

Pregnancy and maternal support for the protection of mothers and young children

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Pregnancy, while central to family and societal well-being, is a vulnerable state for many women which, if not adequately supported, can have negative consequences for both the mother and the child. Pregnancy can impact on women's ability to earn an income and introduces new health considerations and financial pressures (e.g. clinics visits and child care). Pregnancy and caring for a newborn child can also exacerbate existing challenges such as unemployment, inadequate education and barriers to health care services. But this is also a critical window for early intervention, in which state support can provide increased financial stability and potentially improve maternal health, increase access to health services, and support early nutrition and child development, with potential long-term gains. It is for this reason that the Department of Social Development (DSD) has initiated projects to investigate programmatic support for vulnerable pregnant women and mothers of young children.¹

As with many social risks, pregnancy-related vulnerabilities are biased against individuals already living a precarious existence. Widespread poverty and unemployment compromise the life chances of many families, principally through the lack of access to a reliable source of income and good quality services.

The policy framework outlined here argues that direct interventions for family support – which combine income support with specific health-related services – are important for human development and can contribute to wider improvements in societal well-being and development.

Supporting pregnant women and mothers living in insecure circumstances is also a key focus area of the National Integrated Early Childhood Development (ECD) policy.² This arguably requires strategies that operate at a scale sufficient to address both the particular vulnerabilities experienced by pregnant women and mothers of young children, and the wider conditions of hardship that exacerbate their vulnerability.

Social context and vulnerability in pregnancy

There are approximately 1.2 million pregnancies in South Africa annually, affecting 7% of all women between the ages of 10 – 54 years. Vulnerabilities for pregnant women and mothers with young children exist broadly in three areas.

- First, most pregnancies in South Africa involve financially compromised households. Around 69% of households have a monthly per capita income of less than R4,999. Nearly half (44%) of pregnant women live in households where a child qualifies for a Child Support Grant (CSG).³ Importantly, around 35% of pregnant women live in households that ran out of money for food in the previous year, and 25% live in households with food insufficiency and hunger in the previous year.⁴
- Second, a substantial number of pregnancies occur in families where support during and after pregnancy may fall heavily

on the mother. For instance, 46% of pregnancies within the low-income range (noted above) occur in female-headed households. Overall, around half (53%) of pregnant women are single, 26% married and 19% cohabiting.⁵

- Third, although teen pregnancy rates are falling, 14% of pregnant women are teenagers aged 10 – 19 years.⁶ This may disrupt their education and compromise their long-term prospects. Estimates produced in 2001 indicate that drop-out rates for pregnant female learners in the year of pregnancy was 74% and 72% in the age ranges 14 – 19 and 20 – 24 respectively. In the year following the pregnancy-related drop-out, 29% of learners in the younger age group had returned to school compared to 52% of older learners.⁷ However, it is also argued that pregnancy and female school dropout share common social and economic antecedents such as poverty and poor educational attainment.⁸ More recent studies confirm increased risk of dropout and lower educational attainment of teen mothers.⁹ An analysis of the birth histories from six nationally representative household surveys over the period 1994 to 2008 also confirm inter-generational effects, with the children of teen mothers at risk of lower educational achievement and more likely to exit school prematurely.¹⁰

Overall, a substantial number of South African women live in circumstances where, without support, pregnancy can increase financial and health-related vulnerabilities and negatively affect their life chances and that of their children. It is argued here that these vulnerabilities can be mitigated by implementing a well-considered policy framework that combines income support with access to (in particular) designated health-related services.

Potential risks for pregnant women and mothers

Factors that increase vulnerability during pregnancy and the postnatal period include: reduced earnings, particularly for mothers in insecure forms of employment,¹¹ and increased nutritional needs for both the mother and child for up to two years after birth.¹² These risks may have effects that are both immediate and long-term (and inter-generational) in nature.

Short-term effects resulting from poor maternal nutritional status that impact on the child include: premature births, low birth-weight babies, and inter-uterine growth retardation.¹³ Additional concerns include severe anaemia in the mother (resulting from iron deficiency); still-births, miscarriages and congenital abnormalities (resulting from iodine deficiencies); decreased child survival in the first four weeks of life; and deficient breast milk.¹⁴

Short-term socioeconomic effects also fall disproportionately on those already economically vulnerable and may include loss of employment and income; increased costs associated with childcare; and reduced participation in education.¹⁵

Compromised incomes have other multi-faceted effects that are not entirely predictable. These include delayed use of antenatal care services due to transport costs, and the risk of losing employment.¹⁶ Yet early antenatal care is an important point of contact for providing information on childbirth and parenting; nutritional support, including both advice and supplementation; potential screening for maternal mental health; support in dealing with domestic violence; and HIV and AIDS prophylaxis.¹⁷

Potential long-term effects on the life path of both mother and child arise as a result of lost employment opportunities for the mother and compromised intellectual development for the child resulting from stunting and poor nutrition – both while in the womb and during the first two years of life.¹⁸ In addition, the stress of looking after young children in adverse circumstances may result in unresponsive caregiving, with potential long-term effects that are less easy to quantify.¹⁹

Potential benefits of support

Nutritional support in pregnancy has been found to reduce stillbirths by 13%; substantially improve growth of the unborn child, and improve child survival chances in the first four weeks of life by as much as 38%.²⁰ The earlier in pregnancy the support begins the better, and provided it continues for at least the first two years of life, then cognitive development is enhanced with long-term effects for the life path of the child.²¹ Supporting mothers to breastfeed, rather than to use milk substitutes, is also important for nutrition of all babies, including those whose mothers are HIV positive (as the risks of transmission are low with antiretroviral treatment).²² Such interventions are greatly aided by access to and use of antenatal care services. Support is required for at least 1,000 days following conception (nine months of pregnancy, and the first two years of life).²³

Home-visiting programmes have shown potential in supporting caregivers raising children in difficult circumstances. Provisional findings suggest that in low-income settings where mothers may face a combination of social adversity and related maternal depression, the provision of additional support for six months post-partum can mitigate against developmental risks for infants. Interventions involve community outreach workers (paraprofessionals) supplementing postnatal care services.²⁴ A similar approach has been recommended by the National Integrated ECD Policy.

Access to health services and dietary diversity, an aspect of food security, are both compromised by inadequate incomes and loss of employment. Economically vulnerable families are also at risk of other family members losing employment. Social assistance can supplement incomes and provide a degree of discretion to deal with needs that cannot be predicted by policymakers. Evidence suggests that general income support, including social grants like the CSG, have positive social, health, employment and educational outcomes.²⁵

General income support has a definite and positive effect on the development and subsequent school performance of children living in income compromised settings.²⁶ Evidence suggests that

improving family income for the first three years of a child's life is important.²⁷ Importantly, decreases in family income are associated with poorer developmental outcomes for children in poor households while the converse applies for increased incomes.

Although no specific South African evidence exists of interventions needed to protect access to education for young mothers, it can reasonably be assumed that the advantages would be strong for both the mother and child. However, interviews of key informants suggest that obstacles, such as the current lack of an institutionalised retention strategy, need to be addressed to retain access to education.²⁸

An indicative policy framework

A potential policy framework to strengthen existing health, education and social development policies and address the priority needs of pregnant women and their children could consider the following four dimensions.

First, general income-support is required to deal with the multi-faceted nature of risks facing pregnant women and mothers of young children. Income support would apply to the mother, as it is required to support the mother in addition to the child. It should begin in pregnancy and continue for at least two years after birth, in addition to the CSG. Consideration can be given to making the benefit universal, on a cost-neutral basis, as this removes errors of inclusion and exclusion compared to means-test forms of targeting.²⁹ An incentive, in the form of a top-up payment to the maternity grant, could be considered to encourage the early use of antenatal and postnatal clinic services as this has been found to be effective in relation to improving demand for health services elsewhere.³⁰

Second, keeping young mothers in work and education requires child care support for mothers and primary caregivers unable to take advantage of extended family structures. Options include the provision of developmentally appropriate childcare services and/or a subsidy equivalent to the reasonable expenses of child care. Consideration could be given to making any allocation unconditional – leaving some discretion for mothers to choose between working or childcare – and not targeted only at families with limited income. Any such support would be in addition to the general income-support provided for above.

Third, some form of structured advisory framework would be useful in assisting pregnant women and mothers of young children to access support services and make life-choices. Although the education platform is a possible starting point for young mothers, a more generalised support framework is required to include those not in education. Health services are more widely available and could be used to direct pregnant women to different forms of support. This approach would need to be programmed into health service delivery and funded accordingly, as recommended in the national ECD policy.³¹

Fourth, both the basic and higher education systems require active programmes to enable the continued education of young pregnant women. This would include life skills courses to address any social stigma or implicit discrimination and should

be complemented by counselling, support and follow-up for any student in need. Educational institutions are an important first launching point for non-educational support for vulnerable girls and women. Any pregnancy at school should trigger a support response which includes counselling, social assistance (income support), medical and nutritional support and strategies to deal with child maintenance. Existing weaknesses in coordination and cooperation between the various potential arms of support (education, health and social assistance) would need to be addressed. This is also reflected in the ECD policy framework.³²

Feasibility

A sustainable holistic policy framework that supports inter-departmental cooperation and coordination will require:

- a clear lead government department – potentially the DSD;
- identifiable programmes in each implementing department;
- an inter-departmental coordinating structure – limited to the departments of Social Development, Health, Basic Education and Higher Education;
- explicit budget lines; and
- a monitoring and evaluation framework forming part of wider policy frameworks related to maternal and child health and the implementation of the ECD policy.

The required financial outlay for the complete framework is likely to be substantial as the social effects need to be felt at a sufficient scale to systemically alter the social and economic conditions of the country. Consideration would therefore need to be given to scaling such a strategy up over time, starting with an entry-level framework.

The indicative financial implicationsⁱ (based on 2010 costings reflected in 2014 prices), suggests that an entry level (basic) strategy would cost around 0.5% of gross domestic product (GDP) (R23.7 billion per annum) with the comprehensive strategy nearly double at 0.9% of GDP (R36.3 billion).

For the entry level strategy the main costs are:

- the cash grant during pregnancy (R5.7 billion);
- the cash grant post-delivery for 24 months (R11.0 billion);
- nutritional support (R2.4 billion); and
- transport assistance achieved through an increment to the cash grants (R1.3 billion).

With the enhanced package, child care support is estimated at R4.9 billion to retain mothers in education and a further R6.1 billion to support mothers in employment.³³

Although these figures appear large, provided they are funded through general taxes, the expenditure only slightly alters the secondary distribution of incomeⁱⁱ in favour of a healthier structure. South Africa presently has one of the most unequal distributions of income in the world, a situation that is worsening annually, arguably in the absence of structural interventions sufficient to offset this tendency.³⁴ This change in the structure of income will stabilise family incomes in this group, and achieve healthier mothers and children.

Conclusions

This essay highlights three aspects of social support for pregnant woman and mothers. First, a strong rationale exists suggesting that significant gains in life chances can be made for the majority of the population – by supporting maternal health and well-being, improving access to services, and tackling poverty and inequality by giving infants a better start in life. Second, the range of policy interventions, which largely provide income support, can be implemented relatively easily, although a degree of inter-governmental coordination needs to be structured and a clear lead department identified. Third, the fiscal implications, although large, are scalable and arguably non-distorting from an economic perspective, and they would impact positively on South Africa's unequal distribution of income. The analysis presented here is largely indicative, provisional and intended only as a starting point for discussion and analysis.

i As the paper is predominantly focused on a broad outline of the policy framework, the costing approach is provided in fairly general terms. The costing analysis should be regarded as high-level, provided principally to provide a ball-park indication of the policy parameters. All estimates are based on the 2010 General Household Survey, presented in 2014 prices. Assumptions are made regarding likely recipients and benefits costs broadly consistent with existing social grant values and means tests. Maternal maintenance support, which begins during pregnancy and continues for two years post-delivery, is equivalent to the existing state Old Age Grant. Child care services support is costed at R1,244 per month for 10 months in any given year. Beneficiary estimates are based on the household income categories R0 – R2,499.

ii The income distribution after government tax and expenditure implications are accounted for.

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