facts about child deaths in South Africa (2006)

Children Count Abantwana Babalulekile

Fact sheet No.1 of 2006

Introduction

When South Africa adopted its democratic Constitution and ratified the United Nations Convention on the Rights of the Child (CRC) in the mid-90s, it promised to *put children first*. This means that children have to be treated as the country's number one priority by ensuring that their right to survival and development is respected, protected, promoted and fulfilled (1, 2, 3). As the country moves into a second decade of democracy, the government is reviewing its progress through monitoring and evaluation, with the aim of improving service delivery. Child deaths are one of many crucial indications of a country's progress in meeting its obligations to children.

The Children's Institute focuses on producing information about the status of children in accessible formats for a wide range of audiences. The purpose of this fact sheet is to provide the reader with an overview of child deaths in South Africa. It presents a profile of child deaths, including the number and causes, and aims to raise awareness about why child deaths should concern every duty-bearer in the country. It was jointly produced by the *Children Count – Abantwana Babalulekile Project* and the Child Health Services Programme at the Children's Institute.

What is the current global state of child survival?

In 2004 it was estimated that over 10.5 million children younger than five years died across the world from preventable diseases. The majority of these deaths occurred in poor countries. Child survival prospects remain dismal in Africa given the HIV/AIDS pandemic, coupled with the impact of poverty, famine and war in many areas. In a Sub-Saharan country like South Africa, a poor child is four times more likely to die before their fifth birthday than a rich child. According to the latest United Nations Children's Fund report on *The State of the World's Children*, "every minute, a child under 15 years dies of an AIDS-related illness" (4). The figure for South Africa is just as bleak: Every hour, 10 children under the age of five die from a preventable condition, according to the South African Medical Research Council's National Burden of Disease Study (MRC-NBOD) for the year 2000 (5).

Why be concerned with child deaths?

Studying and reporting on the mortality (death rate) of children is necessary because: (a) it is a common indicator of major health problems; (b) mortality is more easily defined and measured than morbidity (incidence of disease); and (c) it helps to identify groups of people that have a higher risk of dying (in terms of age and population group) because of particular diseases. This in turn enables health planners to channel resources to those areas where the greatest need exists (6). The infant mortality rate is a commonly used indicator of the health status of infants. It also reflects the socio-economic conditions in which infants and their families live.

Children's right to life, dignity, equality, food, water, sanitation, health care, shelter, education, social services and protection from abuse and neglect are clearly stipulated in the South African Constitution. These rights are acknowledged in commitments made in the National Programme of Action for Children and in the CRC. South Africa has also adopted the Millennium Development Goals (MDGs), which it is committed to achieve by 2015. One of the MDGs is aimed at reducing the mortality rate of under-five-year-old children by two-thirds (7). Achieving these goals remains a contentious issue as the government and civil society appear to be at opposing ends in their views about how South Africa is fairing in this regard.

According to Statistics South Africa (StatsSA), children – defined as persons younger than 18 years of age – make up 49% (18,021,817) of the population (8). The MRC-NBOD Study for the year 2000 estimates that more than 100,000 children die every year, and national estimates indicate that childhood deaths are likely to continue to rise as a consequence of HIV/AIDS, diseases of poverty and trauma injuries. These alarming statistics point to the urgent need to ensure that the commitment to child survival in the CRC is met. This requires a coherent understanding of the causes of child deaths that extends beyond a medical explanation only. There are numerous social determinants of health that contribute to the escalating number of child deaths. It is important that duty-bearers and decision-makers have access to pertinent information on child deaths. Duty-bearers include the government and civil society, which both have a key responsibility to uphold and realise the rights of the nation's children. Statistics on child deaths will therefore not only indicate where duty-bearers have failed children, but will also serve as monitoring mechanisms indicating which child health measures have not worked, and what action is needed to minimise child deaths in future.

Every hour, 10 children under the age of five die from a preventable condition

About *Children Count – Abantwana Babalulekile*

children's institute
child rights in focus

Children Count – Abantwana Babalulekile is a project of the Children's Institute, University of Cape Town. The project is aimed at monitoring the realisation of children's socio-economic rights in South Africa. It presents child-centred data on basic demographics and care arrangements for children, as well as on the areas of education, health (including HIV/AIDS), housing, nutrition, social assistance, and water. This fact sheet is one of a series aimed at informing the government and civil society about the situation of South Africa's children. The project hosts an interactive website of child-centred data on socio-economic indicators, which can be accessed at: www://childrencount.ci.org.za.

how many children die in South Africa?

The child deaths described below have been arranged according to age groups and as they appear in official statistics.

Perinatal mortality rate

The perinatal mortality rate (PNMR) reflects the death rate of babies from 24 weeks gestational age to seven days after birth. This has been estimated to be 40 out of every 1,000 live births [9].

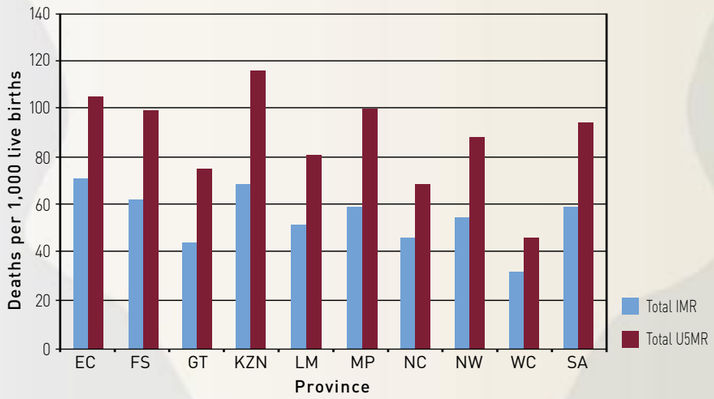
Neonatal death rate

The neonatal death rate (NNDR) reflects the number of babies who die within 28 days after birth. Based on the *South African Demographic Health Survey* for 1998, this death rate stood at 20 out of every 1,000 live births [10].

Infant mortality rate

The infant mortality rate (IMR) reflects the rate at which children die before their first birthday. The national IMR for the year 2000 was estimated at 60 out of every 1,000 live births, according to the MRC-NBOD Study. This means that *every hour, six babies under the age of one die.*

Diagram 1: Total IMR and U5MR for 2000, by province



Source: *South African National Burden of Disease Study 2000: Estimates of Provincial Mortality* [11]

Under-five mortality rate

The under-five mortality rate (U5MR) reflects the rate of deaths among children younger than five years. The national U5MR for 2000 was estimated at 95 per 1,000 live births, according to the MRC-NBOD Study. This means that *every year, an additional 35,000 children over the age of one year die.* Put differently: *Every hour, 10 children under the age of five die.*

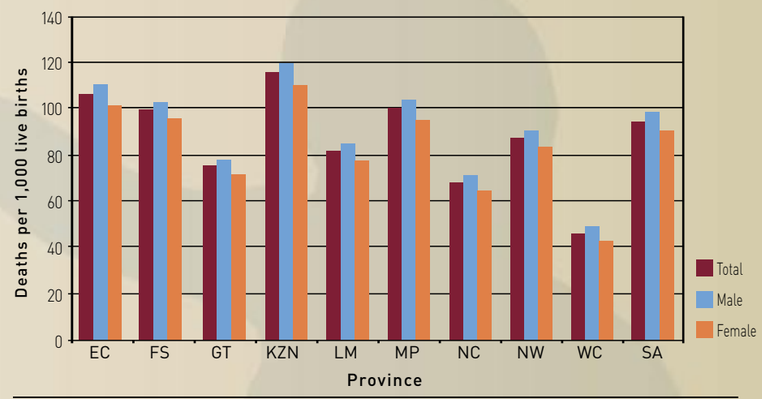
Diagram 1 displays the total IMR and U5MR across the nine provinces in South Africa. Inequities between provinces are stark, with most under-five deaths occurring in KwaZulu-Natal, followed by the Eastern Cape, which also has the highest IMR. The Western Cape has the lowest IMR and U5MR. These huge differences can be attributed to unequal resources within provinces, and the impact of the HIV/AIDS pandemic.

Diagram 2 shows the U5MR by sex and province. The *1998 Demographic Health Survey* estimated that boys had a 25% higher infant mortality rate than girls. This is a universal pattern.

South Africa's progress toward achieving the MDGs has become increasingly important as it reflects how the country is fairing in terms of child survival. Currently, the prospect of having to reduce the child death figures in **Table 1** by two-thirds by 2015 seems dismal.

According to the Department of Health's 2005 country report on the MDGs, South Africa needs to decrease the U5MR to 20 out of every 1,000 live births. An even more challenging order would be to decrease the IMR to 15 per every 1,000 live births when the latest prediction (from the MRC-NBOD Study) indicated an increase in the death rate.

Diagram 2: Under-five mortality rates for 2000, by sex and province



Source: *South African National Burden of Disease Study 2000: Estimates of Provincial Mortality* [11]

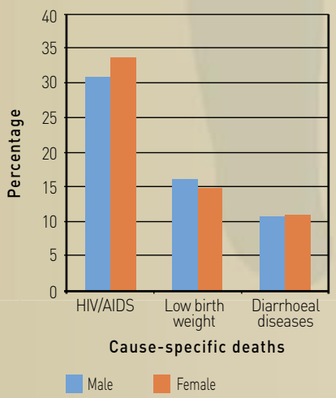
Table 1: Striving towards the Millennium Development Goal survival targets

INDICATOR	1998 SA Demographic Health Survey	2000 MRC Burden of Disease Study	2015 MDG
IMR	45/1,000	60/1,000	15/1,000
U5MR	59/1,000	95/1,000	20/1,000

Sources: *South Africa Demographic Health Survey 1998* [12]; *What are the leading causes of death among South African children?* [13]; *Millennium Development Goals Country Report – South Africa* [14]

why do so many children die in South Africa?

Diagram 3: Top three causes of infant deaths in South Africa (2000)



Source: *What are the leading causes of death among South African children?* [13]

What are the key causes of child deaths?

The main causes of death for children younger than five years

- HIV/AIDS contributes to 40% of child deaths, according to the MRC-NBOD Study for the year 2000.
- Diseases of poverty, which include low birth weight, diarrhoeal disease, lower respiratory infections and protein-energy malnutrition, contribute another 30% of these deaths.

Table 2 reflects the top three causes of deaths for boys and girls under the age of one year, with HIV/AIDS clearly dominating.

The main causes of death for children older than five years

Diagram 4 reflects the common causes of child deaths (5 – 14 years), per province and by sex, for 2000. The causes are grouped according to disease categories commonly used by research and government agencies:

- Communicable diseases refer to conditions resulting in death because of infections (e.g. tuberculoses, diarrhoeal disease, chest infections, perinatal conditions such as low birth weight, and nutritional deficiencies like protein-energy malnutrition. Collectively, these causes of death are commonly referred to as *diseases of poverty* as they can be largely prevented if socio-economic conditions are improved. HIV/AIDS is one condition that needs particular monitoring given its pandemic status.
- Non-communicable diseases refer to different cancers; nervous systems disorders such as epilepsy; particular respiratory conditions such as asthma; and congenital abnormalities, for example congenital heart disease. What is interesting is that epilepsy featured as a leading cause of death for female children living in the Free State and the Northern Cape provinces.
- Group III injuries refer to those deaths considered as unintentional, such as road traffic accidents, falls, drowning, fires and poisoning, as well as intentional injuries due to suicide and homicide. Road traffic accidents were a common cause of death in the Eastern Cape, Gauteng, KwaZulu-Natal and Limpopo provinces. Drowning featured prominently as a leading cause of death for males in the Free State, Mpumalanga, the North West, the Northern Cape and the Western Cape provinces.

Diagram 2: Death rates per 100, 000 population, by group causes of death for childern 5 – 14 years

	GROUP I Communicable diseases* (per 100,000)		GROUP I HIV/AIDS (per 100,000)		GROUP II Non-communicable diseases (per 100,000)		GROUP III Injuries (per 100,000)		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
EC	15	15	6	6	33	14	42	21	96	75
FS	17	12	11	11	23	18	42	17	93	58
GT	13	9	10	10	29	21	32	12	85	52
KZN	20	16	20	20	28	14	34	17	103	68
LP	23	18	7	7	23	17	39	12	91	54
MP	16	10	19	20	27	10	39	27	101	66
NC	12	12	3	3	9	17	48	14	72	46
NW	18	15	10	10	23	16	41	15	92	57
WC	7	8	2	2	22	12	37	20	68	42

* Other communicable diseases, maternal, perinatal and nutritional conditions

Source: *South African National Burden of Disease Study 2000: Estimates of Provincial Mortality* [11]

Homicide was one of the leading causes of death for both males and females in the Western Cape province.

The main causes of death for teenagers 15 – 18 years

There is less data about the causes of deaths of adolescents in the 15 – 18 year category, which makes it difficult to present the main causes of death for this age group. What has been well documented is that more children die of injuries as they grow older. According to the MRC's 2002 mortuary data from predominantly urban settings, firearm-related deaths are the leading cause of fatal injury for all ages between 15 and 65 years. Motor-vehicle–pedestrian collisions are the leading cause of death for children (3 – 14 years). Homicide, transport accidents and suicide remain the top three causes of injury-related deaths for males and females for the 15 – 19-year age group [15]. HIV-related deaths of pregnant teenagers also require attention and review given the impact of the HIV/AIDS pandemic on women of reproductive age.

What don't we know about child deaths?

In February 2005, StatsSA released an official report on deaths in the country between 1997 and 2003. The report suggested a massive improvement in the reporting of adult deaths. However, the report recognised the poor coverage of child deaths, although the extent was not clear.

When drawing on the 1998 South African Demographic and Health Survey, it suggested that 59,000 children under the age of five years had died during that year. This figure was however regarded as an under-estimate by the researchers that conducted this survey. The StatsSA report released in February 2005 recorded only 41,000 deaths for children under-five years for that period. This amounted to a shortfall of 18,000 child deaths – an undercount of at least 30%. The true extent of child deaths in South Africa is thus not known.

Why are we lacking adequate information about child deaths?

The current information on child deaths is poor, with high levels of underreporting. Putting a plan in place to prevent deaths is difficult when the extent of the problem is not known.

At the same time there is no central database to collate information on child deaths in South Africa. There are currently no formal national structures to review child deaths, such as the National Council for the Confidential Enquiry into Maternal Deaths, managed by the Department of Health.

While a range of data on child deaths is available, these statistics are not co-ordinated and are drawn from different data sources, e.g. the Department of Health; StatsSA; the Medical Research Council of South Africa, amongst others. The criterion for defining and collecting the data also varies between agencies.

Monitoring the country's progress in terms of achieving the MDG related to infant and under-five mortality becomes challenging when data sources are questionable. Thus, a response to the high level of child deaths by means of an intervention strategy appears unattainable.

How can more child deaths be prevented?

Research by the Children's Institute has recognised many of the challenges that the South African government faces in responding not only to child survival but also in addressing the well-being of all children in the country. Below is a brief summary of responses needed to address these challenges:

- South Africa desperately needs a unified and co-ordinated survival strategy for children that is binding on all duty-bearers. The HIV/AIDS pandemic is having a direct impact on child survival and a comprehensive HIV/AIDS plan for the country is therefore essential. The Department of Health adopted such a plan in 2003. Locating children within this plan is fundamentally important. The success of such a plan is hinged on a sound health system that renders the necessary services to its clients – of which children form a large component.
- Address poverty and inequity. Poor socio-economic conditions and a lack of basic services exacerbate the main causes of child deaths.
- Create child-centred and sustainable policies and programmes across government departments in an effort to address child survival and well-being more holistically.
- Improve reporting mechanisms as well as the quality of child death statistics.
- Hold government departments accountable for interventions that impact on child survival by clearly identifying their obligations towards ensuring child survival in terms of the CRC and the Constitution. Local government plays an essential role in this regard, particularly in setting up Integrated Development Plans for towns and cities.
- Introduce an annual parliamentary inquiry into child deaths. This will create an opportunity to hold government departments accountable to report on their duties to enhance child survival. Such an annual inquiry will also provide civil society with the opportunity to raise concerns about the unacceptably high number of child deaths in the country.

Sources

(1) Republic of South Africa (1996) *Constitution of the Republic of South Africa Act 108 of 1996.* Pretoria: Government Printers.

(2) Office of the High Commissioner for Human Rights (1989) *Convention on the Rights of the Child, General Assembly resolution 44/25.* Geneva: United Nations.

(3) Office of the High Commissioner for Human Rights (1990) *The World Summit for Children, 29 – 30 September, New York, USA.* Geneva: United Nations. Viewed 12 October 2005: http://www.unhchr.ch/html/menu5/child90.htm

(4) UNICEF (2006) *The State of the World's Children: Excluded and Invisible.* UNICEF: New York, USA.

(5) Bradshaw D, Bourne D & Nannan N (2003) *What are the leading causes of death among South African children?* MRC Policy Brief No. 3, Tygerberg, Cape Town: Medical Research Council of South Africa.

(6) Yach D & Botha JL (1986) The use of age- and cause-specific proportional mortality ratios to compare causes of death in South African children in 1980. *Southern African Journal of Epidemiology and Infection*, 1(1): 3-10.

(7) United Nations Web Services Section, Department of Public Information (2005) *What are the Millennium Development Goals?* Viewed 13 October 2005: http://www.un.org/millenniumgoals/

(8) 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. *Cited in:* Children's Institute (2005) Children Count – Abantwana Babalulekile. *Demography of South Africa's children.* Viewed 23 January 2006: http://www.childrencount.ci.org.za/

(9) Pattinson RC (ed) (2000) *Saving Babies: A perinatal care survey of South Africa 2000.* Tygerberg, Cape Town: Medical Research Council of South Africa. Viewed: http://www.hst.org.za/publications/428

(10) *South Africa Demographic Health Survey 1998. Full Report* (1999) Department of Health, Medical Research Council, Macro-International & USAID.

(11) 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.* Tygerberg, Cape Town: Medical Research Council of South Africa.

(12) *South Africa Demographic Health Survey 1998. Full Report.* (1999) Department of Health, Medical Research Council, Macro-International & USAID.

(13) Bradshaw D, Bourne D & Nannan N (2003) *What are the leading causes of death among South African children?* MRC Policy Brief No. 3, Tygerberg, Cape Town: Medical Research Council of South Africa.

(14) Department of Health (2005) *Millennium Development Goals Country Report – South Africa.* Viewed 5 December 2005: http://www.doh.gov.za/dpocs/reports/2005/mdgd/

(15) Matzopoulos R (ed) (2004) *A profile of fatal injuries in South Africa. Fifth annual report 2003 of the National Injury Mortality Surveillance System.* Tygerberg, Cape Town: Crime, Violence and Injury Lead Programme, Medical Research Council of South Africa.

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