

Introducing Children Count – Abantwana Babalulekile

Annie Leatt and Lizette Berry (Children's Institute)



According to the South African Constitution, everyone in South Africa has a right to adequate housing, health care services, sufficient food and water, social security and basic education. Children are specifically mentioned, and 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 are we doing as a government and as a society to make sure that these rights are realised for children?

The only way we can really answer that question is by monitoring the situation of children. Most data about the social and economic situation of South Africans does not focus on children, but instead counts people, families or households. This is standard for national data collected by central statistics organs, such as Statistics South Africa. But it is of limited use for those interested in children's rights and well-being. We need data that tells us specifically about the situation of children in South Africa, which we can then use as a tool for measuring the realisation of their rights.

Child-centred data

In 2005, the Children's Institute launched a project called *Children Count – Abantwana Babalulekile* (isiXhosa for 'children are important'). The project presents child-centred data on basic demographics and care arrangements for children, as well as on many of the areas covered under socio-economic rights. It draws on the most recent data from Statistics South Africa as well as on administrative data from relevant government departments. There is still a lot of information that is not available, but we hope that this project makes a good start towards monitoring the situation of children in South Africa and the realisation of their socio-economic rights.

Whenever new data is released, we will make it available on the *Children Count – Abantwana Babalulekile* web site at: http://www.childrencount.ci.org.za. As this project continues and new data is included with the release of national surveys, we will be able to track changes in the conditions of children and their access to services over time.

In this first edition of the *South African Child Gauge* we focus on a selection of indicators related to demographics and socio-economic rights. The tables on the following pages give basic information about care, health status, housing, water and basic services, social security, and education. Each table is accompanied by commentary that provides some context and gives a brief interpretation of the data. The data is presented for all South African children where possible, and by province. You can find more detailed information and a wider range of data – disaggregated by age, sex and race¹– and accompanying web links, documents and interpretation on the *Children Count – Abantwana Babalulekile* web site.

The sources of data

There are a number of data sources that we have used for this project. Some are administrative databases used by government departments to monitor the services they deliver. The administrative sources we have used are from the Departments of Health, Education and Social Development. Some of the HIV/AIDS data we have used 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 that we present have been developed for the first time using the *General Household Survey 2004* conducted by Statistics South Africa and analysed by Debbie Budlender of the Centre for Actuarial Research at the University of Cape Town. You can find technical notes and definitions for all the indicators on pages 67 to 69, while information about data sources are displayed on pages 70.

The theme of this *South African Child Gauge* is HIV/AIDS. The footprints of income poverty and the HIV/AIDS pandemic can be seen throughout many of the indicators and rights areas presented in *Children Count – Abantwana Babalulekile*.

Demography of South Africa's children (pages 52 – 54)

The section on demography details the number of children, orphans, and children living in child-headed households in South Africa. While many of these orphans have lost a parent – particularly a father – through accidents, violence, or other types of illness, HIV/AIDS is one of the main causes of the increase in the number of orphans. As the pandemic proceeds, it is possible that more child-headed households may occur, though often as a temporary living arrangement. While the number of children living in these circumstances is relatively small, it is a heavy burden for children to be primarily responsible for one another.

In addition, the majority of children in South Africa experience severe poverty. Some 66% of children are living in income poverty, which is defined here as children living in households that have less than R1,200 per month to spend on the needs of all their members.

Children's access to social assistance (pages 55 – 56)

The impact of the HIV/AIDS pandemic has made many children more vulnerable and in need of extra care and support – in particular financial support. One way in which the South African government has responded to the needs of children and families is by making social assistance, in the form of cash grants, available to adults and children. There are three social grants for children, namely the Child Support Grant

¹ The terms for race groups used in this part are 'Black', 'Coloured', 'Indian' and 'White'. The term 'Black' refers to the 'African' population group exclusively.

(CSG), the Care Dependency Grant (CDG), and the Foster Care Grant (FCG).

The CSG is the primary poverty alleviation mechanism for children. To date, some 67% of poor children are accessing the grant, although a large number of eligible children have yet to gain access.

The CDG is available to children with special care needs. It is aimed at children with severe disabilities. In June 2005, just over 85,000 children were receiving the CDG.

The FCG is available to parents who have a child who has been removed from his or her original family and placed in their care by an order of the court. This grant is increasingly being used to provide financial support to children who have been orphaned because of the HIV/AIDS pandemic or other causes. In June 2005, nearly 272,000 children were in receipt of a FCG.

These grants assist households to meet the basic needs of their members and contribute toward living expenses. However, many children and families cannot access these grants due to eligibility criteria and administrative requirements that often act as barriers to access.

Child health and HIV/AIDS (pages 57 – 60)

The health sections present data that shows that South Africa has a high infant mortality (death) rate. This data reflects both the poor socio-economic conditions that children live in, as well as issues related to people's access to perinatal care and maternal health. Fifty-nine out of every 1,000 children die within a year of their birth, and 95 out of every 1,000 children die before they turn five years old. Of those who do not live to their fifth birthday, 40% die as a direct consequence of HIV/AIDS. In this same age group (0 – 5 years), 3.4% of children were HIV positive in 2005, and some 260,000 children under the age of 15 years (1.7%) were estimated to be HIV positive. The data in this section also shows that few of the children in need of antiretroviral therapy necessary for their survival are able to access it.

Children's access to water, sanitation and electricity (pages 61 – 62)

Aside from the direct measures of HIV/AIDS, many children in South Africa are living in substantially less than ideal circumstances. While there has been improved access to water,

sanitation and electricity in some areas, the data points to a number of areas that still require improvement. In the Eastern Cape alone, nearly 2.5 million children live in areas where there is no proper water supply, and where they have to fetch water from rivers or distant communal taps.

Children's access to housing (pages 63 – 64)

More than 4.5 million children live in overcrowded houses and approximately 2 million live in informal dwellings and backyard shacks on the periphery of cities and towns. In addition, more than half of South Africa's children (54%) live in rural areas. A strong racial bias is evident, as 96% of rural children are Black, while only 62% of Black children live in formal housing.

Children's access to education (pages 65 – 66)

South Africa has a high enrolment rate in schools, but there is evidence that attendance is low, and that many children are not enrolled at an age-appropriate level. The gradual reduction in the learner:educator ratio at schools is positive. However, the ratio remains high for public schools, especially at primary school level. And many children are travelling long distances or walking for a long time to get to schools.

In conclusion: What is striking in many of these indicators is the great disparities between the provinces. The poorer children live in the poorer and rural provinces which are less well-serviced in terms of clinics and schools, housing and basic services. And in every indicator, the racist legacy of apartheid is evident in the heavy burdens of poverty and inequitable access to assets and services by the majority of Black children.

This data and this publication will provide benchmarks against which we can monitor the improvements in children's living conditions. We hope that it will serve as a useful information resource for those tasked with developing policy, laws and programmes that shape the lives of children in South Africa.

Demography of South Africa's children

Helen Meintjes, Annie Leatt and Lizette Berry (Children's Institute)

The United Nations General Guidelines for Periodic Reports on the Convention on the Rights of the Child, paragraph 7, says that reports made by States should be accompanied by "detailed statistical information ... Quantitative information should indicate variations between various areas of the country ... and between groups of children ..."

The number and proportion of children living in South Africa in 2004

In 2004, there were just over 18 million children in South Africa. They make up almost half (49%) of the country's population. The most children living in either KwaZulu-Natal (21%) or the Eastern Cape (18%). A further 15% live in Gauteng and 14% in Limpopo. Most children are Black. Only in the Western and Northern Cape provinces are Coloured children in the majority. Girl and boy

Table 1a: The number and proportion of children living in South Africa in 2004 by province

Province					
	Number	%			
Eastern Cape	3,215,847	18			
Free State	1,063,842	6			
Gauteng	2,641,736	15			
KwaZulu-Natal	3,792,375	21			
Limpopo	2,615,606	14			
Mpumalanga	1,307,865	7			
Northern Cape	337,192	2			
North West	1,488,646	8			
Western Cape	1,558,708	9			
South Africa	18,021,817	100			

Source: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, University of Cape Town (UCT).

Table 1c: The number and proportion of children living in South Africa in 2004 by age group

Age group		
	Number	%
0 – 5 years	5,949,840	33
6 – 12 years	7,124,436	40
13– 17 years	4,947,541	27
Total	18,021,817	100

Source: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

populations are almost equal. Of all children, 40% are currently aged between 6 and 12 years old, with one-third (33%) of all children being younger than this. These gender and age patterns apply nationally, as well as provincially. (For more details about this indicator refer to page 67.)

Table 1b: The number and proportion of children living in South Africa in 2004 by population group

Population group					
	Number	%			
Black	15,070,505	84			
Coloured	1,533,497	8			
Indian	310,163	2			
White	1,098,908	6			
Other	6,610	0			
Unspecified	2,134	0			
South Africa	18,021,817	100			

Source: Statistics South Africa (2005) *General Household Survey 2004*. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

Table 1d: The number and proportion of children living in South Africa in 2004 by sex

Sex		
	Number	%
Male	9,495,371	53
Female	8,525,503	47
Unspecified	943	0
Total	18,021,817	100

The number and proportion of orphans living in South Africa in 2004

In South Africa in 2004, there were approximately 3.3 million 'orphans' – children who had lost a biological mother, father or both parents. This is equal to 18% of all children in South Africa. In 2004, 827,755 (25%) of all orphans were resident in KwaZulu-Natal; and a further 715,713 (22%) were resident in the Eastern Cape.

The death of one parent can have different implications for children to the death of both parents, as can the death of a mother relative to the death of a father. Research suggests that the absence of a mother in particular may have greater impact on children than the absence of a father (Case & Ardington 2004). In 2004, 12% of all children had lost a biological father only, whereas 3% of all children had lost only their mother. A further 3% of all children were documented to be 'double orphans', having lost both biological parents. It is important to note that the majority of all orphans in South Africa – 68% – are paternal orphans, having lost a biological father. (For more details about this indicator refer to page 67.)

Table 2: The number and proportion of orphans living in South Africa in 2004

Province	Mate	rnal	Pate	rnal	Douk	ole	Total or	phans
	Number	%	Number	%	Number	%	Number	%
Eastern Cape	97,878	14	516,778	72	101,057	14	715,713	22
Free State	40,938	20	121,996	59	42,628	21	205,562	6
Gauteng	62,319	17	262,623	71	47,231	13	372,173	11
KwaZulu-Natal	165,125	20	515,584	62	147,046	18	827,755	25
Limpopo	47,016	12	304,330	75	56,042	14	407,388	12
Mpumalanga	45,853	20	145,875	64	37,904	17	229,632	7
Northern Cape	9,556	18	33,595	65	8,593	17	51,744	2
North West	37,588	12	213,956	69	58,281	19	309,825	10
Western Cape	27,473	16	125,171	75	13,902	8	166,546	5
South Africa	533,746	16	2,239,908	68	512,684	16	3,286,338	100

Source: Statistics South Africa (2005) General Household Survey 2004. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

The number and proportion of children living in child-headed households in South Africa in 2004

There is much concern that the number of children living in childheaded households will rapidly increase due to the HIV/AIDS pandemic, and that extended family networks will no longer be able to support orphaned children. While there is little evidence to support this notion, it is nonetheless important to monitor the prevalence and nature of childheaded households (Meintjes & Giese 2004). It seems likely that many childheaded households exist only temporarily (Meintjes & Giese 2004; Hill, Ardington & Hosegood 2005).

According to an analysis of the General Household Survey 2004

by Debbie Budlender, there were 106,741 (0.6%) children living in 53,000 (0.4%) child-headed households. The proportion of children living in child-headed households relative to those living in adult-headed households is therefore very small: 99% of children live in households where adults are resident. Almost two-thirds of children living in child-headed households were 13 years and older. More than 60% of all children living in child-headed households in July 2004 were located in Limpopo (38,754) and the Eastern Cape (28,718). (For more details about this indicator refer to page 67.)

Table 3: The number and proportion of children living in child-headed households in South Africa in 2004

Province	Adult-headed household		Child-headed household		Total
	Number	%	Number	%	Number
Eastern Cape	3,187,129	99.1	28,718	0.9	3,215,847
Free State	1,060,069	99.6	3,773	0.4	1,063,842
Gauteng	2,639,886	99.9	1,850	0.1	2,641,736
KwaZulu-Natal	3,781,330	99.7	11,044	0.3	3,792,375
Limpopo	2,576,852	98.5	38,754	1.5	2,615,606
Mpumalanga	1,300,668	99.4	7,197	0.6	1,307,865
Northern Cape	337,094	100.0	98	0.0	337,192
North West	1,473,965	99.0	14,681	1.0	1,488,646
Western Cape	1,558,082	100.0	626	0.0	1,558,708
South Africa	17,915,075	99.4	106,741	0.6	18,021,817

The number and proportion of children living in income poverty in South Africa in 2004

Children have a right to financial support through social assistance when their families do not have enough money to care for them adequately. Levels of income poverty are important because they tell us how many children may not be able to have their basic needs met; and this indicates how many children are living with severely constrained resources. Income poverty is often closely related to poor health, education, physical environments and personal safety.

Child poverty is very high in South Africa. Two-thirds (11.9 million) of children in South Africa live in households that have R1,200 per month or less. Rates of child poverty differ across the country. Limpopo has the highest rate of child poverty, at 81%. The Eastern Cape, Mpumalanga, KwaZulu-Natal and the Free State provinces have higher rates of child poverty than the national average. Nearly all poor children (95%) in South Africa are Black. (For more details about this indicator refer to page 67.)

Table 4: The number and proportion of children living in income poverty in South Africa in 2004

Province	Poor household		Non-poor household		Total
	Number	%	Number	%	Number
Eastern Cape	2,533,770	79	682,077	21	3,215,847
Free State	721,868	68	341,974	32	1,063,842
Gauteng	1,170,640	44	1,471,096	56	2,641,736
KwaZulu-Natal	2,623,460	69	1,168,915	31	3,792,375
Limpopo	2,118,486	81	497,120	19	2,615,606
Mpumalanga	910,901	70	396,964	30	1,307,865
Northern Cape	212,735	63	124,457	37	337,192
North West	1,071,098	72	417,548	28	1,488,646
Western Cape	542,192	35	1,016,516	65	1,558,708
South Africa	11,905,150	66	6,116,667	34	18,021,817

Source: Statistics South Africa (2005) General Household Survey 2004. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

Sources

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Children's access to social assistance

Annie Leatt, Helen Meintjes and Lizette Berry (Children's Institute)

The Constitution of South Africa, Section 27 (1) (c), says that, "everyone has the right to have access to social security including, if they are unable to support themselves and their dependants, appropriate social assistance". The United Nations Convention on the Rights of the Child states that every child has the right to a standard of living adequate for his or her development (Article 27).

The number and proportion of children aged 0 - 14 years receiving the Child Support Grant (CSG) in South Africa in June 2005

The government is obliged to support children directly when their parents or caregivers are not able to support them adequately due to poverty. This is done primarily through social assistance programmes such as the CSG. The fundamental purpose of the right to social assistance is to ensure that persons living in poverty are able to access a minimum level of income sufficient to meet basic subsistence needs so that they do not have to live below minimum acceptable standards. The CSG is a cash grant to the value of R180 per month per child. In June 2005, the CSG went to nearly 6 million children from 0 – 14 years old. Using the *General Household Survey 2004*, Budlender calculated that some 8.8 million children are eligible for the CSG. This is 65% of all children in the eligible age group.

Using these eligibility rates, it is estimated that 67% of eligible children are able to access the Child Support Grants across the

country. The extension to the age of 14 years began in April 2005; so there is still room for improvement in the uptake rates. By these calculations, a little more than 2.5 million eligible children had yet to access the financial support of the CSG. In order to access the grant, children's caregivers make an application and pass an income test. Children are eligible for this grant if their primary caregiver and his/her spouse have R800 per month or less in income and live in an urban area and formal house. Those who live in rural areas or informal housing in urban areas must earn R1,100 per month or less in order to qualify for this grant. There is substantial evidence that grants, including the CSG, are being spent on food, education and basic goods and services. (Samson, Lee, Ndlebe, Mac Quene, Van Niekerk, Gandhi, Harigaya & Abrahams 2004). (For more details about this indicator refer to page 67.)

Table 5: The number and proportion of children aged 0 - 14 years receiving the Child Support Grant (CSG) in South Africa in June 2005

Province	Child population	Children eligible for the CSG		Children receiving the CSG	Uptake rate
	Number	Number	%	Number	%
Eastern Cape	2,205,694	1,616,774	73	1,078,442	67
Free State	725,750	511,654	71	361,318	71
Gauteng	2,137,682	1,006,848	47	723,432	72
KwaZulu-Natal	2,905,733	2,057,259	71	1,338,045	65
Limpopo	1,890,829	1,353,834	72	990,194	73
Mpumalanga	999,662	681,769	68	489,663	72
Northern Cape	240,585	156,621	65	101,728	65
North West	1,131,625	804,585	71	465,242	58
Western Cape	1,227,683	605,248	49	365,655	60
South Africa	13,465,243	8,792,804 ²	65	5,913,719	67

SOURCE: Department of Social Development (2005) SOCPEN database. Pretoria: Department of Social Development. Eligibility analysis by Debbie Budlender, Centre for Actuarial Research, UCT, using Statistics South Africa (2005) General Household Survey 2004. Pretoria: Statistics South Africa.

¹ Social assistance is made up of non-contributory social grants to adults and children, funded as part of the South African national budget.

² Due to rounding-off error, this figure does not reflect the exact sum of the provincial estimates.

Social assistance is available to children with special care needs in the form of a cash grant called the Care Dependency Grant (CDG). This grant is provided to caregivers of children who require permanent home care because of severe disability. We are not able to develop an uptake rate of the CDG because there is little data on the number of children living with disability in South Africa, and none on children who are severely disabled and in need of 24-hour care. Although the grant is targeted at children with severe disabilities, children with chronic illnesses are eligible for the grant once the illness becomes disabiling.

In the context of AIDS, the grant can assist caregivers to care for children who are very sick. In June 2005, 85,698 children were receiving the CDG. This figure is up by 7% from 2004, when just over 80,000 children were receiving this sort of support. From April 2005, the value of the grant was R760 per month. (For more details about this indicator refer to page 67.)

Table 6: The number of children receiving the Care Dependency Grant (CDG) in South Africa for June 2004 and June 2005

Province	June 2004	June 2005
Eastern Cape	18,246	19,925
Free State	3,210	3,401
Gauteng	10,522	11,468
KwaZulu-Natal	20,510	20,994
Limpopo	8,844	9,609
Mpumalanga	4,188	4,273
Northern Cape	1,853	2,186
North West	6,424	6,961
Western Cape	6,290	6,881
South Africa	80,087	85,698

Source: Department of Social Development (2005) *SOCPEN database*. Pretoria: Department of Social Development.

The number of children receiving the Foster Care Grant (FCG) in South Africa for June 2004 and June 2005

The Foster Care Grant (FCG) is a non-contributory cash grant to the value of R560 per child per month. It is available to foster parents who have had a child placed in their care by an order of the court. The grant was initially intended as financial support for children who had been removed from their families and placed in foster care for protection against situations of abuse or neglect. However, it is increasingly being used to provide financial support to children who have lost parents because of the HIV/AIDS pandemic or other causes.

At the end of June 2005, nearly 272,000 children from birth to the age of 18 years were receiving a FCG. This is 56,000 more than in June 2004 – a 26% increase. It is not possible to calculate an uptake rate for the FCG. If we compare the 272,000 children receiving the grant with only the orphan figures for example, it is clear that only a small proportion of children who under current policy would be eligible on their orphan status alone are receiving this grant, as more than half a million children had lost both parents in 2004. (For more details about this indicator refer to page 67.)

Table 7: The number of children receiving the Foster Care Grant (FCG) in South Africa for June 2004 and June 2005

Province	June 2004	June 2005
Eastern Cape	39,772	53,383
Free State	25,140	33,653
Gauteng	28,281	34,647
KwaZulu-Natal	49,462	57,351
Limpopo	18,718	25,615
Mpumalanga	7,642	12,662
Northern Cape	8,693	9,480
North West	14,154	19,000
Western Cape	23,903	26,026
South Africa	215,765	271,817

Source: Department of Social Development (2005) *SOCPEN database*. Pretoria: Department of Social Development.

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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 faired 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 underfive 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	Deaths per
	1,000 live births	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 ¹	59.0	95.0

Source: Bradshaw D, Nannan N, Laubscher R, Groenewald P, Joubert J, Nojilana B, Norman R, Pleterse 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.

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. Undernutrition 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.

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Child health: HIV/AIDS

Maylene Shung-King, Kashifa Abrahams and Lizette Berry (Children's Institute)

The Constitution of South Africa, Section 28 (1) (c), gives children "the right to basic nutrition, shelter, basic health care services, and social 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 leading causes of deaths among children under five years of age in South Africa for 2000

Monitoring the deaths of children is crucial if we are truly committed to ensuring children's right to life, survival and development. The majority of causes of children's death in the country are preventable. HIV/AIDS remains the leading cause of deaths among children under-five years of age, nationally and across all provinces, primarily due to transmission before and during the birth process. Diseases of poverty account for at least 30% of all under-five child deaths. Injury-related causes rise in number for children older than five

years old (Bradshaw, Bourne & Nannan 2003).

Social determinants of health make children living in impoverished conditions more vulnerable to becoming ill more frequently, which could lead to their death. Thus health interventions alone would be insufficient – economic and environmental changes would also be required to ensure long-term improvements in the health status of children and the prevention of such deaths. (For more details about this indicator refer to page 68.)

Table 10: The percentage of leading causes of deaths among children under five years of age in South Africa for 2000

Province	HIV/	//AIDS Diarrhoeal diseases		Lower respiratory infections		Low birth weight		
	% Male	% Female	% Male	% Female	% Male	% Female	% Male	% Female
Eastern Cape	27	30	15	17	7	7	5	6
Free State	40	43	11	10	8	8	7	7
Gauteng	46	49	5	6	5	5	5	5
KwaZulu-Natal	49	52	10	10	6	5	5	4
Limpopo	37	40	16	15	6	5	7	6
Mpumalanga	47	50	11	11	6	6	7	4
Northern Cape	25	28	17	15	5	8	10	9
North West	40	43	11	13	8	9	7	6
Western Cape	20	23	10	11	7	6	11	6
South Africa 1		40	1	0		6	1	1

Source: Bradshaw D, Nannan N, Laubscher R, Groenewald P, Joubert J, Nojilana B, Norman R, Pleterse 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 HIV-prevalence rate among children in South Africa from 2000 to 2005

The HIV-prevalence rate refers to the proportion of children, at a given period, who have HIV infection. South Africa is currently experiencing an overwhelming HIV pandemic. Many children are infected with HIV or have become ill and died due to AIDS. The majority of children are infected before and during the birth process. Children may also become infected through being sexually abused by an HIV-positive person or through sexual intercourse. It is of critical importance to know the numbers of children that are infected with HIV.

Current estimates from the Actuarial Society of South Africa (ASSA) model suggests a prevalence rate of 1% in 2000, almost doubling to 1.7% in 2005 for children under the age of 15. For children aged 0 – 5 years, the rate increased from 2.1% in 2000 to 3.4% in 2005. For children aged 6 – 12 years, the rate increased from 0.1% to 0.8% between 2000 and 2005. These figures bear out that the greater proportion of children with HIV are those younger than five years of age. A total number of 260,000 children under the age of 15 years are estimated to be living with HIV infection (ASSA 2004). (For more details about this indicator refer to page 68.)

Table 11: The HIV-prevalence rate among children in South Africa from 2000 to 2005

Age group	2000	2001	2002	2003	2004	2005
	%	%	%	%	%	%
0 – 5 years	2.1	2.6	3.0	3.2	3.4	3.4
6 – 12 years	0.1	0.2	0.3	0.4	0.6	0.8
0 – 14 years	1.0	1.2	1.4	1.5	1.6	1.7

Source: Actuarial Society of South Africa (2004) ASSA2002 AIDS and Demographic Model. Available: http://www.assa.org.za

The proportion of children receiving antiretroviral therapy (ART) in South Africa from 2000 to 2004

The HIV pandemic is currently one of the largest and most serious infectious diseases affecting children in South Africa. Many children themselves are infected, as described previously. Children that become infected can progress to getting AIDS. They thus need antiretroviral (ARV) medication to delay the onset of AIDS, as it invariably leads to death. In November 2003, the government released an *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa*. Children are an important group of people infected with HIV/AIDS and therefore the monitoring of the extent to which children are prioritised in the ARV roll-out is a critical child rights issue. This indicator tells us how many children that should be accessing ARV treatment do in fact manage to do so.

It is difficult to comment on trends, as the ARV roll-out has only been in place for one-and-a-half years. The roll-out also began later in some provinces than in others. However, it is already clear that sites that provide ARVs to children are far fewer than those servicing adults. Whilst the current coverage for children, as a proportion of all people receiving ARVs, is 10% on average nationally, the interprovincial variations range from less than 1% in Mpumalanga to nearly 17% in the Western Cape (Treatment Action Campaign 2005). The modelled data suggests that the average national proportion of children receiving ARVs has steadily increased from 2% in 2002 to 17% in 2004. (For more details about this indicator refer to page 68.)

Table 12: The proportion of children receiving antiretroviral therapy (ART) in South Africa from 2000 to 2004

Age group	2000	2001	2002	2003	2004
	%	%	%	%	%
0 – 18 years	2.0	4.0	6.0	8.0	17.0

Source: Actuarial Society of South Africa (2004) ASSA2002 AIDS and Demographic Model. Available: http://www.assa.org.za

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Children's access to water, sanitation and electricity

Annie Leatt and Lizette Berry (Children's Institute)

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 (1) (2) (c) of the United Nations Convention on the Rights of the Child states that States Parties should "recognise the right to the enjoyment of the highest attainable standard of health ... through the provision of clean drinking-water".

The number and proportion of children living in households with adequate water in South Africa in 2004

Across South Africa, there are some 7.7 million children whose families rely on unsafe or distant water sources. They make up 43% of all children in South Africa. There is a significant racial bias in the distribution of adequate water as 99% of children without access to water on site are Black.

Some areas are performing well in delivering water to children. The Western Cape, Northern Cape and Gauteng provinces all have more than 90% of their child populations able to access water on site. In contrast, some provinces have well over half of their children

exposed to inadequate water sources. This means that they are exposed to health risks or are responsible for fetching and carrying water to their homes. The Eastern Cape is home to nearly 2.5 million children (76%) living under such circumstances. In Limpopo, 60% of children are living without water on site, and 58% in KwaZulu-Natal are living in similar conditions. Lack of access to adequate water is also closely related to poor sanitation and hygiene. (For more details about this indicator refer to page 69.)

Table 13: The number and proportion of children living in households with adequate water in South Africa in 2004

Province	Adequate		Inade	quate	Total
	Number	%	Number	%	Number
Eastern Cape	782,685	24	2,433,162	76	3,215,847
Free State	902,396	85	161,446	15	1,063,842
Gauteng	2,435,458	92	206,278	8	2,641,736
KwaZulu-Natal	1,608,636	42	2,183,739	58	3,792,375
Limpopo	1,047,299	40	1,568,307	60	2,615,606
Mpumalanga	877,356	67	430,509	33	1,307,865
Northern Cape	307,641	91	29,551	9	337,192
North West	841,374	57	647,272	43	1,488,646
Western Cape	1,456,965	93	101,743	7	1,558,708
South Africa	10,259,810	57	7,762,007	43	18,021,817

The number and proportion of children living in households with adequate sanitation in South Africa in 2004

Good sanitation is essential for safe and healthy childhoods. There are a number of negative consequences for children and youths who are not able to access good toilets. It is very difficult to maintain good hygiene without water and toilets, and children are exposed to worms and bacterial infection. Public toilets and open bush can be dangerous and girls are especially likely to need clean and private toilet facilities. The use of buckets and open *veldt* (fields) is also likely to have consequences for water quality in the area, and can lead to the spread of disease.

There are large numbers of South Africans under the age of 18 years without access to adequate sanitation. Just over half of South African children have access to adequate toilet facilities, while the other 8.75 million are using inadequate facilities. More than two-thirds of all children in the Eastern Cape (73%) and Limpopo (71%) are reliant on inadequate sanitation. According to an analysis of the *General Household Survey 2004* by Debbie Budlender, nearly all children using inadequate sanitation facilities are Black and only 43% of Black children live in households with access to flush toilets or improved ventilated pit toilets. (For more details about this indicator refer to page 69.)

Table 14: The number and proportion of children living in households with adequate sanitation in South Africa in 2004

Province	Adequ	ıate	Inade	Total	
	Number	%	Number	%	Number
Eastern Cape	869,424	27	2,346,423	73	3,215,847
Free State	644,280	61	419,562	39	1,063,842
Gauteng	2,357,434	89	284,302	11	2,641,736
KwaZulu-Natal	1,555,960	41	2,236,415	59	3,792,375
Limpopo	755,390	29	1,860,216	71	2,615,606
Mpumalanga	570,765	44	737,100	56	1,307,865
Northern Cape	268,431	80	68,761	20	337,192
North West	783,443	53	705,203	47	1,488,646
Western Cape	1,462,033	94	96,675	6	1,558,708
South Africa	9,267,160	51	8,754,657	49	18,021,817

Source: Statistics South Africa (2005) General Household Survey 2004. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

The number and proportion of children living in households with an electricity connection in South Africa in 2004

Access to electricity in the physical structure of the house is important for a range of reasons. Where there is no electricity, families use fuels for heating and cooking. These pose health hazards. Wood or dung fires can result in chest infections. Where families do not have access to fridges, they are also less likely to be able to keep food fresh.

There are a number of time-use consequences to not having electricity. It is usually women and children who collect wood and other fuels, and more effort is required in cooking and heating.

Also, the lack of adequate electric lighting is a contributing factor in children not being able to study after dark.

In June 2004, 76% of children in South Africa lived in households that were connected to electricity. There are some provinces, however, where an electricity connection is still difficult to access. In the Eastern Cape, 1.5 million children (47%) do not have electricity connections on site. Another 1.4 million children (38%) in KwaZulu-Natal are in the same situation. (For more details about this indicator refer to page 69.)

Table 15: The number and proportion of children living in households with an electricity connection in South Africa in 2004

Province	Connec	Connected		Not connected		Unspecified	
	Number	%	Number	%	Number	%	Number
Eastern Cape	1,688,944	53	1,525,637	47	1,266	0	3,215,847
Free State	919,071	86	143,541	13	1,230	0	1,063,842
Gauteng	2,392,998	91	242,742	9	5,996	0	2,641,736
KwaZulu-Natal	2,364,592	62	1,427,783	38	0	0	3,792,375
Limpopo	2,054,565	79	560,393	21	648	0	2,615,606
Mpumalanga	1,092,455	84	213,525	16	1,885	0	1,307,865
Northern Cape	297,030	88	40,162	12	0	0	337,192
North West	1,374,988	92	113,658	8	0	0	1,488,646
Western Cape	1,450,041	93	106,761	7	1,906	0	1,558,708
South Africa	13,634,684	76	4,374,202	24	12,931	0	18,021,817

Source: Statistics South Africa (2005) General Household Survey 2004. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

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Children's access to housing

Katharine Hall and Lizette Berry (Children's Institute)

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 27 of the United Nations Convention on the Rights of the Child states that every child has the right to a standard of living adequate for his/her development.

The number and proportion of children relative to their area of residence in South Africa in 2004

It is useful to know where children are living because the type of area is closely related to services and facilities available and accessible to them. In addition, the location of children in urban or rural areas directly influences their access to formal housing. More than half of South Africa's children (54%) live in rural areas. Furthermore, 96% of rural children are Black.

There are marked provincial differences in the rural and urban distribution of the population. The Limpopo, Eastern Cape and KwaZulu-Natal provinces are home to about three-quarters (74%) of all rural children in South Africa. Gauteng is almost entirely urban and the Western Cape is 87% urbanised.

Adults living in rural areas often move to urban centres in search of work, while their children remain in rural areas. Babies younger than one year are more likely to be living in urban areas than older children, suggesting that babies born in urban areas initially remain with their mothers. According to an analysis of the *General Household Survey 2004* by Debbie Budlender, after one year of age, the proportion of babies in urban areas drops from 53% to 49%. (For more details about this indicator refer to page 69.)

Table 16: The number and proportion of children relative to their area of residence in South Africa in 2004

Province	Urban		Ru	Total	
	Number	%	Number	%	Number
Eastern Cape	753,285	23	2,462,562	77	3,215,847
Free State	718,994	68	344,848	32	1,063,842
Gauteng	2,547,854	96	93,882	4	2,641,736
KwaZulu-Natal	1,386,456	37	2,405,919	63	3,792,375
Limpopo	302,005	12	2,313,601	88	2,615,606
Mpumalanga	454,836	35	853,029	65	1,307,865
Northern Cape	254,097	75	83,095	25	337,192
North West	497,297	33	991,349	67	1,488,646
Western Cape	1,348,411	87	210,297	13	1,558,708
South Africa	8,263,235	46	9,758,582	54	18,021,817

The number and proportion of children relative to their type of housing in South Africa in 2004

Children have a right to adequate housing. This means that they should not have to live in informal dwellings. In South Africa, almost 2 million children live in backyard dwellings or shacks in informal settlements. Children in formal areas are likely to have better access to facilities than those in informal settlements, who are also more exposed to hazards such as shack fires and paraffin poisoning.

Housing provides the context for family life. Since migrant labour often leads to children living apart from their parents in rural areas, access to formal housing enables children to live with their parents in urban areas. Nevertheless, the greatest proportions of inadequately

housed children are in the provinces with large metropolitan centres, since it is in these areas that rapid urbanisation leads to the growth of informal settlements.

About a third of all children (32%) living in informal and backyard housing are in the Gauteng province. According to an analysis of the *General Household Survey 2004* by Debbie Budlender, there is great racial inequality in children's housing: 99% of White children live in formal housing, while only 62% of Black children live in formal houses, and 12% are inadequately housed. (For more details about this indicator refer to page 69.)

Table 17: The number and proportion of children relative to their type of housing in South Africa in 2004

Province	Adequa	ite	Inadequa	ate	Traditional d	welling	Other/unspe	cified	Total
	Number	%	Number	%	Number	%	Number	%	Number
Eastern Cape	1,065,495	33	194,295	6	1,948,109	61	7,948	0	3,215,847
Free State	772,108	73	197,868	19	91,306	9	2,560	0	1,063,842
Gauteng	1,976,132	75	632,261	24	10,655	0	22,688	1	2,641,736
KwaZulu-Natal	1,970,587	52	353,776	9	1,468,012	39	0	0	3,792,375
Limpopo	2,240,499	86	78,507	3	294,887	11	1,713	0	2,615,606
Mpumalanga	1,056,842	81	145,457	11	103,507	8	2,059	0	1,307,865
Northern Cape	308,951	92	22,167	7	5,422	2	652	0	337,192
North West	1,335,874	90	119,614	8	33,158	2	0	0	1,488,646
Western Cape	1,304,895	84	236,082	15	0	0	17,731	1	1,558,708
South Africa	12,031,383	67	1,980,027	11	3,955,056	22	55,351	0	18,021,817

Source: Statistics South Africa (2005) General Household Survey 2004. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

The number and proportion of children living in overcrowded dwellings in South Africa in 2004

Over 4.5 million children, or a quarter of all children in South Africa, live in overcrowded households. A dwelling is overcrowded when there is a ratio of more than two people per room (excluding bathrooms but including kitchens and living rooms). Overcrowding is related to a shortage of housing. Although the government has been providing new housing, this is not enough to keep up with the pace of population growth and urbanisation.

Overcrowding is a problem because it can undermine other needs, like privacy. Children in crowded households may struggle to negotiate space for their own activities. Overcrowding also places children at greater risk of sexual abuse, especially where boys and

girls have to share beds, or children have to sleep with adults. Children under the age of six years old are marginally more likely than older children to live in overcrowded households. According to an analysis of the *General Household Survey 2004* by Debbie Budlender, a strong racial bias is also evident: over 90% of all children living in overcrowded households are Black, and less than 1% are White children.

Overcrowding is also a problem when services and other programmes do not take into account the size of the household. Children who live in crowded households not only have less living space, but may also have poorer services. (For more details about this indicator refer to page 69.)

Table 18: The number and proportion of children living in overcrowded dwellings in South Africa in 2004

Province	Overcrowded	dwellings	Non-crowded	dwellings	Total
	Number	%	Number	%	Number
Eastern Cape	983,080	31	2,232,767	69	3,215,847
Free State	316,466	30	747,376	70	1,063,842
Gauteng	623,892	24	2,017,844	76	2,641,736
KwaZulu-Natal	880,827	23	2,911,548	77	3,792,375
Limpopo	494,894	19	2,120,712	81	2,615,606
Mpumalanga	309,242	24	998,623	76	1,307,865
Northern Cape	102,113	30	235,079	70	337,192
North West	409,174	27	1,079,472	73	1,488,646
Western Cape	442,052	28	1,116,656	72	1,558,708
South Africa	4,561,740	25	13,460,077	75	18,021,817

Source: Statistics South Africa (2005) General Household Survey 2004. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

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Children's access to education

Lizette Berry and Norma Rudolph (Children's Institute)

Section 29 (1) (a) of the Constitution of South Africa states that "everyone has the right to a basic education".

Article 28 (1) of the United Nations Convention on the Rights of the Child states that States Parties should recognise "the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity ... ".

The Gross Enrolment Ratio (GER) for children enrolled in ordinary schools in South Africa in 2001

Education is a critical socio-economic right that provides the foundation for children's lifelong learning and work opportunities. On the whole, the Gross Enrolment Ratio¹ indicates that children's participation levels in the South African schooling system are high. However, children may be enrolled in school but not necessarily attending regularly.

In 2001, the national GER for primary and secondary school stood at 103%. It was lower for secondary schools (86%) but the ratio remained high for primary schools, at 117%. Rates of over 100% indicate the proportions of under- and over-aged children

enrolled in the school system. The Net Enrolment Ratio (NER)² tells us about the proportion of age-appropriate children that are enrolled in a particular school phase, e.g. primary school phase. According to the UNESCO Institute of Statistics, the NER in South Africa in 2002/03 was 89% for the primary school phase, and an estimated 66% for the secondary school phase. It is concerning that an estimated one-third of the population of secondary schoolaged children was not enrolled in secondary school in 2002/03. (For more details about this indicator refer to page 69.)

Table 19: The Gross Enrolment Ratio (GER) for children enrolled in ordinary schools in South Africa in 2001

Province	Primary school		Secondar	Secondary school		Total	
	Number of learners	Ratio	Number of learners	Ratio	Number of learners	Ratio	
Eastern Cape	1,421,752	125	585,998	67	2,007,750	100	
Free State	433,142	117	260,474	89	693,616	105	
Gauteng	963,633	112	568,178	96	1,531,811	106	
KwaZulu-Natal	1,685,113	122	931,615	91	2,616,728	109	
Limpopo	1,063,960	110	647,917	90	1,711,877	101	
Mpumalanga	564,205	122	331,829	97	896,034	111	
Northern Cape	128,277	100	63,448	66	191,725	86	
North West	567,973	108	321,995	85	889,968	98	
Western Cape	585,361	111	317,820	82	903,181	99	
South Africa	7,413,416	117	4,029,282 ³	86	11,442,698 ⁴	103	

Source: Department of Education (2003) Education statistics in South Africa at a glance in 2001. Pretoria: Department of Education.

¹ The GER is defined as the number of learners enrolled in a school phase regardless of age, as a proportion of the appropriate age group in the population (e.g. 7-year-olds to 18-year-olds) and is expressed as a percentage.

This indicator is defined as the enrolment of the school age group for a level of education (e.g. primary), expressed as a percentage of the population in that age group. See: UNESCO Institute of Statistics (2005) UNESCO Institute for Statistics. Glossary. Viewed: 21 September 2005: http://www.uis.unesco.org/glossary/Term.aspx?name=Net enrolment rate&lang=en.

³ This figure does not reflect the exact sum of the provincial figures.

This figure does not reflect the exact sum of the provincial figures.

The learner-to-educator ratio for children enrolled in ordinary schools in South Africa in 2001

Educators and classroom assistants are a key resource requirement that aid in the learning process. The number of children per educator in a classroom setting is an important indicator of the individual attention a child receives from the educator. In the context of HIV/AIDS, it is necessary for educators to be in touch with individual children's circumstances and to offer care and support to children in need of assistance. This becomes increasingly difficult if an educator has large numbers of children to attend to.

South Africa has seen a gradual reduction in the learner-to-educator ratio. There are huge differences in the learner-to-educator ratio between public and independent schools. Primary school ratios tend to be higher than secondary school ratios. Provincial analyses show that only the Eastern Cape, KwaZulu-Natal and the Limpopo provinces experienced a decrease in the ratio, while the remaining provinces showed an incline between 1999 and 2001 (Department of Education 2001; Department of Education 2003). The differences between provincial ratios indicate that inequity among provinces is still cause for concern. (For more details about this indicator refer to page 69.)

Table 20: The learner-to-educator ratio for children enrolled in ordinary schools in South Africa in 2001

Province	Public and independent schools					
	Number of learners	Ratio				
Eastern Cape	2,033,832	33.2				
Free State	716,021	31.2				
Gauteng	1,561,359	30.7				
KwaZulu-Natal	2,698,453	36.3				
Limpopo	1,816,189	31.6				
Mpumalanga	903,997	36.9				
Northern Cape	197,101	31.0				
North West	893,144	30.6				
Western Cape	918,030	33.7				
South Africa	11,738,126	33.1				

Source: Department of Education (2003) Education statistics in South Africa at a glance in 2001. Pretoria: Department of Education

The number and proportion of children relative to the distance travelled to school⁵ in South Africa in 2004

Access to education is essential to ensure that children are given the opportunity to develop their full potential. It is also a key socio-economic right. The location of a child's school in relation to his or her home can pose a barrier to accessing education. Influencing factors include the availability of transport, community safety and environmental factors. Young children are most vulnerable and in danger of falling victim to foul play if travelling to school by themselves. Children are also likely to be physically tired from their long journey, which has a number of effects on their ability to learn.

According to Budlender's analysis of the *General Household Survey 2004*, of the 7.4 million children of primary school-age living

in South Africa, 1.3 million attend schools that are far from their homes. The majority of these children live in the KwaZulu-Natal and the Eastern Cape provinces. Slightly fewer than 5 million children in South Africa are of secondary school-age. Exactly one-third of these children (33%) attend schools that are situated far from their homes. On the whole, one-quarter (25%) of South African school-aged children travel far distances to reach their schools. Of the nine provinces, the Eastern Cape (33%), KwaZulu-Natal (35%), North West (25%), Mpumalanga (29%) and Limpopo (25%) provinces have one-quarter or more of their children attending far-away schools. (For more details about this indicator refer to page 69.)

Table 21: The number and proportion of children relative to the distance travelled to school⁵ in South Africa in 2004

Province	School is not far from home		School is far	Total	
	Number	%	Number	%	Number
Eastern Cape	1,482,819	67	716,455	33	2,199,274
Free State	564,293	81	129,876	19	694,169
Gauteng	1,476,898	88	198,374	12	1,675,272
KwaZulu-Natal	1,676,442	65	903,824	35	2,580,266
Limpopo	1,374,965	75	446,368	25	1,821,333
Mpumalanga	609,158	71	251,597	29	860,755
Northern Cape	164,924	80	41,469	20	206,393
North West	736,544	75	249,390	25	985,934
Western Cape	951,655	91	96,922	9	1,048,577
South Africa	9,037,698	75	3,034,275	25	12,071,973

Source: Statistics South Africa (2005) General Household Survey 2004. Pretoria, Cape Town: Statistics South Africa. Analysis by Debbie Budlender, Centre for Actuarial Research, UCT.

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These figures refer to children travelling to primary and secondary schools.