

# Introducing *Children Count — Abantwana Babalulekile*

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**S**outh 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 basic necessities are specified in the Bill of Rights, and 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 as well as 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 we need to monitor the situation of children in South Africa.

## A rights-based approach

*Children Count — Abantwana Babalulekile* is an ongoing data and advocacy project of the Children's Institute, and 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 that we use 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 tell us the unemployment rate, but only a child-centred analysis can tell us how many children live in households where no adult is employed. National statistics tell us what proportion of households are without adequate sanitation, but when we use a child-centred analysis, 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 — Abantwana Babalulekile* presents national survey data for each year from 2002 to 2007, and many of the indicators in this issue compare the situation of children over this six-year period.

The tables on the following pages give basic information about children's demographics, care arrangements, income poverty, social security, education, health 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 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 other websites and useful documents. It can be accessed at:

[www.childrencount.ci.org.za](http://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 data are from the ASSA 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. Most of the indicators presented 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 xx – xx. 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, we cannot be sure that there is a real difference in the proportions, 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).

## Meaningful access to basic education

The theme of this *South African Child Gauge* is 'meaningful access to basic education'. Children have multiple, inter-related needs that require a holistic approach to programme and service provision. Although the indicators presented here do not all directly reflect on education provisioning, data on child poverty, HIV prevalence, orphaning and child-only households together with children's access to social grants, housing and basic services all have a direct impact on children's ability to realise their right to education. A set of six indicators speaks directly to children's access to education: attendance rates, distance to the nearest school, learner-to-educator ratios, gender parity, and schools with access to water and sanitation.

Each domain in *Children Count – Abantwana Babalulekile* is introduced below and key findings are highlighted.

## Demography of South Africa's children (pages 71 – 78)

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, children living in child-headed households, children living in income poverty, and children living in a household with an employed adult. There were just over 18.3 million children in South Africa in 2007. Nearly 20% of children are orphans who have lost a mother, father or both parents; 23% of children do not live with either of their biological parents; but only 0.8% of children live in child-only households. Two-thirds of children live in income poverty, and about 40% live in a household where no adult is employed.

## Children's access to social assistance (pages 79 – 81)

Social assistance grants are an important source of income to help caregivers meet children's basic needs. Nearly 8 million children received the Child Support Grant in mid-2008, nearly 100,000 children received the Care Dependency Grant, and a further 431,000 children received the Foster Child Grant.

## Children's access to education (pages 82 – 89)

This section uses a number of indicators to monitor children's access to education. Many children have to travel long distances to reach their nearest school: 17% of children live far from their nearest primary school and this increases to 29% for high school. Access to schooling thus remains a problem for many children, especially those living in rural areas. Despite these barriers, South Africa has made significant strides in improving access to education with an attendance rate of 97% in 2007. However this does not necessarily translate into educational outcomes or capture the regularity of children's attendance and progress through school.

South Africa scores well in terms of gender parity, with an equal proportion of girls and boys attending school. These figures mask other gender-related issues (eg violence and sexual assault) that must be addressed before girls truly have equal access to education.

Realising the right to education is not just about universal access to school: The quality of learning environment is also crucial. The average learner-to-educator ratio in 2007 was 32.4 learners per educator. This is in line with national and international recommendations. Schools must also provide a safe and healthy learning environment. In 2006, 89% of schools had water on site, yet only 60% of schools had adequate sanitation.

## Child health: the general context (pages 90 – 92)

This section reports infant and under-five mortality rates; distance to clinic; and children living in households experiencing child hunger. In 2007, nearly 40% of children lived far from their nearest primary health-care clinic, and 2.7 million children lived in households that reported child hunger.

## Child health: HIV/AIDS (pages 93 – 97)

This section looks at indicators of HIV prevalence in pregnant women; access to prevention of mother-to-child transmission programmes (PMTCT); and access to antiretroviral therapy (ART) in pregnant women and children. 2007 data show that nearly 70% of pregnant women received voluntary counselling and testing as part of the PMTCT programme, and close to one-third of pregnant women who accessed antenatal clinics were found to be infected with HIV. Just over one in three adults (34%) and one in four children (27%) eligible for ART initiated treatment in 2007. While access to

treatment has increased significantly since 2002, there are a large number of people who are not receiving treatment.

## Children's access to housing (pages 98 – 99)

This section presents data on children living in adequate housing and over-crowded dwellings. In 2007, 69% of children lived in formal housing, while over 2.6 million children lived in backyard dwellings and shacks in informal settlements. A quarter of the child population lived in over-crowded households.

## Children's access to basic services (pages 100 – 102)

Without water and sanitation, children face substantial health risks. This section presents data on children's access to drinking water, sanitation and electricity. In 2007, only 63% of children had access to drinking water on site. Children's access to adequate toilet facilities rose to 59%, and 80% of children lived in households with electricity connections.

