



# 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 – 2011, and identifies main trends over this 10-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 and nutrition
- 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.

Annette Champion, B

# Introducing Children Count – Abantwana Babalulekile

outh Africa's commitment to the realisation of socioeconomic 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 are also included under 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, 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 households. 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* 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, national survey data are presented for 2002 and 2011, and many of the indicators in this issue compare the situation of children over this 10-year period.

The tables on the following pages give basic information about children's demographics, care arrangements, income poverty and social security, education, health and nutritional status, 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 sub-set of the *Children Count* indicators on demographics and socioeconomic 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**.

### **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).

### Data sources and citations

Children Count uses a number of data sources. Most of the indicators draw on the General Household Survey conducted by Statistics South Africa, while some draw on administrative databases used by government departments (Health, Education, and Social Development) to record and monitor the services they deliver.

Most of the indicators presented were developed specifically for this project. Data sources are carefully considered before inclusion, and the strengths and limitations of each are outlined on the project website. Technical notes for the indicators are included on pp. 113 – 114, and can also be found on the website.

Here are a couple of examples of how to reference *Children Count* data correctly:

When referencing, for example, from the Demography section in this publication:

Meintjes H & Hall K (2013) Demography of South Africa's children. In: Berry L, Biersteker L, Dawes A, Lake L & Smith C (eds) *South African Child Gauge 2013*. Cape Town: Children's Institute, University of Cape Town.

When referencing from the Housing and Services online section:
Hall K (2013) Housing and Services – Access to adequate water.
Children Count website, Children's Institute, University of Cape
Town. Accessed on 20 July 2013: www.childrencount.ci.org.za.

# Demography of South Africa's children

(pages 86 - 89)

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 18.5 million children in South Africa in 2011. Twenty-one 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 0.4% of children live in child-only households.

# Income poverty, unemployment and social grants

(pages 90 – 94)

In 2011, nearly two-thirds of children (58%) lived below the poverty line (with a per capita income below R604 per month), and 35% 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. In March 2013, over 11 million children received the Child Support Grant; 532,000 children received the Foster Child Grant; and a further 120,000 children received the Care Dependency Grant.

### Child health and nutrition

(pages 95 - 100)

This section monitors child health across a range of indicators. The most recent and reliable estimates suggest that under-five mortality is decreasing and stood at 42 deaths per 1,000 live births in 2011. The infant mortality rate has followed a similar trend and is estimated at 30 deaths per 1,000 live births for 2011. In the same year, 29.5% of pregnant women were estimated to be HIV positive. Nearly 24% of children travel far to reach their health care facility and 14% of children live in households that reported child hunger.

# Children's access to education

(pages 101 – 107)

Many children in South Africa have to travel long distances to school. One in six children (15%) live far from their primary school and this increases to one in five children (20%) 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 2011. Access is also increasing in the preschool years, with 90% of 5 – 6-year-olds, and 55% of 3 – 4-year-olds attending some kind of educational institution or care facility. However, this does not necessarily translate into improved educational outcomes or progress through school. In 2011, 84% of 10 – 11-year-olds had completed grade 3, and only 60% of 16 – 17-year-olds had completed grade 9.

### Children's access to housing

(pages 108 - 110)

This section presents data on children living in rural or urban areas, and in adequate housing. The latest available data show that, in 2011, 53% of children were living in urban areas, and 74% of children lived in formal housing. Just under two million children lived in backyard dwellings and shacks in informal settlements, and one in five children (21%) lived in overcrowded households.

### Children's access to basic services

(pages 111 – 112)

Without water and sanitation, children face substantial health risks. In 2011, two-thirds of children (66%) had access to drinking water on site, while children's access to adequate toilet facilities rose to 69%.