



Poverty affects children's access to proper nutrition and contributes to South Africa's appalling child mortality.

We need to focus on improving the lot of children

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CHILDREN'S health has been under the spotlight, with recent media reports focusing on baby deaths at hospitals around the country. These deaths are avoidable and unacceptable and point to systemic problems in the health care system.

Poor leadership and accountability, poor fiscal discipline, inequitable healthcare spending, poor performance and a failure to translate policy into practice are at the root of the problem and need to be tackled with urgency.

But fixing our health care system is not enough to solve our dismal child health record. South Africa is one of 12 countries that have failed to reduce child mortality since 1990. In fact, the UN Children's Fund (Unicef) estimates that under-five mortality increased from 56 deaths per 1 000 live births in 1990 to 67 in 2008.

This increase is generally ascribed to deteriorating health services and the maturing HIV pandemic. While deaths in the first 28 days of life contribute to about 30 percent of these deaths, HIV and frequently associated childhood infections (especially diar-

rhoea and lower respiratory infections) are the major causes of deaths outside the neonatal period.

Low birth weight, estimated as affecting 15.5 percent of all newborns, is an important predictor of malnutrition in childhood. Underweight children are more at risk of acquiring diarrhoea and pneumonia. And so the cycle continues...

There are a range of social and environmental factors affecting child health. Poverty and inequality can affect access to nutritious food, safe and adequate water supplies, basic sanitation, adequate housing, health care and other essential services such as education, early childhood development and social security.

Such unhealthy living conditions can increase children's exposure to illness and injury. Injuries are the main cause of death in older children, and account for half of deaths among boys aged 15-17.

Stark inequalities also persist between rural and urban

areas, rich and poor, black and white. The quality and coverage of essential maternal, newborn and child health services are particularly poor in the areas where children need them most.

A heartbreaking case that was treated at the Red Cross Children's Hospital in Cape Town involved a seven-month-old infant with Kwashiorkor, a particularly severe form of

protein-energy malnutrition. It turned out that her mother, who was HIV-positive, did not want to breast-feed and, because she was unemployed, could not afford baby formula. So the child was fed tea. Tragically, she died.

In this situation, the dangers of inadequate artificial feeding far outweighed the risks of transmitting HIV through breastfeeding and action to address this type of situation is urgently needed.

It is essential to breathe new life into the public health system. Good governance and more and better trained health

workers are required to improve the coverage and quality of care.

Essential aspects include:

- A well-functioning community health worker programme with high coverage of essential maternal, child health and nutrition interventions;

- Improved staff ratios and staff performance at clinics and health centres;

- Focused training and support from regional paediatricians to improve care at district hospitals, and

- A special focus on those districts where children are most in need.

We also need to tackle the leading causes of child deaths. Increasing the quality and coverage of prevention of mother-to-child infection to 100 percent should virtually eliminate childhood HIV.

Neonatal deaths can be reduced by ensuring early antenatal care, improving maternal nutrition, reducing smoking and drinking in pregnancy, and providing better care for mothers and children at peripheral facilities like district hospitals.

Access to adequate housing, water and sanitation is essential, and community health worker programmes can show caregivers how to create safe and healthy environments as well as when to seek emer-

gency medical care. More needs to be done to alleviate poverty and improve food security. Exclusive breastfeeding for the first six months, followed by the appropriate introduction of nutritious food, should improve children's nutritional status. The referral and management of malnourished children must be improved.

The imperative to improve socio-economic conditions, especially of the poor, is pressing. The responsibility for child health does not rest with the health department alone. We need a collective, multi-sectoral approach that is tackled with the same urgency, dedication and resource allocation as the World Cup. It would be a shame to be known as a country that could successfully host an international football competition, but is incapable of ensuring the survival, health and development of its children.

● Maurice Kibel (University of Cape Town), David Sanders (University of the Western Cape), Debbie Bradshaw (Medical Research Council) and Ngashi Ngongo (Unicef New York) are contributing authors to the *South African Child Gauge 2009/2010*, which will be released by the Children's Institute, University of Cape Town, today.

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