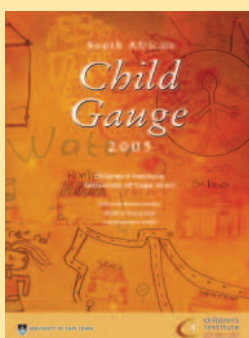
2007/2008: Children's constitutional right to social services

Within the context of a developmental social welfare system, the essays describe and analyse the law and policies that aim to give effect to children's right to social services, and explore and make recommendations on key budgetary, human resource and implementation challenges related to the Children's Act.



2006: Children and poverty

This issue reviews barriers to key government poverty alleviation programmes that benefit children, including access to social assistance, education, primary health care, housing and water. It contains a pull-out poster-map that provides provincial data on a few key child-centred socio-economic indicators.



2005: Children and HIV/AIDS

The essays discuss antiretroviral roll-out to children, social security for children in a time of AIDS, schools as nodes of care and support for children affected by HIV/AIDS, and children's participation in law-making processes.

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Every year, the Children's Institute, University of Cape Town, publishes the *South African Child Gauge* to track progress towards the realisation of children's rights.

The *South African Child Gauge 2010/2011* is sixth in the series and focuses on children's citizenship and participatory rights. This issue also reflects on recent legislative developments affecting children, and provides child-centred data on children's access to social services, education, health care, housing and basic services. In keeping with the theme of children's participation, children have produced the artwork in this issue and have been consulted on the design of the accompanying poster. A child-friendly summary of the book is available on www.ci.org.za.

The Children's Institute aims to contribute to policies, laws and interventions that promote equality and realise the rights and improve the conditions of all children in South Africa, through research, advocacy, education and technical support.

What readers and contributors say about the *South African Child Gauge*

"Our efforts towards full realisation of rights of children can only succeed through a strong collaboration between government, civil society, UN agencies and other development partners. In this context, publications such as the *South African Child Gauge* provide a critical analysis of some of the challenges to the fulfilment of children's rights."

Lulu Xingwana, Minister of Women, Children and People with Disabilities

"[T]he *South African Child Gauge* is the only publication in South Africa that combines detailed empirical data ... in a user-friendly and accessible format, with insightful and thought-provoking research and commentary in the sphere of children's rights."

Belinda van Heerden, Supreme Court judge

"You'll find information here that's near impossible to obtain elsewhere. The *Children Count* section offers the most authoritative and up-to-date data on the health and well-being of South Africa's children."

Professor Haroon Saloojee, Division of Community Paediatrics, University of Witwatersrand

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