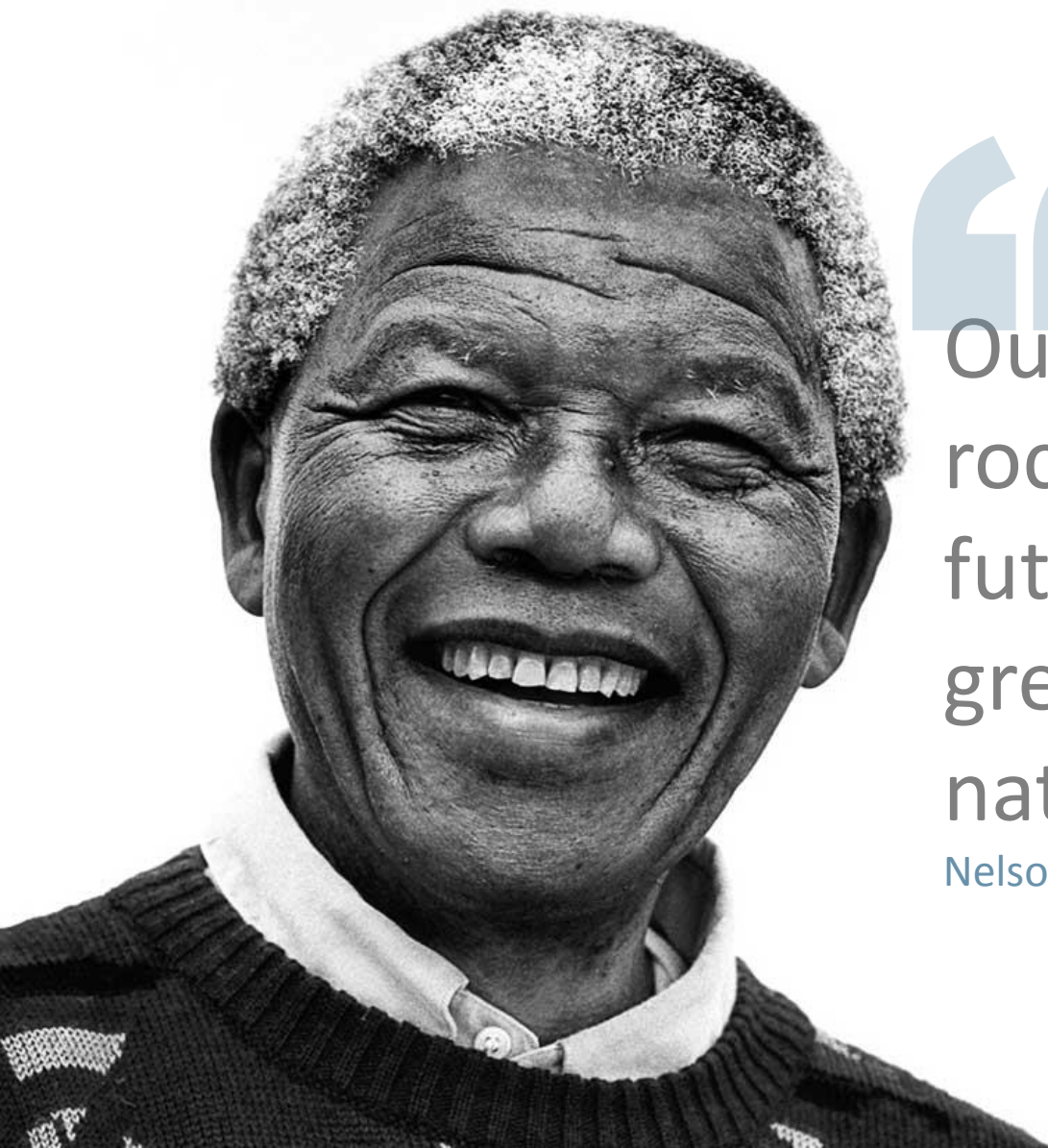


Education Series Volume iv

Early childhood development in South Africa, 2016

Risenga Maluleke
Statistician-General
Statistics South Africa



“

Our children are the
rock on which our
future will be built, our
greatest asset as a
nation

”

Nelson Mandela (3 June 1995)

Context

National legal and operational child related framework

The South African Constitution

The Children's Act (Act No. 38 of 2005)

South African Schools Act (Act No. 84 of 1996)

Maintenance Act (Act No. 99 of 1998)

Social Assistance Act (Act No. 13 of 2004)

National plans related to ECD

The National Integrated Policy for Early Childhood Development (2015)

The National Plan for Action in South Africa (2012-2017)

The National Development Plan: Vision for 2030

International agreements and protocols

The African Charter on the Rights and Welfare of the Child (RSA ratified 2000)

The United Nations Declaration on Human Rights

The United Nations Conventions on the Rights of the Child and associated protocols (RSA ratified 1995)

Sustainable Development Goals

ECD Policy

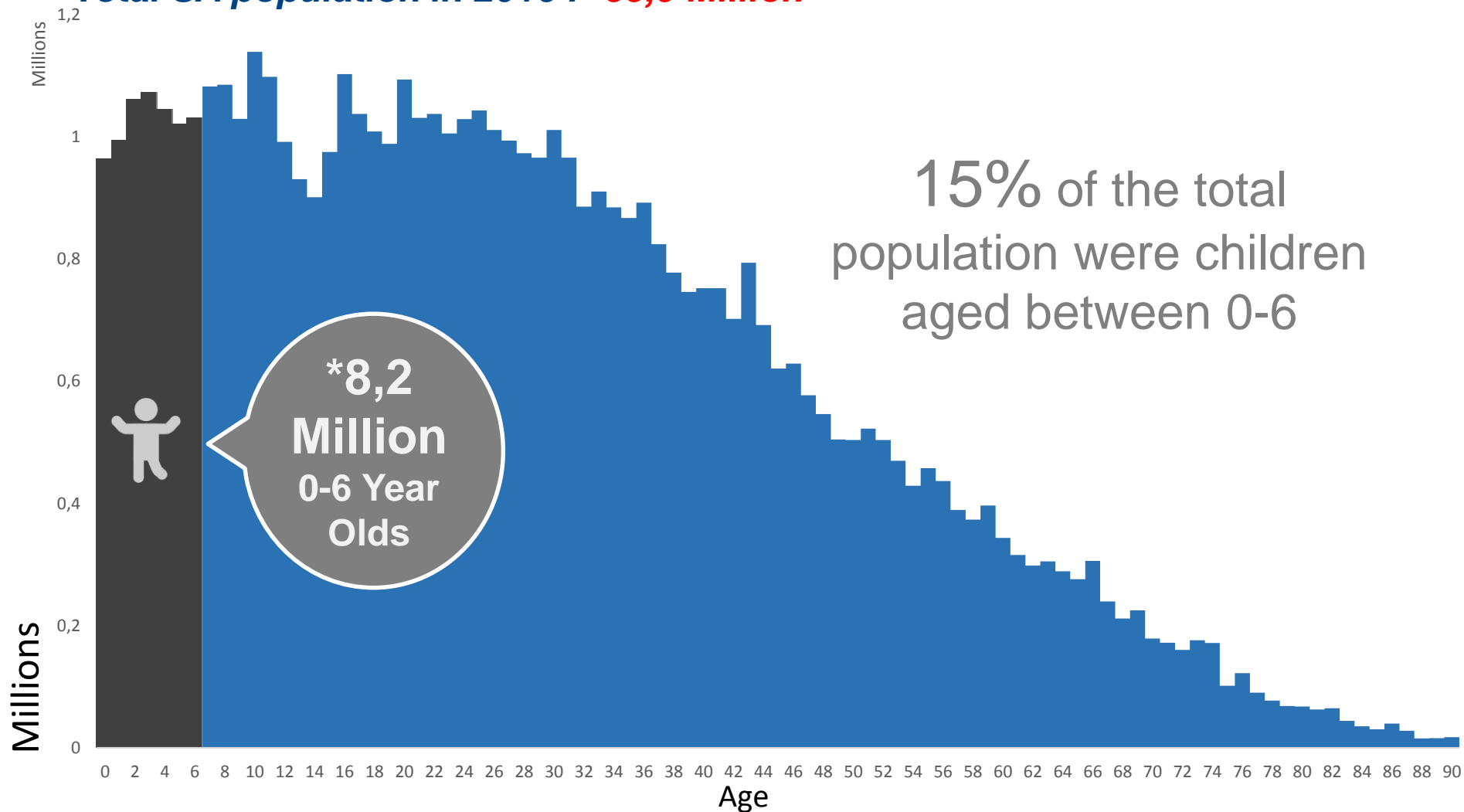
Approved by cabinet in 2015, the ECD Policy emphasises 6 essential components to promote optimal child development from conception to 9 years

This release illustrates the current status utilising the General Household Survey and Administrative records



SA POPULATION

*Total SA population in 2016 : *55,9 Million*



15% of the total population were children aged between 0-6

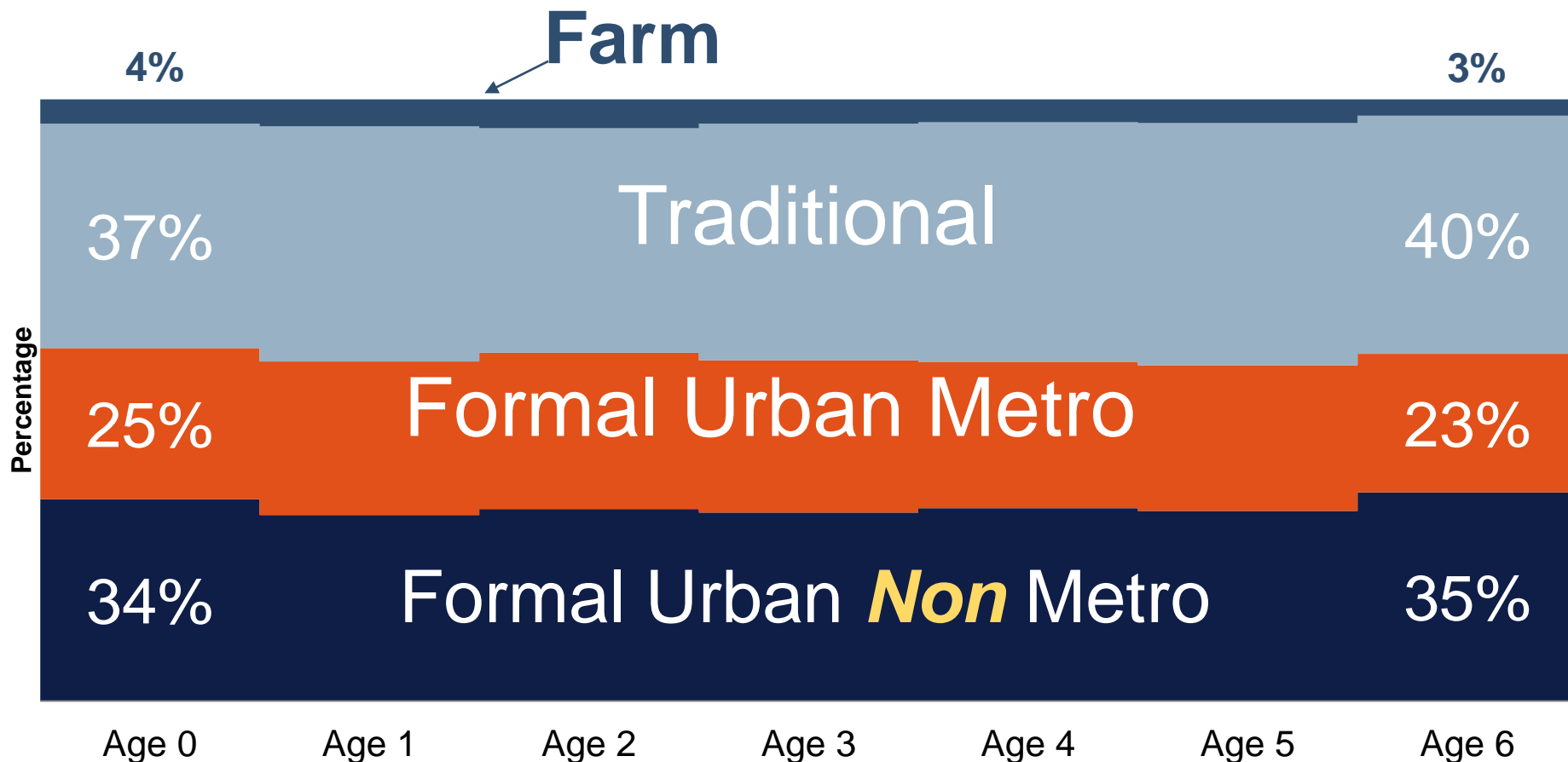
***8,2
Million
0-6 Year
Olds**

* Note: Due to the differences in methodology used, mid-year population estimates are higher than population estimates produced from household surveys

***Source: Mid year population estimates, 2016**

Geographic Location

4 out of 7 young children lived in urban areas

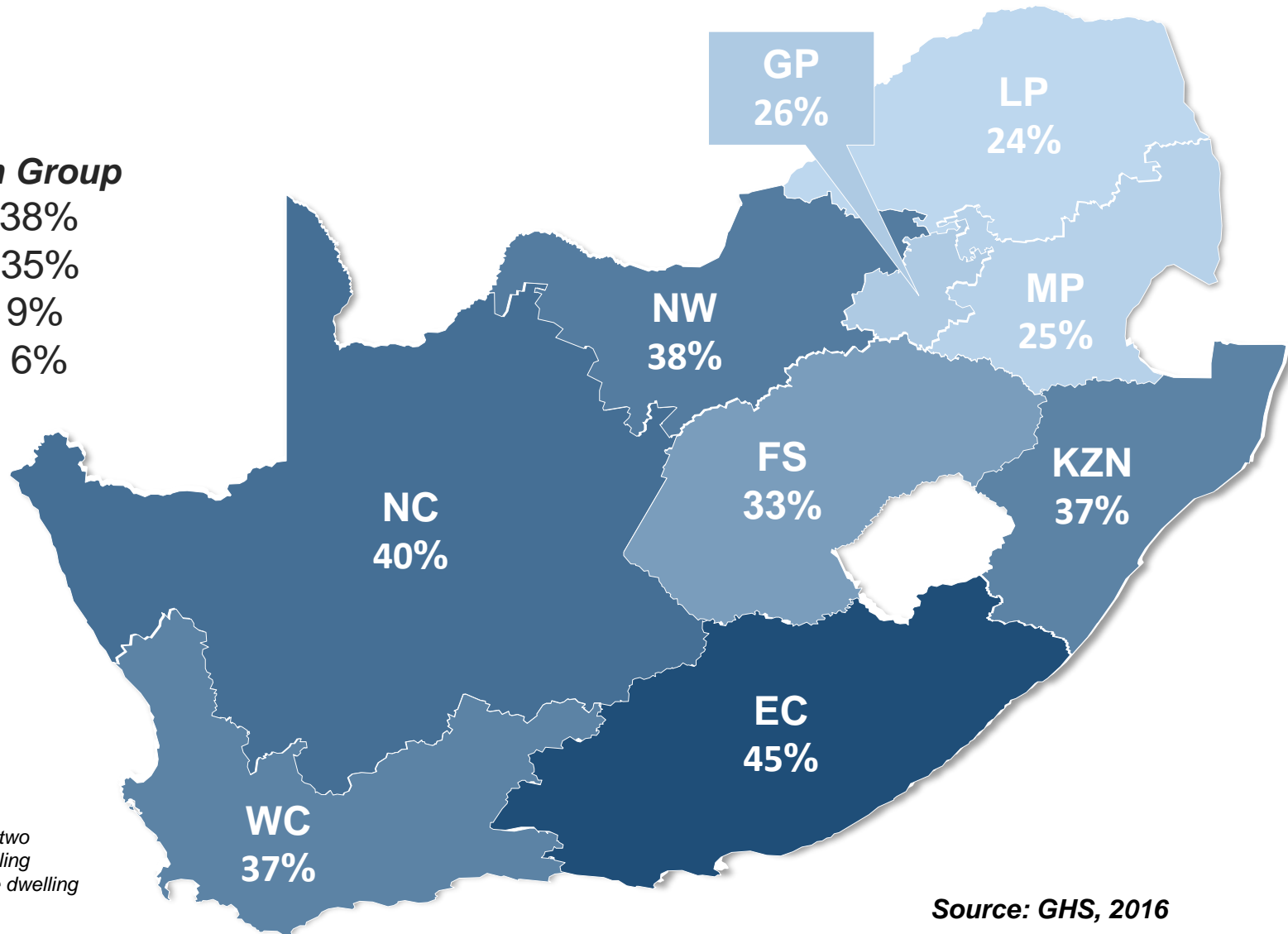


Source: GHS, 2016

Children aged 0-6 by level of overcrowding, 2016

By Population Group

Coloured: 38%
Black African: 35%
White: 9%
Indian/Asian: 6%

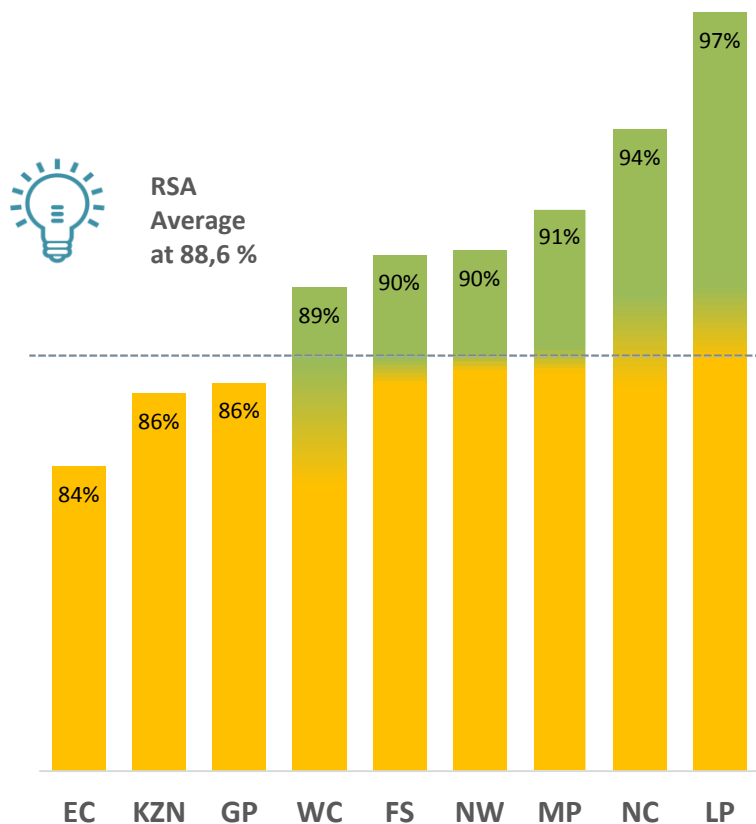


* Overcrowding: more than two persons-per-room in a dwelling regardless of the size of the dwelling units.

Source: GHS, 2016

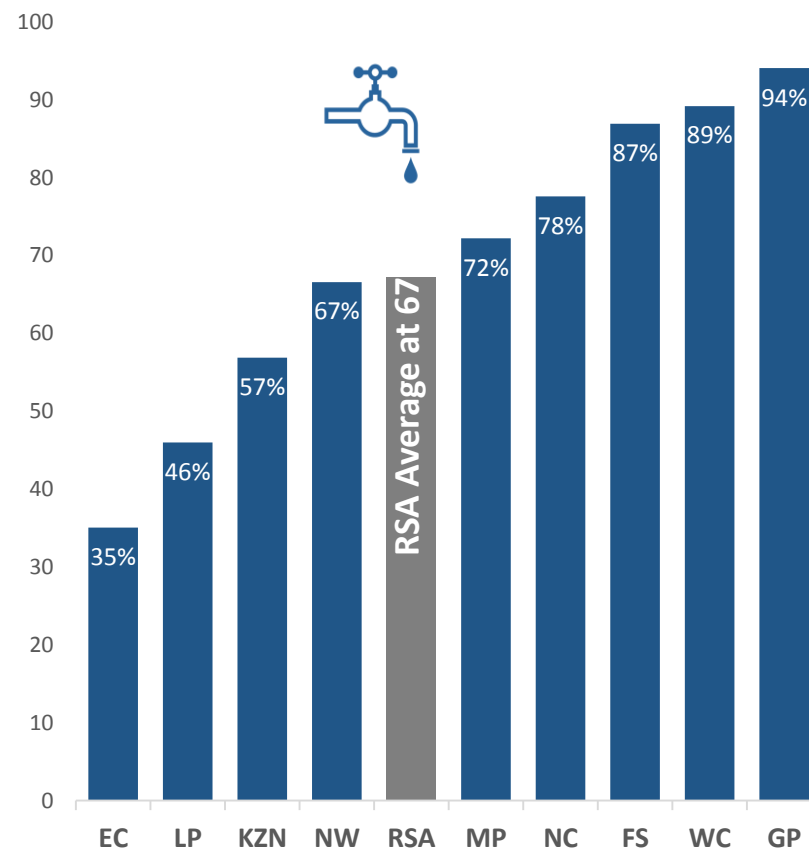
Households connected to the mains

Children aged 0–6 in households connected to the mains electricity supply by province, 2016



Households with children aged 0-6 by main source of water

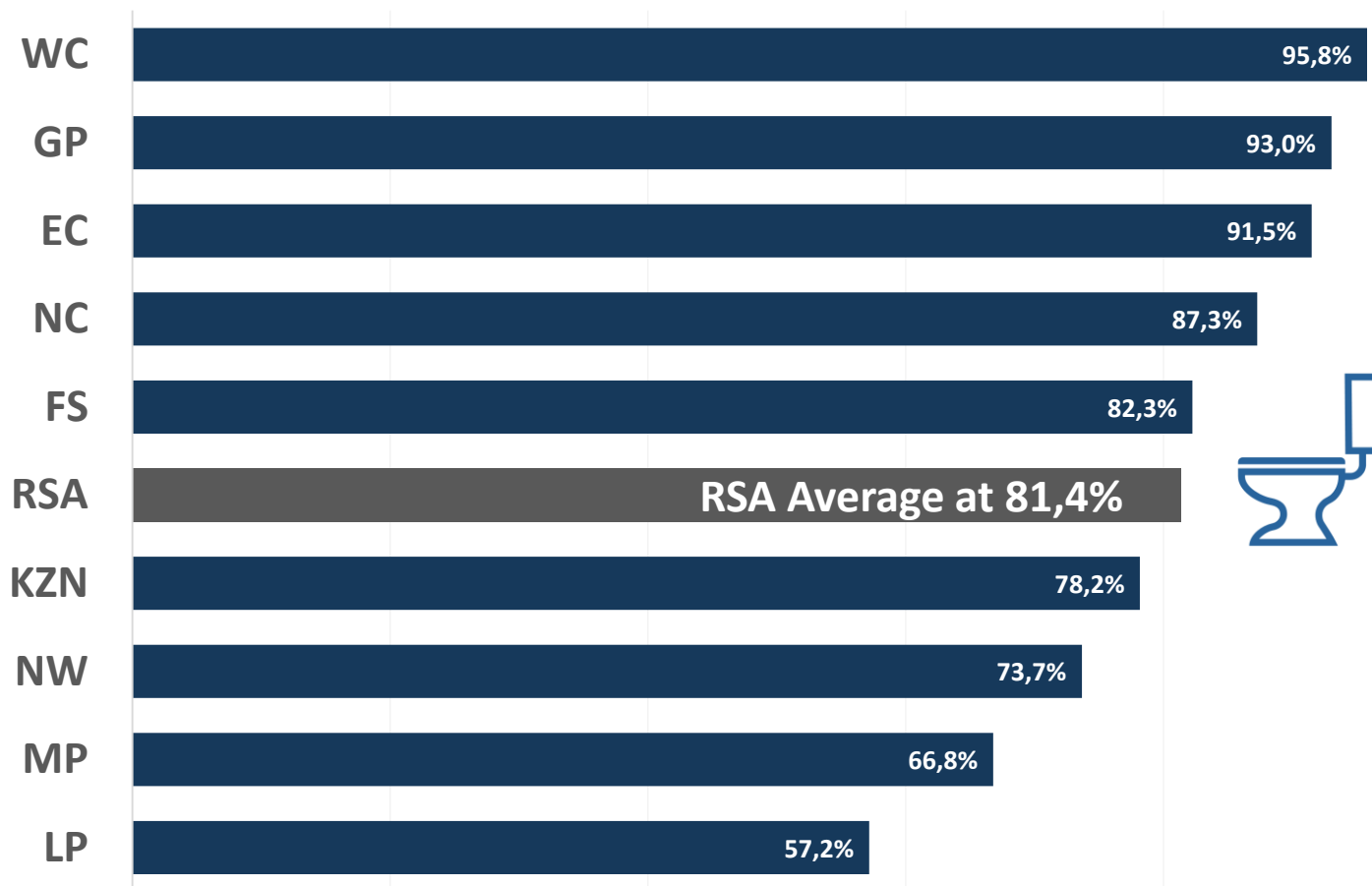
Households with children aged 0-6 by main source of water (piped water in dwelling/on site) and province, 2016



Source: GHS, 2016

Households with children aged 0-6 with access to improved sanitation, 2016

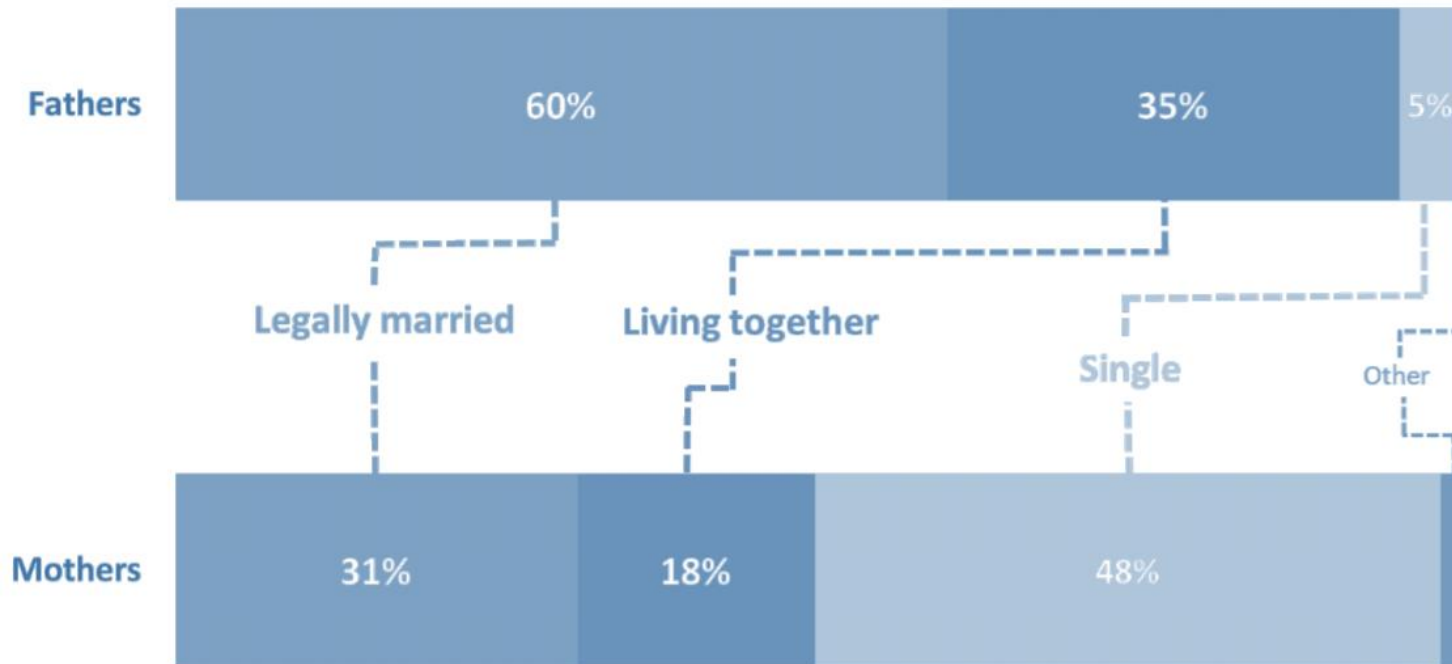
*Nearly 8 children out of 10 (81,4%) aged 0–6 had access to * improved sanitation.*



* Flush-toilets connected to public sewerage; flush-toilets connected to a septic tank; pit latrine/toilet with ventilation pipe; and ecological sanitation systems are recognised as better improved sanitation in terms of the criteria

Source: GHS, 2016

Marital Status of Fathers and Mothers



Almost half of all mothers in South Africa are single

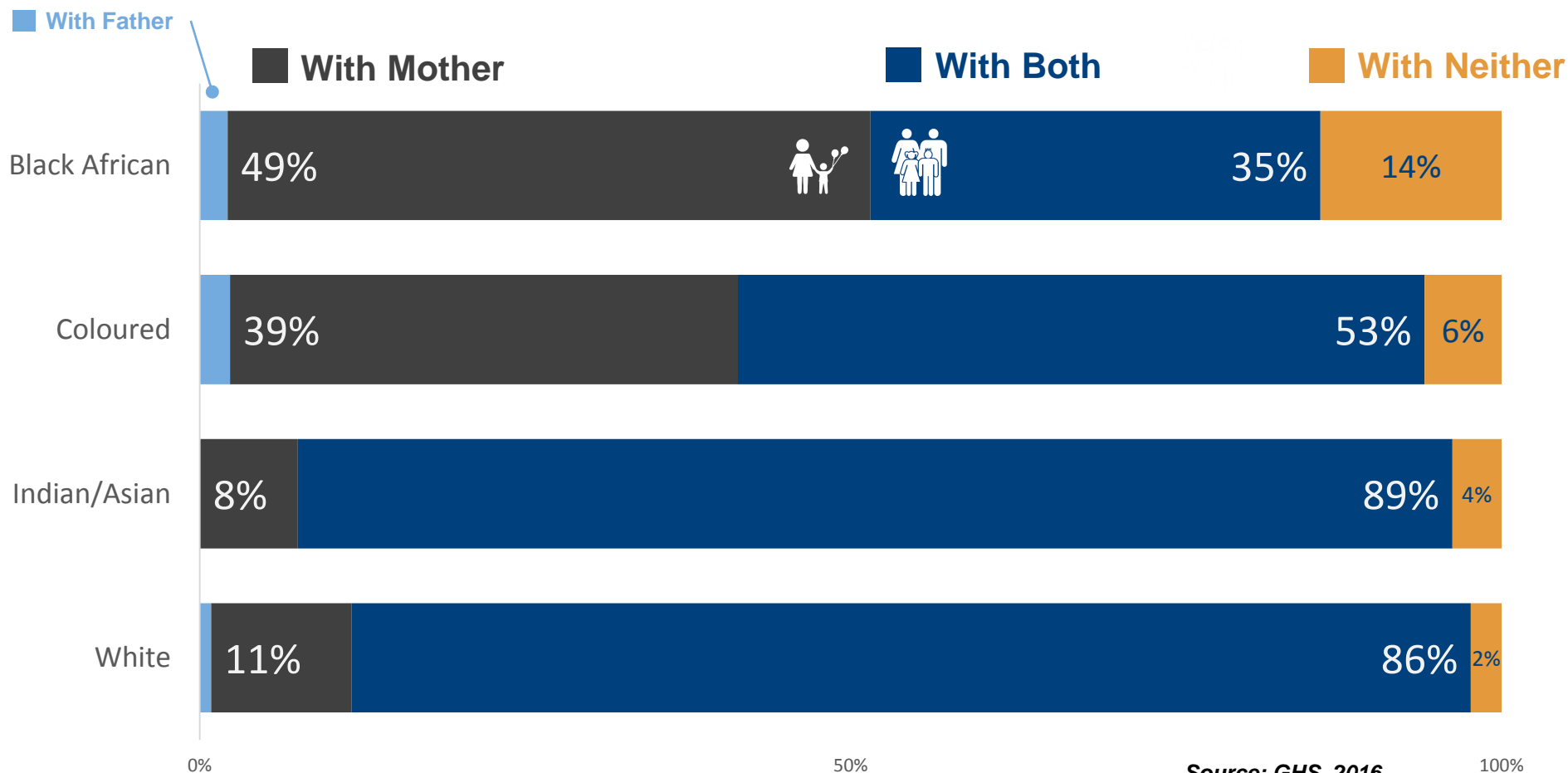
Source: South Africa's young children:
their family and home environment, 2012

Number of children aged 0–6 living with their biological parents, 2016



Source: GHS, 2016

Number of children aged 0–6 living with their biological parents by Population group 2016



Source: GHS, 2016

Children aged 0-6 by the number of employed household members and main source of income, 2016



One third of large (more than 6 members) households with young children aged 0-6 did not have a single employed member



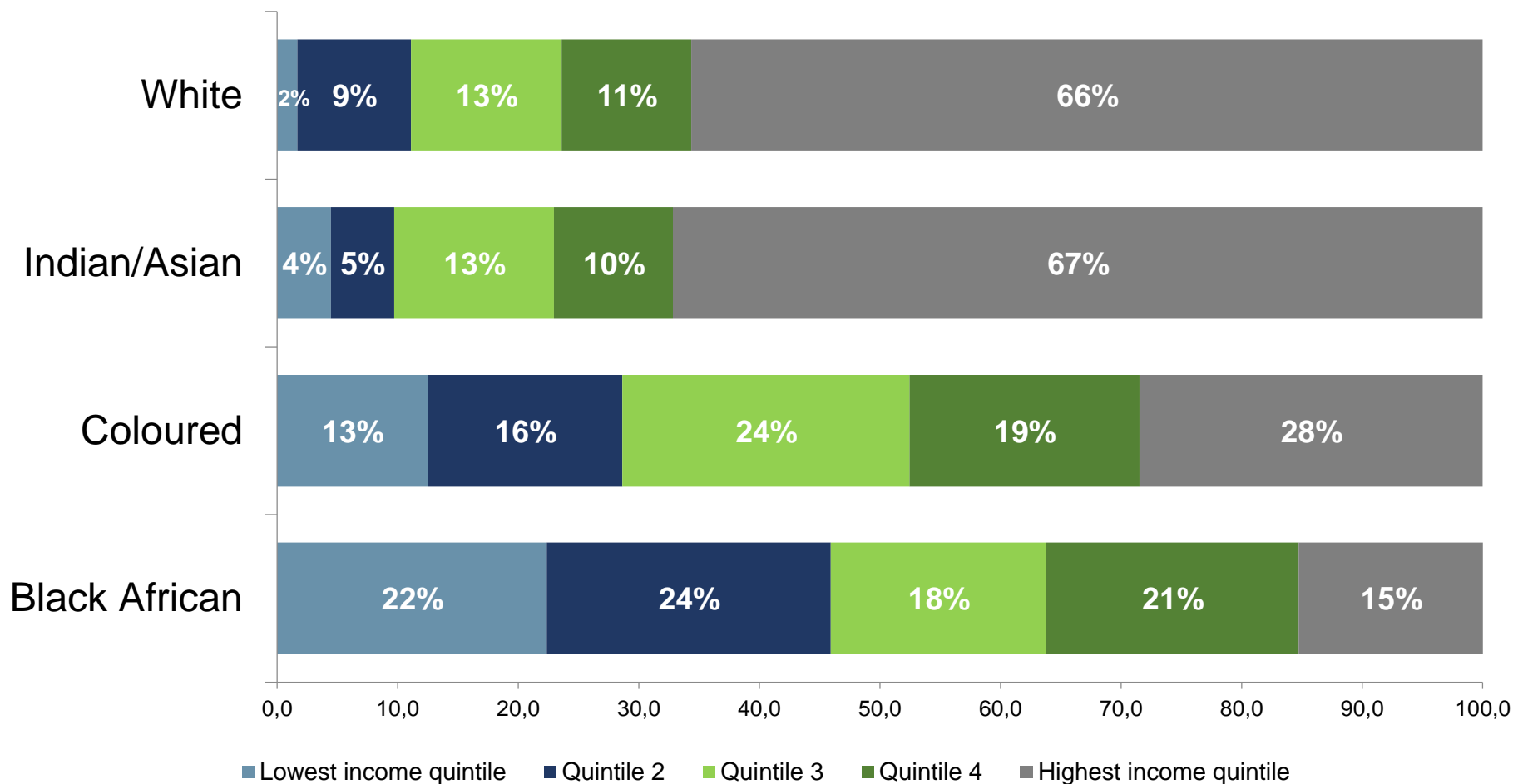
Main source of household income:

Salaries:	51%
Grants:	34%
Other income:	7%
Remittance:	7%
Pension:	1%
None:	0%

Source: GHS, 2016

Children aged 0-6 by monthly household income quintile and population group, 2016

Large household income inequalities by population group



Source: GHS, 2016



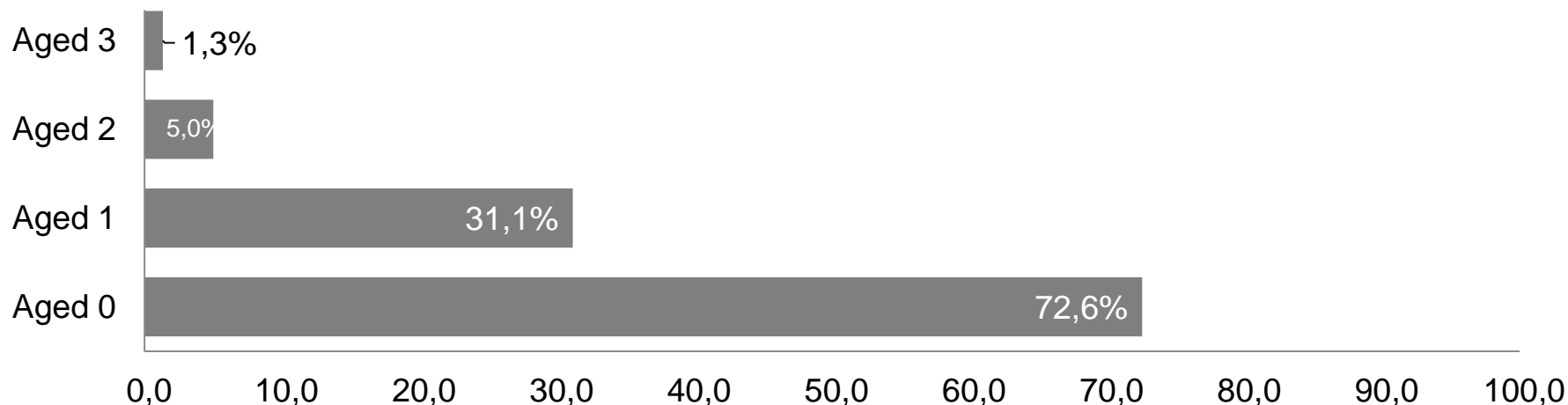
Early childhood nutrition, child and maternal health

Nutritional
Support

Nutritional Support: Children who are still breastfed by age, 2016



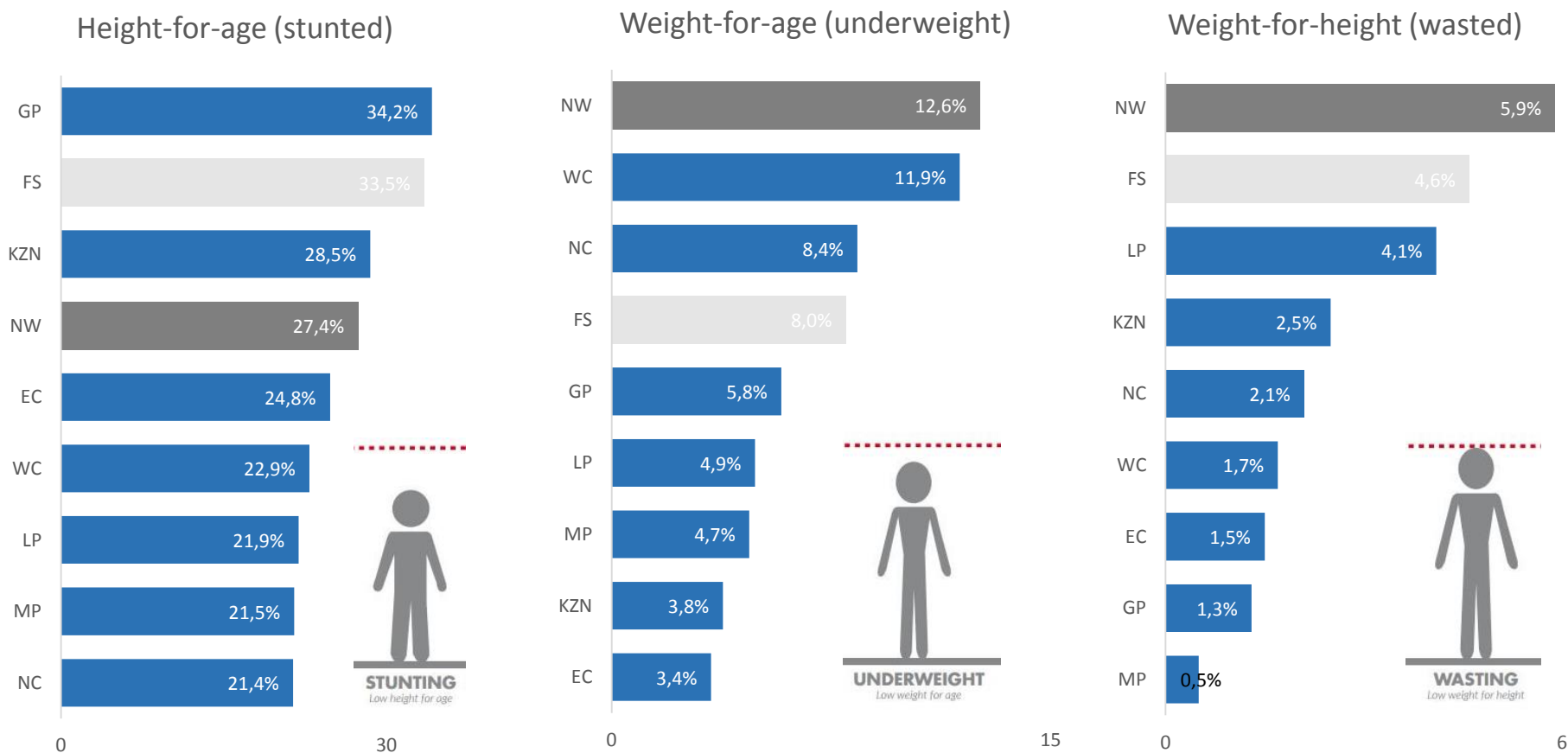
73% of babies
less than one year
were still breastfed;
32% were
exclusively breastfed



Source: GHS, 2016

Nutritional Support: Stunting, Underweight and Wasting

Around a third of children in GP and the FS were stunted, NW had the highest rates of Wasting and Underweight children

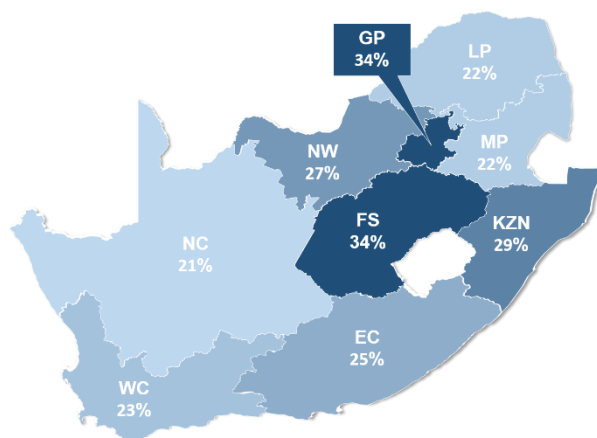


Figures for weight-for height for the WC was based on 25-49 unweighted cases.

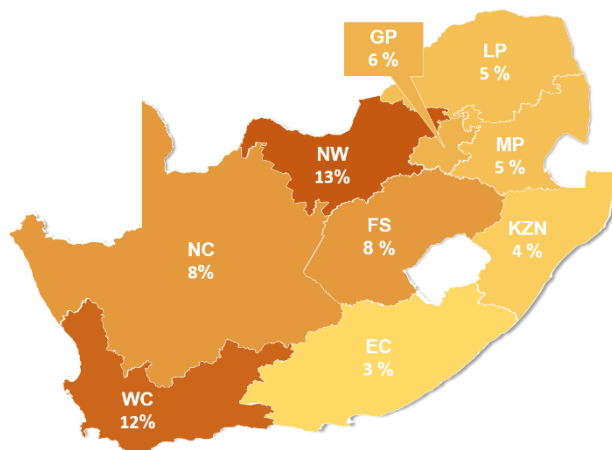
Source: SADHS, 2016

Nutritional Support: Stunting, Underweight and Wasting

Stunting

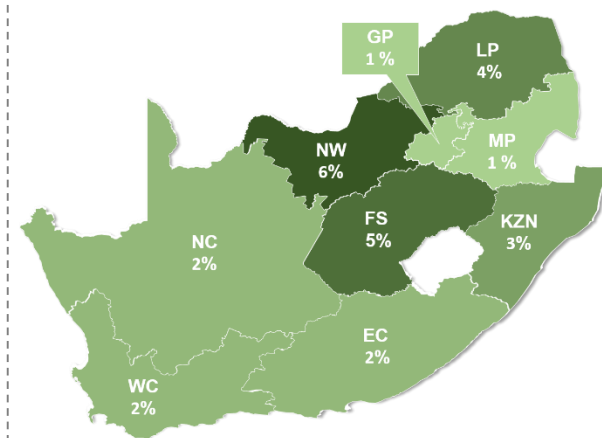


Underweight



North West and Western Cape have the highest percentage of children who are underweight; 12,6% and 11,9% compared to other provinces

Wasting



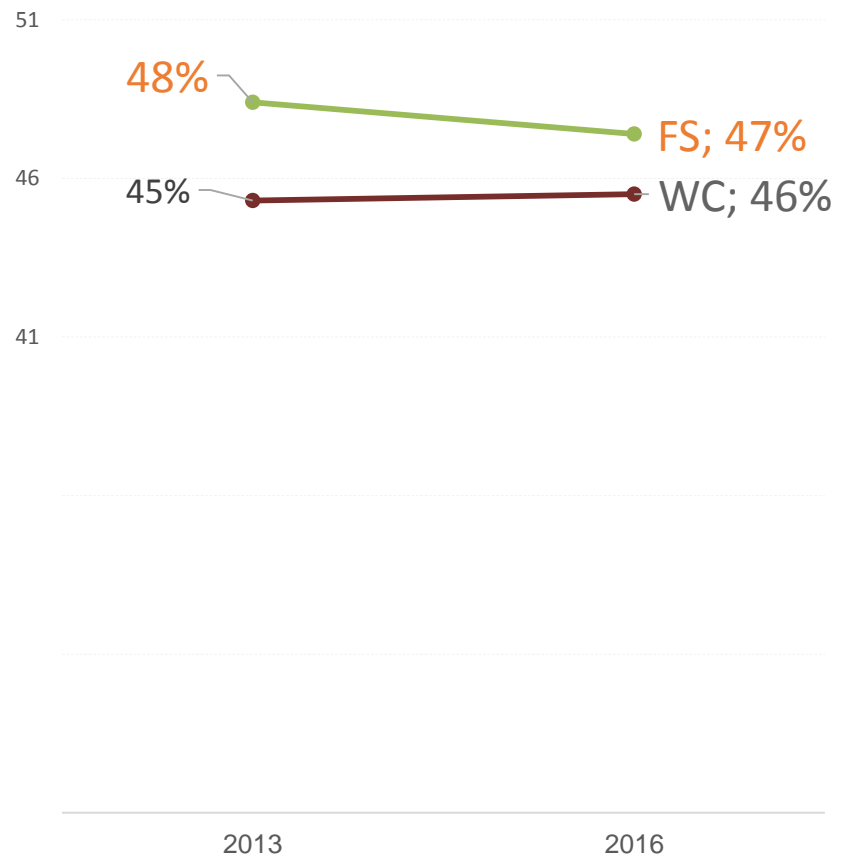
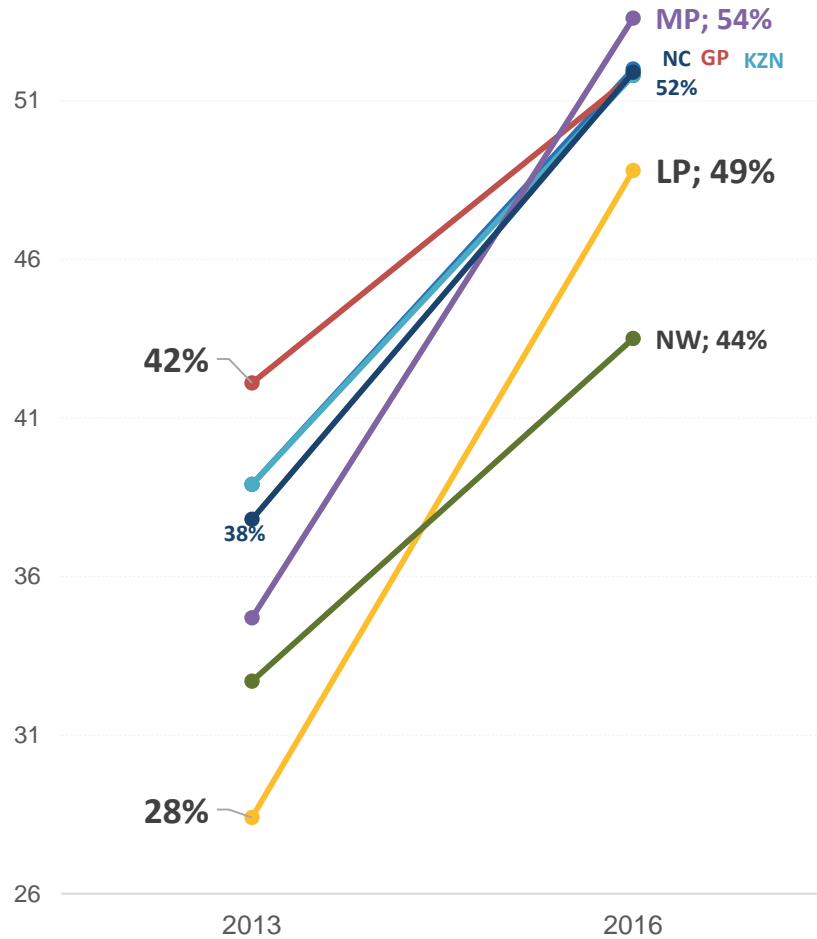
North West, Free State and Limpopo have the highest percentage of children who are wasted; 5,9%, 4,6% and 4,1% compared to other provinces

Source: SADHS ,2016

Figures for weight-for height for the WC was based on 25-49 unweighted cases.

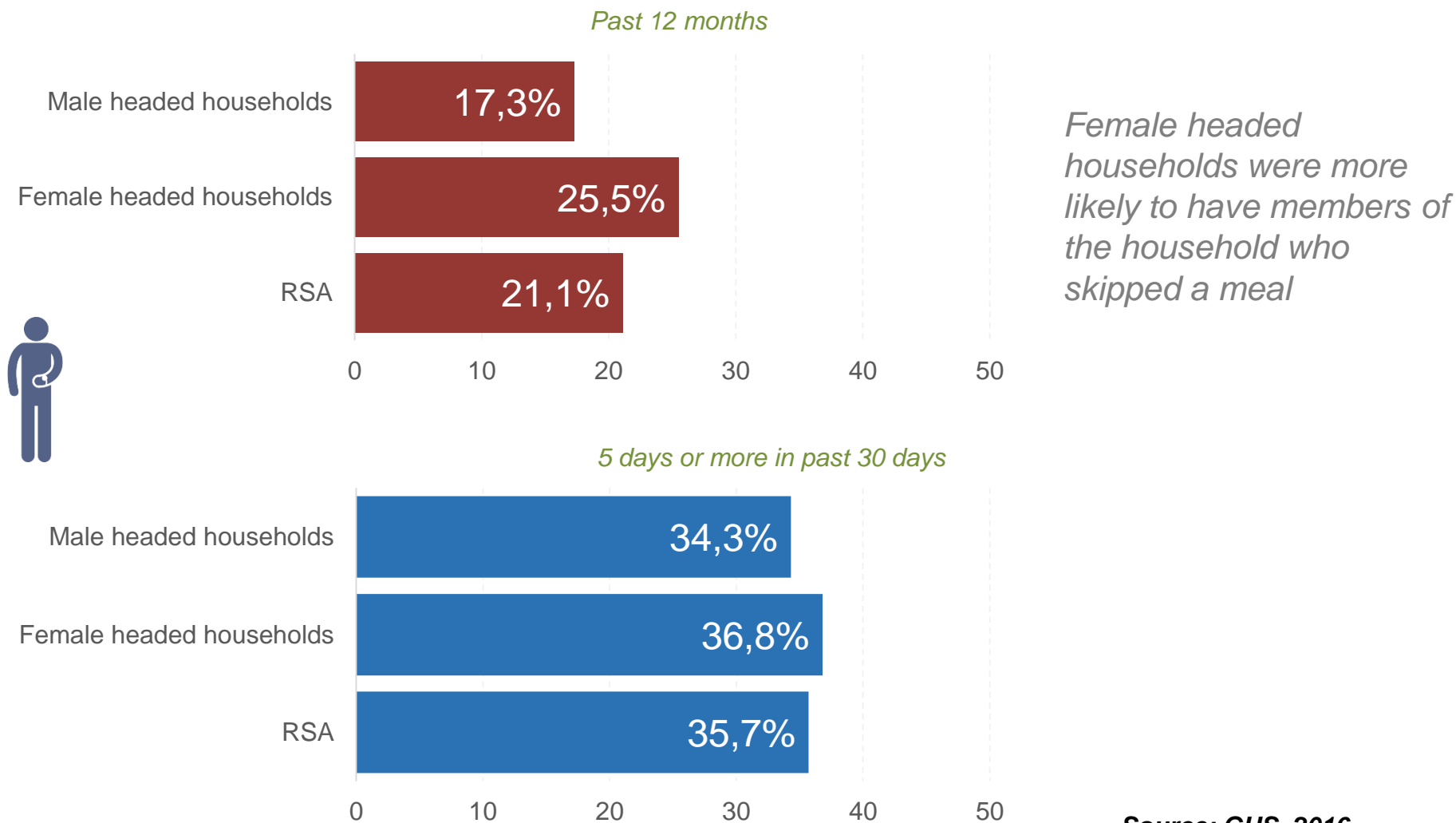
Nutritional Support: Vitamin A dose 12-59 months coverage

*Deficit in **vitamin A** in infants may cause blindness and make infants susceptible to infections and to life-threatening illnesses*



Source: DHIS 2016

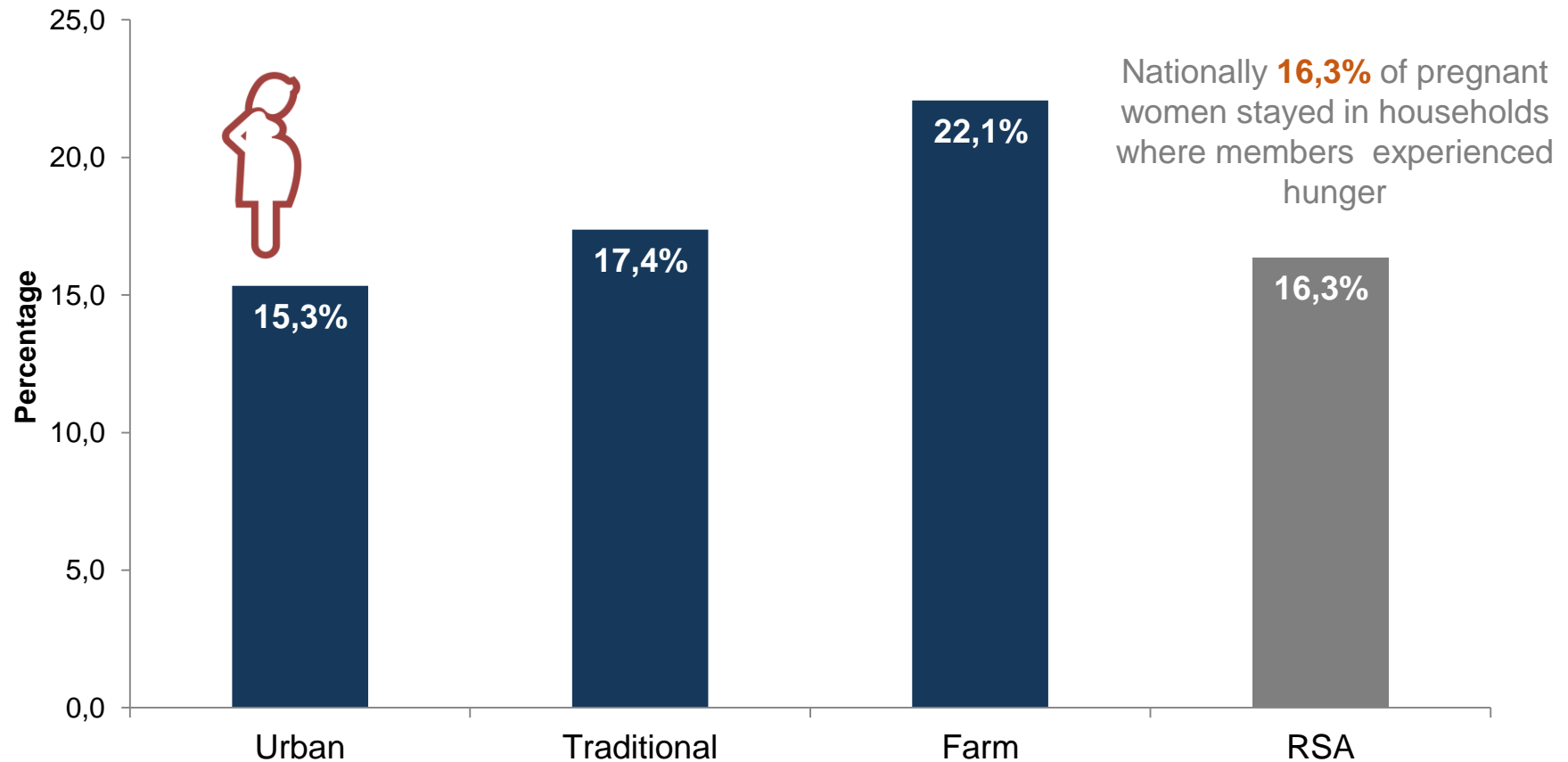
Percentage of households with children aged 0-6 who skipped any meal by gender of the household head, 2016



Source: GHS, 2016

Nutritional Support: Pregnant women, aged 12-50 who stayed in households where members experienced hunger by settlement type (2016)

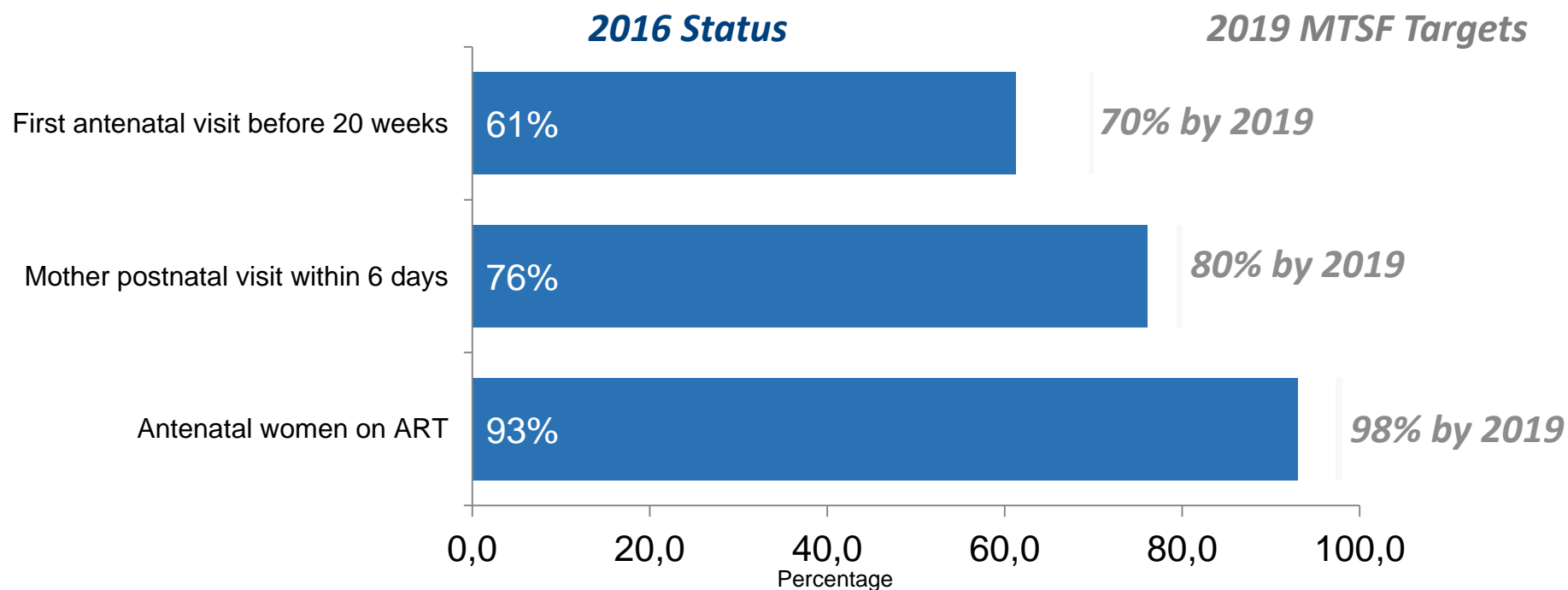
One of the main implications of the integrated ECD policy in South Africa is its emphasis on child nutrition starting from the womb



Source: GHS, 2016

Antenatal and postnatal care for pregnant women, 2015-2016

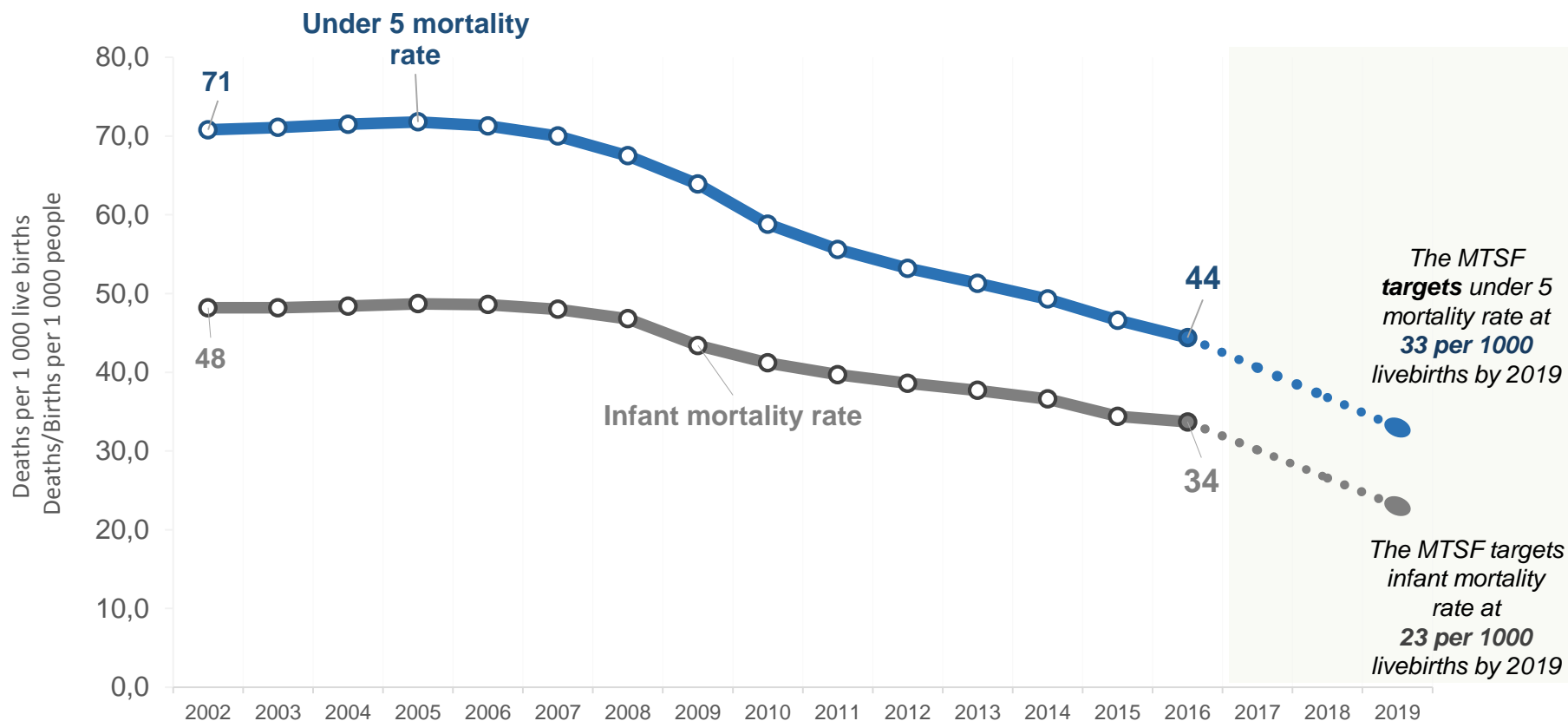
The MTSF seeks to achieve higher targets by 2019



Source: DHIS, 2016

Child Health: Under 5 and Infant Mortality Rates

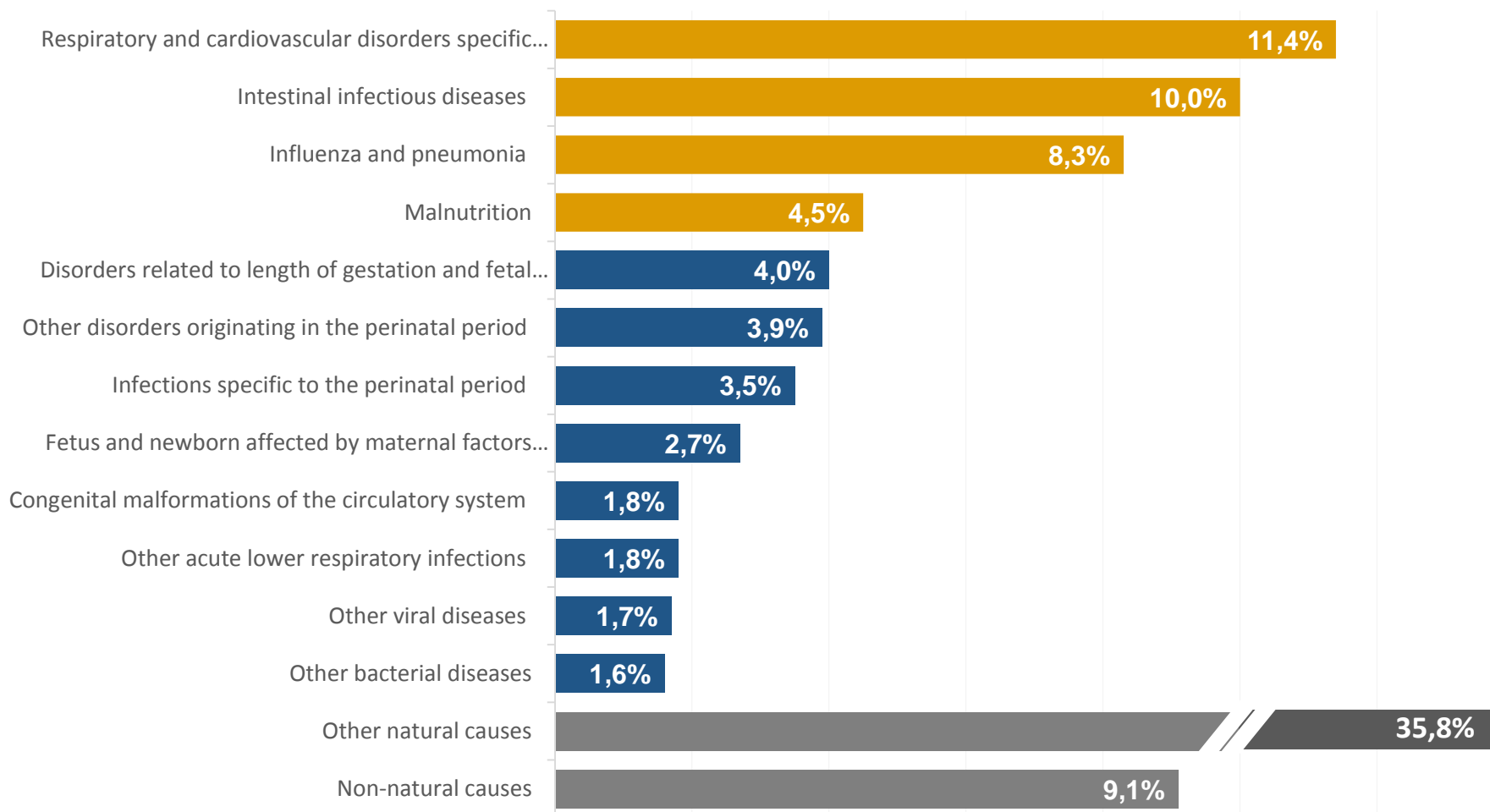
In spite of the progress achieved in child survival both the UMR and the IMR were still very high by developed countries standard



Source: Mid-year population estimates, 2016

The underlying causes of deaths (aged 0–6), 2015

The common underlying cause of death amongst young children was respiratory and cardiovascular disorders specific to the perinatal period

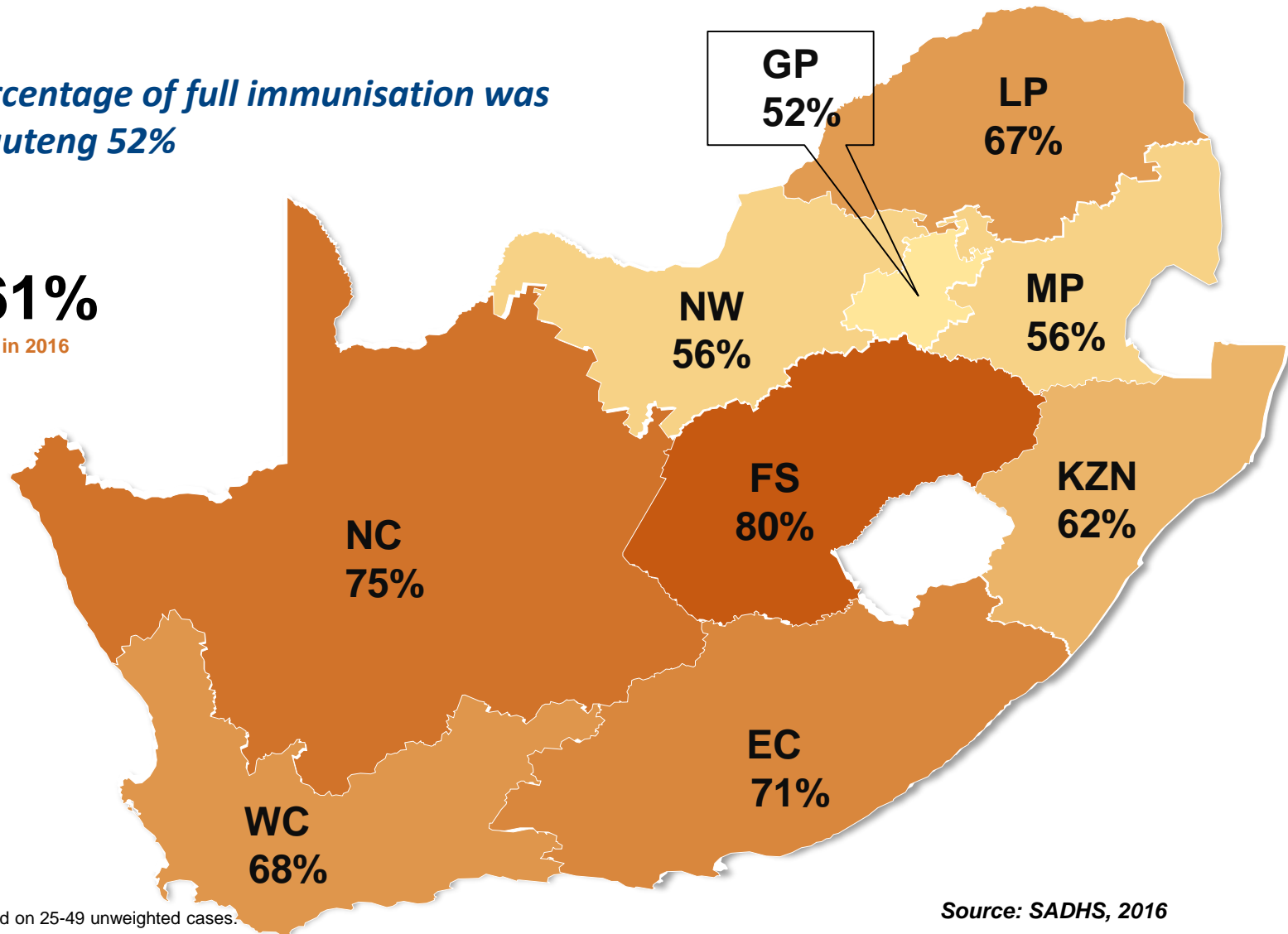


Source: Causes of death, 2015

Immunisation coverage for children aged 12 -23 months, 2016

The lowest percentage of full immunisation was achieved in Gauteng 52%

63% **>> 61%**
in 1998 in 2016



Values for WC and FS were based on 25-49 unweighted cases.

Source: SADHS, 2016



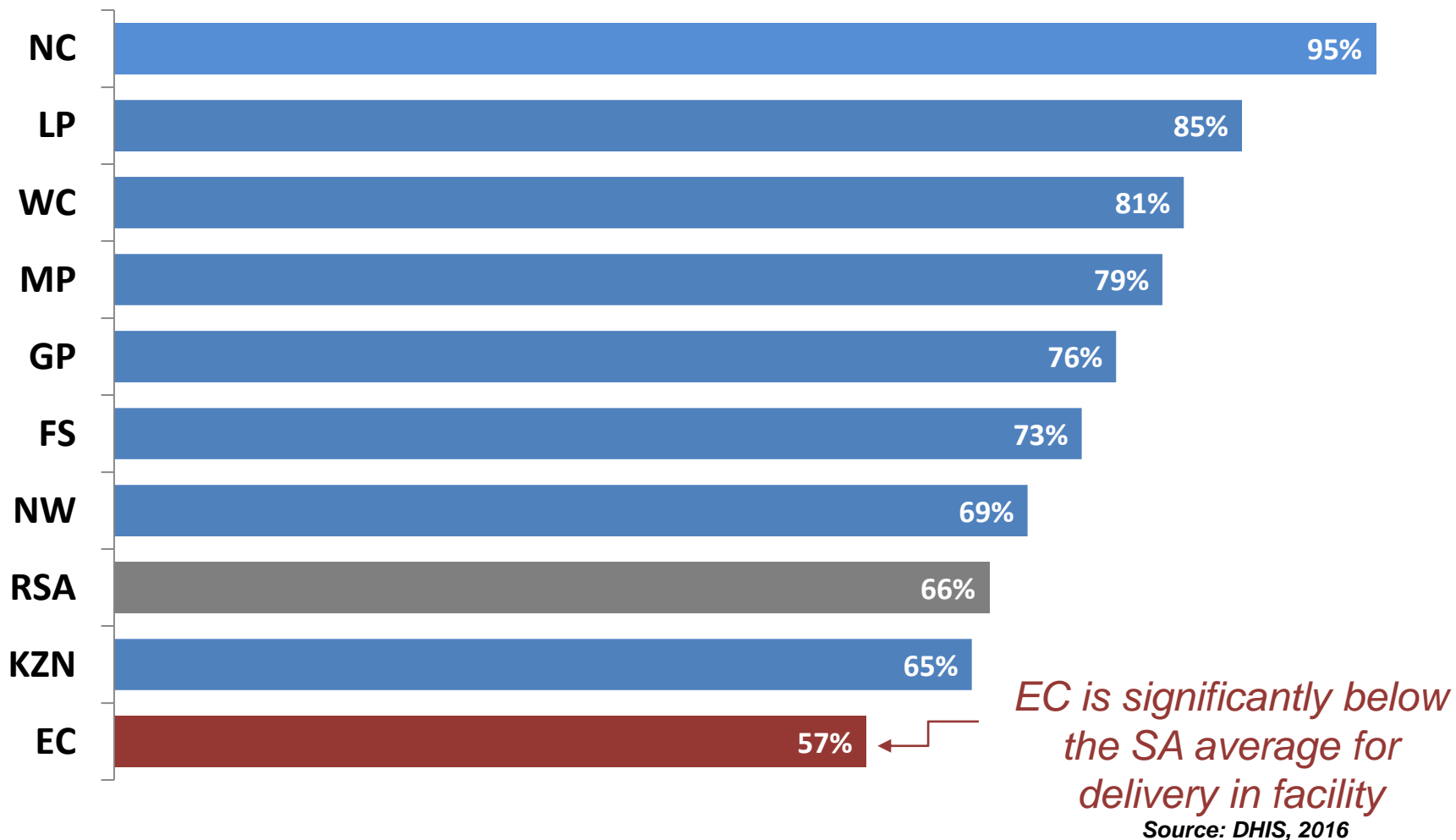
Social Services and ECD Interventions



Social
Services

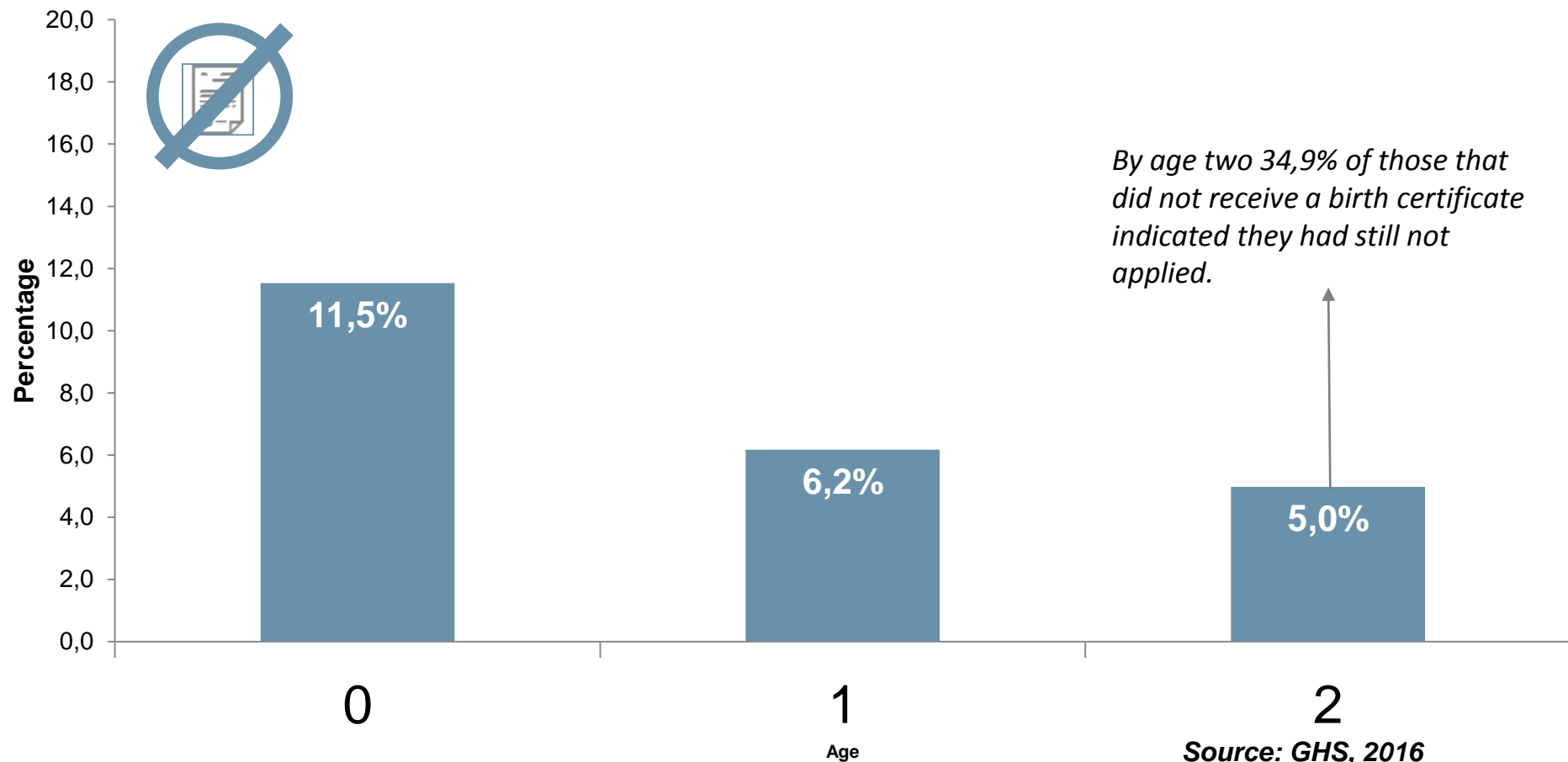
Social Services: Delivery in health facility rate, 2016

2 out of **3** births took place at **health facilities**

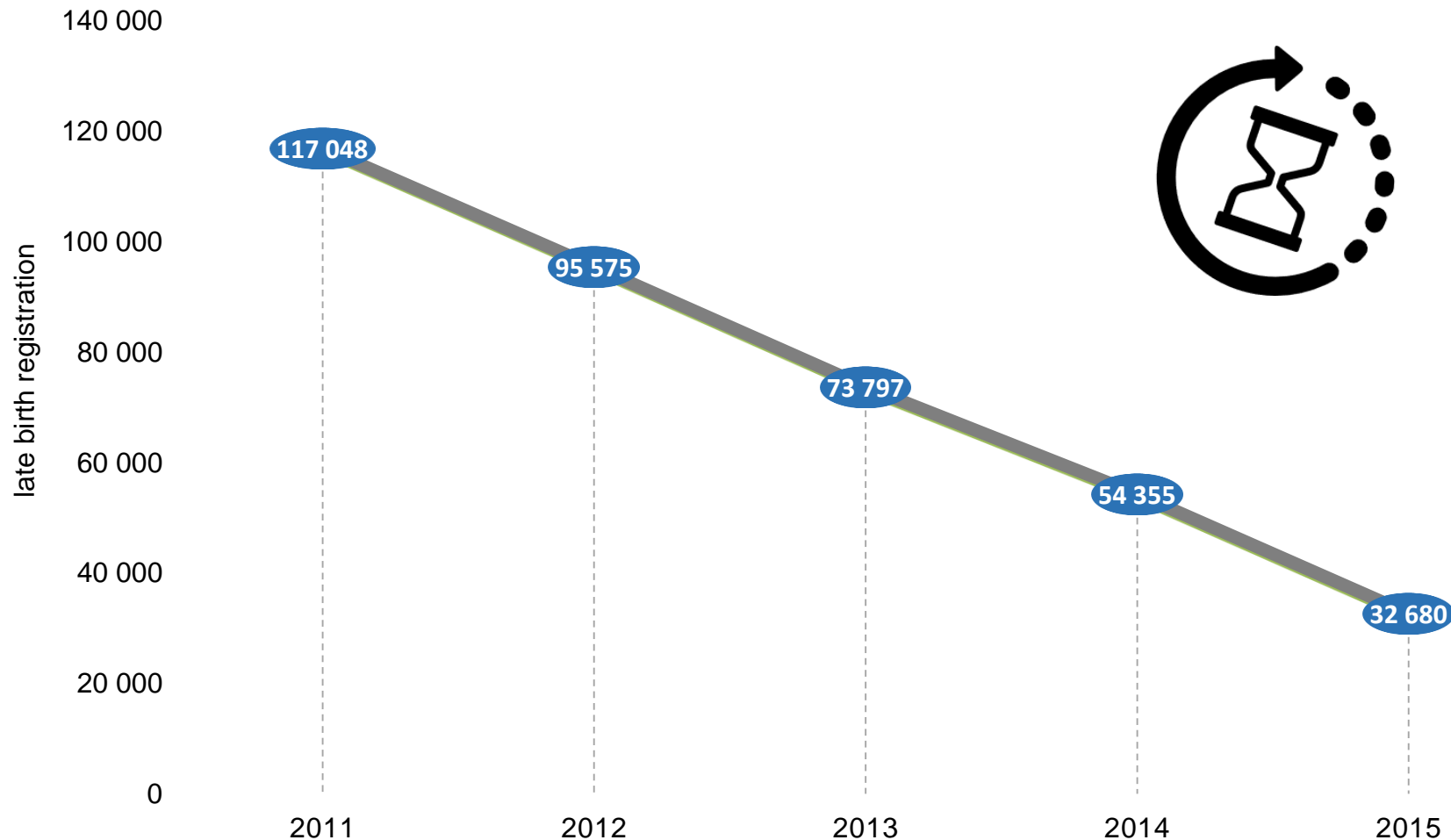


Children aged 0-2 with or without birth certificates, 2016

Overall, 7,5% of young children aged 0-2 did not have birth certificates



Extent of late birth registration, 2011-2015



Source: Recorded live Births, 2016

Number of crimes committed against children 18 years and younger and conviction rate, 2015/2016

**Data for age bracket 0–6 only was not available for analysis*



Sexual offences

were the largest crime committed against children

Complaints reported

Complaints in court

Convictions

Murder

884

1 835

248

Attempted murder

906

758

128

Sexual offences

20 254

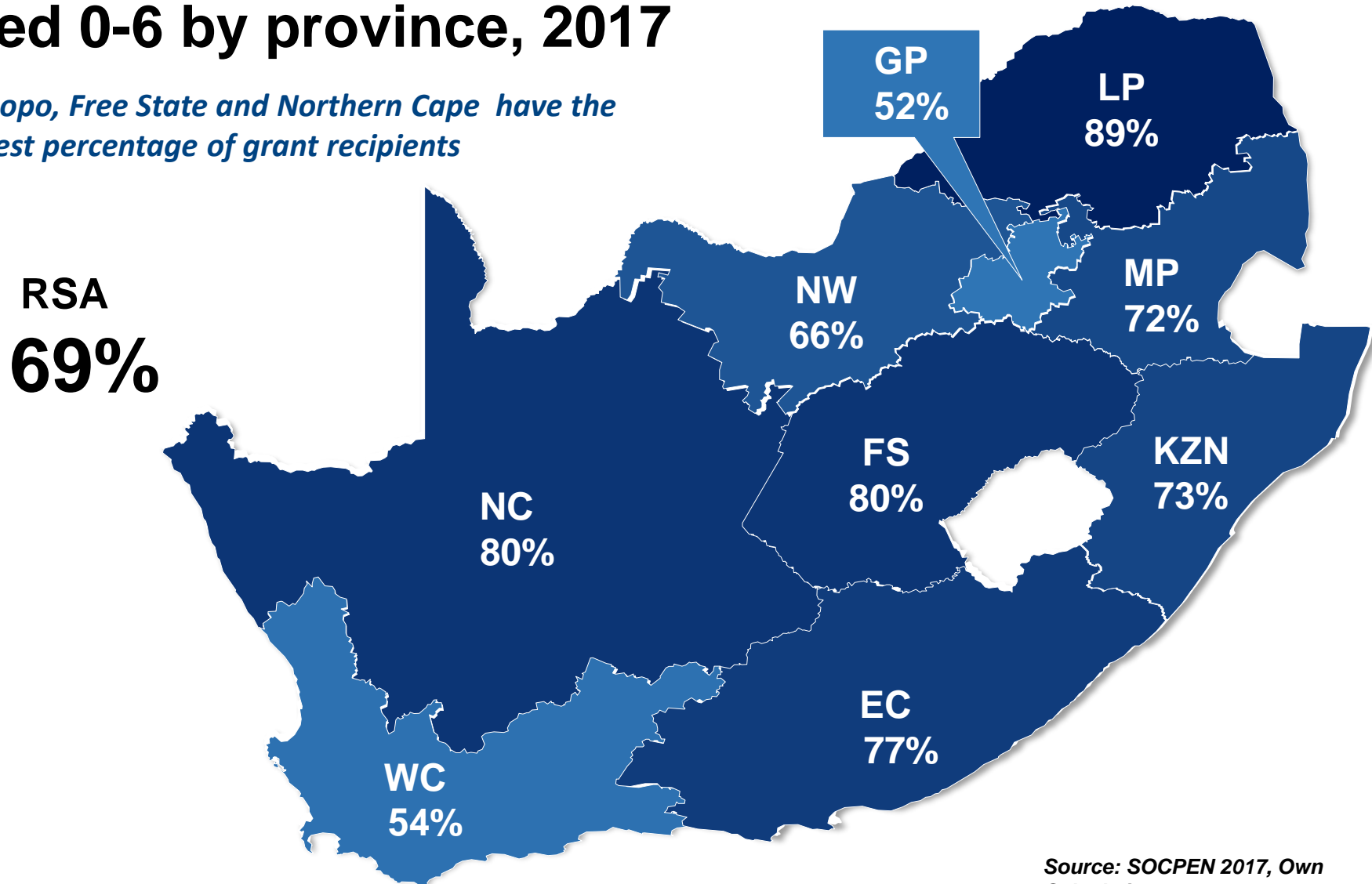
20 048

3 007

Source: SAPS, 2015/2016

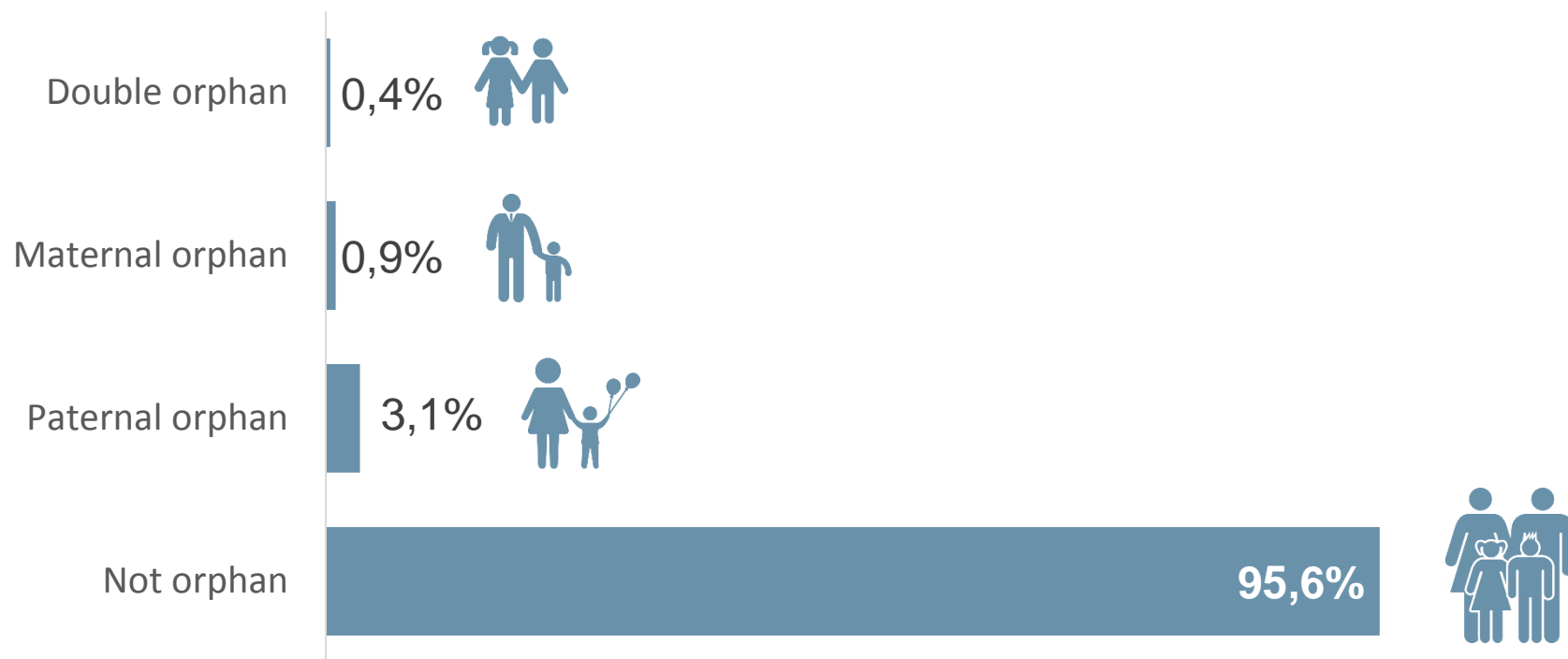
Percentage of grant recipients children aged 0-6 by province, 2017

Limpopo, Free State and Northern Cape have the highest percentage of grant recipients



Source: SOCPEN 2017, Own Calculations

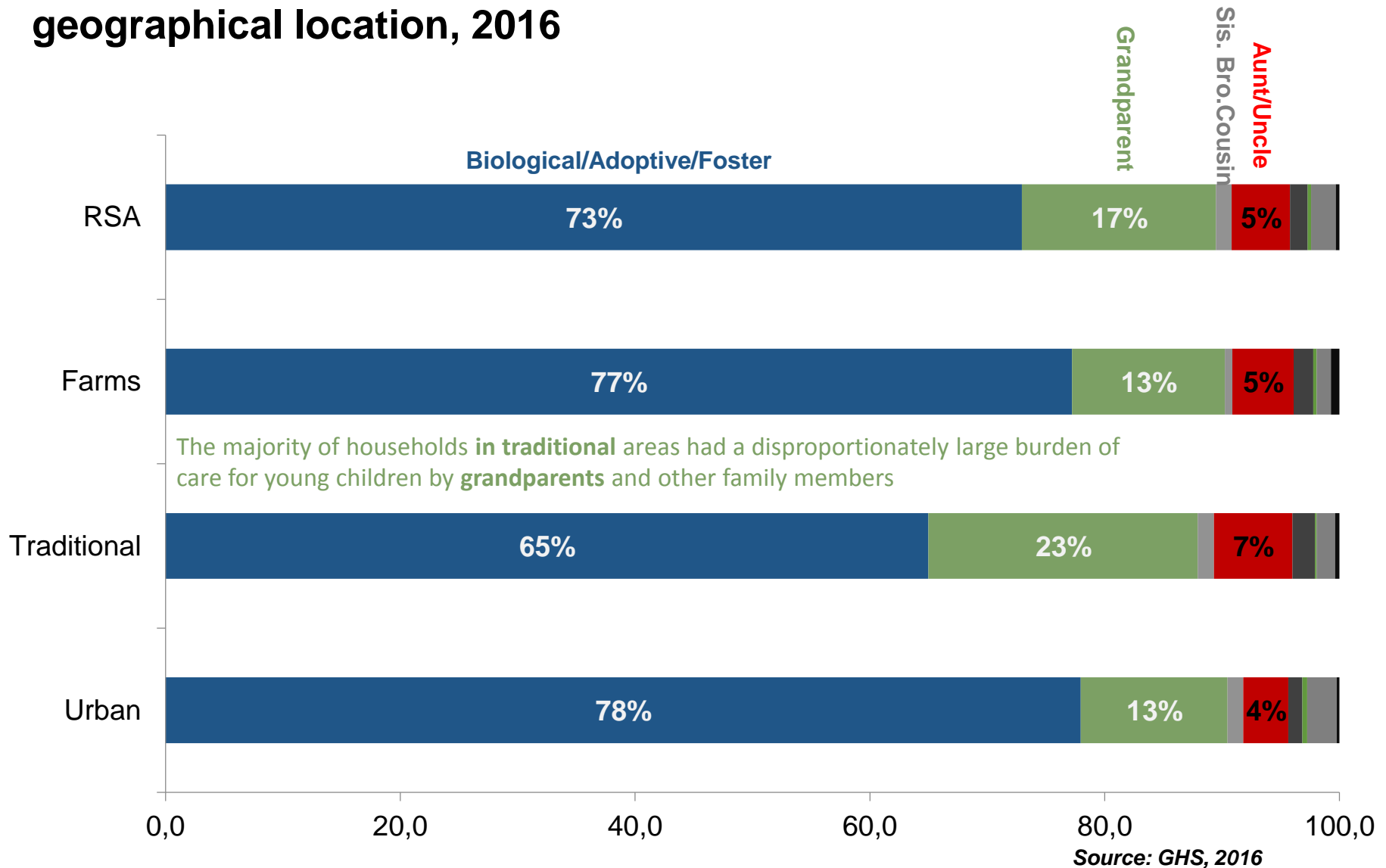
Orphanhood among children aged 0-6, 2016



- *Maternal Orphan: Mother deceased*
- *Paternal Orphan: Father deceased*

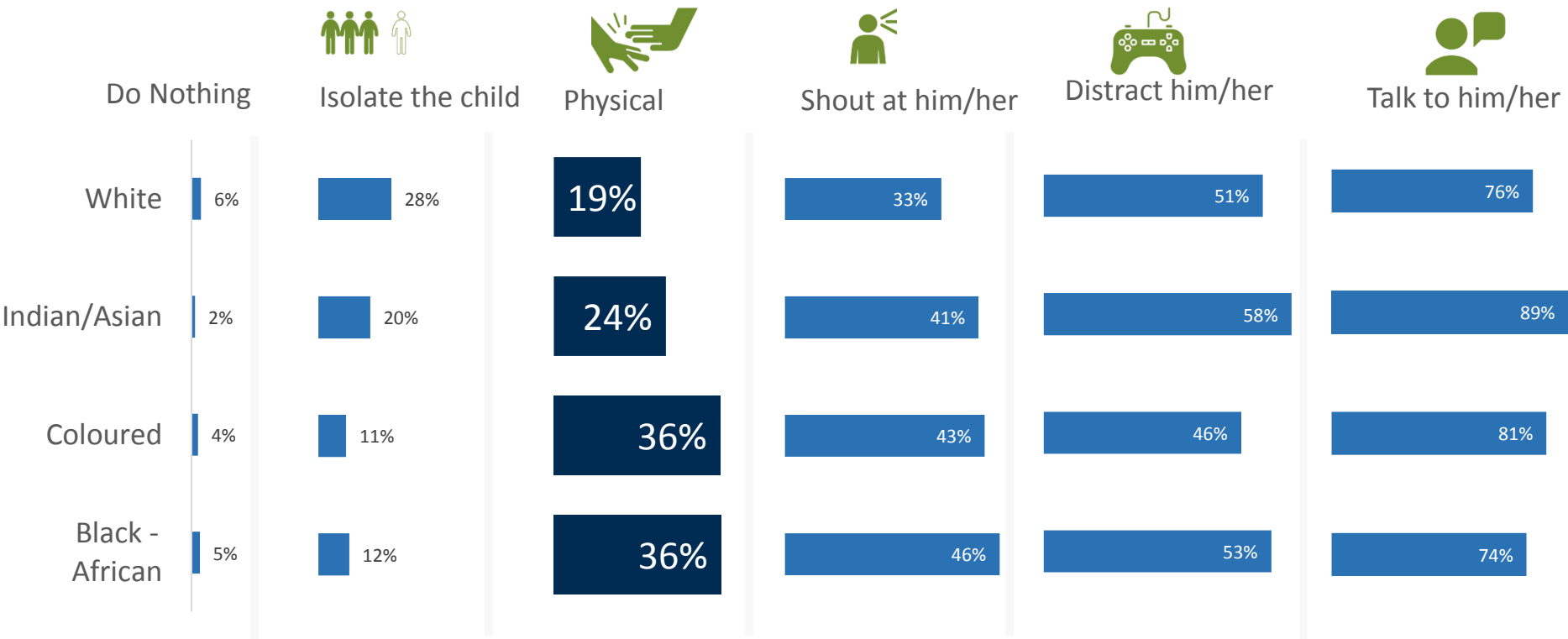
Source: GHS, 2016

Percentage main person who takes care of the child aged 0–6 by geographical location, 2016



Parenting techniques utilised for children aged 0-6 years by population group, 2016

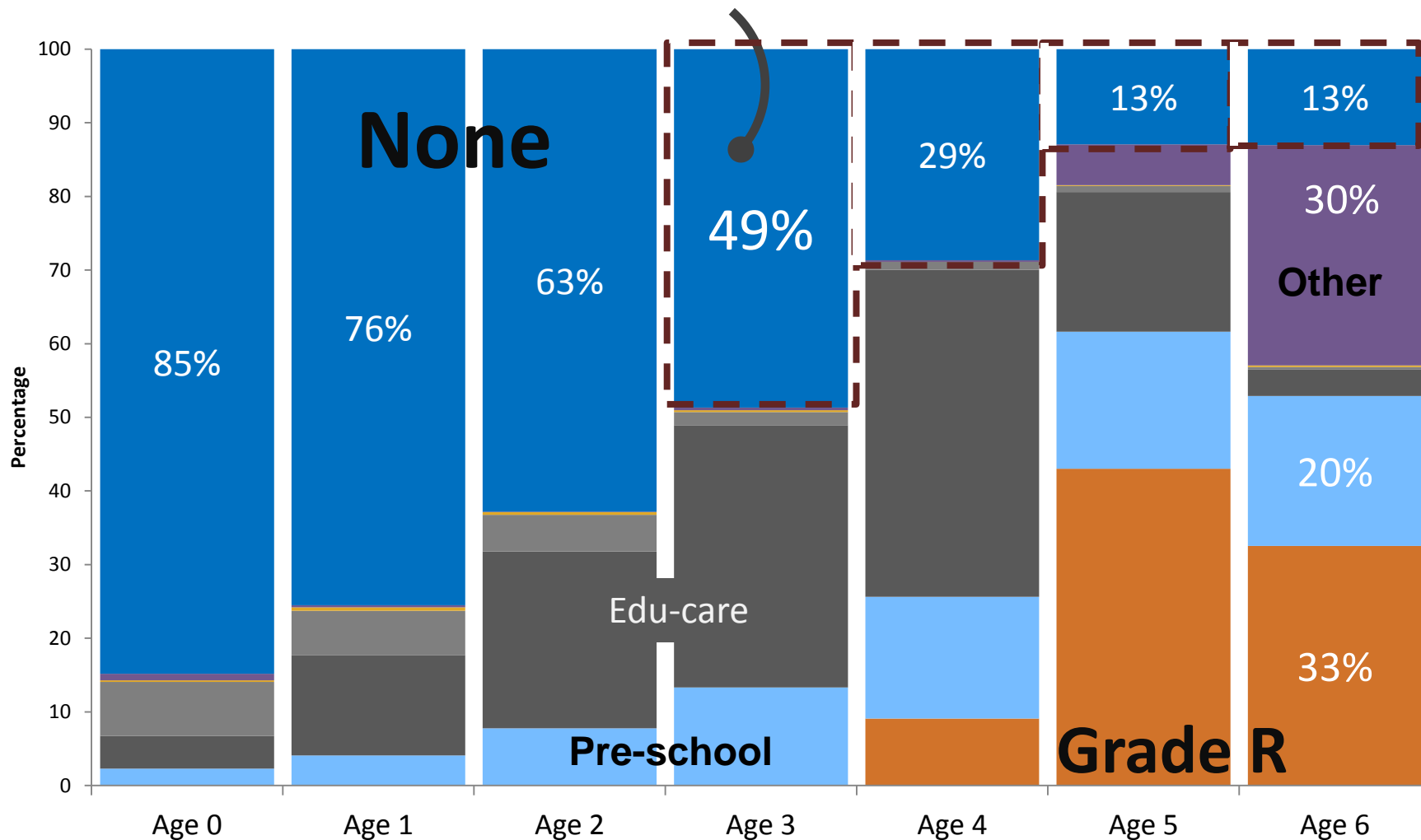
Physical punishment was mostly practiced amongst Black Africans and Coloureds



Source: GHS, 2016

Attendance of ECD and school, by children aged 0-6

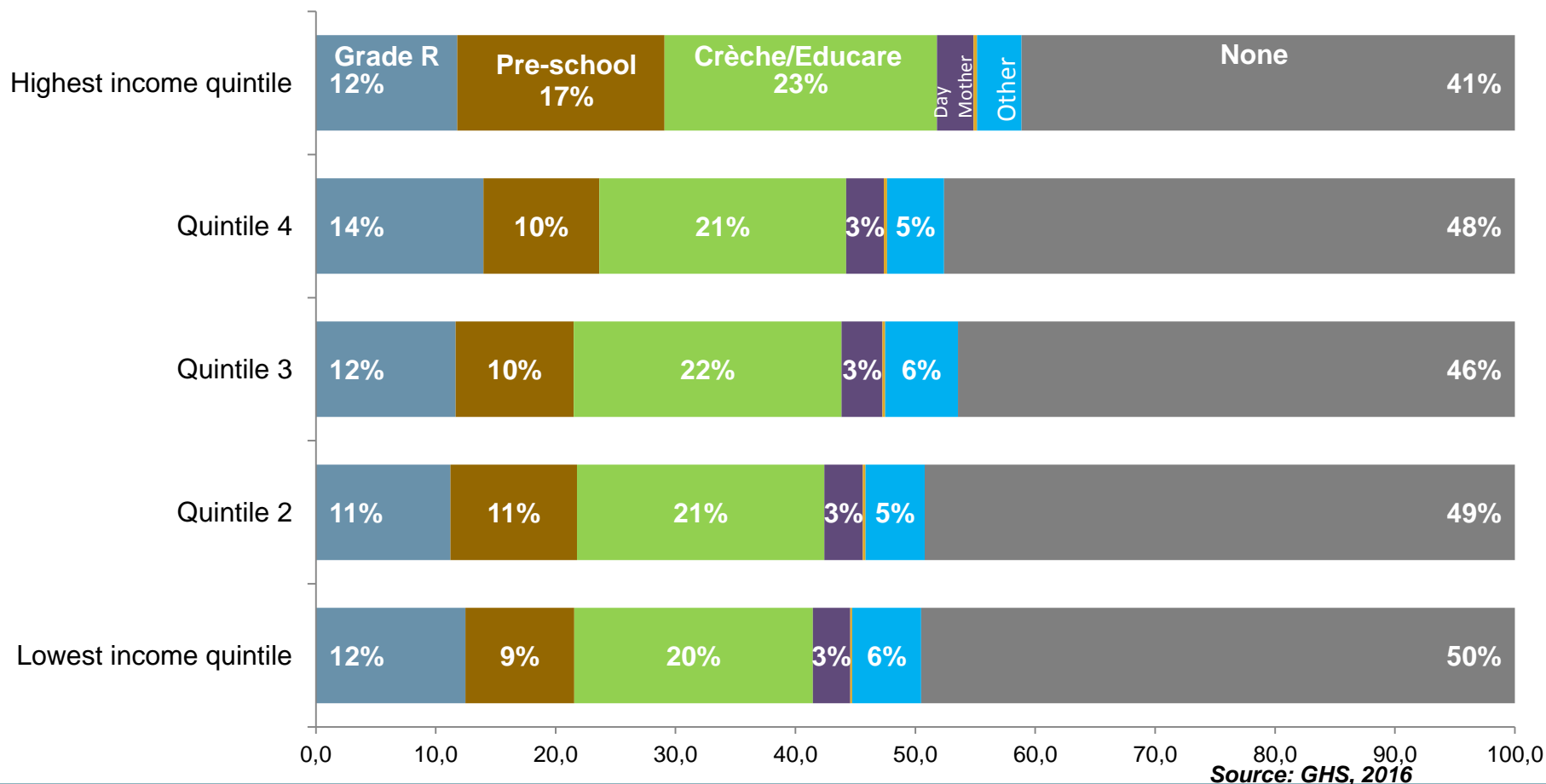
49 out of 100 children aged 3 did not attend any ECD facility



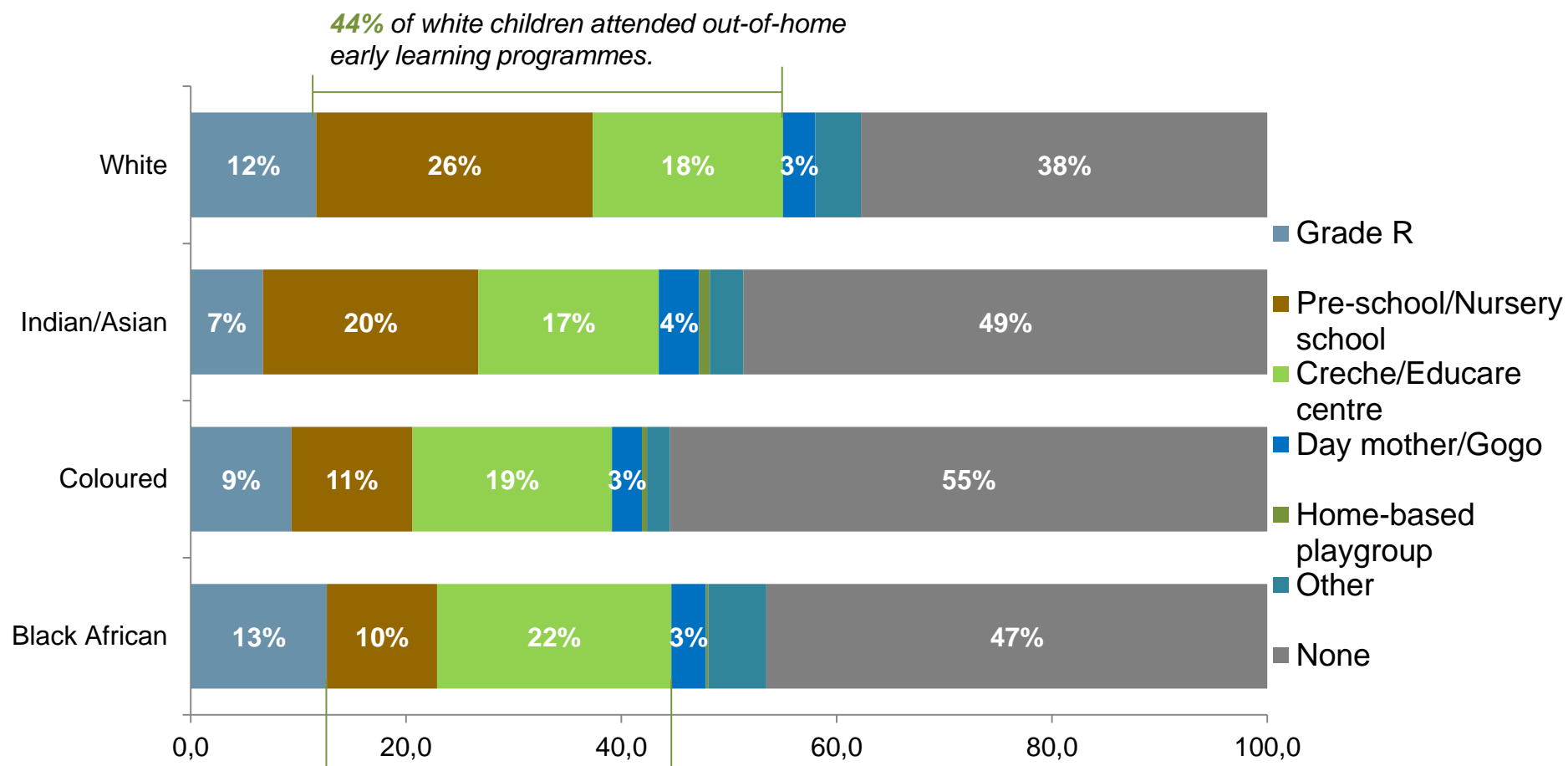
Source: GHS, 2016

Attendance of ECD facility by monthly household income quintile, 2016

Inequalities in early learning opportunities. Close to half of the children in the lower income quintiles did not participate in any learning activity



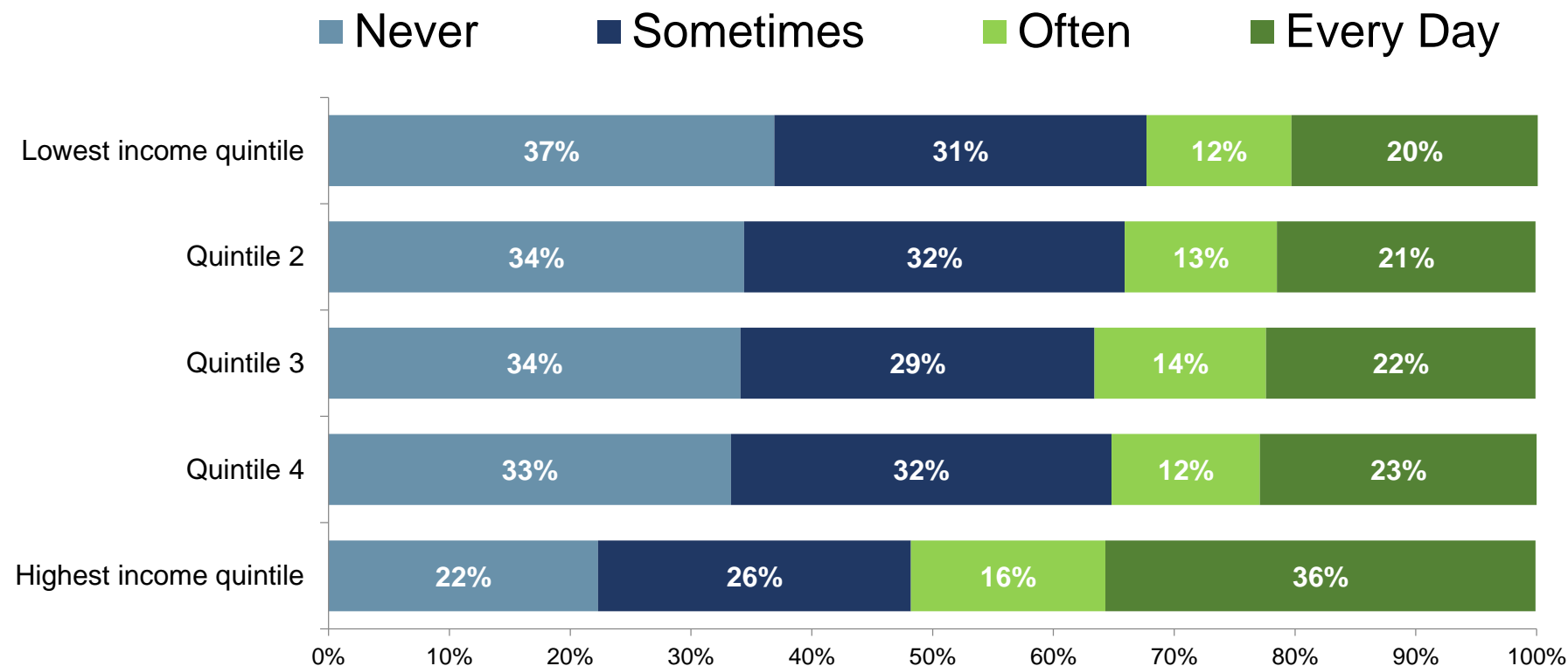
Attendance of ECD facility by population group 0-6, 2016



Source: GHS, 2016

Type of stimulation received by children aged 0–6 by monthly households' income quintile, 2016

36% of children within highest income quintiles were told stories or read to daily, as opposed to only 20% of children in the lowest income quintiles

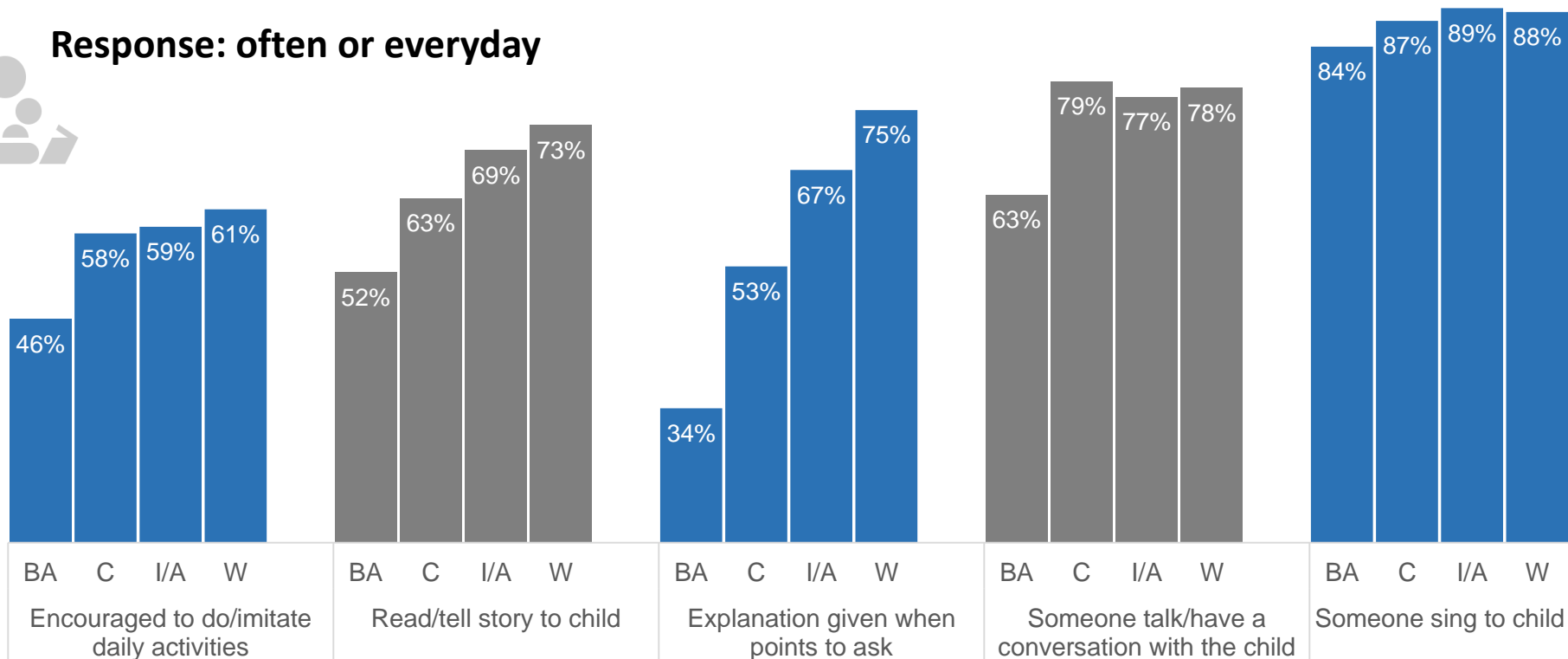


Source: GHS, 2016

Type of stimulation received by children 0-6 year olds, 2016

Differences in population groups regarding the type and frequency of stimulation received by children aged 0-6 can be observed

Response: often or everyday



BA= Black African C= Coloured I/A= Indian/Asian W= White

Source: GHS, 2016

CONCLUSION

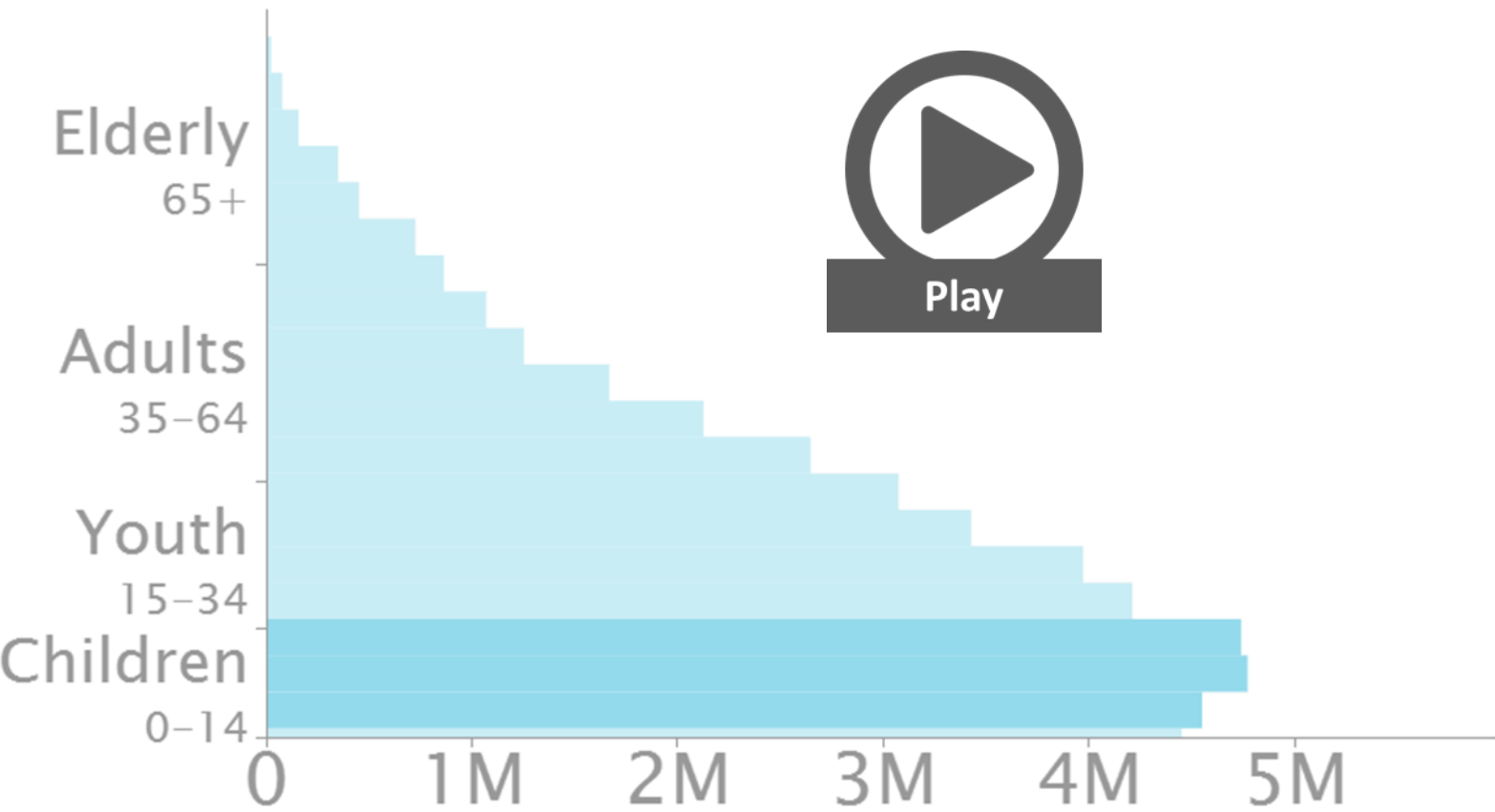


The Children of 1996 Generation provide insight into importance of long term planning

Age structure based on CS 2016

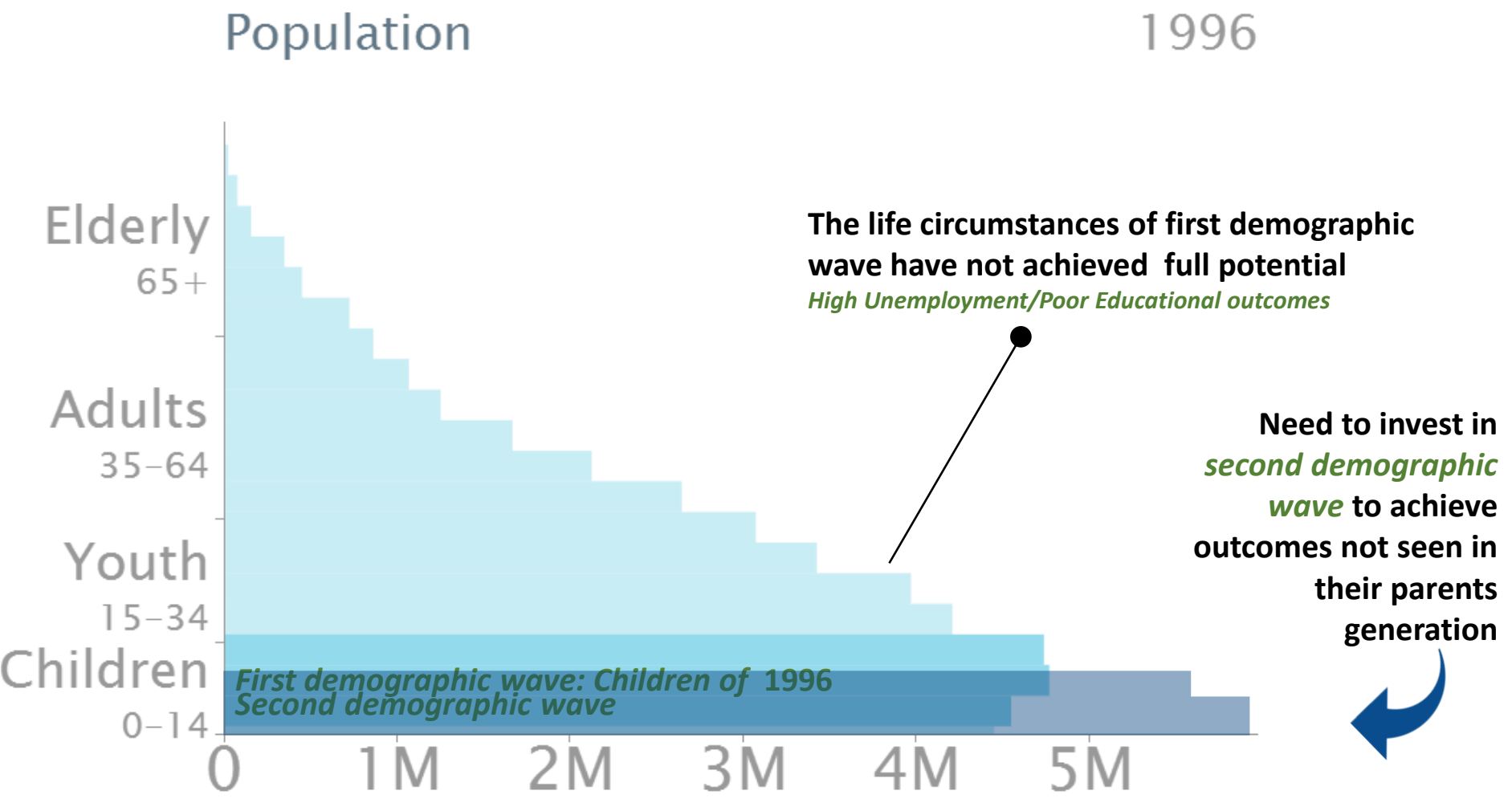
Population

1996













Source: Community Survey 2016

Age structure based on CS 2016



Source: Community Survey 2016

-  Malnutrition at very young age needs immediate attention (North West, Free State and KwaZulu-Natal had most young children who were underweight and stunted).
-  Government feeding programmes target mostly primary and secondary schools with limited service to only some ECD centres.
-  More targeted feeding scheme interventions need to be done either through the primary health care system or through social services to reach all children at risk of malnutrition.
-  Nutrition interventions needed for pregnant women at risk.
-  Infant and under five mortality need interventions aimed at prevention.
-  Improvement required in birth registrations so that households with young children are able to receive their children's birth certificates within the required 30 day period.
-  Access to electricity in Eastern Cape, KwaZulu-Natal and Gauteng has to be improved to avoid unsafe source of energy for cooking.
-  Access to piped water onsite for households need to be improved in Eastern Cape and Limpopo. Access to improved sanitation for households need to be improved in Limpopo, Mpumalanga and North West.
-  Increased efforts are needed to strengthen the protection and safety of children.
-  Access to ECD programmes for young children need to be expanded.

Ndzi hela kwala!