

Child health: The general context

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Section 28 (1) (c) of the Constitution of South Africa gives children “the right to basic nutrition, shelter, basic health care services, and social services”. Article 24 of 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”.

The infant mortality rate and under-five mortality rate in South Africa for 2000

Infant mortality rate (IMR)

The infant mortality rate provides a key indication of how a country is progressing with its plan to realise children's rights, in particular their right to life, survival and development, and health care services.

The IMR reflects access to perinatal care, as the majority of deaths under the age of one year occur in the perinatal period – in the first 28 days of life. Mothers' health is linked to the health of their babies, and therefore pregnancy, childbirth, breastfeeding and caregiving are all important aspects that impact on the IMR. The IMR is thus a sensitive indicator of the availability, utilisation and effectiveness of health care, in particular of perinatal care. The IMR also serves as a good indication of the socio-economic conditions under which people live. The IMR is therefore important for monitoring inequalities in socio-economic conditions and access to services. In the context of HIV/AIDS, this indicator provides information on HIV-related infant deaths and the impact of prevention and treatment programmes.

In 2000, the infant mortality levels differed across South Africa's nine provinces. The Western Cape (32 per 1,000 live births) and Gauteng (44 per 1,000 live births) provinces fared better in comparison to the Eastern Cape (71 per 1,000 live births) and KwaZulu-Natal (68 per 1,000 live births). Overall, the mortality for young boys was higher than for girls (Bradshaw, Nannan, Laubscher, Groenewald, Joubert, Nojilana, Norman, Desiree & Schneider 2004). (For more details about this indicator refer to page 68.)

Under-five mortality rate (U5MR)

This indicator is linked to internationally recognised goals which countries strive towards in order to fulfil children's rights. The under-five mortality rate is an indication of how young children, including babies, are progressing in terms of survival and development. Similar to the IMR, the U5MR reflects the socio-economic status of this

population and is an indicator of health status and health care in general, with particular reference to the impact of HIV/AIDS on the South African population.

The U5MR varied considerably between provinces. The Western Cape province ranked the lowest, with an U5MR of 46.3 per 1,000 live births. According to these estimates, the Western Cape, Gauteng and the Northern Cape were the only provinces that met the 'Health for All' target of 80 per 1,000 live births for under-five child mortality. Boys under five years old seemed to have slightly higher rates of mortality than girls (Bradshaw, Nannan, Laubscher, Groenewald, Joubert, Nojilana, Norman, Desiree & Schneider 2004). (For more details about this indicator refer to page 68.)

Table 8: The infant mortality rate and under-five mortality rate in South Africa for 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 Africa¹	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: Medical Research Council of South Africa, Burden of Disease Unit.

¹ The national estimates do not correspond exactly with the provincial estimates.

The proportion of children aged 1 – 9 years who are underweight and severely underweight in South Africa in 2000

Children's access to nutritious food 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 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 this is by weighing a child regularly.

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%). The prevalence of underweight in the Northern Cape is much higher than for the other provinces. (For more details about this indicator refer to page 68.)

Table 9: The proportion of children aged 1 – 9 years who are underweight and severely underweight in South Africa in 2000

Province	Underweight children	Severely underweight children
	%	%
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 aged 1 – 9 years, South Africa, 1999*. Pretoria: Department of Health, Directorate: Nutrition.

Sources

Bradshaw D, Nannan N, Laubscher R, Groenewald, 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: Medical Research Council of South Africa, Burden of Disease Unit.

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