



## **CHILD PROTECTION WEEK 2003: FACT SHEET NR 1: CHILD DEATHS**

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Child deaths are one of several important markers of a country's progress in meeting its fundamental obligations to children. The death of a child is a stark reflection that one or several sectors of society have not adequately promoted and *protected* the child's rights to survival and development. Child deaths are globally measured and monitored through child mortality indicators.

### **CHILD MORTALITY INDICATORS**

As a child is defined as a person under the age of 18 years (SA Constitution and UN Convention on the Rights of the Child), child mortality indicators reflect deaths from birth to 18 years of age. There are specific indicators for specific age groups. A child mortality indicator reflects the probability of children dying within a given age group. This is influenced by a number of factors, including the socio-economic conditions under which they live, the particular diseases that they are prone to at that time and their access to good quality health services.

### **WHAT DO CHILD MORTALITY INDICATORS TELL US?**

- Child mortality indicators show how a country is doing in terms of respecting, promoting and protecting children's rights; especially their rights to survival and development, equality, food, water, sanitation, health care, shelter and education.
- It helps to identify particular areas in the country that are in the greatest need.
- It allows for comparison between countries with similar levels of income to evaluate their performances to promote child well being.
- If the cause of death in each age group is well documented, it helps in identifying the type of interventions that are needed to decrease child deaths.

*It is thus very important for decision-makers and service providers to know what the mortality rates and the causes of child deaths are in their own constituencies, as this will enable them to motivate for and implement specific interventions.*

### **SOUTH AFRICAN FACTS and FIGURES**

- Nationally, 45 children out of every 1 000 live births are likely to die before their first birthday.
- Additionally, 16 children out of every 1 000 live births are likely to die before reaching the age of 5.
- Children under 1 are at greater risk of dying compared to children between 1 – 4 years and therefore require special protection.
- Child deaths in the Eastern Cape, Free State, KwaZulu-Natal and Mpumalanga are consistently higher than the national average.
- Neonatal mortality (from birth up to 28 days after birth) is two and a half times higher in the Eastern Cape (province with highest rate) compared to the Free State (province with the lowest rate).
- Infant and under-5 mortality rates are twice as high for the Eastern Cape compared to the Western Cape.

### **HOW DOES SA COMPARE TO OTHER COUNTRIES?**

*Sources: SA Health and Demographic Survey. Preliminary Report. Dept. of Health, 1998; South African Health Review 2000, Health Systems Trust 2000; South African Health Review 2001, Health Systems Trust 2001; Saving Babies: A Perinatal care survey of South Africa 2000.*

- South Africa has an infant mortality rate considerably *higher* than many other countries that *fall into the same income category* and even higher than many countries that fall into a lower income category.
- This indicates that the problem of high infant mortality rates cannot simply be attributed to a lack of resources.

While having the financial resources necessary to decrease child deaths, South Africa needs to examine *why* the necessary resources are not reaching children in need, particularly children in the rural areas, and urgently find ways to improve the situation. The organisation and delivery of the health system and other sectors that impact on health, such as social development, water, housing, transport and finance still have a long way to go towards improving child well-being.

### CAUSES of CHILD DEATHS

One of the most important aspects of child deaths is the underlying cause of the deaths. It gives an indication of **WHY** children die and what specific interventions are needed to reduce child deaths.

- Deaths in younger children are mainly due to causes relating to the lack of good quality health services and poor socio-economic living conditions.
- *Trauma is a grave concern in all age categories and the safety of children's homes, communities and overall living environment is not optimal.*
- HIV is now one of the top ten causes of death in all age categories. Accurate data on HIV-related deaths are not available but estimates indicate that many more deaths are due to HIV in all age groups, especially the under 5-age group.

However, the method currently used to record the cause of deaths in South Africa makes it impossible to tell what children have died of. Deaths are also classified into large, relatively meaningless categories, again making it difficult to identify the exact causes of death. Also, important underlying causes of death are often not reflected, especially in the context of HIV.

### RECORDED CAUSES OF DEATH PER AGE GROUP

While underlying causes of death are not sufficiently recorded, the following are the **Nr. 1 Causes of Death Per Age Group:**

- Under 1 year: Perinatal problems (22%)
- Ages 1 – 4: Trauma (23.5%)
- Ages 5 – 19: Trauma (up to 77.5%)

### WHAT CAN BE DONE TO DECREASE CHILD DEATHS?

At PARLIAMENTARY LEVEL, a **special enquiry** must be held annually where child deaths and the underlying causes of deaths are examined and priorities are made accordingly.

At FACILITY LEVEL, all health facilities should have a **special audit** to review all child deaths and ensure that procedures and protocols are put in place to minimise child deaths.

At LOCAL LEVEL, **annual reviews** through community health committees or equivalent structures could provide communities with the necessary tools to lobby for changes that could impact positively on child well being within their communities.

At the relevant DEPARTMENTAL LEVELS:

- Pregnant women and children's health care needs must be prioritised.
- Adequate funding for child health.
- All children in need must have access to social security.
- Basic amenities to ensure a healthy and safe environment: Clean piped water, proper sanitation, safe spaces in which to play, safe roads for child pedestrians and the implementation of the Firearms Control Act.

The GOVERNMENT as a whole must *address the crisis of hunger and malnutrition*, especially children in rural areas and those affected by HIV/AIDS.

PARENTS, CAREGIVERS and COMMUNITIES must *ensure that homes are safe spaces for children* by keeping harmful objects and substances out of the way.

## TOMORROW: FACT SHEET NR. 2: CHILD POVERTY