

Child health: The general context

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Section 27 of the Constitution of South Africa guarantees everyone's right to have access to health care services.

In addition, Section 28 (1) (c) gives children "the right to basic nutrition ... basic health care services ...".

The United Nations Convention on the Rights of the Child says that State Parties should recognise "the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health" (Article 24).

THE INFANT MORTALITY RATE AND UNDER-FIVE MORTALITY RATE IN SOUTH AFRICA

The number of child deaths in South Africa remains unacceptably high and most of these deaths are preventable. Based on credible data sources available, there are indications that child mortality rates in South Africa continue to increase. One of the critical factors influencing the child mortality rates is the HIV/AIDS pandemic. Key scientists in the field of child mortality have noted at a recent roundtable particular concerns about a surge in post-neonatal deaths – deaths of babies older than one month (Abrahams 2006). The findings indicate that early and post-neonatal death rates are driving the infant mortality rate (IMR), which in turn is driving the under-five mortality rate (U5MR). The main cause of these deaths is HIV/AIDS.

In reflecting on the country's performance on child survival, it is evident that during the early 1990s, South Africa's previous downward trend in child mortality was reversed, meaning that more children younger than five years of age were dying. The 1998 *Demographic and Health Survey* (DHS) yielded reliable estimates on infant and child mortality. The data indicated an increase in child mortality, and this finding was supported by 1996 Census data.

The overall child mortality trend is supported by findings from the Argin-Court and Hlabisa Demographic and Health Survey sites – these surveillance sites reported an increase in the under-five mortality rate. National modelled projections support these findings, as does the South African Medical Research Council's Under-5 healthcare Perinatal Problem Identification Programme (U5PIP) which indicates an increase in HIV/AIDS-related deaths for children younger than five years of age (Child PIP group and MRC Research Unit for Maternal and Infant Health Care Strategies 2005). It is clear that the HIV/AIDS pandemic is the primary reason for the rising trends in child mortality witnessed over the past few years.

Concerns about child mortality data

No new data on child mortality has been released since the *South African Child Gauge 2005* was published. Available statistics on child mortality are based on empirical data (e.g. administrative systems of the Departments of Home Affairs, Health, and Social Development; the *Demographic and Health Survey* and Census, etc.) and/or on modelled estimates (e.g. the National Burden of Disease Study of the South African Medical Research Council).

There are key issues that influence the reliability of data on child deaths. The 1998 DHS was the last survey that provided reliable national statistics on child mortality. Since then, the 2001 Census and the 2003 DHS have not yielded good quality estimates (such as the IMR) for varied reasons. Information on child mortality over the past eight years has been conflicting, which creates a high level of uncertainty about the extent of child survival in the country. Post-1998 estimates are based on models with varying assumptions (for example, estimates by the Actuarial Society of South Africa model of 2003, the United Nations Development Programme, the World Health Organisation, the South African Medical Research Council, and Statistics South Africa).

The need for co-ordinated data sources and quality data must be taken seriously if Millennium Development Goal 4 on child survival is to be met by 2015. Furthermore, a lack of timely and reliable information on child deaths means that the country cannot adequately address the inequality that exists across the provinces through planned interventions. This inequality is most evident in the wide-ranging IMR and U5MR across the different provinces. (For more details on these indicators see page 84).

TABLE 11: The infant mortality rate and under-five mortality rate in South Africa in 2000

Province	Infant mortality rate	Under-five mortality rate
	Deaths per 1,000 live births	Deaths per 1,000 live births
Eastern Cape	71.0	105.0
Free State	62.0	99.0
Gauteng	44.0	74.6
KwaZulu-Natal	68.0	116.4
Limpopo	52.0	80.7
Mpumalanga	59.0	99.8
Northern Cape	46.0	68.1
North West	55.0	88.5
Western Cape	32.0	46.3
South Africa	59.0	95.0

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



THE PROPORTION OF CHILDREN AGED 1 – 9 YEARS WHO ARE UNDERWEIGHT AND SEVERELY UNDERWEIGHT IN SOUTH AFRICA

No recent primary data exists on the nutritional status of children in South Africa. However, a recent report highlights the extent to which children suffer from nutritional deficiency due to South Africans' poor eating habits (Steyn 2006). Evidence from secondary data analyses indicates that overweight and obesity in children is as much a risk factor in children's health as under-nutrition, particularly in urban formal areas (Hendricks, Eley & Bourne 2006).

Children's access to nutritious food in the context of food insecurity is a major factor influencing their health status. Due to the high levels of poverty in South Africa, caregivers are often unable to access adequate and nutritious food for their dependants. Children who are underweight generally lack essential nutrients in their diet. Mild to moderate

and severe forms of under-nutrition in children are closely related to childhood death, a higher risk of infection and impaired development. Under-nutrition also affects children's physical growth. One of the easiest ways of determining under-nutrition is by weighing a child regularly.

A study undertaken in 2000 revealed that nationally, one out of every 10 children (10.3%) was found to be underweight, while 1.4% of children were severely underweight. The 1 – 3-year age group had the highest proportion of children who were underweight in comparison to the 7 – 9-year age group (Labadarios 1999). Provincially, the Northern Cape had the highest proportion of children who were underweight (23.7%) and severely underweight (8.9%). (For more details about this indicator refer to page 84.)

TABLE 12: The proportion of children aged 1 – 9 years who were underweight and severely underweight in South Africa in 2000

Province	Underweight	Severely underweight
	%	%
Eastern Cape	7.1	1.0
Free State	14.3	1.0
Gauteng	8.8	0.5
KwaZulu-Natal	6.0	0.6
Limpopo	15.0	1.6
Mpumalanga	4.2	2.1
Northern Cape	23.7	8.9
North West	15.3	1.3
Western Cape	8.3	0.9
South Africa	10.3	1.4

Source: Labadarios D (ed) (1999) *The National Food Consumption Survey (NFCS): Children 1 – 9 years, South Africa, 1999*. Pretoria: Department of Health, Directorate: Nutrition.

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