

POVERTY

The Use of Child-Focused Indicators to Reflect on Social Policy in South Africa

A national child poverty monitor

REFLECT

MONITOR

CHILD

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Acronyms

ABSTRACT

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It is important to build an understanding of the dynamics of child poverty, in order to inform policy and programme responses that are appropriately conceptualised and well targeted. This paper highlights the need for

attention to child poverty specifically, and presents a case for mainstream policy that takes children into account.

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INTRODUCTION

1 INTRODUCTION

South Africa has special obligations to children, contained in both the Constitution of the Republic of South Africa, 1996 and international law – in particular, the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWF), to which South Africa is signatory. Amongst other things, these legal frameworks guarantee children an adequate living environment in which to grow up, income support in the form of social assistance if they need it, sufficient nutrition to survive and develop, adequate health care for when they are sick, and access to an education which should, in theory, provide them with knowledge and skills so that they can find productive work and earn income as adults. The legal frameworks are important because they articulate society's vision for transformation, and convert a set of normative or moral imperatives into legal obligations which are justiciable.

Given South Africa's status as a middle income country, it seems inexcusable that many children continue to grow up in conditions of extreme deprivation. The critical issue underlying child poverty is the high rate of adult unemployment, and the low earnings of many of those who are able to find work. The labour market simply does not provide enough sufficiently adequate paying jobs for the adults, who in turn need to provide for children. In addition, the huge differentials in the extent and quality of service infrastructure across the country mean that many children do not live in adequate environments and are not able to access good education and health services.

Children across the world – and particularly in developing countries – carry a disproportionate burden of poverty (UNICEF, 2006). This is true in South Africa, and can be illustrated by a simple numeric example: Just over half of the population (54%) lives in income poverty when using a 'lower bound' threshold of R515 per person per month (Leibbrandt, Woolard et al., 2010). But if we compare poverty rates for adults and children using the same poverty line, 67% of children are defined as poor, compared with only 46% of adults (Hall and Wright 2010). In other words, the aggregate figure obscures the

relatively high child poverty rates.

The same might be said of other sub-populations: the structural dimensions of poverty and inequality are exposed whenever average statistics are broken down by race, by gender, by place or type of area. Poverty is racial, gendered and spatial, and because it is transmitted down generations, children continue to bear the legacy of these structural inequalities.

There is a particular urgency to addressing the needs of children because of their unique vulnerabilities to the effects of poverty, and due to the transient nature of childhood. For instance, early health, nutrition and educational investments are important for ensuring that children can grow up and realise their potential. Conversely, the effects of deprivation on children can be detrimental to their development and limit their long-term prospects.

Child-focused policy research tends to concentrate on sectors and services that are specifically associated with children, such as education, child health services and welfare (and other papers in this series explore the intersections of poverty, education and health outcomes in more detail). Less attention is paid to the experiences and needs of children in relation to more mainstream policy areas such as employment, housing and basic service provision. Children have tended to be invisible in generic reporting on the socio economic situation of the population.

The Children Count project of the Children's Institute at UCT was established to satisfy the need for regular information on the situation of children. It provides descriptive statistics covering a range of sectors or domains which are linked to the socio-economic rights framework of the Constitution, and the related public policy sectors. This work has been expanded and developed as part of the "National Child Poverty Monitor" funded by the PSPPD.

This paper highlights the need for policies and programmes that take children into account, even when their content is not obviously or exclusively child-

focused. To support this we need reliable and accessible child-centred information which can be used to inform the design and targeting of policies, programmes and interventions, and as a tool for tracking progress for children. Section 2 of the paper outlines some of the reasons why child-focused statistics are an important

counterpart to national population statistics. Section 3 provides a brief overview of the main datasets, indicators and methods used. Section 4 is organised into thematic sections, and presents some of trends for children, focusing on demographic distributions, living environments and income poverty.

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TOWARDS CHILD-CENTRED MEASURES OF POVERTY AND DEVELOPMENT

There is little debate about the importance of statistical measures to monitor socio economic conditions, inform policy decisions and evaluate progress. Good planning requires a national information system that provides reliable and timely data. Of course, poverty statistics do not provide a full picture: they are limited to what is quantifiable, sometimes drawing attention away from issues that may be important but hard to measure. Statistics tell us little about people's experiences or the ways in which they cope with poverty, and they do not reliably establish the quality of care and services which children receive or the daily challenges they face. But they do help us to measure progress against defined goals such as national policy targets and the MDGs, where objectives tend to be numerically defined. Quantitative indicators are useful because, being constant, they allow us to track progress in achieving specific outcomes over time, and to compare these outcomes for different sub-populations.

South Africa is fortunate to have a rich array of datasets, and Statistics South Africa and other institutions provide regular reports on population statistics, including measures of socio-economic progress. So why is it important to have a parallel set of child-centred indicators? There are a number of reasons why general population statistics are insufficient, even misleading, when it comes to monitoring the situation of children.

2.1 Population Distribution

First, the child population is distributed differently to the adult population. Statistics South Africa no longer reports a variable to distinguish urban and rural areas, but a new panel survey, the National Income Dynamics Survey (NIDS) allows us to distinguish type of area. What we see is that, relative to adults, children are under-represented in urban formal areas, and over-represented in rural 'tribal authority' areas (Figure 1). These "tribal authority" areas are the previous bantustans, which were strategically under-developed during apartheid and remain severely under-resourced in a multitude of ways.

In total (after collapsing the categories), only half of the child population is urban, as opposed to nearly

two thirds (64%) of adults. The effect of these different distributions is that aggregated population statistics are likely to be skewed towards the urban setting, whereas child-centred statistics would reflect proportions based on a larger rural population, and therefore reveal the relatively low levels of service delivery, infrastructure and employment in households where children live.

2.2 Household size

A second and related point is that households which include children are larger, on average, than adult-only households. This obvious fact has enormous consequences for statistics and the way they are reported. Of the roughly thirteen million households in the country, 58% include children as household members, while 42% consist only of adults. The mean household size for adult-only households is just under two people per household, while households including children have around five members on average. The result is that any household-level statistics are likely to under-represent the situation of children. In the same way, social policies that focus on delivery to households will disproportionately benefit adults.

Take, for example, the relationship between poor living environments and child health outcomes. Deprivation during childhood can have life long consequences. At its most extreme, deprivation shortens life and contributes to high child mortality rates. An astonishing 22% of deaths in children under five are attributed to diarrhoea (Stephen, Bamford et al., 2011), which is in turn associated with poor service infrastructure. This suggests that adequate water and sanitation are an essential minimum. One of the ways in which we monitor this with a child-centred focus is to use a derived variable that measures whether children have a reliable supply of clean water on the property where they live. Using nationally representative household survey data (NIDS), we find that 26% of households have 'inadequate' water. When we repeat the analysis for children instead of households, we find that proportionately more children – 36%, or nearly 7 million children – live in households where the level of water service is 'inadequate'. A quick look at the variable 'area type' tells us what we would expect: nearly 80% of these

children live in rural 'tribal authority' areas. The second largest group is from urban informal areas, where many households depend on communal services.

If we put this information together with the fairly robust evidence about children's vulnerability to the effects of poor water and sanitation services, we have a fairly strong case for expanded municipal service provision, or serious exploration of safe alternatives.

2.3 Definition of Indicators

Third, there is a question of what is being measured and how generic indicators are defined. Some official standards and related indicators are not appropriate for children. Turning again to water provision as an example, the official minimum norms and standards for 'adequate water' define as adequate any potable water source within a 20-minute radius of the dwelling. However-off-site basic services are not appropriate for children, especially when they are very young, because of the difficulties or personal risks involved in reaching them. The Presidency's annual "Development Indicators" report tracks progress through a range of socio economic indicators. The official estimate for households with 'adequate' water (within 200m of the dwelling) is 92% in 2009. This gives the impression that the backlogs in access to water have almost been resolved. Yet when we look at on-site water access among children in the same year (using the same data source but a different definition of 'adequate'), this has been achieved for only 64% of children.

2.4 Adult/child Orientation

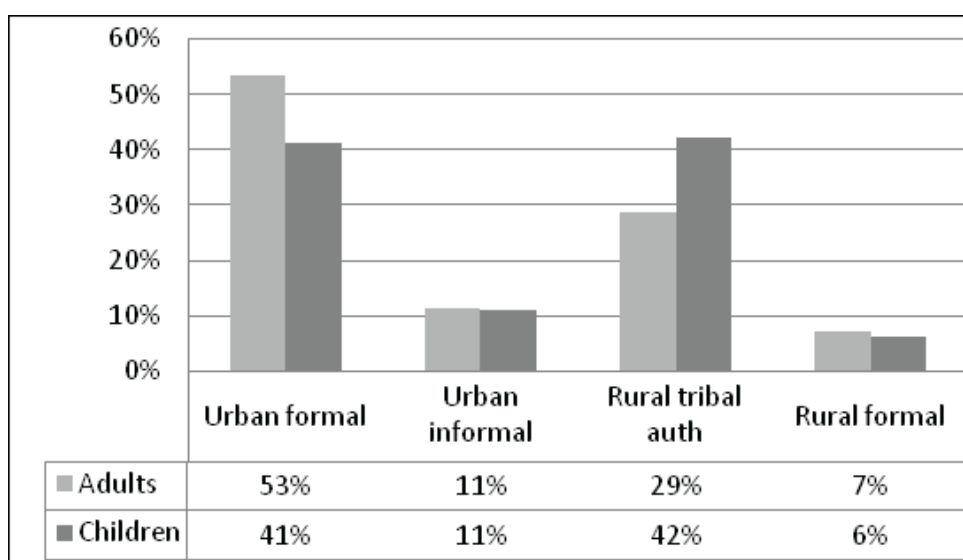
Fourth, some adult-centred indicators are used to monitor issues which are regarded as being exclusive to adults, and cannot be applied directly to children. A good example is the employment rate, where the

denominator is usually the economically active (adult) population. The official unemployment rate in South Africa was 25% in 2010. In other words, 25% of the economically active population aged 15–60 (the labour force) was unable to find work (Office of the President, 2010). This is high by any standards, but it tells us little about how children are affected by adult unemployment. Using a household-level indicator which distinguishes 'employed' households (where at least one adult member is working) and 'unemployed' households (where no adults are employed), we find that children are disproportionately clustered in unemployed households: 37% of children (seven million) live in households where no adult is employed – either formally or informally. Naturally, this affects income poverty rates: using a lower-bound poverty line of R515 in 2008, 55% of children are poor when there is at least one working adult in the household, but 90% of children are poor when there are no working adults. Although many of these 'unemployed' households are likely to include pensioners, social grants are not sufficient to offset the absence of earnings from wages or income generating activities.

2.5 Child-specific sectors

Finally, some poverty-related measures require child-specific indicators because they are unique to children. These include a range of education and early childhood development (ECD) indicators, measures of mortality, child health and nutrition, and indicators related to parental co-residence, orphaning, care arrangements and so on. Of course, a reverse logic could be applied to these types of indicators in that analyses of poverty dynamics could gain from adult-focused or household-level analysis of child-centred measures: what is the profile of adults in households – and resident adult members – where children are orphaned, or not progressing through school, or in poor health?

Figure 1: Distribution of adults and children, by type of area



Source: NIDS Wave 1 2008

3 METHODS

The project monitors multiple indicators of child poverty and well-being. The indicators are organised into six thematic areas or 'domains':

- Demography and care (including orphaning and parental co-residence)
- Income poverty (including the poverty headcount rate, unemployment and social grants)
- Living environments (including housing, water, sanitation and electricity)
- Education (access to schooling and educational outcomes)
- Health (access to health services; HIV-related indicators)
- Nutrition and hunger (including various measures of nutritional outcomes).

These themes were selected as they represent some of the main direct and indirect avenues whereby children's basic needs are fulfilled. A notable gap is the area of quality of care and access to social welfare services. Unfortunately, there is a lack of regular and reliable data for this domain. New areas remain to be explored, particularly indicators relating to Early Childhood Development (ECD) services and access.

This paper addresses only the first three of the thematic areas: demography and care, income poverty and living environments. Analyses of indicators in the other domains can be found in the annual South African Child Gauge and on the Children Count website.

3.1 Indicators

The set of indicators has been designed to articulate with a socio-economic rights framework. In the South African Constitution, every person is provided with a right to the basic necessities of life. The Bill of Rights identifies these as health (section 26), health care, food, water and social security (section 27) and education (section 29). In addition to the general rights, children are identified as a vulnerable group in need of additional protection and are specifically mentioned as having the right to basic nutrition, shelter, basic health care services and social services (section 28). It is necessary

to monitor children's socio-economic status in order to evaluate progress in realizing children's rights, and to do this requires information that looks particularly at children.

Specific indicators are determined not only by the rights framework, but also by national and international guidelines. Development of the indicators is complex. For example, children have a constitutional right to shelter, and also a right of access to adequate housing. The definition of 'adequate' is found in the general comment to the International Convention on Economic, Social and Cultural Rights (ICESCR), which South Africa has signed but not ratified. The Housing White Paper and National Housing Code also provide definitions of adequate housing. The definitions are complicated because adequacy of housing also includes service delivery attributes. At the simplest level, adequate housing is defined as formal housing, but additional indicators monitor elements of adequacy such as overcrowding and the availability of basic services.

Some of the indicators refer to what might be termed 'inputs' (for example, the proportion of the population that has access to basic services), while others are effectively 'outcomes' (for example, the child mortality rate, or progress through school).

A full list of indicators is included in the Appendix, while the Children Count website (<www.childrencount.co.za>) provides a clear definition of each of the indicators.

3.2 Data Sources

The Children Count project does not carry out its own data collection but rather undertakes secondary analysis of existing data. It draws on national household survey data that lend themselves to child-centred analysis, as well as a range of administrative data sets (notably for statistics on social grants, schools and health service provision), and modelled data (estimates from the Actuarial Society of South Africa (ASSA) Aids and Demographic Model). In this section we briefly describe the two main household surveys used in the project.

General Household Survey (GHS)

South Africa has an array of datasets which are useful for monitoring the situation of children and the households in which they live. The main ongoing data source for Children Count is the General Household Survey (GHS), which is undertaken by Statistics South Africa. It has a large sample – around 30 000 households and 100 000 individuals, of whom about 35 000 are children – so it is possible to disaggregate the data and compare smaller sub-populations. The sample is nationally representative, and Statistics South Africa provides person weights which are applied to generate weighted population figures.

A great advantage of the GHS is that it is conducted every year, and so enables monitoring of the same indicators over time. In 2011 the Children Count monitor reflected trends over an eight-year period, from 2002 to 2009 inclusive. Another advantage of the GHS is that, being a project of the national statistics agency, the data are regarded as 'official' and are widely reported in official statistical reports. So while a child-centred approach may offer new analyses and findings, the source data are unlikely to be disputed. The power of replicating population statistics for a sub-group of children is that the child-centred analyses effectively shadow the aggregate population reports. This is important when it comes to advocacy.

National Income Dynamics Study (NIDS)

NIDS is the first true national panel survey to be conducted in South Africa.¹ It has a much smaller sample than the GHS: 7 300 households from which information was collected on 28 250 individuals in the first wave, including 11 502 children under 18 years. Although it is designed to be representative of the national population, the strength of NIDS is not its size, but the fact that it is a panel survey. Repeated cross-sectional surveys such as the GHS can be compared over time (for instance, to monitor trends in poverty levels or living conditions), but there are limitations to the conclusions that one can draw about the dynamics of individual or household change because the households and individuals change over time. The advantage of a panel survey for understanding child poverty is that, rather than presenting a static picture, it is possible to link individuals across rounds so that children's progress can be followed as they grow older and move into adulthood.

The NIDS baseline survey or first 'wave' of data collection was undertaken in 2008, with subsequent waves at intervals of two years. In the first wave, information was obtained for every member of each of the sampled household, and these individuals became the permanent sample members or 'panel' – even if they were children or babies. In subsequent waves, field workers return not only to the original households, but also to each original household member, even if members have moved to a different household. In these cases, information on the 'new' household is also collected. More detail on NIDS can be found Leibbrandt, Woolard and de Villiers (2009) and in other technical papers available on the website: <www.nids.uct.ac.za/home/>.

Only the first wave was available during the project period. One of our research objectives was to compare the first wave of NIDS to the larger national data sets in order to see whether NIDS provided a plausible baseline for monitoring child poverty dynamics. In general, it seems that we do indeed have a plausible baseline. The comparisons between NIDS and the GHS (and other datasets) are discussed in more detail under the thematic sections below.

The NIDS Wave 1 data is contained in a number of datasets:

- A **household roster** file (with basic demographic data for all household members)
- An **adult** file (with individual-level information on all household members aged 15 and over)
- A **proxy** file (with individual-level information on all household members aged 15 and over)
- A **child** file (with individual-level information on all household members aged 0–14)
- An **individual-derived** file (with derived / composite data at individual level)
- A **household** file (with household-level data)
- A **household-derived** file (with derived / composite data at household level).

In South Africa, children are defined as people under the age of 18. Therefore any child-centred analysis on children aged 0–17 needs to start by merging individual data from the respective data sets (information on children under 15 is contained in the child dataset, while children aged 15–17 are included in the adult dataset. Information on adults – such as employment status and income – is important for deriving poverty variables for children at the level of the household. The household

1 Some of the household surveys conducted by Statistics South Africa use a rotating panel, in that the samples are rotated regularly. It is possible to generate a quasi panel from multiple survey rounds – as is done for instance by the Economic Policy Research Unit in its 2008 analysis of the impact of the child support grant, using GHS surveys for a number of consecutive years.

data (in the household and household-derived files) is also useful for analysis of child poverty dynamics as these files contain all the information about housing and services, as well as total income to the household. In other words, it was necessary to merge data from all seven files in order to be able to proceed with a child-centred analysis that is based on the full child sample.² It was also necessary to identify corresponding questions across the adult and child datasets and amend some of the response category labels, as these varied in some cases.

In terms of the data it provides, NIDS fills some important gaps in the information offered by national data sets such as the GHS. For instance, it includes more detailed questions about household income and expenditure (including more information about expenditure associated with children). It contains detailed questions about social grants – particularly the Child Support Grant (CSG) – and, unlike most national surveys, it records whether children have birth certificates. (This is important as birth certificates are essential documents for accessing many of the services and benefits offered by the state. While, at policy level, children should not be excluded from accessing services and goods if they do not have birth certificates, in practice it is difficult for undocumented children to enter school or claim social grants.) NIDS identifies *de facto* primary caregivers in the households, and establishes the relationships between the children and their caregivers. This is an improvement on the

GHS and many other national surveys, in which we are limited to knowing the relationship of child members to their biological parents and to the nominal head of the household. NIDS includes information about children's parents even if they do not live in the same household. It provides some information about absent household members, and even in the first wave records some information about geographic mobility. It also includes modules that measure anthropometry (weight, height, and soon) and numeracy. NIDS therefore provides for an expanded range of indicators about children and future potential for analysing the progression of children over time.

3.3 Internships

One of the objectives of the project was to build interest and capacity for child-focused research and data analysis amongst young researchers. With funding from the PSPPD, the Children's Institute was able to establish its first internship programme. Three postgraduate students were recruited through a rigorous selection process. Following a three-week induction period which included modules covering child rights frameworks, child poverty, social policy and welfare, and a technical session on indicators, they set to work on the data as part of a 'child poverty hub' at the Children's Institute. The analyses presented here are the product of a carefully triangulated team effort.

2 The method for this procedure is outlined and discussed in a separate technical paper "Finding the NIDS child panel". This is essentially an annotated Stats SA do-file, which can be made available to interested users.

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THE CHILD POVERTY MONITOR

In this section we present and discuss some results from analysis of the child-centred indicators. For each thematic section below we outline what we measure, and why; we provide an overview of some of the trends – including, where possible, a comparison of NIDS and GHS for the same year (2008); we briefly refer to the important policy questions, and the contributions that NIDS could make in ongoing analysis.

4.1 Demography and care

If we understand poverty to be multidimensional in nature (Alkire and Foster, 2007; Noble, Wright et al., 2007; Alkire and Foster, 2011), then location is key to many dimensions of poverty, and influences the extent to which a range of other needs can be fulfilled. In this section we look at a range of variables about children's household arrangements – where they live and with whom they live. These two questions are related: care arrangements are part of what determines where children live and the opportunities available to them. Conversely, a range of factors relating to parents and other adult household members (including vital and health status, and economic strategies) influence decisions about care arrangements. Specifically, we examine the provincial and urban-rural distributions of children, compared with adults. We trace patterns of child and parent co-residence, and care arrangements for children in the absence of their parents. We take a closer look at parental absence and distinguish between children who are orphaned, and those who have parents living elsewhere.

What are the trends?

There are over eighteen million children in South Africa, making up nearly 40% of the population.³ Despite steadily declining fertility rates and high child mortality

rates, the number of children has continued to increase gradually, with the child population rising by 6% between 2002 and 2009 (own analysis of GHS, 2002–2009).

Using the General Household Survey of 2009, we can see that children are unevenly distributed across the country, and that the distribution of the child population is different from that of adults (Table 1). In comparison to adults, children are slightly over-represented in the Eastern Cape, KwaZulu-Natal and Limpopo, and under-represented in Gauteng and the Western Cape. The provinces with disproportionately large child populations (a larger share of children, as a proportion of all children) are also the main 'sending' provinces for adult migrants, while those with disproportionately small child populations have the largest metropolitan centres and are the main destinations for cross-province migration. (Actuarial Society of South Africa, 2011)

Provincial variation in population change between 2002 and 2009 suggests increasing child populations in provinces with metropolitan areas (an increase of 18% and 11% in the number of children living in Gauteng and the Western Cape respectively), and some decline in rural provinces. This may be the result of child migration towards urban areas (for example, to join their migrant parents), or of urban births. In 2002, 46% of children were resident in urban households (Statistics South Africa, 2003), while 52% were urban in 2008 (own calculations from NIDS Wave 1). This apparent urban trend will be confirmed only when the results of the 2011 census become available.

A snapshot from the NIDS baseline shows that, of all children in South Africa, only a third live with both their parents, while nearly a quarter live with neither parent (Table 2). Biological mothers are co-resident with 75% of children, while a smaller proportion of children (37%)

³ Estimates for mid-2008 are fairly close, ranging from 18 489 000 (Actuarial Society of South Africa (2011). ASSA2008 AIDS and Demographic Model., Available: <www.actuarialsociety.org.za>) to 18 797 000 (Statistics South Africa (2008). Mid-term population estimates. Extraction by special request, 2009. Pretoria, Statistics South Africa). The number of children living in households surveyed in the GHS and NIDS of 2008 lie somewhere between these estimates – at 18 771 000 and 18 513 000 respectively. The child sample obtained in NIDS is therefore within the range of estimates from the most reliable sources, and closest to the ASSA2008 estimates, which have generally been considered the 'gold standard'.

Table 1: Distribution of households, adults and children by province

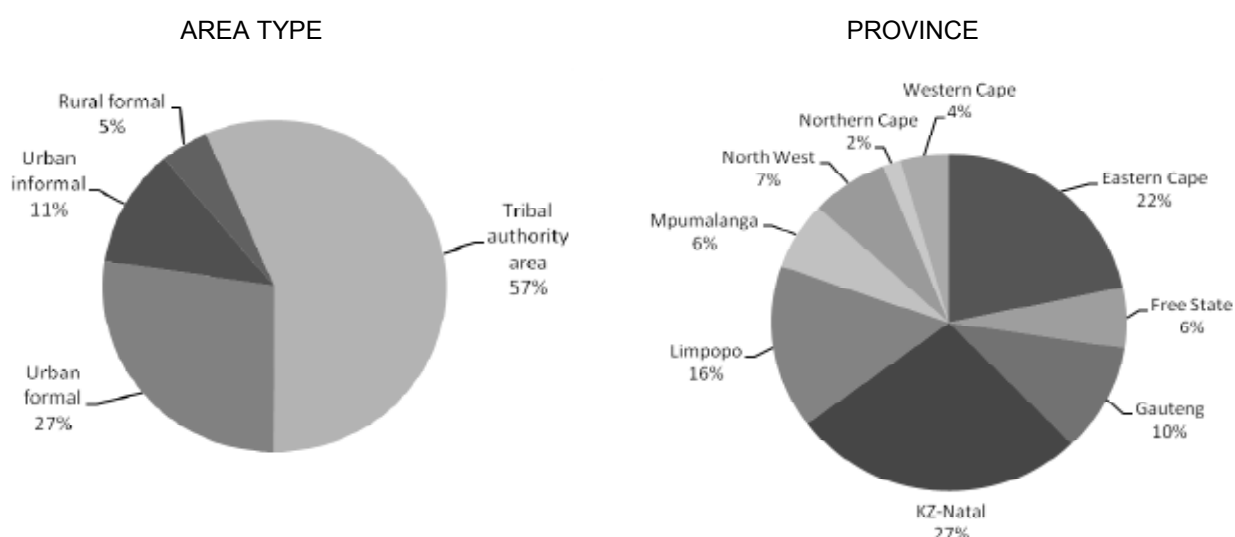
	Households		Adults		Children	
Province	Number	%	Number	%	Number	%
Eastern Cape	1 691 000	13%	3 886 000	13%	2 763 000	15%
Free State	826 000	6%	1 838 000	6%	1 067 000	6%
Gauteng	3 279 000	25%	7 318 000	24%	3 238 000	17%
KwaZulu-Natal	2 488 000	19%	6 184 000	20%	4 277 000	23%
Limpopo	1 284 000	10%	2 917 000	9%	2 313 000	12%
Mpumalanga	933 000	7%	2 136 000	7%	1 474 000	8%
North West	993 000	7%	2 177 000	7%	1 277 000	7%
Northern Cape	300 000	2%	713 000	2%	435 000	2%
Western Cape	1 513 000	11%	3 606 000	12%	1 764 000	9%
South Africa	13 308 000	100%	30 774 000	100%	18 607 000	100%

Own calculations from Statistics South Africa: General Household Survey 2009

Table 2: Parental co-residence by race of child

	Black	Coloured	Indian	White	All children
Both parents co-resident	29%	53%	77%	70%	34%
Father absent, mother co-resident	43%	33%	11%	23%	41%
Mother absent, father co-resident	3%	1%	7%	3%	3%
Both parents absent	25%	13%	5%	4%	23%
TOTAL	100%	100%	100%	100%	100%

Own calculations from NIDS Wave 1 (weighted data)

Figure 2: Share of children with living, non-resident mothers

Own calculations from NIDS Wave 1 (weighted data)

have a co-resident father. The distributions vary for different population groups. Among white children, 70% live with both parents, and only 4% live with neither parent. Compared to all other race groups, black children are less likely to live with both parents (29%), and more likely to live with neither parent (25%). The majority of children without a co-resident mother are found in rural areas under traditional authority. The Eastern Cape, KwaZulu-Natal and Limpopo provinces, which together are home to half of all children in South Africa, are also home to two thirds (65%) of children whose mothers live elsewhere.

Children whose fathers are absent or deceased are much more likely to live with their mothers than the other way round: children who have absent or deceased mothers do not generally live with their father. The overwhelming majority of children living without their biological mothers are cared for by grandparents or other relatives. These findings support what we already know: that in the absence of parents (and mothers in particular), extended family members are responsible for the care of children. Indeed, it is likely that the presence of alternative caregivers at the household of origin enables prime-age women to migrate for work or to seek employment (Casale and Posel, 2006:15). Few children have caregivers who are not their relatives (in NIDS, only 1% of children with absent or deceased biological parents had a non-relative as their primary caregiver). Despite concerns about saturation, extended families continue to feature as an important network which bears a large burden of care for children, often in the context of extreme deprivation.

An analysis of NIDS Wave 1 data shows that children who live apart from their mothers also live in poorer conditions, with poorer access to basic services such as water and sanitation. They also experience greater levels of income poverty, despite higher median levels of income from social grants (owing to the presence of pensioners). The relatively poor outcomes for children with absent mothers are undoubtedly related to location: children without co-resident mothers are disproportionately concentrated in rural areas, where municipal services tend to be inferior and employment opportunities scarce.

Children who live without co-resident mothers and/or fathers may be divided into four main categories, which can be arranged on a continuum of parental care, as follows:

1. Children whose parents are deceased (orphans). This includes a small number where the parent's vital status is unknown. Paternal orphaning rates are much higher than maternal orphaning rates: 8% of children have lost a mother, compared to 17% who have lost a father. But as a proportion of absent parents, maternal orphaning is a more common

reason for maternal absence, while fathers are more likely to be absent for other reasons.

2. Children whose parents live somewhere else and have little or no contact with their children, and do not support them (in terms of the Children's Act 38 of 2005, these children may be defined as having been abandoned by their parent/s). In the analysis, the criteria for inclusion in this category were that the parent is alive but not resident in the household, and that the parent does not provide any financial support for the child and 'never' sees the child.
3. Children whose parents live somewhere else but are still active parents in that they support the child through remittances and/or maintain regular contact with the child/caregiver. Criteria for inclusion as "absent but active" parents were that, in addition to being alive and non-resident, the parent sends money to support the child financially – however infrequently – and that the parent sees the child occasionally (up to a few times a month, but at least once a year). This would include, for instance, parents who are migrant workers but return to the home of origin at Christmas time.
4. Children whose parents play a regular and active role in the child's life although they are not recorded as being household members according to the strict definition – this may include, for instance, a mother who is a live-in domestic worker and returns to the household on weekends, or a parent who is separated but lives in the same area and sees their child frequently. As a proxy for this, we classified as "present" all non-resident parents who were reported as seeing their child every day or several times a week.

Because information on parental contact and financial support were available only in the NIDS child dataset, this analysis could include only children aged 0–14 years.

We can see from Table 3 that, of the 3.8 million children under 15 who do not have a co-resident mother, 29% are maternally orphaned and 5% may be regarded as being "abandoned" by their mother in that they have no contact and receive no financial support from her. Over 60% have a mother who is an active parent despite her absence (that is, the remits money to support the child and/or is in fairly regular or frequent contact with the child).

Although orphaning is not the main reason for parental absence, it does explain a large part of it, and will continue to do so. Maternal orphaning rates, in particular, have risen sharply in recent years. The number of children whose mothers have died has more than doubled from 8.4 million in 2002, to 1.7 million in

Table 3: Classification of absent parents for children under 15 years

	Mother absent			Father absent		
	Unweighted	Weighted	%	Unweighted	Weighted	%
Children with absent parents	2 758	3 829 091	25%	6 375	9 409 907	63%
Absent parent classification:						
1. deceased	767	1 095 126	29%	1 426	2 146 745	23%
2. living elsewhere - abandoned	165	202 282	5%	1 297	1 856 423	20%
3. living elsewhere - active	1 422	1 894 710	49%	2 652	3 786 278	40%
4. present / frequent contact	302	486 789	13%	800	1 274 594	14%
cannot be categorised	102	150 185	4%	200	345 866	4%
TOTAL	2 758	3 829 091	100%	6 375	9 409 907	100%

Own calculations from NIDS Wave 1 (weighted data)

2011 (Actuarial Society of South Africa, 2011). While the rate of increase has now slowed, the number of maternal deaths is expected to continue rising until around 2017 (reaching almost 1.8 million), after which it will level out. Even then, the number of maternal deaths will not decline substantially unless the behaviours and responses underlying HIV-related mortality shift so significantly that the assumptions underpinning the ASSA2008 Aids and Demographic Model no longer hold.

One of the main reasons for parental absence is the need to find work opportunities. Many children continue to live out the effects of apartheid spatial planning and a migrant labour system in which adults seek work in cities and families are spread across households. While there is a large discourse on adult migration, there is relatively little known about child migration patterns. This has contributed to an impression that migration – and particularly labour migration – is an adult phenomenon, while children are less mobile. On the contrary, child mobility is closely associated with parental (particularly maternal) migration. Children often migrate “as a consequence of many of the same processes that stimulate adult migration, and in response to living arrangements that emerge due to adult migration” (Hosegood Ford, 2003:1).

Localised and qualitative studies have shown that children are highly mobile, with movement across households, towns and provinces being driven by a range of factors, including changing care arrangements due to adult migration, HIV/AIDS illness and death, poverty or the need to position children close to schools, health facilities and other resources. Children do not necessarily migrate together with, or at the same time as, adults, and it cannot be assumed that children’s migration patterns follow that of adults. Rather, children “participate in migration, both independently, as well as with their parents and caregivers as households

relocate” (Richter, Norris et al., 2006:197). Children are therefore known to be a particularly mobile group, and extended household forms and kinship networks enable movement of children between households. But it has always been difficult to determine accurately the extent, direction and reasons for their mobility – all of which are important from a social policy perspective.

What are the policy questions?

Households make deliberate and strategic choices about where children live, who they live with and who cares for them. Two relevant areas for policy consideration are discussed here. The first is about what happens when parents, and particularly mothers, are deceased (orphaned children); the second is about what happens when parents are alive (geographic mobility and care arrangements in the context of adult labour migration).

A critical policy question around orphaning and care relates to the use of the foster care system in the context of orphaning. The number of children orphaned by maternal AIDS deaths started rising dramatically from the early 2000’s. Almost all these children were cared for by grandparents or other relatives. In 2002 the Minister of Social Development announced that foster child grants would be available to relatives who cared for orphaned children, and this was echoed by other officials. However, only those who are formally placed in foster care can receive the foster child grant, which is about three times the value of the child support grant and is therefore more attractive to households with very low income. The number of foster care placements (and grants) immediately started rising sharply – from around 40 000 in the years preceding 2002 to nearly 200 000 in 2003 and over 500 000 by 2011. However the foster care system is burdensome to implement, requiring social worker investigations, placement by the Children’s Court, and two-yearly review processes.

Owing to institutional and human capacity constraints, the sheer numbers of foster grant beneficiaries were impossible to sustain, as is evident in the large number of grants that started lapsing (Hall and Proudlock, 2011). The focus on foster placements and grant applications has the damaging effect of diverting limited social worker resources from their essential role of providing child protection and welfare services.

Given the large and increasing numbers of maternally orphaned children, the capacity constraints of the implementing agencies and the fact that the main reason for foster care preference is a larger grant, the policy question currently under debate is about appropriate forms of social assistance for the approximately 1.5 million orphaned children living with relatives. There are a number of options. One is to continue using the foster care system but with more lenient administrative requirements, to reduce the burden on social workers and courts. Another is to introduce a kinship care grant and/or an adoption grant (the latter would give caregivers stronger rights and responsibilities as legal guardians). A third is simply to use the child support grant, possibly at a higher value than its current benefit, for all children. This may be more equitable given that, apart from the 1.5 million orphans living with relatives, a further 4 million non-orphans are cared for by relatives in the absence of their parents. These options will be debated in the process of revising the Children's Act.

Regarding children with living parents, decisions about where children live and who cares for them are likely to be influenced by a range of considerations, which require further qualitative research. The availability of better social resources such as schools and health care facilities are among possible pull factors. Push factors may include inadequate accommodation, concerns about crime and child safety, and the costs of child care if there are free alternatives to accommodate children with relatives elsewhere. If we know where children live and the directions in which they move, and if we understand the drivers (and constraints) to child mobility between households and across geographical areas, then we are in a better position to target services proactively and plan for growing child populations in places of in-migration, and to think about targeted programmes to ameliorate poverty in outlying areas. Urbanisation is both necessary and unavoidable, and is not only about the movement of adult workers. Without good planning that takes into account the specific needs of children, urbanization could exacerbate inequality, trap children in poverty (at either the urban or rural end), and perpetuate intergenerational cycles of poverty.

Children are able to give their own perspectives on critical issues for human settlement planning, in the

context of qualitative work. One of the important considerations is the issue of safety. An array of qualitative studies with children in South Africa has highlighted intersections between poverty and the exposure of children to personal danger, including accidents, violence and abuse (Hall, Wright et al., 2011). Part of children's experience of poverty is to feel anxiety about their safety. Human settlement planning implications, raised by children, include the need for safe public space for recreation and socialising, particularly in areas where houses and properties are small and children inhabit public space for much of the time when they are not in school; safe walking routes and public transport; effective street lighting; the provision of decent schools health services and other resources in close proximity to residential areas so that children do not have to walk long distances; improved security at schools (both the perimeter and within schools); and better policing to reduce gangsterism and violent crime (see, for example, Swart-Kruger and Chawla, 2002; Barnes, Cluver et al. 2007; Bray and Brandt, 2007; September and Savahl, 2009). These issues are important to everyone in society, but children's experience is that they are particularly vulnerable. There is also a need to augment the existing accommodation and social infrastructure, which in many places are under pressure already.

What opportunities does NIDS provide?

One of the important advantages of NIDS is the availability of data that enables us to understand population movement, changing household form and care arrangements for children. All of these are very important in the context of poverty, HIV, labour migration and urbanisation. NIDS captures information on the movement of children – a feature of childhood which is highly relevant for social policy and the targeting of poverty alleviation programmes. The first wave of NIDS records information on where household members were born, where they were living in 1994 (adults only) and 2006 (adults and children), as well as in the current year (2008 for the first wave). It also records some information about non-resident household members. Because NIDS is a panel survey, subsequent rounds will provide information on population movement and changing household composition. Over time, it will enable an analysis of children's movements in relation to those of their parents and other household members. Our understanding of children's care arrangements, child and parent co-residence and patterns of migration and mobility will therefore improve as subsequent waves of NIDS data become available. In addition, it will be possible to quantify changing outcomes for children who move to differently-constructed and-located households.

Comparing NIDS with the GHS – child demography indicators

A comparison between NIDS and the larger GHS suggests that, compared to the latter, NIDS may have slightly over-sampled mixed-generation households (households including both adults and children), and under-sampled adult-only households. However, within the sample, the proportions for various permutations of parent-child co-residence and child orphaning are very similar, with the confidence intervals surrounding the mid-point estimates overlapping in all cases. This suggests that despite using a smaller sample, NIDS Wave 1 provides a plausible baseline on these indicators.

4.2 Living environments

Access to decent housing, safe water and sanitation are amongst the most basic requirements for healthy living. In South Africa, the right of access to adequate housing is modeled on the right to housing in The international covenant on economic, social and cultural rights (ICESCR), Article 11, and a general comment to this identifies seven key elements against which to assess adequacy. These are important considerations for children, in that they are designed to guarantee living environments that are safe, secure, and conducive to healthy development:

- **Secure tenure** – a range of tenure types (not necessarily ownership) should provide security from arbitrary eviction.
- **Affordability** – cost should not exclude low income households from being able to build, buy or rent a decent dwelling; and housing assistance should be provided where necessary, for instance, through loans and subsidies.
- **Access to services** – These include safe water, sanitation and energy sources, and refuse removal.
- **Habitability** – dwellings should be built from safe and strong materials to provide protection from the weather, and be spacious enough to prevent overcrowding.
- **Accessibility** – vulnerable groups should not be excluded from accessing housing, and special provision may need to be made for particular groups such as the disabled or chronically ill.
- **Location** – affordable and habitable housing should be available in areas close to work opportunities, transport systems and social infrastructure, and away from polluted or hazardous areas.
- **Cultural adequacy** – housing provided by the state should not distort family structure and child-caring practices.

Table 4: Child demography indicators

	NIDS 2008		GHS 2008		Illustrative #	
	Prop	95% CI	Prop	95% CI		
HOUSEHOLD COMPOSITION						
Mixed-generation households	57.5%	(55.7–59.3)	63.4%	(62.4–64.4)	7 408 000	households
Adult-only households	42.3%	(40.5–44.1)	36.2%	(35.1–37.2)	4 228 000	households
Child-only households	0.2%	(0.1–0.3)	0.4%	(0.4–0.5)	51 000	households
CHILD & PARENT CO-RESIDENCE						
Both parents co-resident	33.7%	(31.6–35.7)	34.9%	(33.8–36.1)	6 559 000	children
Mother only co-resident	40.8%	(38.8–42.7)	39.7%	(38.7–40.7)	7 455 000	children
Father only co-resident	2.6%	(2.0–3.2)	2.8%	(2.6–3.1)	531 000	children
Neither parent co-resident	23.0%	(21.5–24.4)	22.5%	(21.7–23.3)	4 226 000	children
ORPHANING						
Both parents alive	79.0%	(77.6–80.3)	79.0%	(78.2–79.7)	14 796 000	children
Maternal orphan (mother dead, father alive)	3.4%	(2.9–4.0)	3.3%	(3.0–3.6)	624 000	children
Paternal orphan (father dead, mother alive)	13.2%	(12.1–14.4)	13.1%	(12.5–13.8)	2 468 000	children
Double orphan (both parents dead)	4.4%	(3.8–5.0)	4.6%	(4.2–4.9)	859 000	children

Own calculations from NIDS 2008 and GHS 2008

In considering these requirements we look at housing type as a proxy for habitability, where informal housing is definitely inadequate. In terms of the requirements for adequacy, formal low-cost housing such as that provided through the housing subsidy scheme may be adequate, but sometimes fails to comply with requirements of habitability when houses are poorly built or too small to accommodate families. In the absence of a reliable indicator to measure quality of housing, we consider the ratio of household members to rooms as a measure of overcrowding – which in the case of children also relates to the requirement of cultural adequacy.

We use three indicators to evaluate access to services: adequate water, adequate sanitation, and a formal electricity connection. In addition, we look at proximity to social infrastructure (schools and clinics), which forms part of the requirement for adequate location. What are the trends?

The spatial map of poverty has changed little, with the previous homelands remaining the poorest and most under-resourced parts of the country (Wright, Barnes et al., 2009). At present, a little over half of all children live in rural areas. This is an important consideration from a child poverty perspective, because, while development imperatives prioritise centres that are economic hubs, this kind of spatial targeting risks leaving a large proportion of the population in places that are under-served and under-developed.

Of courses, poverty is not an exclusively rural phenomenon, and in the context of global urbanisation, cities are increasingly the new focus of development discourse. Small area poverty maps show extreme inequality in cities, where some areas have rates of deprivation comparable with the poorest rural areas (Wright, Barnes et al., 2009). A particular challenge for urban areas is the backlog in adequate housing for burgeoning populations. Despite delivery of around 3 million subsidised ('RDP') houses since 1994, mainly in cities and small towns, there is no evidence to suggest that the proportion of children living in informal dwellings is decreasing. Around 12% of the child population (2.2 million children) live in informal housing, while the proportion of children living in formal houses has remained fairly constant over the years, at around 70% (Figure 3).

South Africa has experienced a gradual decline in household size; this may be partly the result of households reconstituting themselves to fit the very

small dwellings which have become standard issue under the household subsidy scheme. Despite having smaller households, on average, a large proportion of children live in overcrowded conditions (measured as more than two household members per room, including living room and kitchen), and the statistics suggest that this proportion may have increased during the 2000s.⁴ The effects of over-crowding, defined in this way, may not be felt as acutely in some contexts as in others. Standard procedure in surveys of rural households, for example, is to count each dwelling in a traditional compound as one room, even when each of the individual dwellings may be spacious enough to accommodate more than two people and much of daily life is conducted outside. On the other hand, the same ratio of people-to-rooms in a small formal house may have severe implications for the well-being of household members. Children are especially vulnerable to infectious diseases which are more easily transmitted in crowded households, and large numbers of very young children, in particular, grow up in crowded conditions. Children are also vulnerable to the health risks associated with inadequate water and sanitation. Yet despite promises, reiterated over the years, that at least the minimum requirement of adequacy will be met for everybody, change has been slow. About 7 million children do not have access to adequate sanitation (toilets at the level of ventilated pit latrines or above) at the property where they live. And nearly as many do not have a tap on site. In contrast to sanitation provision, where there has been a significant increase in the proportion of children with basic infrastructure over the past eight years, the statistics indicate that almost no progress has been in water provision to households where children live.

As with other measures of poverty and living environments, it is important to note that children are significantly more likely than adults to live in households without access to adequate services. This is due to the distribution of children which, as described above, is skewed towards rural areas – mainly the old homelands.

What are the policy questions?

It is clear that many children live in dwellings that do not meet the requirements of habitability. In terms of sheer numbers, the housing subsidy scheme provides houses on a scale which is unparalleled elsewhere in the world. Yet the housing backlog continues to grow. This raises questions about whether it is feasible for the state to provide free owner-housing which meets all the requirements of habitability. From the outset,

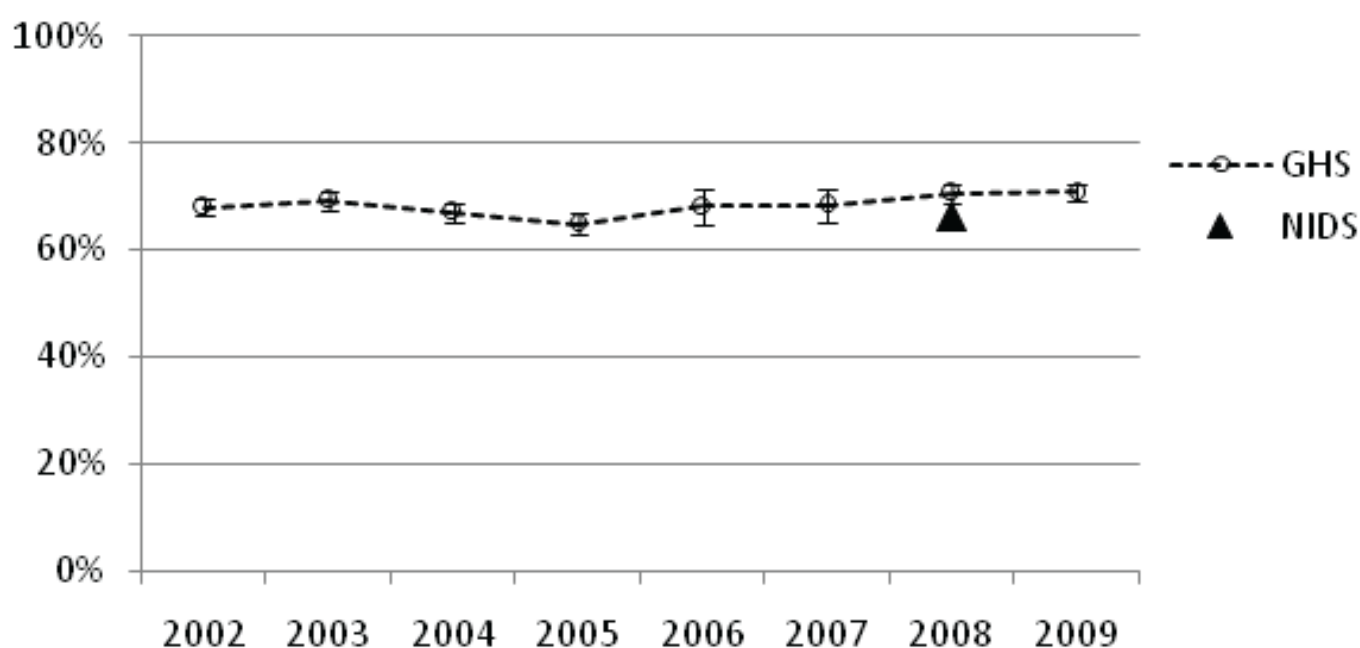
4 A sudden and significant drop in the proportion of children living in overcrowded households in the 2009 GHS may have been the result of a differently formulated question – which instead of simply recording the total number of rooms in the household, captures the number of rooms by type of room, in greater detail.

it was not envisaged that the housing subsidy should provide a finished home. Rather, the subsidy was designed to provide a starter house which could then either be renovated and extended incrementally (to accommodate a growing family, for instance), or sold in order to allow the household to 'trade up'. However, neither the potential for expansion nor the asset value is easily realised. This is due to a combination of factors, including a fairly inflexible subsidy instrument, small properties in densely developed settlements, low resale value, and little market for subsidy housing. Yet the developer-driven project-linked subsidy has prevailed, resulting in a proliferation of dense housing settlements packed with small identical units that do not lend themselves to extension. This situation suggests a need for serious exploration of ways to scale up alternative

models of housing provision – which could include, for instance, subsidised rental accommodation in well-located, well-designed social housing schemes.

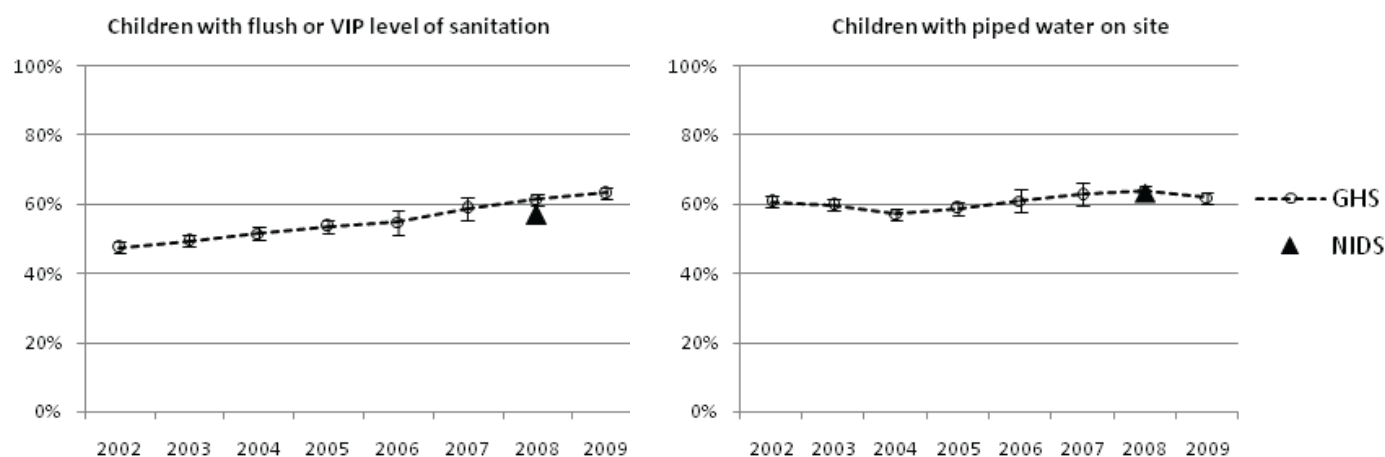
Basic road infrastructure is essential for the delivery of poverty alleviation programmes. Many remote areas remain physically isolated, without easy road access, and this prevents services from reaching targeted populations. Poorly graded primary roads can become impassable in the rainy season, preventing mobile clinics, teachers and emergency services from reaching villages, and simultaneously cutting the population off from public transport that would enable them to access clinics, schools and government offices where they might apply for birth certificates, identity documents, social grants and so on. From a child-centred

Figure 3: Children in formal housing 2002–2009



Own calculations from NIDS 2008 and GHS 2002–2009

Figure 4: Progress in children's access to basic services: sanitation and water



Own calculations from NIDS 2008 and GHS 2002–2009

perspective, the infrastructure gains over the past years have been small, and a critical policy question concerns the development of service and road infrastructure. Given this need, and the high rates of unemployment, an obvious solution would seem to be the employment of low-skilled unemployed adults to undertake construction work on a large scale. However, the expanded public works programme has not been able to reach the necessary scale to significantly develop under-serviced areas, and the community works programme, currently in pilot phase, will not include work which falls within the provincial or local government mandate.

The fact that so many people—children and adults—do not have access to even the most basic infrastructure means that something is missing: the provision of services requires the existence of a bulk infrastructure system or adequate alternatives. Yet many municipalities do not have the resources to develop and maintain these, particularly since they are unlikely to be cost effective. But the arguments have to extend beyond the limitations of local-level capacity and cost-benefit analyses. The long-term vision for service standards requires an implementation plan. Without this, it is likely that future generations of children will grow up with inadequate services which continue to compromise their health.

What opportunities does NIDS provide?

The NIDS data on housing and household services are fairly expansive and are largely comparable with the standard StatsSA questions on housing and services. This enables the NIDS data to be ‘fitted’ with national data from larger surveys that run annually (for example, the General Household Survey). In addition, the use of geo-codes in NIDS potentially enables households to be fitted with districts, so that service deficits can be highlighted at smaller area level (although the sample is not large enough for these to be generalised to the district, the results could be indicative of specific areas where services are below adequate, assisting with geographic prioritisation and targeting). The NIDS panel design enables analysis of the association between changing living environments and changing health outcomes over time.

Comparing NIDS with the GHS – living environment indicators

A comparison between NIDS and the larger GHS of the same year suggests that, compared to the latter, NIDS may have slightly over-sampled children living in informal dwellings and slightly under-sampled children living in formal dwellings. The proportion of children

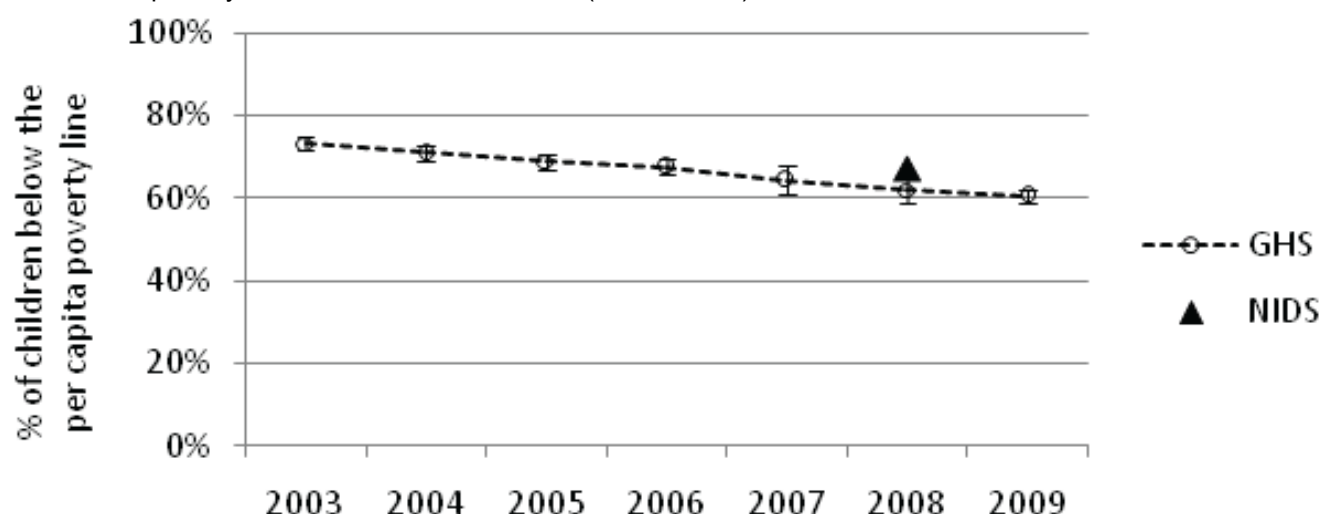
living in traditional dwellings does not appear to be significantly different. The measure of over-crowding (proportion of children living in households with more than two household members per room) was slightly lower in NIDS than in the GHS. However, the over-crowding estimate derived from GHS appears to be an outlier in the year 2008, as it had hovered around 26% for the three preceding years, dropping to 23% in 2009. Thus the NIDS estimate for 2008 may be more accurate. Estimates for the proportion of children with access to adequate water and to electricity are comparable for NIDS and GHS, with the mid-points falling within the confidence intervals for both. Children in the NIDS sample are recorded as having slightly lower levels of access to adequate sanitation, although this falls within the confidence interval for GHS of the previous year. While slightly different on some indicators, the NIDS estimates are therefore not implausible.

4.3 Income poverty and social grants

Children are by definition dependent on adults to provide for their needs, but in the context of widespread poverty and high levels of unemployment, many parents and caregivers are unable to provide adequately for the children in their care. There are strong links between income and the realisation of other socio-economic rights. These links are recognised in the South African Constitution, which grants children the right to direct support from the state, including social assistance (social grants), when families cannot meet their basic needs. The duty to provide for children is therefore shared between parents or caregivers and the state – this is clearly outlined in the UN convention on the rights of the child. It is also expressed in the Constitution, which says in section 27(1): “Everyone has the right to have access to... (c) social security, including, if they are unable to support themselves and their dependants, appropriate social assistance”.

Child poverty is not simply about lack of income but occurs in multiple and interrelated dimensions. Money is, however, a good general indicator of an individual’s or household’s ability to buy or access the goods and service they need, and therefore a useful indirect measure of children’s well-being. Income poverty measures also provide us with the basis for comparing wealthier and poorer segments of the population; in other words, for looking at inequality.

Reports on poverty rates are widely available, but these seldom reflect the levels of poverty experienced by children in particular.

Figure 5: Child poverty headcount rates 2003–2009 (lower-bound)

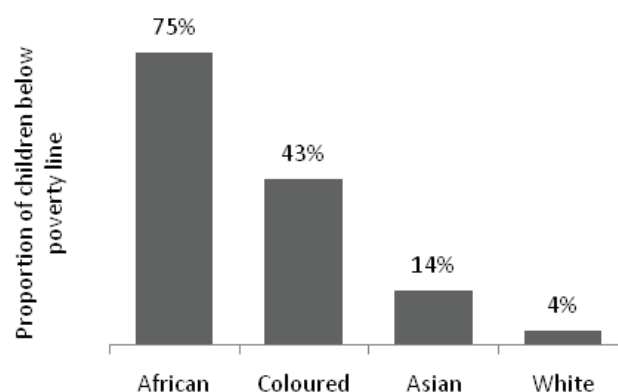
Own calculations from NIDS 2008 and GHS 2003–2009

What are the trends in income poverty?

General population analyses have shown that while poverty rates have declined since 1994, inequality has not (Leibbrandt et al, 2010). Poverty headcount rates vary, depending on which poverty line and data source are used. Recently, two poverty lines have frequently been used in poverty analyses. These are the upper- and lower-bounds proposed by Hoogeveen and Özler (2006), which were benchmarked to the year 2000 and respectively had a value equivalent to R1 016 and R552 per capita in 2009 prices. Other lower poverty lines are the \$2-dollar and \$1-dollar-a-day levels. Irrespective of the poverty line used, it is clear that income poverty rates for children have declined substantially over recent years. Figure 5 illustrates this trend, using the lower-bound rates.

Despite the decrease in child poverty rates, the proportion of children who are 'poor' remains higher than that of adults. In other words, children are more likely than adults to be poor. Using NIDS and applying the lower-bound poverty line, 67% of children are defined as poor, compared with 46% of adults. Using the upper-bound line, 80% of children are poor, compared with 64% of adults. The severity of child poverty, compared with adult poverty, is partly a reflection of where children live: in larger, poorer households, disproportionately located in areas with high unemployment rates. These arrangements reflect historic spatial and other inequalities.

Income inequality across provinces mirrors the spatial disparities that continue to exist in South Africa. Provinces which include apartheid-era homelands have particularly high levels of child poverty: around 78% of children in Limpopo and the Eastern Cape live below the lower-bound poverty line, compared with 36% and 28% of children respectively in the metropole-dominated provinces of Gauteng and the Western Cape. Persistent racial inequality in child poverty is illustrated in Figure 6.

Figure 6: Racial inequality in child income poverty rates

Source: Own calculations from NIDS 2008

Child poverty rates are related to adult unemployment, and national unemployment rates are high. A quarter of the labour force is unable to find work, and an even greater proportion, around 36%, are unemployed in terms of the broad definition, which includes those who are not actively looking for work (Office of the President, 2010). Unemployment rates remain considerably higher for women than for men. This is worrying, particularly as children are more likely to live with their mother than their father. In addition, the prospects of future work for children growing up are poor: among youth aged between 18 and 24, the unemployment rate is around 50% (Statistics South Africa, quarterly labour force surveys).

Even if only one adult in the household is working, this can make a large difference to the chance that children in that household will be poor. Over one third of children (37%) live in households in which no adult is employed (own analysis of GHS, 2009). While adult unemployment rates declined between 2003 and 2007, they increased through 2008 and 2009 as the country went into recession, and by 2010 had almost regained their 2003 levels (Office of the President, 2010). The same trend holds when adult unemployment is measured through child-centred indicators: where the number of children

living in unemployed households increases through 2009 and 2010.

There is no corresponding increase in child poverty rates over the same period. Rather, the poverty rate continues to decline smoothly, irrespective of the line used.

This is undoubtedly the result of social grants, which continue to cover increasing numbers of children in poor households. During the period of recession in 2009/10, both the means test and the age threshold for the child support grant were raised, so that more children became eligible. The number of child beneficiaries increased by 1.5 million over the two-year period, from 8.5 million in January 2009 to just over 10 million in December 2010 (own analysis of SocPen monthly reports).

There are three social grants for children: the means-tested child support grant (CSG) which is for poverty alleviation; the foster child grant (FCG) for children in court-ordered foster care placements; and the care dependency grant (CDG) for children with a permanent, severe disability. The CSG is by far the biggest grant in terms of number of beneficiaries, reaching 10.8 million children per month in November 2011.

But the value of the CSG is very low compared with other grants. While the CDG and adult grants such as the old age pension and disability grant pay benefits of R1 140 per month in 2001, and the FCG is worth R740 per month, the CSG benefit is just R270 per month in 2011. As a result, the CSG contributes quite substantially to reducing child poverty rates when using the very low poverty lines, but has very little impact on child poverty when using the higher lines such as the upper and lower bounds (Hall and Wright, 2010). This can be seen in Table 6.

The first column shows the child poverty headcount rate when including all income and grants to the household. In the second column, the CSG has been removed from all households which report that they are receiving it, in order to calculate child poverty rates in the absence of

the CSG. At the higher poverty lines, the picture hardly changes at all: using the upper bound, the child poverty rate was 80% when including the CSG, and would rise to 81% if the CSG were taken away. It is at the lower-bound poverty lines that the CSG starts to make a noticeable difference to income poverty rates. Using the ultra-low dollar-a-day line, the child poverty rate would rise from 17% to 26% in the absence of the CSG.

If all grants (including the old age pension and Disability grant) were taken away, then 52% of children would fall below the dollar-a-day poverty, and 93% would be defined as poor when using the upper bound. Although they are not generally targeted to children, it is the bigger grants that make a real difference to income poverty rates, as can be seen in the third column of Table 6.

What are the policy questions?

It is widely acknowledged that long-term poverty reduction will require the development of meaningful employment opportunities, with decent wages, together with improved quality of education.

In the meantime, while unemployment rates remain high and earnings are low, social grants play a crucial role in that they buffer households (and children) against the worst effects of poverty. However, the role of poverty alleviation grants targeted to children (the CSG) is effectively that of a safety net. Child grants do not substantially reduce the rate of child poverty except at the very lowest levels. Adult grants (mainly old age pensions) do a better job of reducing child poverty even though they are not meant for children. But even in combination, the 15 million grants paid each month have not been able to reduce inequality. If anything, grants have slightly offset rising inequality. This suggests a need to consider both the size of social assistance benefits, and the individuals or households to which they are targeted.

Table 6: The impact of existing social grants on child poverty in South Africa in 2008 (Poverty headcount ratio for children)

Poverty line	All household income	Household income minus CSG	Household income minus all social grants
	Child poverty headcount ratio		
Hoogeveen and Özler upper-bound (R949)	80%	81%	93%
Hoogeveen and Özler lower-bound (R515)	67%	69%	86%
\$2/day (R260)	40%	47%	70%
\$1/day (R130)	17%	26%	52%

Source: NIDS 2008 (taken from Hall & Wright 2010)

A number of policy options have been developed or are under discussion. These include a universal child grant (at present the eligibility criteria exclude only about 15% of children), and a comprehensive system of social security with a more inclusive contributory social insurance scheme. This will still benefit only those who have previously worked, and only temporarily. Other proposed approaches include household grants, and social assistance for the large numbers of unemployed adults. This is the crucial gap in the current social assistance system, and in the light of the analysis presented here, it is clear that a grant for this group would not only increase the financial security of those individuals, but would further reduce child poverty.

What opportunities does NIDS provide?

NIDS records detailed information on income, expenditure and consumption. It also records information on all social grants received by households. Importantly, NIDS (unlike StatsSA's general household survey), yields information on social grants which seems to be plausible. Social grants tend to be under-reported in surveys, but the numbers derived from NIDS, when weighted, approximate the numbers in the administrative records of the implementing agency, SASSA. This provides the basis for a range of analyses on social grant uptake and impact. An important limitation of the first wave of NIDS is that information on

child grants was recorded only for children under the age of 15. This will need to be corrected, as all the child grants – the FCG, the CDG and (from 2012) the CSG are available to children up to the age of 18 years.

Comparing NIDS with the GHS – income poverty

Child income poverty rates derived from NIDS are slightly but consistently higher than those derived from the GHS. This is despite the fact that more social grants were reported in NIDS. The difference may be attribute partly to different methods of deriving household income. In the GHS, this was done by adding together the incomes of all working household members (and imputing them where unique values were not provided), and then adding social grants. A similar process was undertaken in NIDS, but additional imputations were included. One of these was the addition of the rental value of the dwelling, which is effectively a saving if rent is not paid. In the analysis, the household rent imputation was deducted from the derived household income variable, as it does not constitute income that can be spent. A further comparison with the Community Survey was undertaken by Wright and Barnes. Although conducted the previous year, in 2007, the Community Survey poverty rates were very similar to those derived from NIDS.

Table 7: Child income poverty indicators

	NIDS 2008		GHS 2008		Illustrative #	
	Prop	95% CI	Prop	95% CI		
CHILD INCOME POVERTY RATE						
Poverty headcount using upper bound (R949)	80.4%	(78.6–82.3)	77.1%	(75.8–77.7)	14 472 000	children
Poverty headcount using lower bound (R515)	67.3%	(65.1–69.4)	61.9%	(60.5–63.4)	11 625 000	children
Poverty headcount using \$2-dollar line (R260)	40.0%	(37.7–42.3)	38.0%	(36.6–39.4)	7 137 000	children

CONCLUSION

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This paper has demonstrated the importance of considering child-focused analyses to inform social policy, even where the policies may not be specifically or exclusively about children.

General analyses at the level of the whole population risk obscuring the situation of children, where the picture can be very different to adults. This is because of different geographic distributions of the adult and child populations, combined with the fact that households which include children are larger, on average, than adult-only households. In some cases it is advisable to define indicators in ways that are appropriate for children, or to re-analyse adult-centred data (for example on adult unemployment) in a child-centred way.

Children are particularly vulnerable to the effects of poverty. Research elsewhere has shown that early health, nutrition and educational investments are crucial for children's development. Conversely, the effects of deprivation on children can be detrimental to their development and limit their long-term prospects. The most extreme effects of poverty can be seen in high child mortality rates. These could be reduced simply through by ensuring that all children have access to

adequate water and sanitation, that they have access to functional health services and are properly immunised, and that paediatric ARV programmes are available to all HIV-infected children.

There are backlogs of special relevance to children in many sectors—housing, service infrastructure, adequate teacher training. This creates an urgent need to 'catch up', but it is also necessary to plan for the future. For instance, cities should be planning for increased urbanisation, and considering the social infrastructure that needs to be in place for children.

There is a particular urgency to addressing children's needs because childhood is transitory—a whole generation of children has grown up since democracy, yet high levels of deprivation and inequality have persisted. It is also important to invest in the well-being of children from a long-term perspective, in order to break inter-generational cycles of poverty and enable a future generation of parents to provide adequately for their children. Thus both long-term and short-term vision is needed. In both cases, policies and programmes can be more effectively designed and implemented if they draw on a rigorous child-centred evidence base.

REFERENCES

REFERENCES

- Actuarial Society of South Africa (2011). ASSA2008 AIDS and Demographic Model., Available: <www.actuarialsociety.org.za.>
- Alkire, S. and J. Foster (2007). *Counting and multidimensional poverty measurement*. OPHI Working Paper Series. Oxford, Oxford Poverty & Human Development Initiative.
- Alkire, S. and J. Foster (2011). *Understandings and misunderstandings of multidimensional poverty measurement*. OPHI Working Paper No.43. Oxford, Oxford Poverty & Human Development Initiative, University of Oxford.
- Barnes, H., L. Cluver, et al. (2007). Findings from the Indicators of Poverty and Social Exclusion Project: Children. Key Report 5. Pretoria, Department of Social Development, Republic of South Africa.
- Bray, R. and R. Brandt (2007). Child care and poverty in South Africa: An ethnographic challenge to conventional interpretations. *Journal of Children and Poverty*, 13(1).
- Casale, D. and D. Posel (2006). Migration and remittances in South Africa. Background document on migration and first set of draft questions for inclusion in the National Income Dynamics Study.
- Hall, K. and P. Proudlock (2011). *Orphaning and the foster child grant: A return to the 'care or cash' debate*. Cape Town, Children's Institute, University of Cape Town.
- Hall, K. and G. Wright (2010). A profile of children living in South Africa in 2008. *Studies in Economics and Econometrics*, 34(3): 45–58.
- Hall, K., G. Wright, et al. (2011). Review of research evidence on child poverty in South Africa. Pretoria, Commissioned by the Monitoring and Learning Facility, Programme to Support Pro-Poor Policy Development, The Presidency.
- Hoogeveen, J. and B. Özler (2006). Poverty and Inequality in post-Apartheid South Africa: 1995-2000. In (eds). (2006). *Poverty and policy in post-apartheid South Africa*. H. Bhorat and R. Kanbur. Cape Town: HSRC Press.
- Hosegood, V. and K. Ford (2003). The impact of HIV/AIDS on children's living arrangements and migration in rural South Africa. Conference on Migration in Comparative Perspective. Johannesburg.
- Leibbrandt, M., I. Woolard, et al. (2009). Methodology: Report on NIDS Wave 1. Technical Paper no.1. Cape Town, SALDRU.
- Leibbrandt, M., I. Woolard, et al. (2010). "Trends in South African Income Distribution and Poverty since the Fall of Apartheid." OECD Social, Employment and Migration Working Papers No.101.
- Noble, M., G. Wright, et al. (2007). Conceptualising, defining and measuring child poverty in South Africa: an argument for a multidimensional approach. Monitoring child well-being: A South African rights-based approach. In A. Dawes, R. Bray and A. v. d. Merwe. (eds). (2007): Cape Town: HSRC Press.
- Office of the President (2010). development indicators 2010. Pretoria, Office of the President.
- Richter, L., S. Norris, et al. (2006). In-migration and living conditions of young adolescents in Greater Johannesburg, South Africa. *Social Dynamics* 32(1): 195–216.
- September, R. and S. Savahl (2009). Children's Perspectives on child well-being. *The Social Work Practitioner-Researcher* 21(1).
- Statistics South Africa (2003). *General Household Survey 2002*. Pretoria, Statistics South Africa.
- Statistics South Africa (2008). *Mid-term population estimates. Extraction by special request, 2009*. Pretoria, Statistics South Africa.
- Stephen, C., L. Bamford, et al., Eds. (2011). *Saving children 2009: Five years of data. A sixth survey of child healthcare in South Africa*. Pretoria, Tshepesa Press, MRC, CDC.
- Swart-Kruger, J. and L. Chawla (2002). We know something someone doesn't know: Children Speak Out on Local Conditions in Johannesburg. *Environment & Urbanisation*, 14(2): 85–96.
- UNICEF (2006). *The State of the World's Children 2006*. New York.
- Wright, G., H. Barnes, et al. (2009). *The South African Index of Multiple Deprivation for Children 2001 at Datazone Level*. Pretoria, Department of Social Development.

