

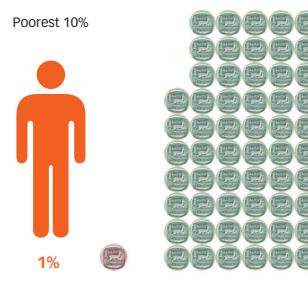
South African Child Gauge™ 2012

Children & inequality: Closing the gap

Understanding children's unequal worlds

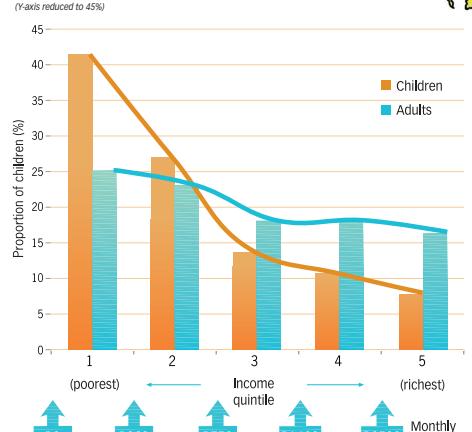
Inequality is rising

- South Africa's progressive Constitution contains an explicit commitment to equality. Yet income inequality is rising: the poorest 10% of the population receive less than 1% of the national income while the richest 10% receive more than half (57%).¹



- Children are more likely than adults to be living in poor households. 41% of children live in the poorest 20% of households (quintile 1) while only 8% of children live in the richest 20% of households (quintile 5).²

Differences in the distribution of children and adults across income quintiles, 2008



Most children live in poverty

- 60% of children live in households with an income of less than R575 per person per month.³
- Racial disparities persist: two-thirds (67%) of African children live below this poverty line, compared to only 2% of White children.⁴
- Child poverty rates have fallen since 2003, but the gap between rich and poor is widening.

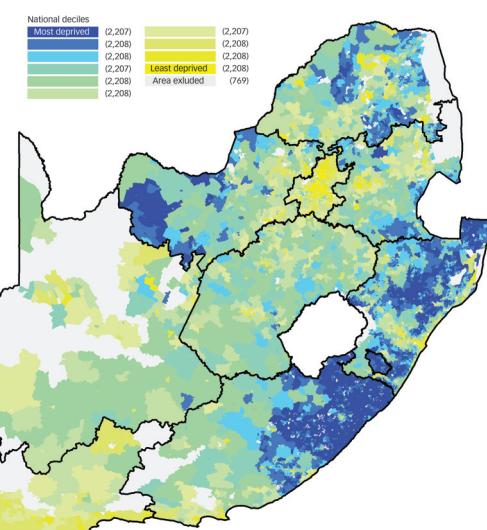
References

- 1 SALDRU (2012) National Income Dynamics Study, Wave 1 [dataset]. Version 4.1. Cape Town: SALDRU, UCT [producer], DataFirst [distributor]. Calculations by Katharine Hall, Children's Institute, UCT.
- 2 Statistics South Africa (2011) General Household Survey 2010. Calculations by Katharine Hall, CL UCT.
- 3 See no. 2 above.
- 4 Morris R et al. (2006) Revised Burden of Disease Estimates for the Comparative Risk Factor Assessment, South Africa 2000. Cape Town: MRC.
- 5 Bamford LJ (2011) An overview of five years of child PIP data. In: Stephen CR, Bamford LJ, et al. (eds) Saving Children: Five Years of the National Health Care in South Africa. Pretoria: Tshwane Press, MRC & CDC.
- 6 Day C & Gray A (2008) Health and related indicators. In: Barron P & Roma-Reardon J (eds) South African Health Review 2008. Durban: HST.
- 7 Hamilton K & Yau J (2004) The global tug-of-war for health care workers. Washington DC: MPI. In: Cooke R & Versteeg M (2011) The Who, What, Where and How of Migration and Access to Health Workers in Remote and Rural Areas through Improved Recruitment and Retention: The South African Context. Discussion document for the WHO, Wits, RHAP, AHP, RDASA, UKZN & UCT.
- 8 Goga A et al. (2012) Impact of the National Prevention of Mother-to-Child Transmission of HIV Programme on Perinatal Mother-to-Child Transmission of HIV. In: Report of the Evaluation of the 2010 PMTCT Guidelines Recommended by the World Health Organisation (WHO). Presented at XIX International AIDS Conference, Washington DC, July 2012.
- 9 Day C et al. (2012) District Health Barometer 2010/11. Durban: HST.
- 10 Department of Basic Education (2011) Macro-Indicator Trends in Primary Schooling. In: Heekman J (ed) The Evolution and Impact of Unconditional Cash Transfers in South Africa. SALDRU UCT.
- 11 See no. 2 above.
- 12 Department of Basic Education (2011) Report on the Annual National Assessments of 2011. Pretoria: DBE.
- 13 See no. 2 above.
- 14 Day C et al. (2012) District Health Barometer 2010/11. Durban: HST.
- 15 Department of Basic Education (2011) Macro-Indicator Trends in Primary Schooling. In: Heekman J (ed) The Evolution and Impact of Unconditional Cash Transfers in South Africa. SALDRU UCT.
- 16 See no. 2 above.
- 17 Department of Basic Education (2011) Report on the Annual National Assessments of 2011. Pretoria: DBE.
- 18 See no. 2 above.
- 19 See no. 1 above. Calculations by Nicola Branson and Tia Linda Zulu.
- 20 See no. 20 above.
- 21 See no. 20 above.
- 22 Albury C (2003) Substantive equality and transformation in South Africa (2007) South African Journal on Human Rights. Special Issue 2, (23): 253-276.
- 23 See no. 1 above. Calculations by Ingrid Woolard, SALDRU UCT.
- 24 Ingrid I & Leishman M (2011) The Evolution and Impact of Unconditional Cash Transfers in South Africa. SALDRU UCT.
- 25 Aguiar JM et al. (2006) The Impact of Unconditional Cash Transfers on Early Childhood Development: An Evaluation of the Bob Marley Initiative. Cape Town: Ifila Foundation.
- 26 Equality A et al. (2008) Report on the Status of Employment Protection and Obstacles. June 2008. Commissioned report for the Department of Social Development, SASSA and UNICEF Johannesburg: CASE.
- 27 Heckman J (2006) Skill formation and the economics of investing in disadvantaged children. Science, 312 (5782): 1900-1902.
- 28 Department of Basic Education (2012) Quarterly Report on Performance of Department in Meeting Its Strategic Objectives for 2011/12. Presentation to the Portfolio Committee on Basic Education, Parliament, Cape Town, 12 June 2012.
- 29 Davies A et al. (2012) Towards Integrated Early Childhood Development: An Evaluation of the Bob Marley Initiative. Cape Town: Ifila Foundation.
- 30 Equal Education (2009) Comment on Regulations relating to the Prohibition of the Payment of Unauthorised Remuneration of the Giving of Financial Benefit or Benefit in Kind to Certain State Employees. Khayelitsha, Cape Town: EE.
- 31 See no. 30 above.
- 32 National Planning Commission (2012) National Development Plan 2030. Pretoria: The Presidency: p. 1.

Where children live shapes their life chances

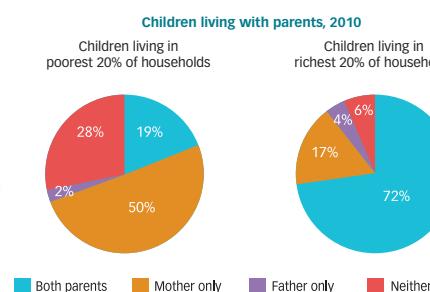
- The spatial dimensions of inequality in South Africa continue to reflect the legacy of apartheid. The map shows how children living in the former homelands remain the most deprived (areas in dark blue).

South African Index of Multiple Deprivation for Children 2001 at datazone level



Unequal care

- Children living with both parents are better off than those living with their mother, or with neither parent. Children in the richest 20% of households are three times more likely to be living with both parents (66%) than those in the poorest quintile (19%).⁷
- Children in the poorest quintile are more likely to live with neither parent (26%) than those in the richest quintile (11%).⁸
- These patterns of care have their origins in the migrant labour system created by apartheid. Many children remain in the care of relatives in the former homelands, while parents seek work in the cities.



Unequal access to health care services

- Diseases of poverty like diarrhoea and acute respiratory infections are key causes of death in children under five,⁹ and over 65% of these deaths in hospital are associated with malnutrition.¹⁰
- 44% of health care expenditure in South Africa goes to the private sector, yet it services only 15% of the population. The vast majority of children rely on the public health service, but only 31% of medical practitioners, 25% of specialists and 46% of professional nurses work in public health.¹¹
- The situation is worse for rural children: only 12% of doctors and 19% of nurses work in rural areas.¹²
- South Africa has significantly reduced mother-to-child transmission of HIV, to an estimated 2.7% at six weeks after birth.¹³ Children in urban centres are more likely to get tested (60%) at their six-week immunisation visit than those living in deprived rural districts (41%).¹⁴

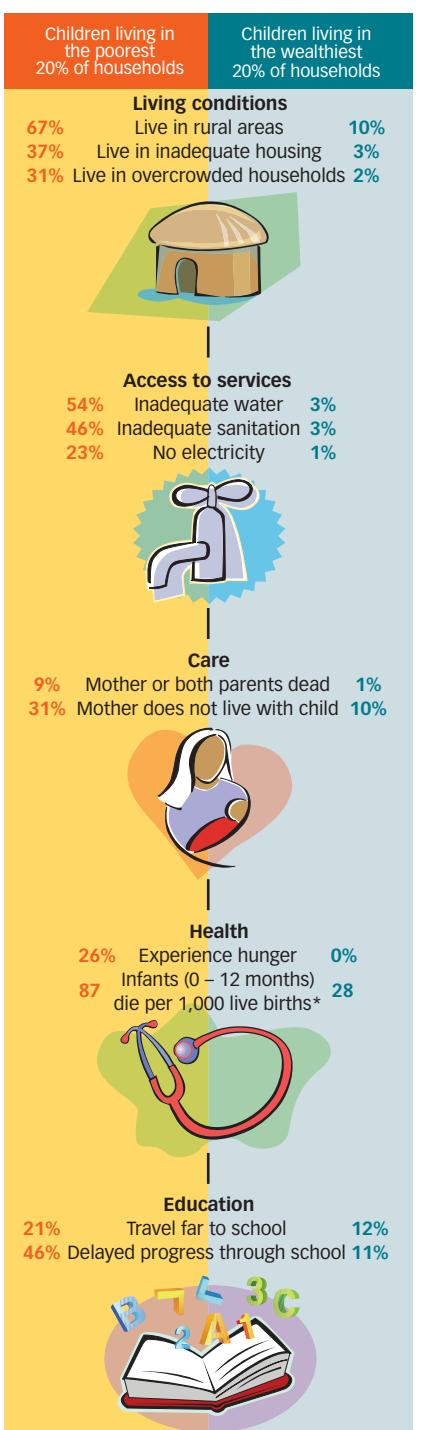
Unequal education

- Investment in public education is high and accounts for over 17% of government expenditure.¹⁵ While over 95% of children are attending school (regardless of their income),¹⁶ outcomes are poor.
- Test results demonstrate problems with the quality of teaching and learning from the foundation phase onwards. Grade 3 learners scored only 35% in literacy and 28% in numeracy in 2011.¹⁷
- Income inequality has a significant impact on educational outcomes. In 2010, only 54% of 16 - 17 year-old children living in the poorest quintile had completed grade 9, compared to 89% of children in the richest households.¹⁸ Similarly, by 2008, only 25% of 20 - 24-year-olds in the poorest quintile had completed matric compared to 70% in the richest 20% of households.¹⁹

Sources: Statistics South Africa (2011) General Household Survey 2010. Pretoria: Stats SA. Calculations by Katharine Hall, Children's Institute, UCT.

Multiple dimensions of inequality

Inequality takes many forms and shapes children's living conditions, access to services and life chances.



Opportunities and challenges

Equality – a constitutional imperative

- Everyone has "the right to equal protection and benefit of the law",²⁰ and no-one may be unfairly discriminated against on the grounds of race, gender or age.²¹
- The Constitutional Court endorses a substantive approach to equality. This means it is not enough to provide equal opportunities. It is also important to strive for equal outcomes by taking special measures to support disadvantaged groups of children.²²

Social grants – an essential safety net

- Grants are an important source of income for South African households: more than half of the income flowing into the poorest 40% of households comes from social grants.²³
- Over 11 million children were receiving the Child Support Grant (valued at R280 per month) in July 2012. It is associated with increased school attendance, less hunger and better nutrition.²⁴
- Access to the CSG early in life leads to better growth and reduces stunting among children.²⁵ The low take-up of grants for children younger than six months needs to be addressed.²⁶ Difficulties in accessing birth certificates and identity documents remain a barrier despite alternative forms of identification being accepted.

ECD – a window of opportunity

- The first 1,000 days of life are a particularly sensitive period for brain development. Investment in early childhood development services offers children a good start in life and provides good economic returns.²⁷
- The government has committed to delivering a comprehensive package of care and support services for young children, but implementation is a challenge.
- Grade R is moving towards universal access,²⁸ yet ECD centres are failing to reach young children, children with disabilities and those living in poor households who cannot afford fees.
- Greater investment is needed in home- and community-based services which can reach children where they live, link families to grants and other services, and provide psycho-social support for caregivers of young children.²⁹

Health care reforms – access and quality

- The proposed National Health Insurance and the re-engineering of primary health care are important opportunities for improving access and quality of care.
- These aim to distribute resources more equally between the public and private sectors, and improve access to essential health care. Community paediatricians will provide essential leadership for child health at district level, supported by a well-functioning community health worker programme.

- The success of these programmes depends on the availability, skills and motivation of public health workers; giving priority to districts with the poorest living conditions; and improving governance and accountability in line with national core standards.

Education – a great equaliser

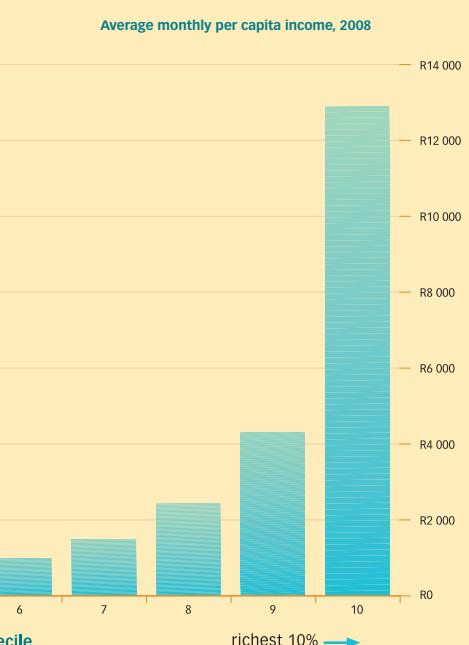
- Inequalities persist, as schools in richer communities can afford to employ more or better trained teachers than no-fee schools serving poorer communities.³⁰
- Equitable personnel expenditure across schools could alleviate some of the burden placed on teachers in overcrowded and under-resourced classes.³¹
- Improvements in infrastructure, access to books, teacher training and school management will help to ensure that all children have access to an equally good education.

Closing the gap – a new approach

- The government has identified poverty and inequality as critical challenges. The National Development Plan calls for: ... a new approach – one that moves from a passive citizenry receiving services from the state to one that systematically includes the socially and economically excluded, where people are active champions of their own development, and where government works effectively to develop people's capabilities to lead the lives they desire.³²
- Children born in 2012 will turn 18 in 2030, and urgent action is required to close the gap and ensure all children have an equal start in life.

Where do you fit into this picture?

The graph shows the extent of income inequality in South Africa by dividing households into 10 equal groups (deciles). It shows the average monthly income (per person) for each decile – starting with the poorest 10% of households on the left-hand side.



Children's Institute
Abantwana Babulekile

This poster was conceptualised and produced by Lori Lake with assistance from Katharine Hall, Ingrid Woolard and Charmaine Smith. For more information see: Hall K, Woolard I, Lake L & Smith C (2012) South African Child Gauge 2012. Cape Town: Children's Institute, UCT.