

YOUNG LIVES



STATISTICAL DATA ON THE STATUS OF CHILDREN AGED 0–4 IN SOUTH AFRICA

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unicef 

In support of the Department of Education, the Department of Social Development and the Department of Health in South Africa.

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INTRODUCTION

This report offers statistical data on the status of children aged 0–4 (hereon referred to as 'young children') in South Africa and the key trends that affect them.

Although not all statistics are available for young children, information is drawn from different sources to provide the most recently available data on the size of South Africa's youngest citizens, the family structure and environment they live in, their socio-economic status, what social assistance they receive from the State, their health and nutrition status and the opportunities they have for quality early childhood care and development.

It is hoped that this report can be a useful reference for targeting and programming with regard to young children.

A child's early years are critical for development. The first four years of life are a period of rapid physical, mental, emotional, social and moral growth and development. This is a time when young children acquire concepts, skills and attitudes that lay the foundation for lifelong learning.

Every baby, toddler and young child must be ensured the best start in life - their future, and indeed the future of their communities, nations and the whole world depends on it. The early years provide an opportunity to instil in children values that are required to build a peaceful, prosperous and democratic society. When families and communities look after their young, they reinforce the social and interpersonal bonds that make all human beings whole and healthy.




Young children need appropriate childcare and stimulation to thrive. Research has shown that quality protection, stimulation and learning opportunities provided at home by parents and caregivers or through early childhood development centres have a positive and long-lasting impact on a young child's ability to develop its full potential. Early provisioning of treatment and care can also reverse the effects of deprivation and reduce the need for remedial services to address stunting, developmental lag and behavioural problems later in life.

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SUMMARY: KEY TRENDS THAT AFFECT YOUNG CHILDREN

-  10.9 percent of the South African population is aged 0–4.
-  Although there has been a marked decline in poverty since 2000, it is estimated that 55 percent of children live below the ultra-poverty line.
-  2.86 million children aged 0–4 benefit from the Child Support Grant. This represents 37.6 percent of the total 7.9 million children aged 0–14 who receive the grant.
-  The burden of care of young children who have ill or dead mothers falls on the elderly, especially grandmothers.
-  Children aged 0–4 account for 10.4 percent of all deaths in South Africa.
-  40 percent of deaths in children under the age of five are caused by HIV-related illnesses.
-  In South Africa, malnutrition in children is characterised by both under and over-nutrition, a direct reflection of the broader social disparities.
-  Breastfeeding is a cultural norm in South Africa but exclusive breastfeeding is not common.
-  84 percent of young children do not have access to formal ECD provision and rely on their parents or primary caregivers for stimulation and development.

ACROYNMS

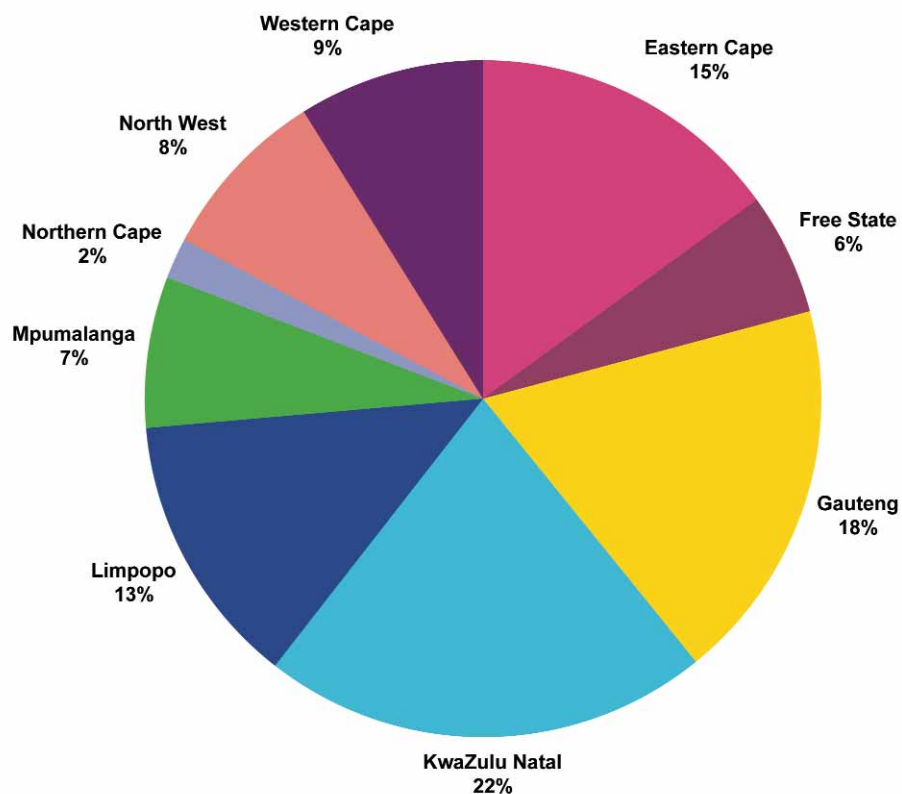
ARV	Antiretroviral
CDG	Care Dependency Grant
CSG	Child Support Grant
DHS	Demographic and Health Survey
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
ECD	Early Childhood Development
FCG	Foster Child Grant
PMTCT	Prevention of Mother-to-Child Transmission
SASSA	South African Social Security Agency



NUMBERS OF YOUNG CHILDREN

South Africa has 5,164,500 children in the age group 0–4 years according to mid-year population estimates (Statistics South Africa 2006). They represent 10.9 percent of the country's total population. The majority of children in this age cohort are found in KwaZulu Natal, followed by Gauteng, Eastern Cape and Limpopo. The number of girls and boys are nearly equal, with girls representing 49.6 percent of the age group.

Distribution of children aged 0 - 4 per province



Source: Statistics South Africa, *Census 2001*







POVERTY & YOUNG CHILDREN

When poverty strikes a family, the youngest members become its immediate victims. Since a good start in life is critical to the physical, intellectual and emotional development of every individual, poverty in early childhood can prove to be a handicap for life. Poverty denies children their rights to basic education, primary health care, adequate nutrition and safe water and sanitation. Poor children are likely to pass poverty onto their children when they grow up, perpetuating the poverty cycle.

Although the Government in South Africa has succeeded in substantially reducing income-poverty since 1994 through a three-fold increase in social grants expenditure and the number of beneficiaries, the legacy of apartheid remains huge, with millions of people still unable to access basic necessities such as shelter, clean water and electricity¹.

Attempts have been made to quantify child poverty in South Africa. According to the report *South African Child Gauge 2006* by the Children's Institute at the University of Cape Town:

-  **55 percent of children belong to households living under the ultra-poverty line of R800 or less a month². This amounts to 10 million children.**
-  **Limpopo and the Eastern Cape presented the most poverty-stricken profiles, with close to three-quarters of children living under the ultra-poverty line.**
-  **The poorest provinces were found to be those with large rural populations and little access to employment opportunities.**
-  **63 percent of African children lived in ultra-poor households³.**

¹ *A Nation in the Making: A Discussion Document on Macro-social Trends in South Africa*, The Presidency

² Information on income poverty is based on income and expenditure data from the General Household Survey 2005.

³ General Household Survey 2005



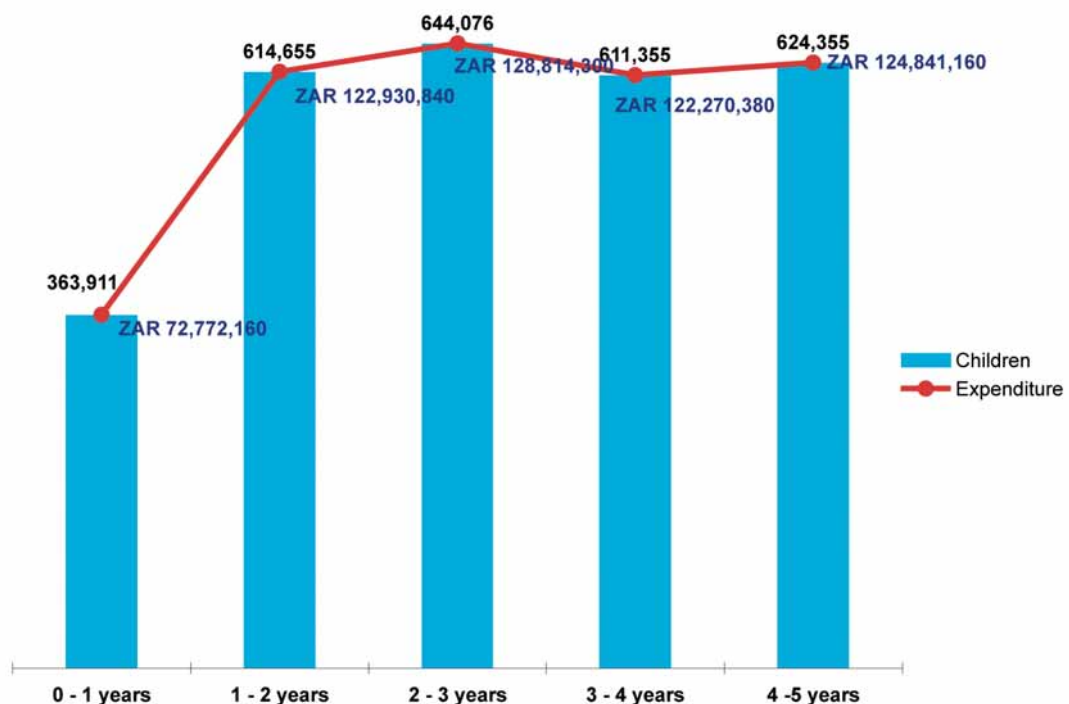
SOCIAL SECURITY & YOUNG CHILDREN

The human right to social security is widely recognised in a various international, regional and national instruments. The South African Constitution includes the right of everyone 'to have access to [...] social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.' As such the Government's Social Security System aims to provide cash assistance to the most vulnerable South Africans and includes three grants that are particularly relevant to young children.

CHILD SUPPORT GRANT

The Child Support Grant (CSG) was introduced in 1998 to help alleviate income-poverty experienced by many children in South Africa. The CSG targets children between aged birth to 14. Data⁴ from the South African Social Security Agency (SASSA) shows that as of 20 May 2007, 7.6 children benefited

Children aged 0 - 4 on the Child Support Grant



Source: SASSA, May 2007

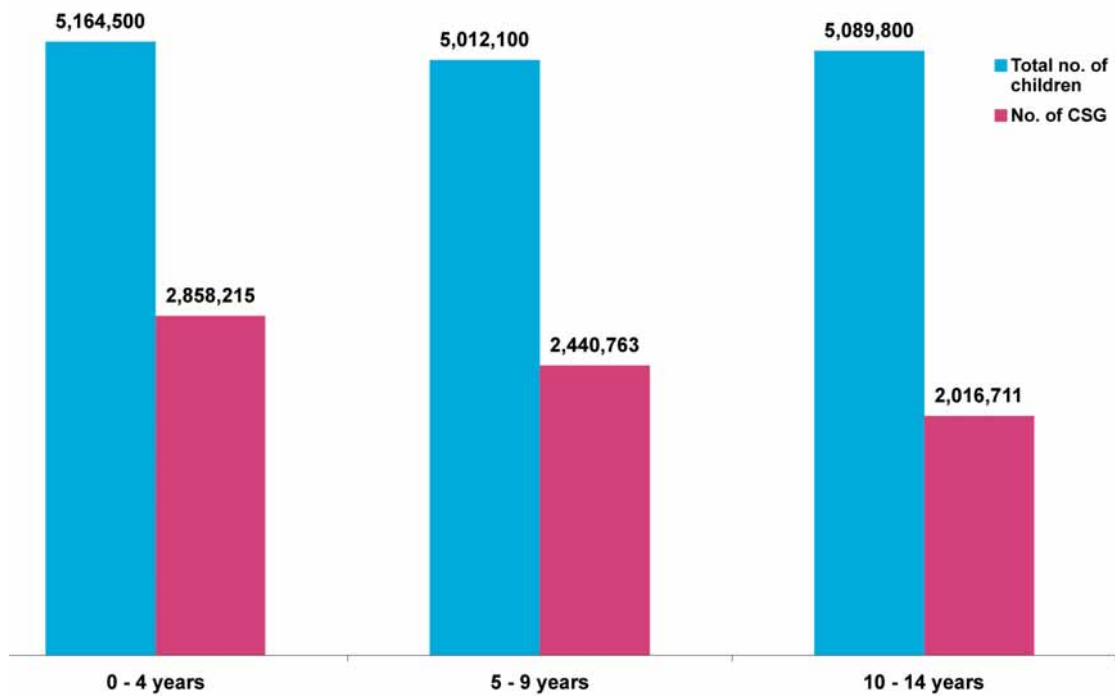
⁴ South African Social Security National Daily Grant Statistics



from the CSG, of which 2.86 million or 37.6 percent, were children aged 0–4.

It is important to note that out of the total 2.86 million children aged 0–4 who receive the CSG, only 13 percent of children aged one or under benefit from the grant, with an increase to 65 percent for children between the ages of one and four. This may be because many children under the age of one do not have a birth certificate, a requirement to apply for a grant, or their caregivers may not be aware of the CSG.

Children aged 0-14 on the Child Support Grant



Source: SASSA, May 2007; StatsSA, Mid-year population estimates, 2006

CARE DEPENDANCY GRANT

The Care Dependency Grant (CDG) is for children between the age of one and eighteen who have severe disabilities and require permanent care from a caregiver. Available data is not segregated by age but SASSA reports that as of 20 May 2007, the CDG reached 98,639 children. A total of R85.8 million was spent on the CDG.



FOSTER CHILD GRANT

The Foster Child Grant is paid toward children aged 0–18 that are in need of care as per section 14(4) of the Child Care Act, 1983, and have been placed with a foster family in terms of section 15(1) of the same Act. Statistics on the Foster Child Grant do not provide segregation in terms of age group but SASSA reports that as of 20 May 2007, the grant reached 405,259 children. The Government spent R251.2 million on the grant.

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FAMILIES, HOUSEHOLDS & YOUNG CHILDREN

A family provides the young child the most important environment in which to grow and flourish. The interactions that infants and young children have with the people around them allow them to absorb the culture and values of their society and to make sense of the world. The type of household in which a child lives, and the ability of caregivers to provide a safe and stimulating environment, including supplying sufficient food and adequate shelter, lay the foundation for later stages of development.

Although there are limited data on families and services to families, *Census 2001* portrays the living conditions and life circumstances of young children in South Africa. The recently published report, *Trends in the percentage of children who are orphaned in South Africa: 1995–2005*, by Statistics South Africa, throws light on the situation of children who have lost parents or caregivers.

CAREGIVING



93 percent of children from 0–4 years have both parents alive but only 42.8 percent are living in the same household as their parents.



38.2 percent of young children are living in households where a grandparent or a great-grandparent is the head of household. In KwaZulu Natal, this reaches 45.7 percent of all young children.







Four in every ten young children are living in extended families with at least six other people.






Family structure differs between population group and region. African children, especially those living in the more rural and disadvantaged provinces, are living in relatively large households in extended families with a grandparent or a great-grandparent as the head, while white children are more likely to be living in smaller households in nuclear families in more industrialised provinces, with a parent as a household head. Other groups fell somewhere in between these two scenarios.



DWELLING

-  58.4 percent of young children are living in formal dwellings
-  22.4 percent of young children are living in traditional homesteads
-  14.3 percent of young children are living in informal housing
-  The type of dwelling is clearly associated with population group and residence, with 53.6 percent of African children living in formal dwelling compared to 95.3 percent of white children. Young children in more rural provinces are more likely to live in traditional dwellings than those living in industrialised and urban provinces.

WATER AND SANITATION

-  The proportion of young children that has access to piped water inside the dwelling or in the yard increased from 48.3 percent in 1996 to 51.2 percent in 2001. This figure, however, remains lower than for the total population, with access to safe water at home at 58.7 percent.
-  The percentage of young children that has access to a flush or chemical toilet increased from 35.7 percent in 1996 to 41.8 percent in 2001. This proportion remains lower than for the total population with access to adequate sanitation at 53.8 percent.
-  The lack of piped water in the dwelling or yard and lack of access to a flush or chemical toilet affects mainly African children.

ELECTRICITY

The proportion of young children with electricity for lighting in the dwelling in which they were living increased from 47.4 percent in 1996 to 63.5 percent in 2001. This figure is still lower than for the total population, with 69.8 percent who had lighting at home.



ORPHANHOOD

Maternal orphans: The percentage of children aged 0–4 who are maternal orphans⁵ increased from 1.8 percent to 2 percent between 1995 and 2005.

Paternal orphans: The percentage of children aged 0–4 who are paternal orphans⁶ decreased from 9.9 percent in 1995 to 7.4 percent in 2005.

Although recent concern in South Africa has focused on maternal orphans, the percentage of children who are paternal orphans has been much higher than the percentage of children who are maternal orphans at all dates.

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Double orphans and children with one or both parents dead: The percentage of children aged 0–4 who are double orphans⁷ declined from 1.0 percent in 1995 to 0.9 percent in 2005. The percentage of children aged 0–4 with one or both parents dead decreased from 10.8 percent in 1995 to 8.5 percent in 2005.

Care of fostered and orphaned children: Fostered and orphaned young African children are overwhelmingly cared for in a household headed by a grandparent or a great-grandparent (over 81 percent). A slightly smaller majority of maternal orphans (61–71 percent) are in households headed by a grandparent or great-grandparents. The burden of care of young children with ill or dead mothers has increasingly fallen on the elderly.

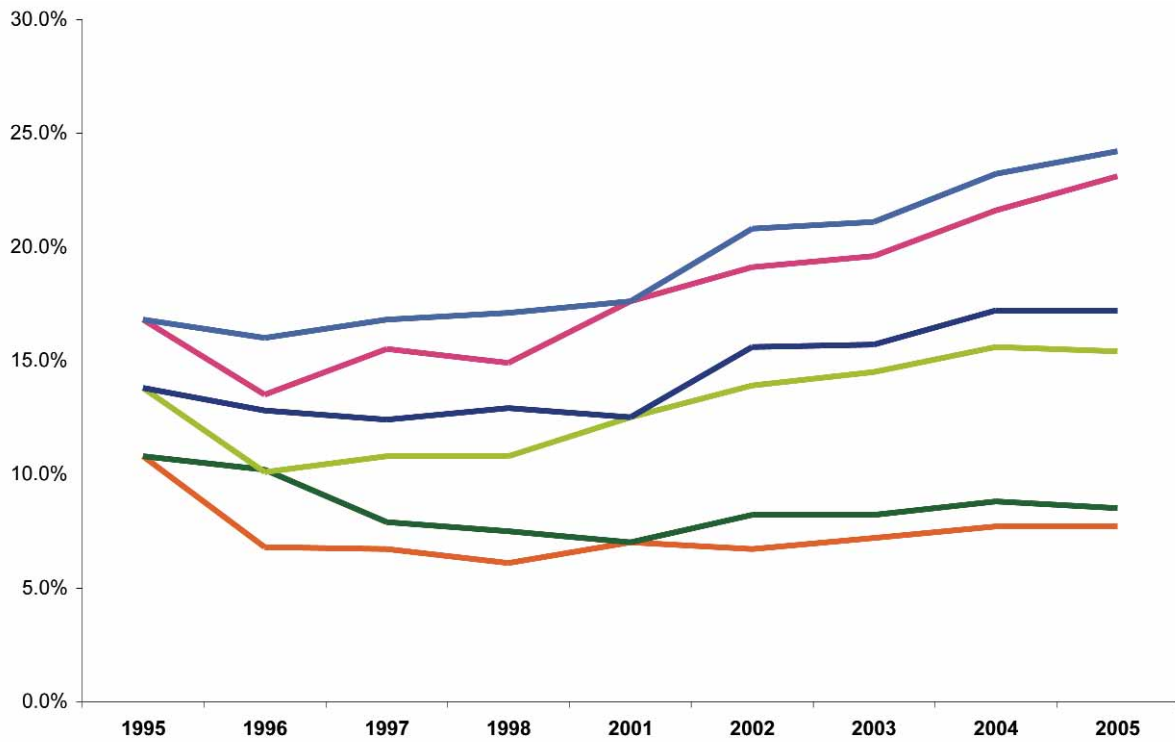
⁵ Children with mother dead

⁶ Children with father dead

⁷ Children with both parents dead



Estimates of percentage of children aged 0 - 14 with one or both parents dead by age group



Note: The low estimates and high estimates are based on two slightly different variables

- 0 - 4 years Low
- 0 - 4 years High
- 5 - 9 years Low
- 5 - 9 years High
- 10 - 14 years Low
- 10 - 14 years High

Source: *Trends in the percentage of children who are orphaned in South Africa: 1995–2005*, Statistics South Africa 2006



HEALTH & YOUNG CHILDREN

In South Africa, various studies have painted a worrying picture of childhood health. *The Initial Burden of Disease Estimates for South Africa, 2000*, by the Medical Research Council (MRC), showed that child health had deteriorated as a result of paediatric AIDS. The more recent *South African Demographic and Health Survey (DHS) 2003*, revealed that one in every 17 children born in South Africa die before they reach their fifth birthday. Statistics South Africa (2007) reports that children in the 0–4 age group are at the greatest risk of dying.

KEY HEALTH FACTS & FIGURES



According to the DHS 2003, mortality rates for children under the age of five show no significant change at national level. Under-five mortality has remained stable (61 per 1,000 live births in 1998 to 57.6 per 1,000 live births in 2003). The infant mortality rate also registered little change, from 45 per 1,000 live births in 1998 to 42.5 per 1,000 live births in 2003.



According to the Statistics South Africa release, *Mortality and causes of death in South Africa, 2005: Findings from death notification*, the highest number of deaths occurred among children aged 0–4, followed by adults aged 30–34. Comparative data from previous years indicates that in the period 2002–2004, the highest number of deaths occurred in the 30–34 age group, followed by the 0–4 age group while in 2005, the reverse was true. In 2005, children aged 0–4 accounted for 10.4 percent of all deaths in South Africa.



HIV-related illnesses are the single greatest cause of death in children under five, accounting for 40 percent of deaths⁸. 3.3 percent of South African children aged between two and 14 are living with HIV⁹. There is a sharp decrease in prevalence in boys and girls aged 10–14, indicating that many children die in their early years. Without effective Prevention of Mother-to-Child Transmission, 100,000 babies will contract HIV infection every year.



A mother's health is vital to the survival of her child. In South Africa, the maternal mortality rate is 150 per 100,000 live

⁸ Policy Brief, No. 3, December 2003, Medical Research Council

⁹ 2005 National Household Survey of HIV prevalence, Incidence, Behaviour and Communication, Human Sciences Research Council and the Nelson Mandela Foundation



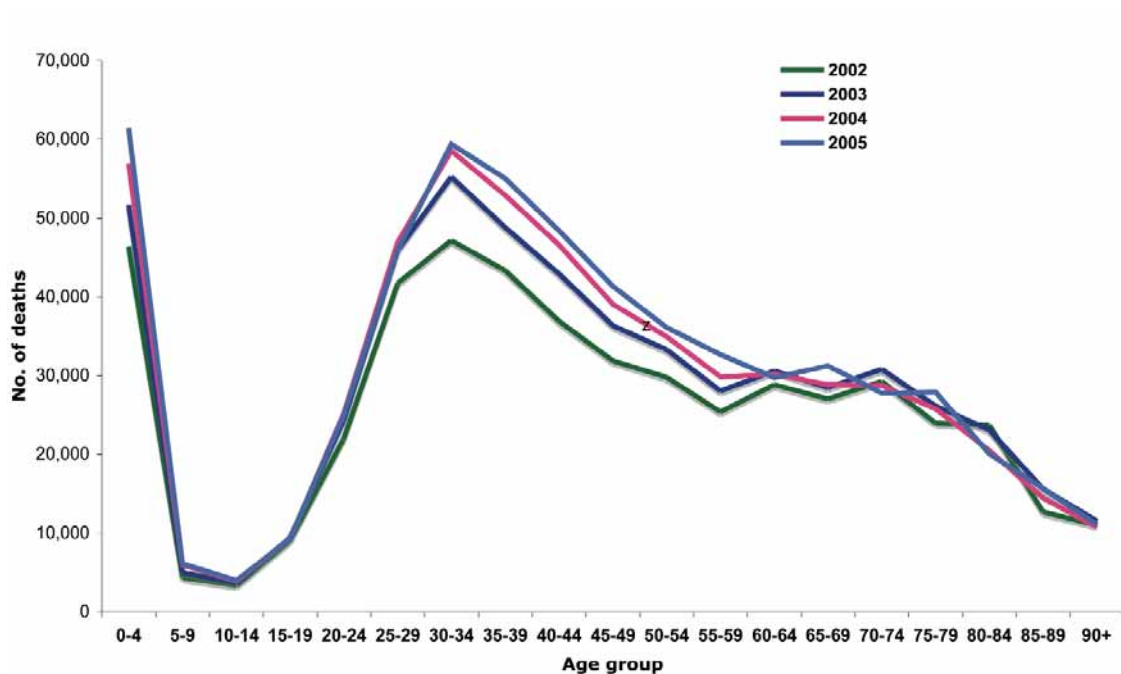
births¹⁰, with HIV-related diseases and complications from high blood pressure the major causes of maternal deaths.

✎ 29.1 percent of pregnant women were HIV-positive in 2006, up from 7.6 percent ten years ago according to the *National HIV and Syphilis Prevalence Survey, 2006*. About 300,000 babies are born to HIV-positive mothers every year and exposed to HIV.

✎ 79 percent of children under the age of one are fully immunised against six deadly but vaccine-preventable diseases: measles, tuberculosis, polio, diphtheria, tetanus and pertussis.

✎ Of approximately 4.5 million young children counted in *Census 2001*, 1.6 percent or 71,000 children were reported as being disabled.

Distribution of deaths by age, 2002–2005



Source: Stats SA, 2007

¹⁰ Demographic Health Survey 1998

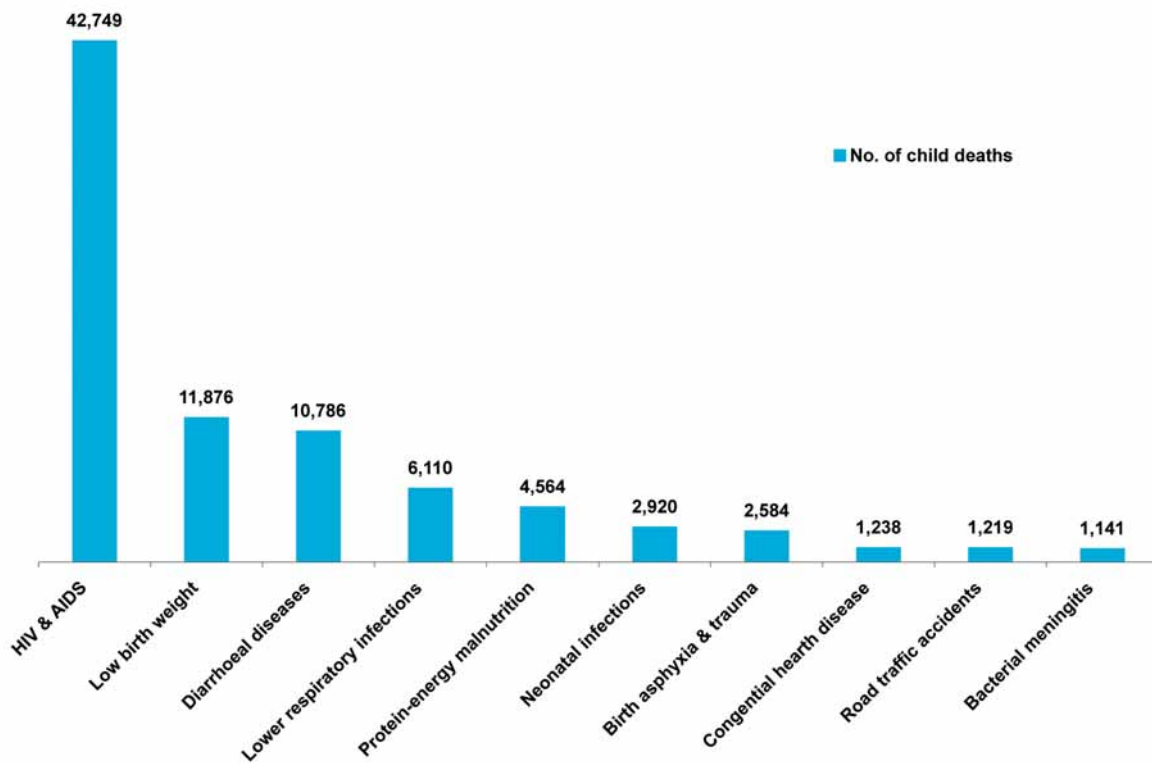


MORTALITY RATES AMONG YOUNG CHILDREN

15/1,000 live births.....	Neonatal mortality
27.5/1,000 live births.....	Post-neonatal mortality
42.5/1,000 live births.....	Infant mortality
15.8/1,000 live births.....	Child mortality
57.6/1,000 live births.....	Under-five mortality

Source: DHS, 2003

Top ten causes of death in children under the age of five in 2000



Source: South African National Burden of Disease, 2000



NUTRITION & YOUNG CHILDREN

Childhood diseases, and especially those caused by HIV infection, are made worse by a child's poor nutritional status. In fact, malnutrition is a major underlying cause of illness and death in young children. It strips a child's ability to fight off infection and rapidly weakens the body.

In South Africa, malnutrition is characterised by both under and over-nutrition, a direct reflection of the broader disparities in society. *The South African National Food Consumption Survey*¹¹ in 1999 found relatively high levels of malnutrition in children aged one to six years.

MALNUTRITION



21.6 percent of children between the ages of one and six were stunted¹² or chronically malnourished, with younger children and those living on farms most affected.



10.3 percent of children were underweight.



7.7 percent of children were overweight.



3.6 percent of children were severely malnourished or wasted¹³.

HUNGER



One out of two households experienced hunger, with informal urban areas, rural areas and commercial farms worst affected. The highest prevalence of hunger was found in the Eastern Cape (83 percent), followed by the Northern Cape (63 percent), North West (61 percent), Limpopo (54 percent) and Mpumalanga (53 percent).

MICRONUTRIENT DEFICIENCIES




One out of two children had an intake of less than half the recommended level of Vitamin A, Vitamin C, riboflavin, niacin, Vitamin B6, folate, calcium, iron and zinc.


¹¹ Latest data currently available

¹² Low height for age

¹³ Low weight for height



 **21.4 percent of children were anaemic. Anaemia leads to weakened immune systems, impaired physical development and learning disabilities.**

 **33 percent of children were deficient in Vitamin A, a nutritional condition that can lead to blindness and weak immunity. This is a severe public health problem in eight of the nine provinces with children in rural areas more affected than children living in towns and cities.**

BREASTFEEDING

Breastfeeding provides optimal nutrition and protection against common but life-threatening early childhood infections. In South Africa, the DHS provides national data on breastfeeding trends. According to the 2003 report, breastfeeding continues to be the cultural norm but exclusive breastfeeding with breastmilk is not common.

 **Only 12 percent of children less than four months of age are exclusively breastfed.**

 **Bottle-feeding of infants is widespread. Nearly 40 percent of babies less than four month of age are being fed using a bottle.**

 **Supplementation of breastmilk starts early in South Africa. Most of the supplements are plain water or other liquids, increasing the risk of infection through contaminated liquids and the risk of malnutrition by feeding less nutrient-dense foods.**







EARLY CHILDHOOD DEVELOPMENT SERVICES & YOUNG CHILDREN

Young children need quality childcare to develop their innate potential and prepare for formal education. Quality care provides nurturing relationships, a mentally stimulating environment and basic health and safety. In South Africa, the Government's National Integrated Plan for Early Childhood Development (2005) addresses the rights of young children (0–4 years) to basic services, including early childhood development (ECD).

The formal provisioning of ECD falls under the mandate of the Department of Social Development for registered ECD centres and the Department of Education for Grade R, the preparatory grade for primary education.

THE 2000 AUDIT

The Department of Education undertook a nationwide audit of ECD provisioning in 2000 to inform policy decisions regarding the sector. The findings revealed that:

-  **There were a total of formal and unregulated 23,482 ECD sites, which catered for 1,030,473 children.**
-  **Less than one sixth of children in the 0–7 age cohort were in any form of ECD provisioning. Half of the learners were in the 5–6 year age cohort whilst the remaining majority were under five years. Only two percent were reported to be older than seven.**
-  **Just over one percent of learners had some sort of disability and these children were disproportionately represented in the seven and older age group.**
-  **The audit showed that the majority of young children from birth to five – around 84 percent – did not have access to formal ECD provision and relied on their parents and primary caregivers for their early childhood development and stimulation.**



REGISTERED ECD CENTRES

As of March 2007, there were 9,726 ECD centres registered by the Department of Social Development. Of these, 5,431 centres received financial support (subsidy) from the Department, reaching 314,912 children five years and younger. The total amount paid towards these subsidised ECD centres for 2006/2007 was R350,189,490.

According to *Census 2001*, a larger proportion of children aged 0–4 attended a pre-school institution in the more industrialised and densely populated provinces than in rural provinces. For example, in Gauteng, one in five young children (19.7 percent) were attending a pre-school institution, whereas in the Northern Cape, which is sparsely populated, only one in 14 infants (7.2 percent) were attending.

Percentage of young children attending a pre-school institution



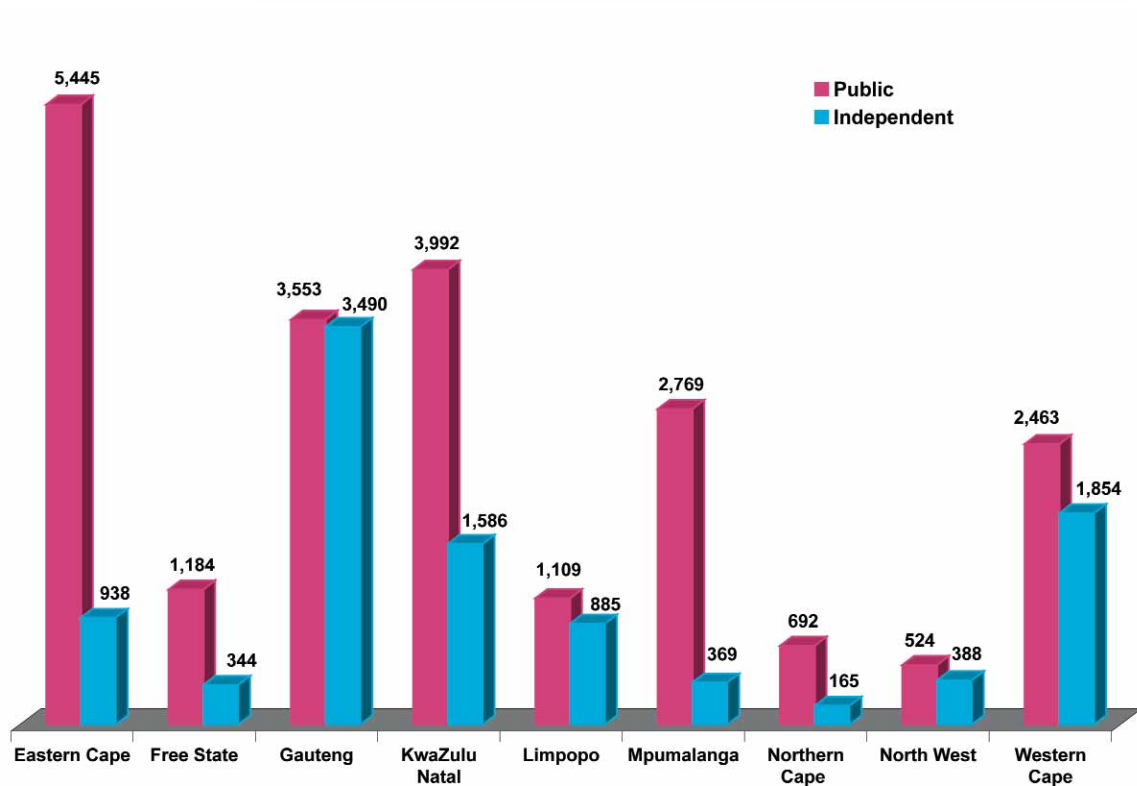
Source: *Census 2001*, Statistics South Africa



PRE-GRADE R

According to the Education Information Management System publication, *School Realities 2006*, there were 31,928 children (below 5 years of age) in public and independent pre-Grade R classes in the country.

Number of children in pre-Grade R, 2006



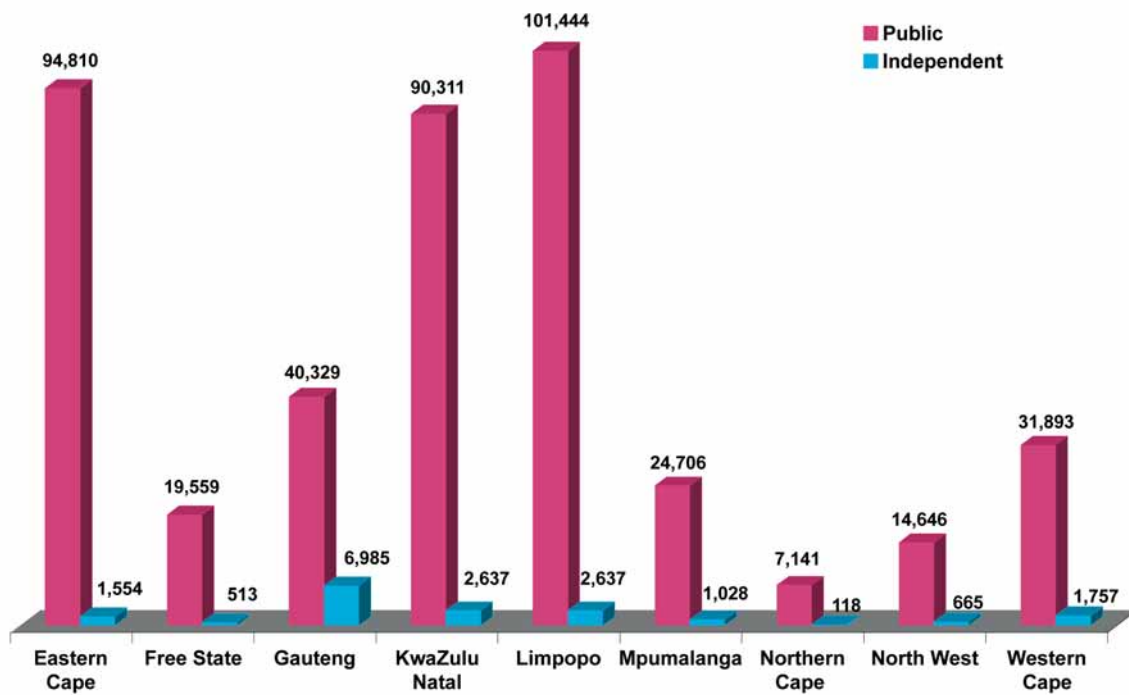
Source: Education Management Information System, *School Realities 2006*



RECEPTION YEAR

The Department of Education reported in 2006 that there were 441,621 children are in the Reception Year (Grade R) across the country¹⁴.

Number of children in Grade R, 2006



Source: Education Management Information System, *School Realities 2006*

¹⁴ This does not include freestanding ECD sites.



CONCLUSION

This reports reveals that young South African children are affected by a number of issues and trends.

Income poverty, which affects 55 percent of young children, is most prevalent in rural and disadvantaged provinces and is experienced most extensively by African children. The Government's Child Support Grant has been lauded as one of the country's major contributions to reducing child poverty. It currently reaches 2.86 million children aged 0–4. This age group represents almost a third of all children who receive the CGS.

The majority of young children have both parents alive but less than half are living with their parents. Many young children are being looked after by extended family members. For young African children who are orphaned, most are cared for by a grandparent or a great-grand parent. Although basic services for children have been improving, young children do not have adequate access to shelter, water and sanitation and electricity.

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According to South Africa's Demographic Health Surveys of 1998 and 2003, infant and under-five mortality rates have hardly improved. Children between birth and four years are at the greatest risk of dying. Neonatal mortality is also a concern. Only 79 percent of children are fully immunised. Malnutrition in South Africa is characterised by both under and over-nutrition, which reflects the broader social disparities. HIV-related illnesses continue to be the single greatest cause of death in children under five. HIV prevalence in pregnant women is on the increase and around 300,000 babies are born to HIV-positive mothers every year and expose to HIV.

The majority of children aged 0–4 do not have access to formal and quality early childhood care and learning. Formal and regulated ECD programmes only cover 16 percent of young children. A further 31,928 young children are in public and independent pre-Grade R classes across the country and another 441,621 children are in Grade R.

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